

Case Study 3 – Valgus anatomy

Clinical Situation: Patient with a valgus neck anatomy.

Current Treatment: With traditional stems, surgeons may use a longer head length to restore patient leg length.

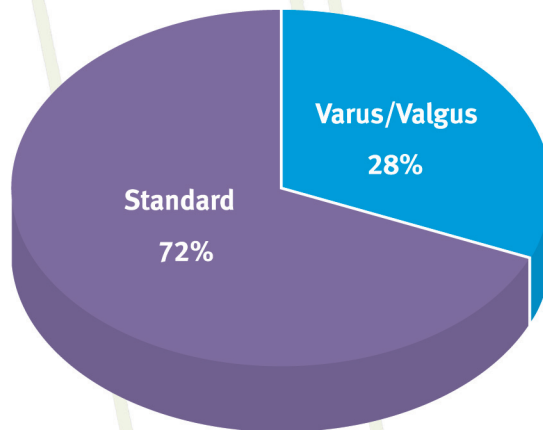
Implications: Challenge in reconstructing the valgus neck anatomy with conventional stems:

- Changing head length to lengthen the leg also increases femoral offset.
- Clinical considerations of excessive offset include trochanteric bursitis and patient dissatisfaction?

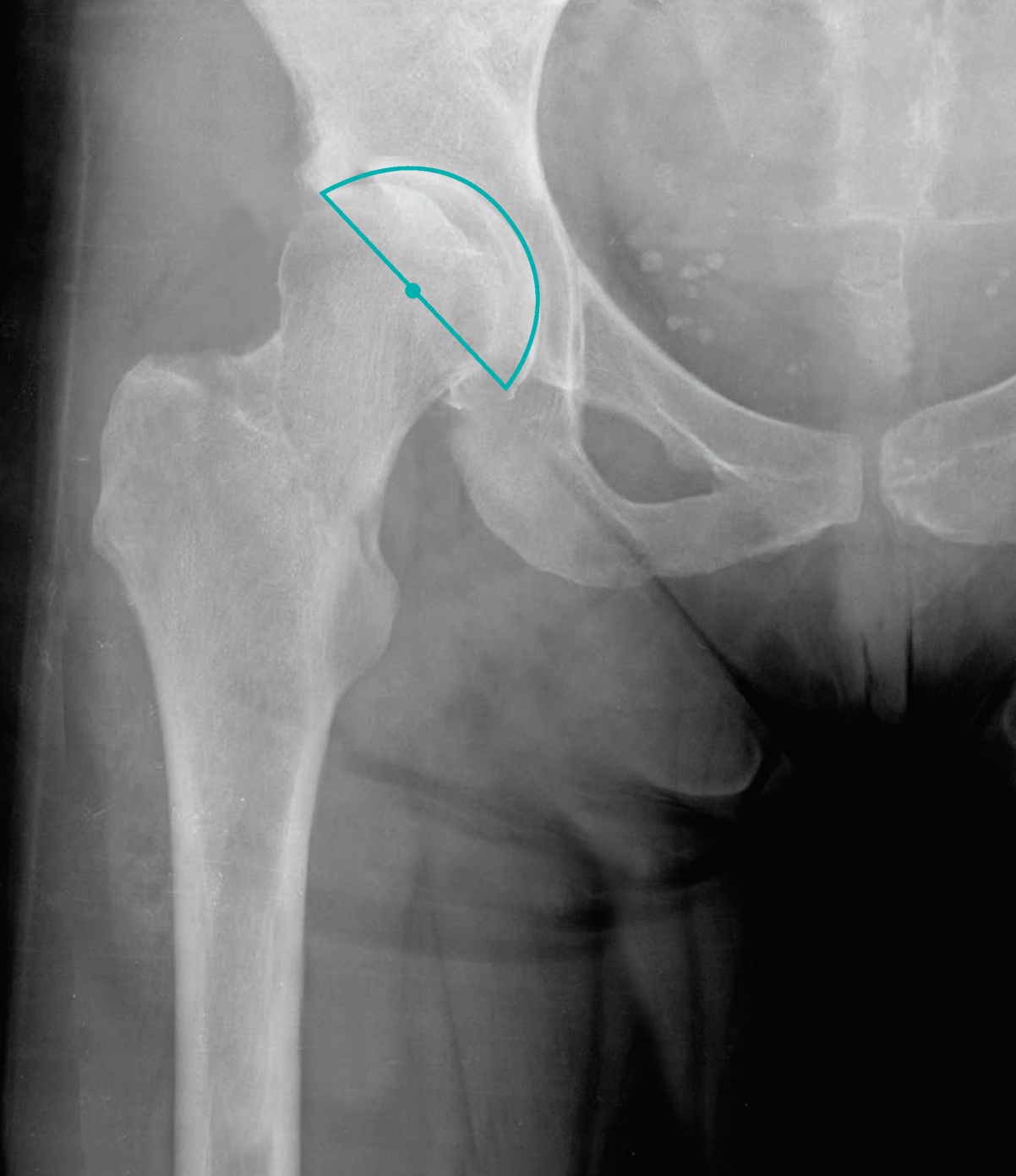
Kinectiv Solution: Allows the surgeon to

- Fit the stem in the femur at the desired level
- Achieve desired leg length without excessive offset

Neck implant distribution



Standard vs. varus/valgus neck implant distribution for over 6,000 consecutive cases¹



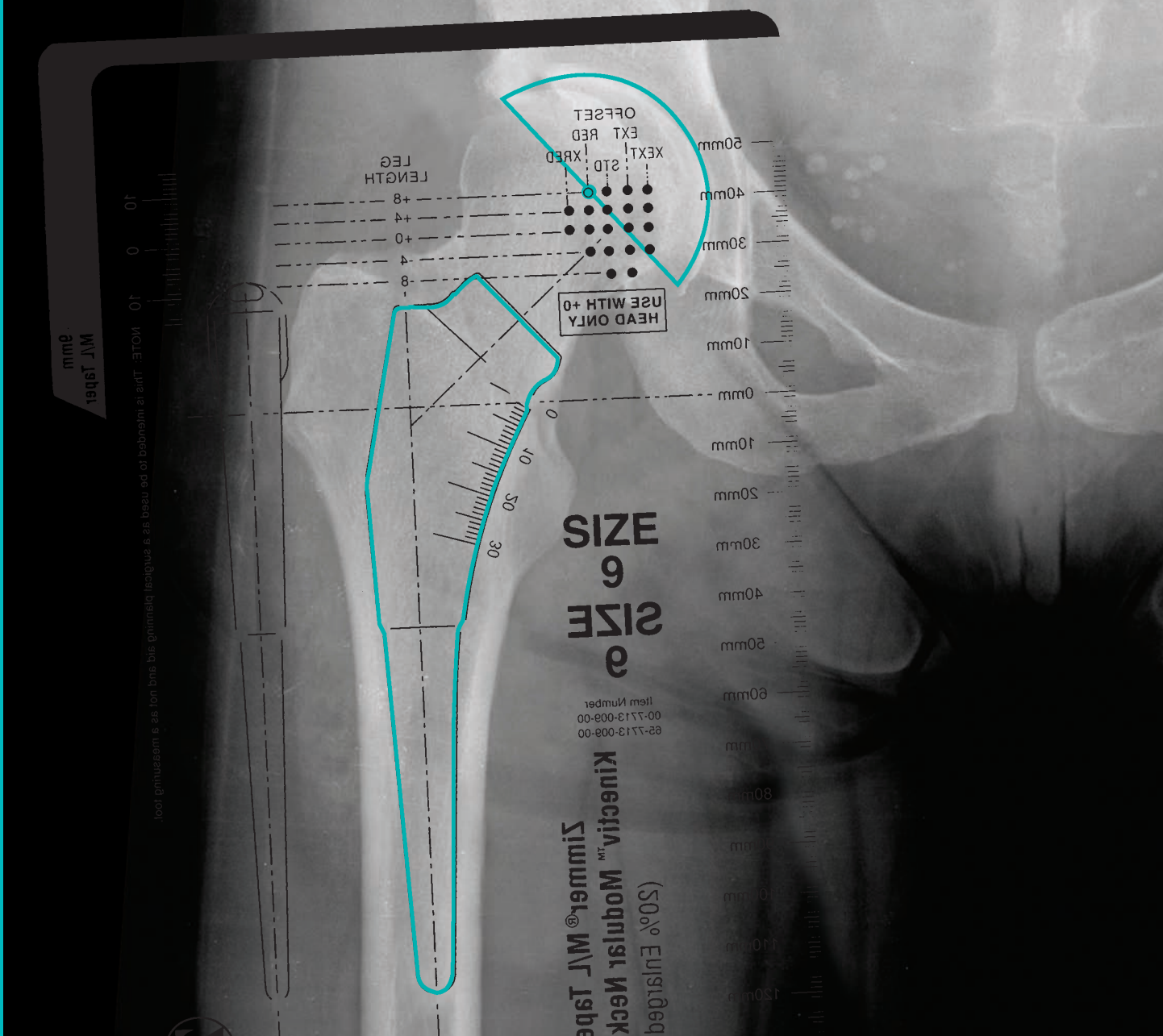
Valgus Neck

Clinical Information

Age	59
Gender	Male
Preoperative Diagnosis	Osteoarthritis
Operative Side	Right
Procedure	MIS Posterior

Implant Information

Acetabular Cup (Size)	<i>Durom</i> [®] Acetabular Shell (56mm)
Femoral Implant (Size)	
Femoral Head Implant	
<i>Kinectiv</i> Neck	

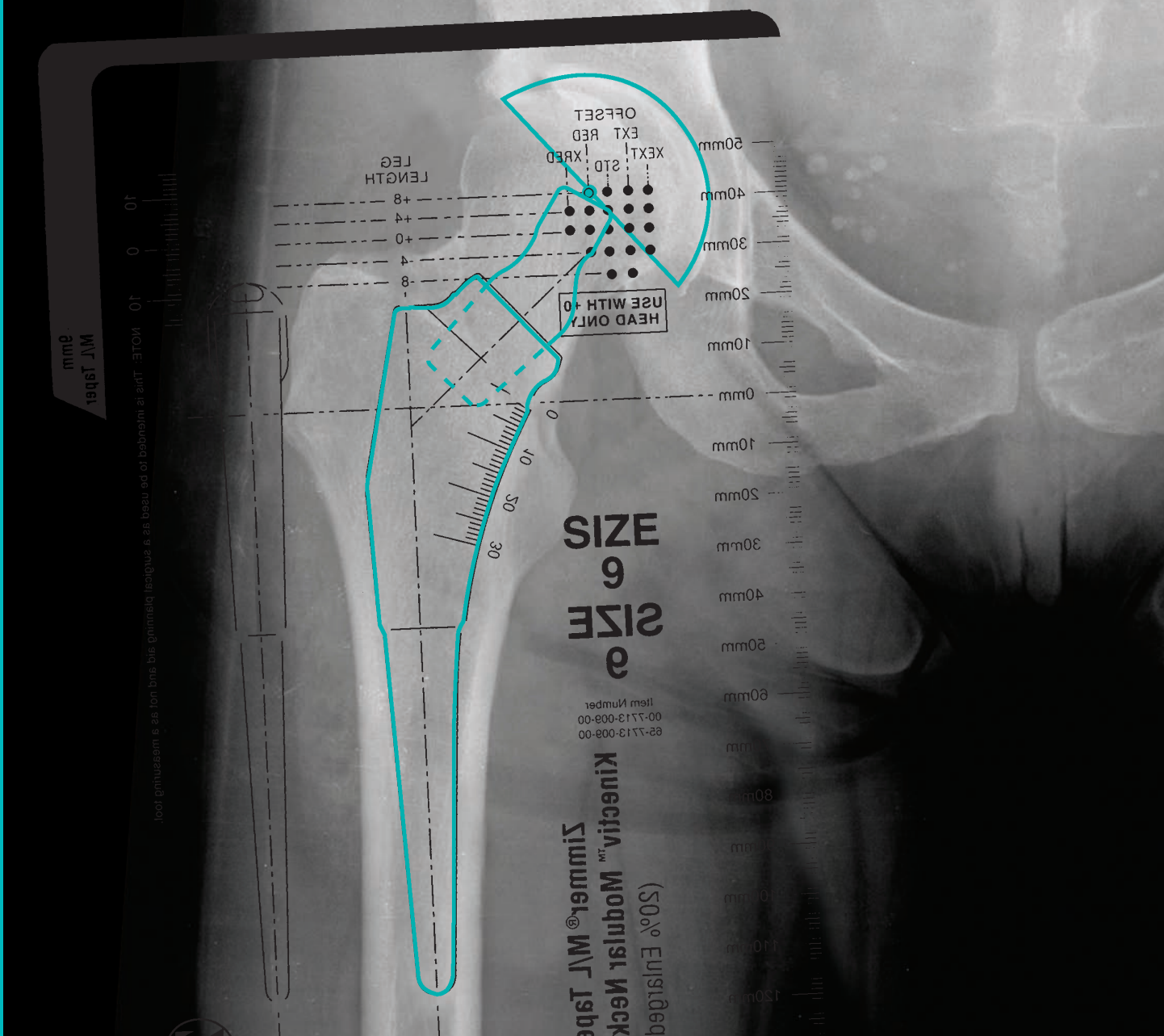


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Implant Information

Acetabular Cup (Size)	Durom® Acetabular Shell (56mm)
Femoral Implant (Size)	M/L Taper with <i>Kinectiv</i> Technology (Size 9)
Femoral Head Implant	
<i>Kinectiv</i> Neck	



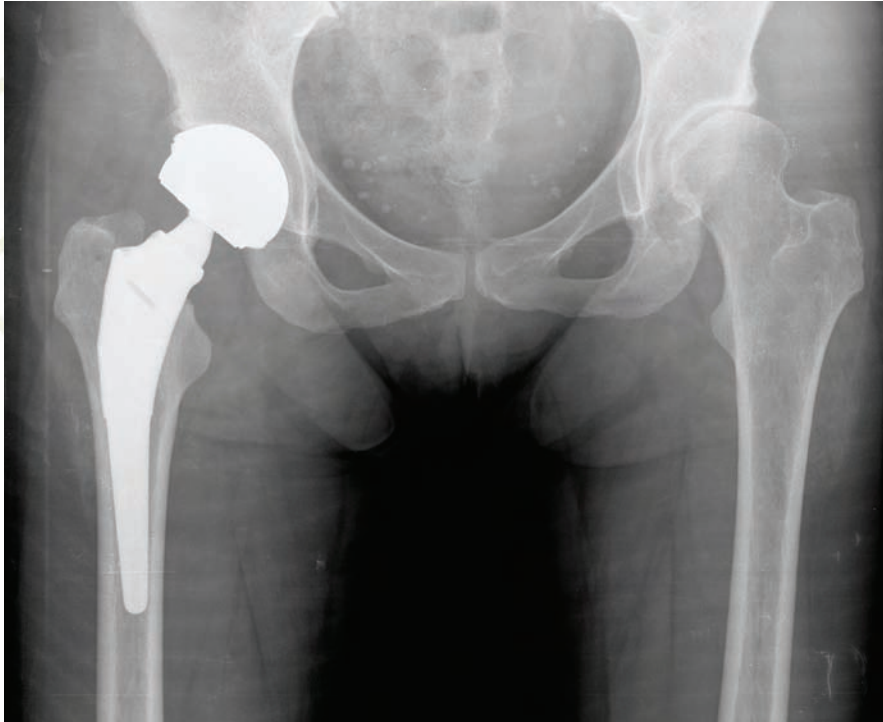
Valgus Neck

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Implant Information

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Femoral Implant (Size)	M/L Taper with <i>Kinectiv</i> Technology (Size 9)
Femoral Head Implant	Metasul® LDH® 50mm, +0
<i>Kinectiv</i> Neck	+8 Leg Length/Reduced Offset (X neck)

Case Study 3 – Conclusions



Case study 3 postoperative x-ray

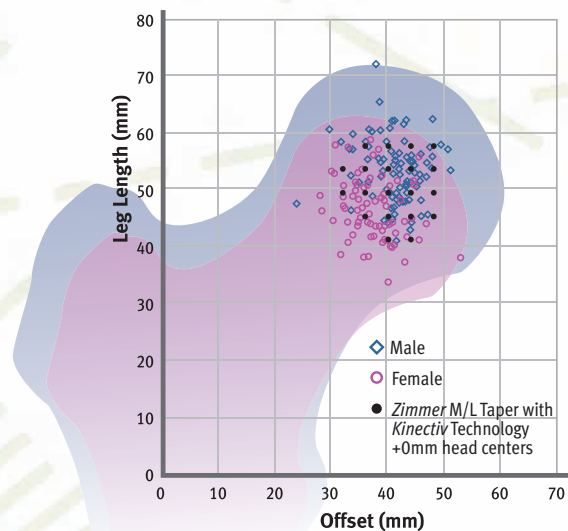
Summary

- Valgus neck anatomy
- Implant +8 leg length/Reduced offset (X Neck) to achieve leg length without excessive offset

Conclusion

- Broad range of head centers allows surgeon to match patient's anatomy
- Varus/valgus neck implants account for 28% of implantations

Head center data



Plotting head height and offset reveals the wide range of head center locations among men and women.³