EXACTECH | **KNEE**

Operative Technique

TRULIANT®

Truliant® Primary Implants with Optetrak Logic® Instrumentation

exactech

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INTRODUCTION

Total knee replacement surgery has been one of the most successful orthopedic procedures during the past four decades. Advanced surgical techniques and implant design improvements have been two of the factors responsible for that success. Exactech developed Logic instrumentation system to provide user-friendly instruments that achieve reproducible bone preparation and limb alignment and allow for superior visualization and accessibility while keeping soft tissue disruption to a minimum. The system is designed to enable you to work quickly and efficiently, with streamlined solutions for your preferred surgical technique.

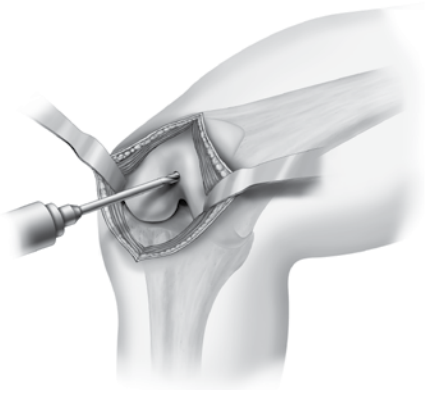
Exactech is expanding its implant offerings with the Truliant Implant system. This system includes an anatomic femoral design and a tibial locking mechanism that's designed to be effective and user-friendly. Because Truliant implants share key bone-interfacing features with Optetrak and Optetrak Logic implants (e.g., AP box geometry on the femur, tibial stem design), Logic instruments can be used to prepare the joint for Truliant implants.

Based on more than 40 years of clinical results from Hospital for Special Surgery, Exactech's comprehensive knee systems address concerns for contact stress, patellar tracking, polyethylene wear, joint stability and bone preservation with streamlined instrumentation that's designed to allow you to work quickly and efficiently.

Note: *This surgical technique is intended for preparation for Truliant implants. Due to the specific anterior flange profile of Truliant femoral components, only Truliant femoral trials can represent the implant's final profile. Optetrak Logic femoral trials have the same AP box geometry and condyle thickness, but a different anterior flange profile, thus could misguide the user on the desired flange coverage and/or medial-lateral placement of the final Truliant implant.*

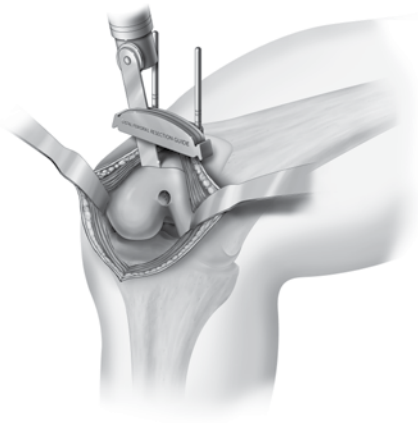
Note: *Some size options of the Truliant implants may not have matching Logic instruments. For those implants, please use corresponding Truliant instruments per Truliant Primary Operative Technique.*

OPERATIVE TECHNIQUE OVERVIEW



1

Enter Intra-medullary Canal with the IM Pilot Drill



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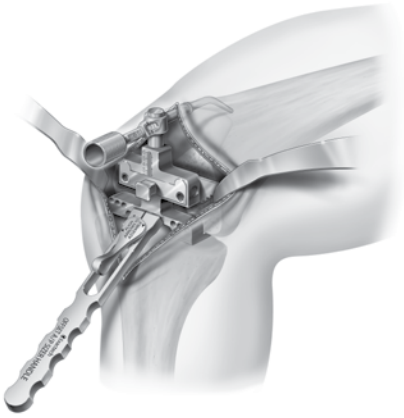
Perform Distal Femoral Resection



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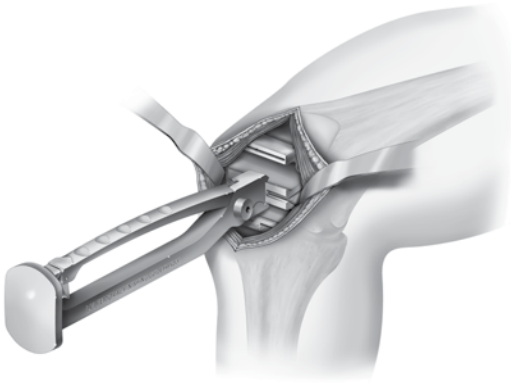
Determine Femoral A/P Size



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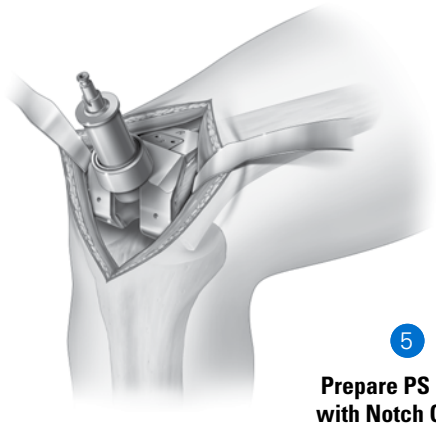
Prepare Femur with Femoral Finishing Guide



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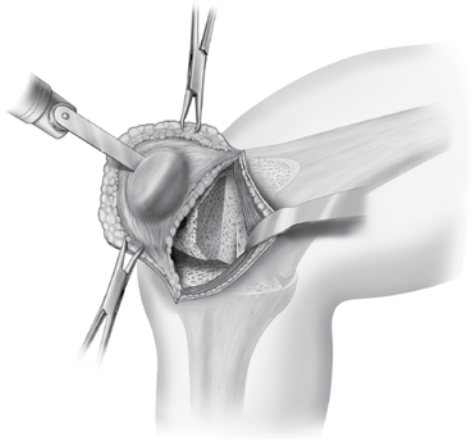
Prepare PS Notch with Notch Cutting Guide*

6

Prepare Tibia with Extra-medullary Alignment Guide and Perform Tibial Resection

**For PS Only*



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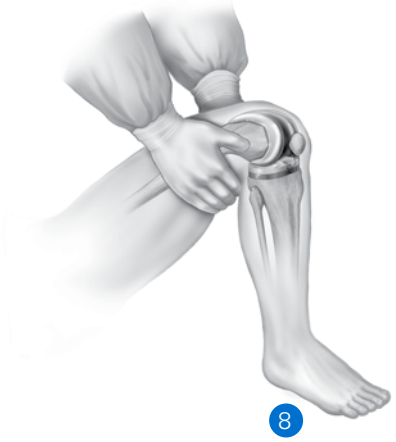
Prepare Patella



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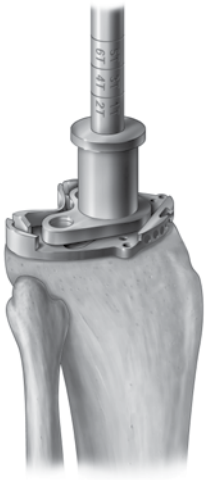
Assemble Trials and Perform Final Stability Assessment



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Drill Pilot Hole on Tibia

10

Prepare Tibia with Fit Tamp

11

Implant Final Components

DETAILED OPERATIVE TECHNIQUE

PREPARATION OF THE FEMUR

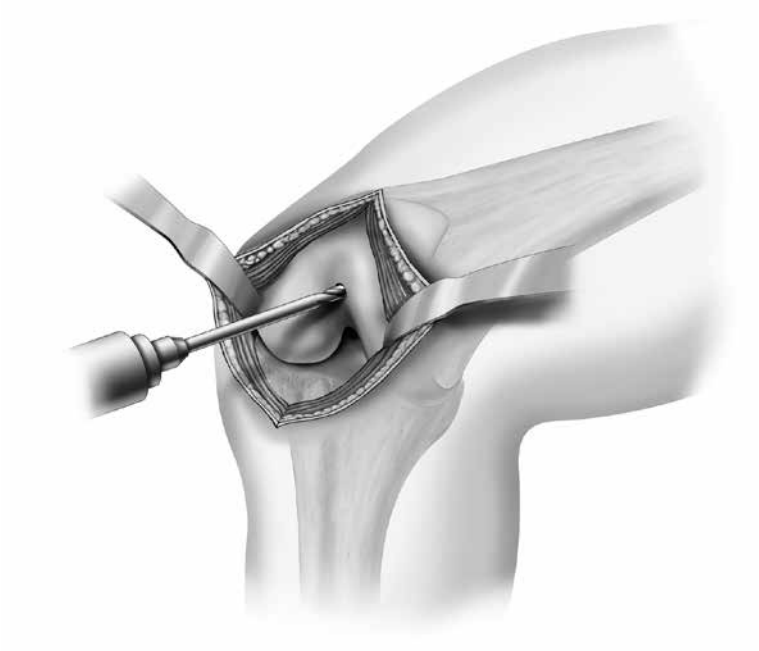


Figure 1
Enter Intra-medullary Canal with the IM Pilot Drill

Figure 2
Assemble the Femoral Alignment Instruments for Distal Femoral Resection
1. Bushing
2. IM Alignment Guide
3. Distal Link
4. Distal Femoral Resection Guide

Incision and exposure should be performed using the surgeon's preferred technique.

PREPARATION OF THE FEMUR

Step 1: Opening the Intra-medullary Canal

The **Intra-medullary (IM) Pilot Drill** should be used to drill a hole in the distal femur coaxially with the femoral endosteal canal *(Figure 1)*. The entry point for this drill is located in the intercondylar groove 5-10mm anterior to the intercondylar notch. This entry point may be more accurately located by one of these two methods:

1. palpating the femur in the cephalad portion of the exposure, or
2. opening the cortex anterior to the femoral notch with a rongeur, osteotome or gouge.

It may be beneficial to enlarge the hole in the distal femur while drilling so that a slightly malpositioned entrance point does not affect the alignment of the **T-Handle Intra-medullary (IM) Rod**. After the canal has been opened with the IM Pilot Drill, the T-Handle IM Rod should be inserted into the femoral canal to be sure it passes easily. The T-Handle IM Rod should then be removed from the canal.

Step 2: Distal Femoral Resection

To set the distal femoral valgus alignment of the femoral cut, insert the **Intra-medullary Alignment Guide Bushing** into the **Intra-medullary Alignment Guide** with the proper side (left or right) facing anteriorly *(Figure 2)*. The release button underneath the rectangular hole in the IM Alignment Guide should be pressed, allowing the IM Alignment Guide Bushing to slide into it.

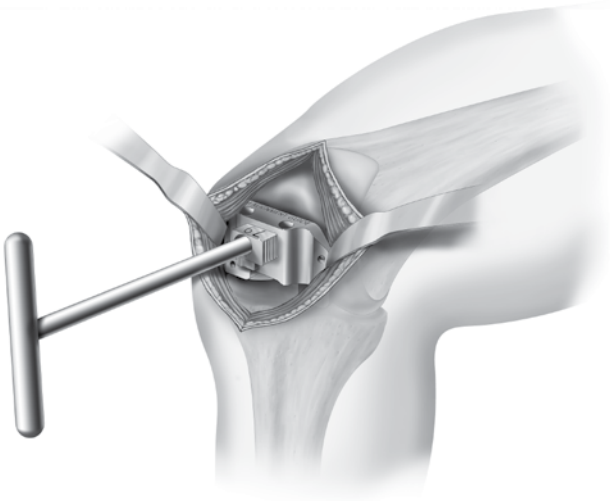


Figure 3
Align Distal Femoral Cutting Instruments

Figure 4a
Assemble Distal Femoral Resection Guide to Distal Link

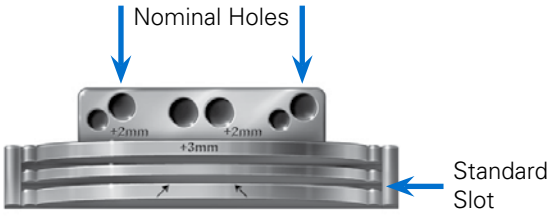


Figure 4b
Pin Distal Resection Guide in Nominal Holes

As an alternative instrument, the **Adjustable Distal Femoral IM Alignment Guide** can be used in lieu of the **IM Alignment Guide** and **Bushings.**

Place the T-Handle IM Rod through the IM Alignment Guide Bushing and introduce the assembly onto the distal femur *(Figure 3)*. The IM Alignment Guide can be aligned parallel to the transepicondylar axis, although alignment is not crucial at this point.

Affix the Distal Link to the Distal Femoral Resection Guide *(Figure 4a)*.

The Distal Femoral Resection Guide features different pinholes that allow for adjustment of the resection depth in 2mm increments.

Pin the Distal Femoral Resection Guide in the nominal holes *(Figure 4b)*. Quick chuck can be used to connect the 1/8" drill pin with power drill equipment. Performing the distal femoral cut through the standard slot resects 10mm from the distal femur *(Figure 4b)*; the alternative slot resects 3mm more (13mm). The block may be shifted to the second pin location for an additional 2mm resection. The Distal Femoral Resection Guide also features two holes for cross pins that enhance the fixation of the Resection Guide to the bone and make it more stable during the resection.

Remove the T-Handle, Alignment Guide and Distal Link.

PREPARATION OF THE FEMUR

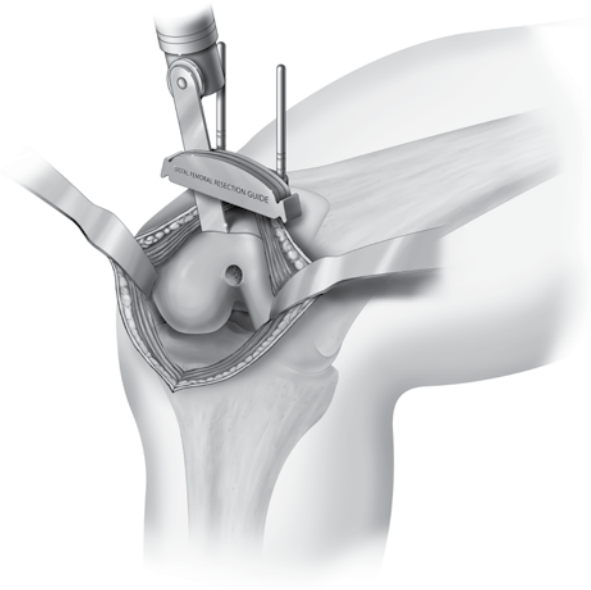


Figure 5
Perform Distal
Femoral Resection

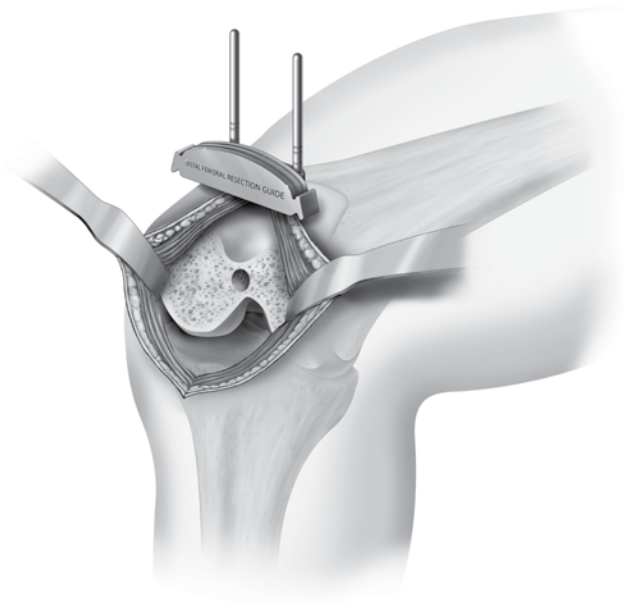


Figure 6
Resected Distal Femur

The distal femoral resection is performed, always protecting the medial and lateral collateral ligaments *(Figure 5)*.

The medial condyle should be resected first. The surgical window should now be mobilized to the lateral compartment of the knee to perform the lateral condylar resection *(Figure 6)*.

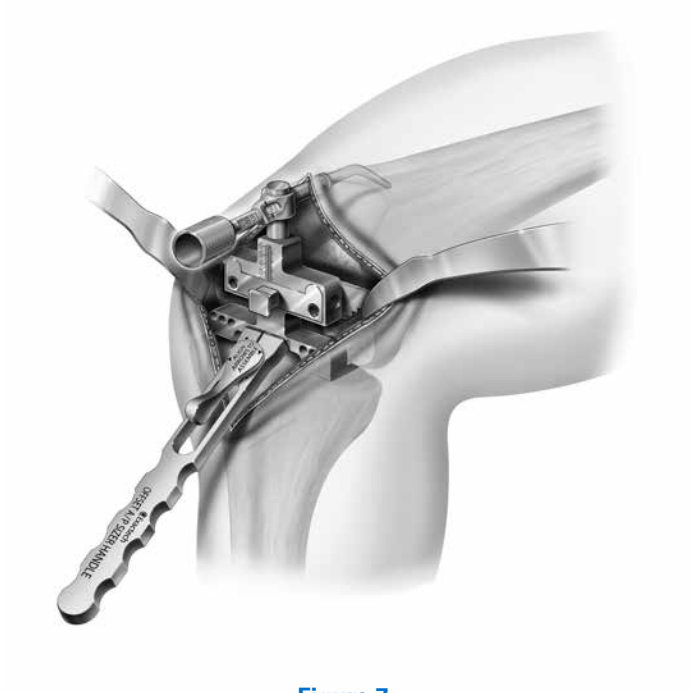


Figure 7
Place Femoral A/P Sizer on Distal Femur

The Distal Femoral Resection Guide should now be removed using a **Pin Puller** or a powered **Pin Driver**. Bone remnants may now be removed with a rongeur, a saw or a bone file. To be sure that the resected surfaces of the medial and lateral femoral condyles are coplanar, a flat cutting block may be used to check the cuts.

Step 3: Rotation of Femoral Components

Templating is essential in small incision procedures, since the surgeon has a limited view of the anterior aspect of the distal femur. Adjust the **Femoral A/P Sizer** to the templated size or set to 3 to begin. External femoral rotation is determined by inserting the **Femoral A/P Sizer Drill Guide Bushing** into the Femoral A/P Sizer. The instruments feature different Drill Guide Bushings, including 0 to 7 degree options for both right and left.

Note: *The Optetrack Logic instrumentation offers the ability to balance the medial and lateral collateral ligaments by using the LBS III instruments. If this technique is to be used, refer to Appendix C of this document for setting the rotation and sizing of the femoral component.*

Step 4: Sizing the Femoral Component

The Femoral A/P Sizer should be placed flush against the resected distal surface of the femur. The **Offset A/P Sizer Handle** is provided to facilitate insertion and manipulation of the A/P sizer *(Figure 7)*.

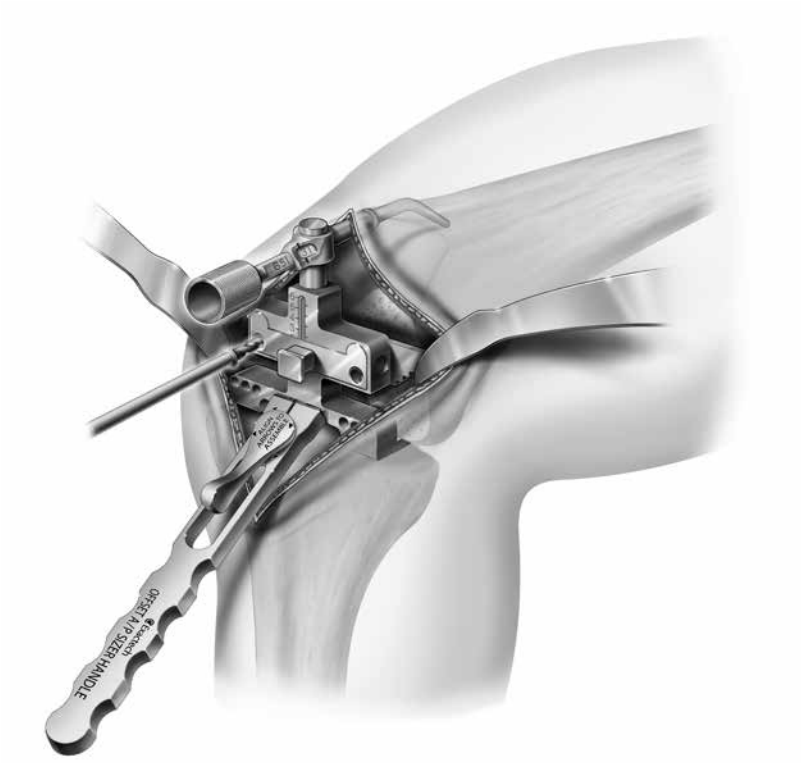


Figure 8
Verify Placement of A/P Sizer and Drill Rotational Alignment Holes

Note: *The following technique describes the use of an anterior referencing A/P Sizer. An additional posterior referencing system is available and is described in Appendix A of this technique.*

The posterior feet of the Sizer should be inserted under the posterior femoral condyles. If a posterior condylar defect is present, the Femoral A/P Sizer should be rotated to a position that accommodates the defect. The Femoral A/P Sizer is adjusted to the femoral size. Slide the tip of the A/P Sizer Stylus underneath the quadriceps and into the suprapatellar pouch. Position the tip of the Stylus Pointer onto the midportion of the femoral metaphysis. For anterior referencing technique, it is advisable to choose a smaller femoral size if the A/P Sizer is measuring between sizes.

The surgeon may correlate the template size with the size given by the Femoral A/P Sizer as a size confirmation.

Verify that the A/P Sizer is flat against the distal femoral surface, assemble the appropriate Drill Guide Bushing and drill holes with the **Collar Drill** *(Figure 8)*.

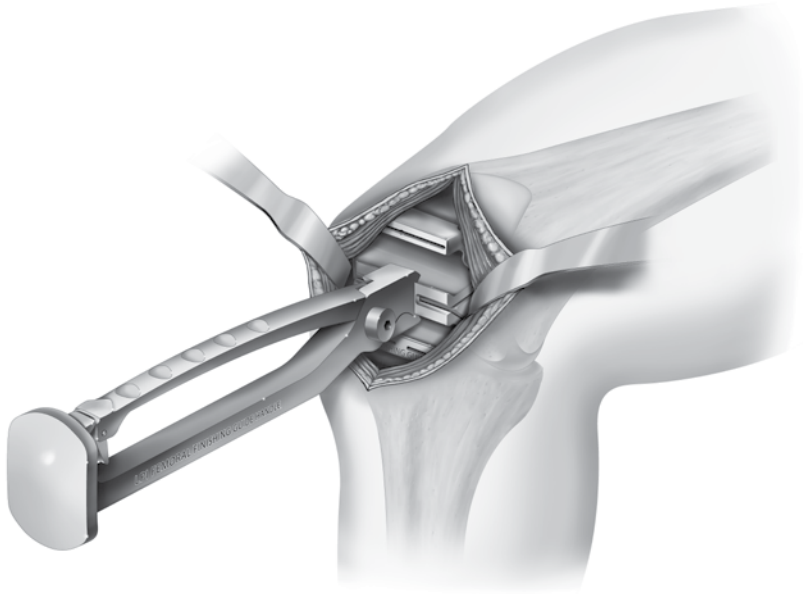


Figure 9
Position Femoral Finishing Guide

Step 5: Resection of Anterior, Posterior and Chamfer Femoral Bone

The **Femoral Finishing Guide** should be positioned onto the distal femur using the **Finishing Guide Impaction/ Extraction Handle** *(Figure 9)*.

The size of the Femoral Finishing Guide has been determined previously with the Femoral A/P Sizer. The Femoral Finishing Guide has two pegs that align with the pre-drilled rotation holes and can be pinned on the medial and lateral sides, as well as in the center with cross pins to enhance fixation stability. The **2mm Offset Drill Guide** may be used to offset the drill holes anteriorly or posteriorly by 2mm. To do so, place the pegs of the 2mm Offset Drill Guide into the pre-drilled rotation holes and use the Collar Drill to reposition the new holes. The anterior and posterior cuts are performed followed by the chamfer cuts. Once the cuts on the distal femur have been completed, the Femoral Finishing Guide should be removed and the resected bone excised.

If a Truliant CR implant is selected, the femoral preparation is complete for now. Proceed to the next section, Preparation of the Tibia.

If a Truliant PS implant is selected, proceed to Step 6 to complete the femoral notch preparation.

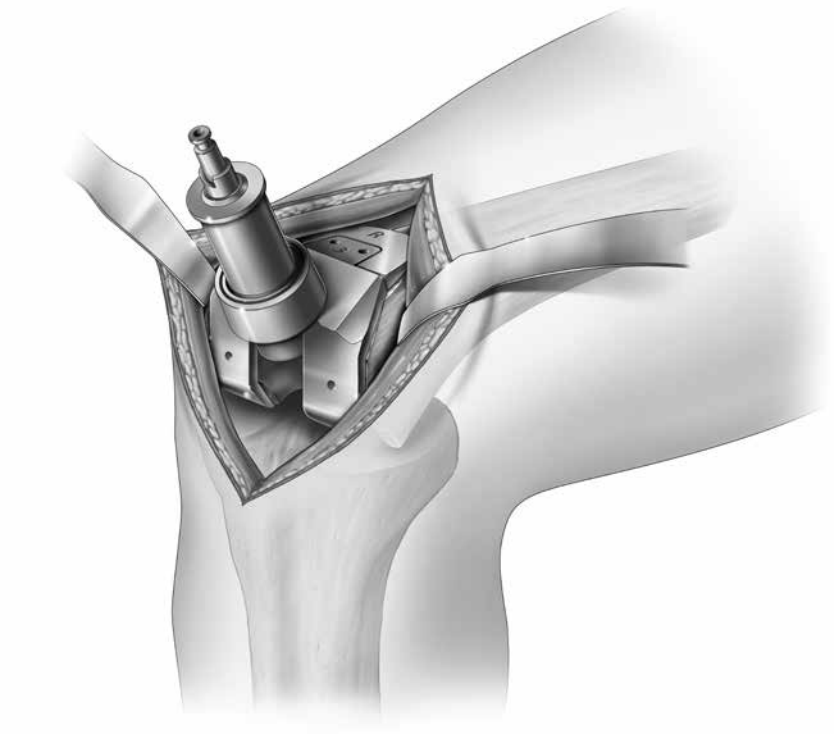


Figure 10
Prepare PS Notch
with Cutting Guide

Step 6: Femoral Notch Preparation

Select the **Logic PS Femoral Notch Cutting Guide** and the **Logic PS Femoral Notch Cutter** that correspond to the previously determined femoral component size.

Rotate the anterior flange of the Notch Cutting Guide to the appropriate side that corresponds to the operative knee (left or right), place on finished cuts and affix the Notch Cutting Guide onto the distal femur with fixation pins.

Note: *The Notch Cutting Guide must stay flush on the prepared distal femur during notch cutting, or the produced notch could be malpositioned with respect to the implant. Fixation pin holes are available on the distal and anterior surfaces of the Notch Cutting Guide, and can be used to secure the Guide during cutting.*

Attach the Notch Cutter to a power drill. With the knee in flexion, introduce the Notch Cutter into the Notch Cutting Guide, making sure that the drill is set on "drill" setting. Once the teeth on the Notch Cutter have cleared the black bushing and before the teeth contact the bone, activate the drill. Apply pressure to the Notch Cutter as it travels posteriorly and ream until the Notch Cutting Guide prevents the Notch Cutter from further travel *(Figure 10)*.

Turn the power drill off, and remove the Notch Cutter from the Cutting Guide.

Note: *Be sure not to activate the drill while removing the Notch Cutter in order to prevent the cutting teeth from scoring the black bushing of the Cutting Guide.*

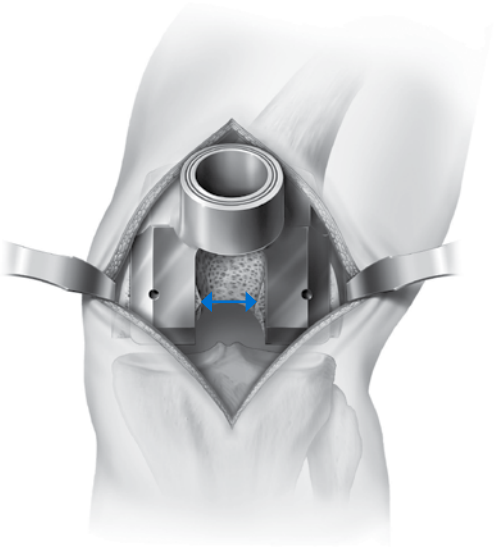


Figure 11
Remove Bone Remnants
from the Distal Femur

Figure 12
Assembly of Extra-medullary
Tibial Alignment Guide

1. Ankle Clamp Base
2. Ankle Clamp Upright
3. Tibial Resector Shaft
4. Tibial Resection Guide

Due to the cylindrical shape of the Notch Cutter, it is necessary to remove any existing bone remnants from the distal femur *(Figure 11)*. It is recommended to use a sagittal saw to remove the bone remnants, aligning the saw to the inner surfaces of the Notch Cutting Guide and trim the medial and lateral sides of the notch. Remove the Notch Guide after all cuts are performed. Preparation for the Truliant PS femoral component is complete.

PREPARATION OF THE TIBIA

The tibia can be prepared using either the extra-medullary (EM) preparation technique or the intra-medullary (IM) preparation technique.

Note: *The following paragraphs describe the EM tibial preparation technique. For IM tibial preparation technique, please see Appendix B for instructions.*

Assembly of the EM Tibial Alignment Guide

The proximal tibial resection can be aligned and performed using the **EM Tibial Alignment Guide** (Ankle Clamp Base, Ankle Clamp Upright, Tibial Resector Shaft and Tibial Resection Guide) *(Figure 12)*.

PREPARATION OF THE TIBIA

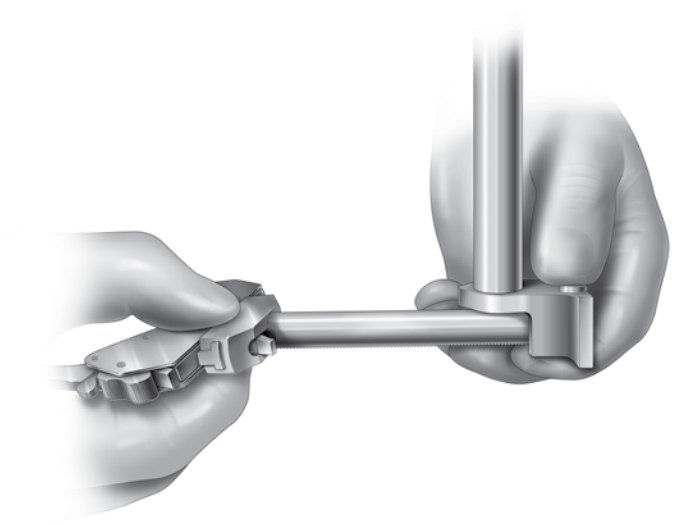


Figure 13
Insert Ankle Clamp Base
into Ankle Clamp Upright

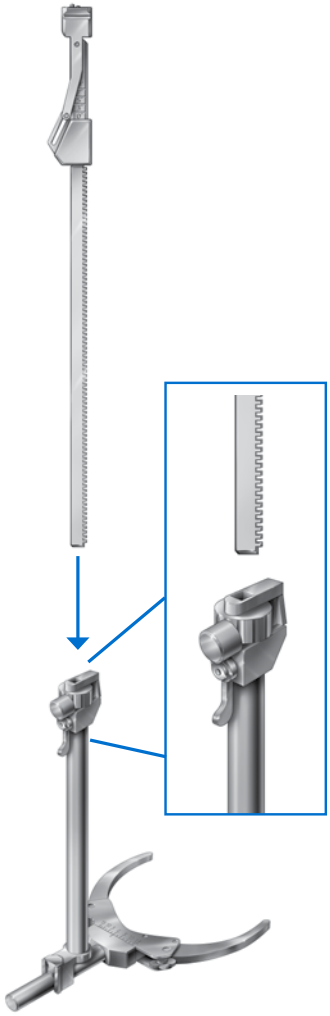


Figure 14
Insert Tibial Resector Shaft
into Ankle Clamp Upright

To assemble the EM Tibial Alignment Guide, slide the shaft of the **Ankle Clamp Base** into the lower end of the **Ankle Clamp Upright**. The markings on the Ankle Clamp Base should face upward, and the push button on the Ankle Clamp Upright should face away from the Ankle Clamp. While pressing the button on the Ankle Clamp Upright, assemble the upright onto the shaft of the Ankle Clamp Base *(Figure 13)*.

Position the lever on the proximal end of the Ankle Clamp Upright pointing down. Press the button on the proximal end of the Ankle Clamp Upright and insert the **Tibial Resector Shaft** into the Ankle Clamp Upright with the teeth facing posteriorly, or away from the lever and button *(Figure 14)*.

When the button is pressed, the Tibial Resector Shaft will be able to move within the Ankle Clamp Upright. When the button is released, the position of the Tibial Resector shaft is locked.

Note: *The lever can be shifted to either side to disengage the push button locking mechanism, allowing the Tibial Resector Shaft to move freely.*

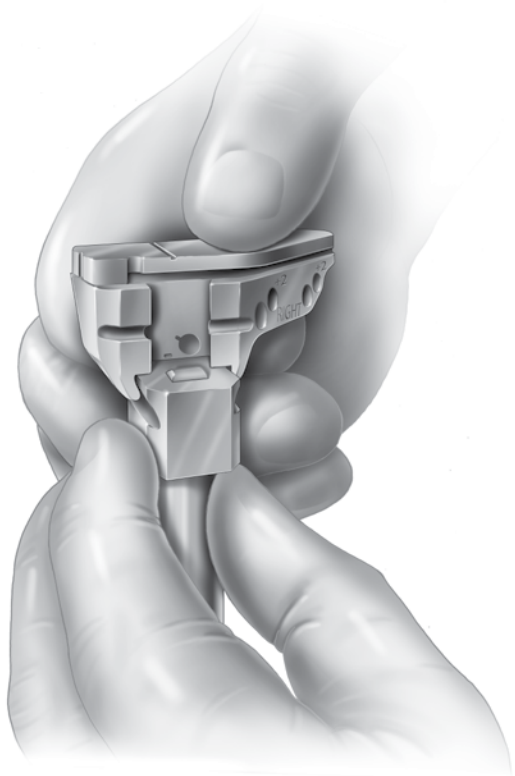


Figure 15
Assemble Tibial Resection Guide and Tibial Resector Shaft

Figure 16
Placement of Extra-medullary Tibial Alignment Guide

Attach the **Tibial Resection Guide** to the proximal end of the Tibial Resector Shaft by pressing the button on the Tibial Resector Shaft and sliding the Tibial Resection Guide onto the dovetail, from posterior to anterior *(Figure 15)*.

Placement of the EM Tibial Alignment Guide

Place the EM Tibial Alignment Guide on the front of the tibia and clamp the spring-loaded arms around the ankle in the supra-malleolar position *(Figure 16)*.

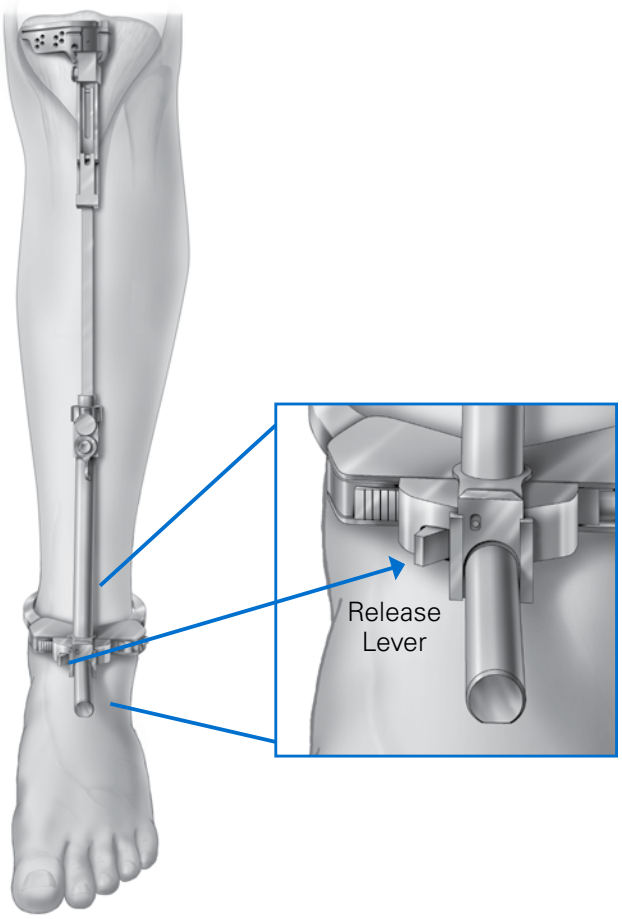


Figure 17
Center Distal End of EM Tibial
Alignment Guide Over the Ankle

The distal end of the EM Tibial Alignment Guide should be centered over the ankle joint. In most instances, the Ankle Clamp Base will read 2-5mm medial when properly centered on the ankle. The second toe is another common landmark for the distal alignment of the Ankle Clamp. The position of the Ankle Clamp Base can be adjusted by pressing the release lever and shifting the Guide medially or laterally *(Figure 17)*.

Landmarks to center the Tibial Resection Guide proximally include the medial 1/3 of the anterior tibial tuberosity and tibial spine. In the sagittal plane, the EM Tibial Alignment Guide should be aligned parallel to a line extending from the center of the knee joint to the center of the ankle joint.

The posterior slope of the Tibial Resection Guide can be adjusted by positioning the proximal end of the Resector Shaft to the desired degree of posterior slope (0, 3, 5, 7 or 10 degrees). If the surgeon prefers, posterior slope may also be adjusted by repositioning the Ankle Clamp Upright on the Ankle Clamp Base. Positioning the Ankle Clamp Upright more anterior onto the base will add slope to the Tibial Resection Guide, while positioning it more posterior will reduce slope.

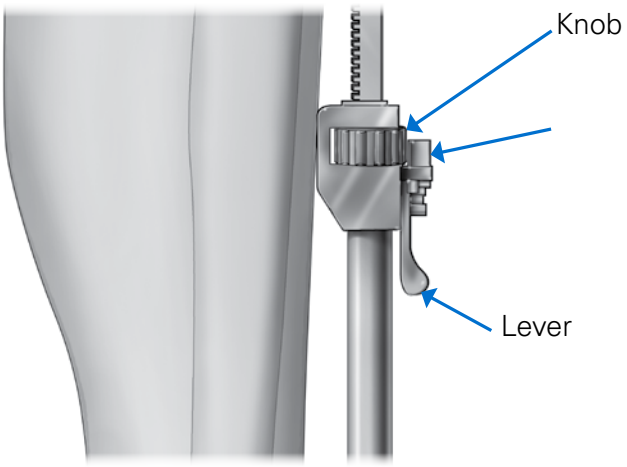


Figure 18
Adjust Resection Level

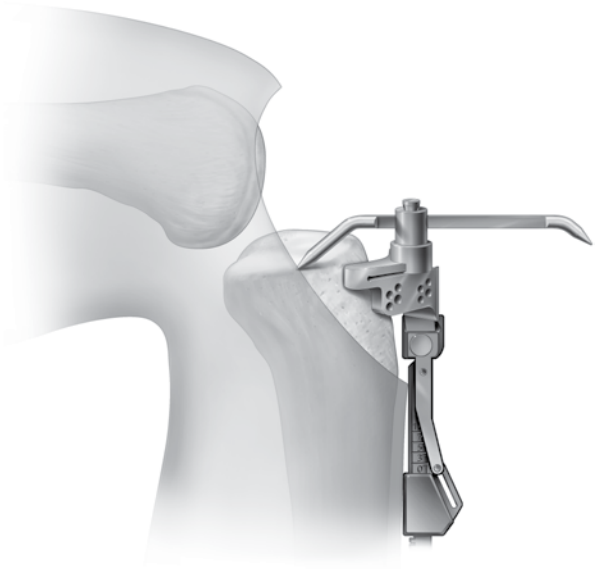


Figure 19
Fixed Tibial Stylus on the Tibial Resection Guide

The next two sections outline the tibial resection technique for the Truliant PS and Truliant CR systems, respectively.

TRADITIONAL TIBIAL APPROACH: RECOMMENDED FOR PS KNEES

Once the appropriate slope has been dialed in, the **Fixed Tibial Stylus** should be placed in the cutting slot of the Tibial Resection Guide. The resection level should be adjusted so that the Fixed Tibial Stylus references the proximal tibial plateau.

The resection level of the Tibial Resection Guide can be adjusted by pressing the button on the proximal end of the Ankle Clamp Upright. Micro adjustments to the resection level can be made by rotating the knob on the proximal end of the Ankle Clamp Upright *(Figure 18)*.

To set resection depth, use the 10mm side of the Stylus when referencing the most normal plateau and the 1mm side when referencing the most affected plateau *(Figure 19)*.

The **Cut Line Predictor** may be used to evaluate the tibial resection level. Once the Tibial Resection Guide is adjusted to the desired resection level and slope, it can be pinned in position.

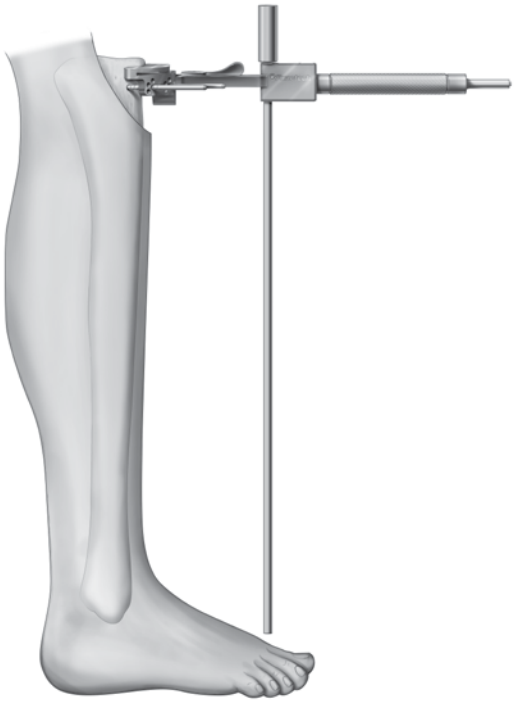


Figure 20
Assess Alignment with Extra-medullary Landmarks

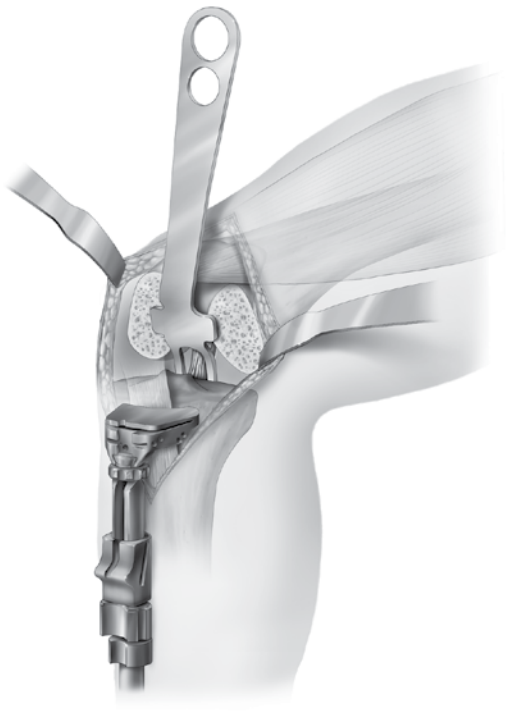


Figure 21
Placement of No-Touch PCL Retractor

The alignment of the resection guide can be verified by locking the Mauldin Multi-Tool into the anterior recess of the block and inserting the drop rod into the holes of the Mauldin Multi-Tool. The **Drop Rod** can be used to assess alignment with extra-medullary landmarks *(Figure 20)*. Proceed to resect the proximal tibia.

POSTERIOR CRUCIATE REFERENCING TECHNIQUE (PCRT): RECOMMENDED FOR CR KNEES

Step 1: Identification of the posterior cruciate ligament (PCL) Insertion Points

Place the **No-Touch PCL Retractor** behind the tibia with one prong medial and one prong lateral to the PCL *(Figure 21)*. Subluxate the posterior margin of the tibia anterior to the femur. At this point, the No-Touch PCL Retractor should protect both the PCL and the resected surface of the distal femur. Connective and scar tissues are usually present around the anterior aspect of the tibial insertion of the PCL. These tissues are intimately attached to the fibers of the PCL.

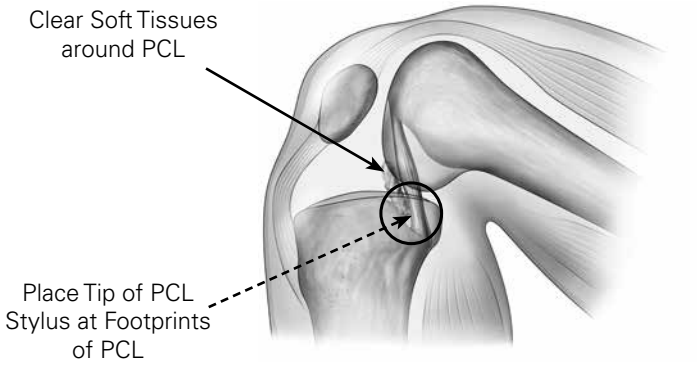


Figure 22
Tibial Stylus Placement

Proceed to release the tissues around the anterior portion of the PCL, until the fibers of the PCL are recognized at their insertion into the posterior tibia *(Figure 22)*.

Identification of the PCL fibers and release of the scar tissue surrounding the PCL is essential at this point. This is the anatomical landmark that will be used to reference the proximal tibial resection.

It is also advisable to resect any remaining posterior horns of both menisci and menisco-femoral ligaments at this time.

Step 2: Placement and Distal Alignment of the Extra-medullary Alignment Guide

The proximal tibial resection can be aligned and performed using the **Extra-medullary Tibial Alignment Guide**. For assembly and positioning, please refer to the Extra-medullary Tibial technique as described previously.

Step 3: Determination of Posterior Tibial Slope

When setting up the sagittal orientation of the proximal tibial resection, aim for a posterior slope between 0 and 3 degrees. Increasing the posterior tibial slope angle beyond 5 degrees may damage the tibial insertion of the PCL.

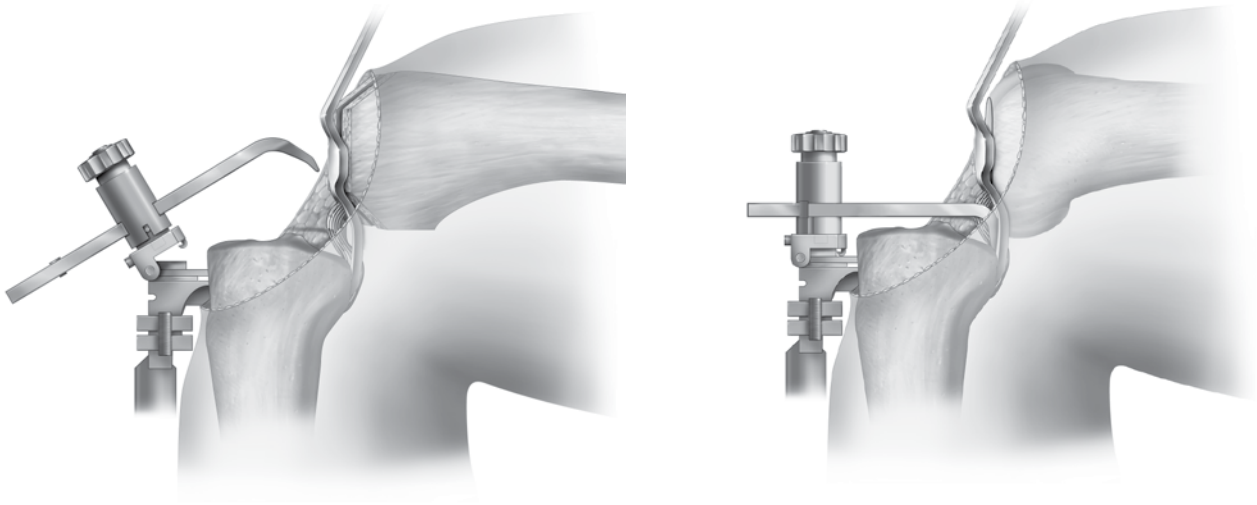


Figure 23a
Determine Tibial Resection

Step 4: Determination of Tibial Resection Depth

The **Adjustable PCL Stylus** should be placed in the cutting slot of the Tibial Resection Guide with the stylus in the raised position *(Figure 23a)*.

After assembly, snap the stylus down and place the tip of the stylus at the tibial insertion of the PCL. The Adjustable PCL stylus has three settings: 0, 2, and 4mm. This setting indicates the amount of additional distal tibial resection from the tip of the stylus. For example, if the stylus guide is set to 0mm, the tibia resection is aligned exactly to the tip of the stylus. If the stylus is set to 2mm or 4mm, the tibial resection is aligned either 2mm or 4mm below (distal) the tip of the stylus. The recommended resection level is at the 2mm position.

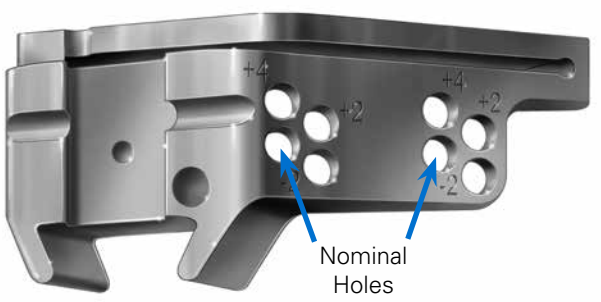


Figure 23b
Place Drill Pins

Step 5: Securing Tibial Resection Guide to Tibia and Final Checking

When the proper positioning of the Tibial Resection Guide has been assured, drill pins should be placed through the guide into the tibia *(Figure 23b)*. Drill pins should be placed in the "0" or "nominal" holes.

The Tibial Resection Guide may be adjusted proximally or distally in 2mm increments by shifting the Tibial Resection guide to either the +4mm, +2mm, or -2mm holes on the block itself on the existing drill pins.

Proceed to make your proximal tibial resection.

PATELLA IMPLANT OPTIONS

STANDARD PATELLA ADVANCED PATELLA

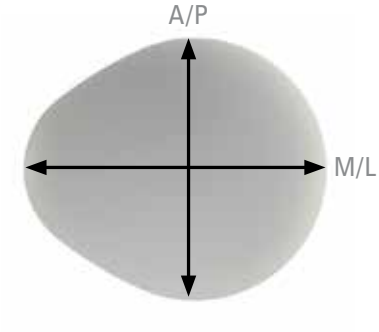
STANDARD PATELLA

Diameter (mm)	Thickness (mm)
26	5.1
29	6.1
32	7.2
35	8.5
38	10.0
41	11.0

ADVANCED PATELLA*

Diameter (mm)		Thickness (mm)
A/P	M/L	
26	30	6.1
29	33	7.1
32	37	8.2
35	40	10.0

*Special Order



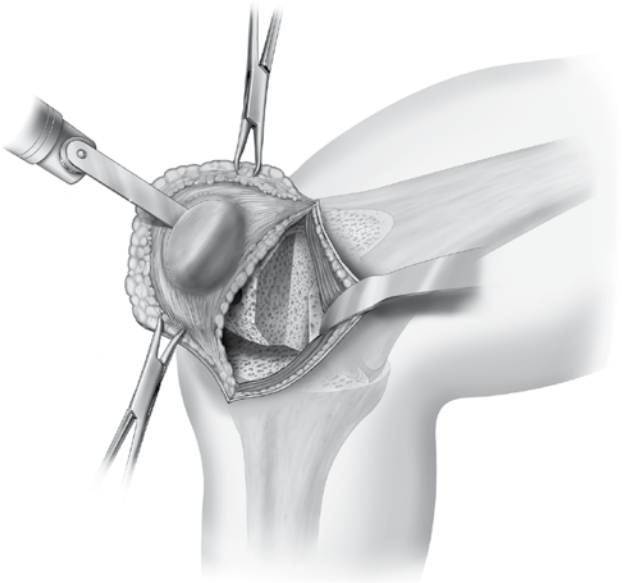


Figure 24a
Prepare Patella with Freehand Patellar Resection Technique

Figure 24b
Assemble the Universal Patellar Drill Guide to the Patella Preparation Handle

PREPARATION OF THE PATELLA

For patellar resection performed without a Patellar Resection Guide ("free hand"), the patella should be stabilized with large towel clips or similar instruments *(Figure 24a)*. The **Patellar Resection Guides** may also be used to perform the patella resection. While the **Patellar Resection Guide** claws are open, lock the side lever and squeeze the handles together to securely grip the sides of the patella. The adjustment knob can be rotated to set the appropriate thickness. When patella resection is complete, final determination of patella size (diameter) and hole preparation should be performed using the appropriate **Drill Guide** assembled to the **Patella Prep Handle** depending on the patella implant to be used *(Figure 24b)*. The **Patella Thickness Gauge** can also be used to measure the resected patella to help select the patellar implant size. With the handle completely open, position the Drill Guide on the patella to determine the patellar diameter. The pattern and size of the Drill Guide holes are universal for all three-peg patella components. Clamp the patella and secure the handle by turning the knob. Holes should be drilled through the patellar drill guide. After the holes are drilled, loosen the knob and remove the handle and Drill Guide from the patella. The appropriate size of trial prosthesis should be placed on the patella.

Note: *The Advanced Patellar Drill Guide and trials are special order.*

Figure 25
Place Femoral Trial

Figure 26
Fixation of Tibial Tray Trial

FINAL PROSTHESIS TRIAL CHECK

Final prosthesis trial check should include assessment of: ALIGNMENT, STABILITY, MOTION and PATELLAR TRACKING Prior to trialing, spacer blocks can be used to assess extension and/or flexion gap. Any soft tissue adjustments can be performed as needed.

Femoral Trial Placement

CR Surgery

Select the **Truliant Femoral Trial** that corresponds to the previously determined femoral component size. Assemble the selected Truliant Femoral Trial to the **Locking Femoral Impactor** and place the femoral trial on the distal femur *(Figure 25)*. Ensure that the femoral component is properly positioned on the distal femoral condyles in the medial and lateral direction. Apply slight upward pressure to the Locking Femoral Impactor as the component is being impacted to prevent the femoral component from rotating into flexion. Once correct positioning is assured, the component should be fully seated by striking the end of the Locking Femoral Impactor with a mallet. The Locking Femoral Impactor can then be removed.

PS Surgery

At this stage, the **PS Cam Trial** can be assembled to the Femoral Trial in preparation of the trialing phase. Select the corresponding size cam trial and slide it into the Femoral Trial from anterior to posterior through the indicated slots on the Femoral Trial until it is fully seated and a "click" is heard *(Figure 26)*.

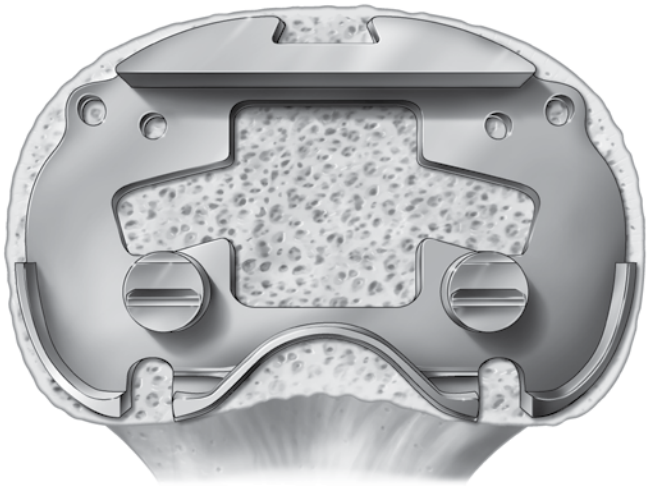


Figure 27a
Fixation of Tibial Tray Trial

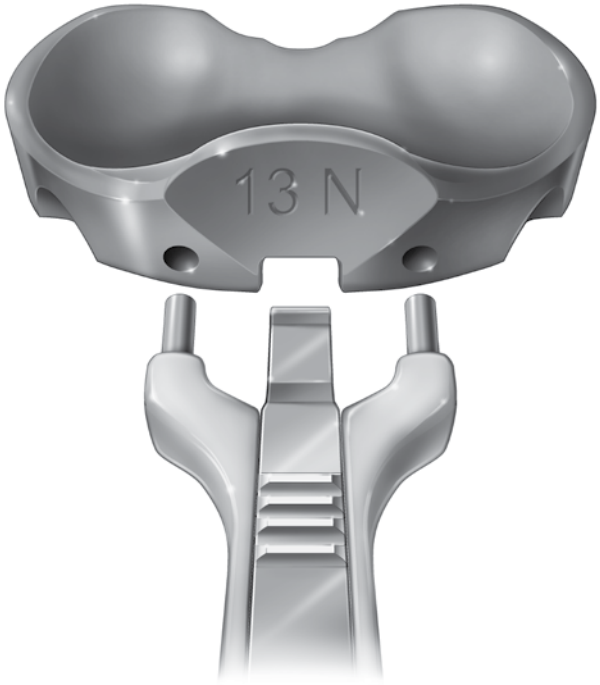


Figure 27b
Assemble Trial with the Insert Handle

Tibial Trial Placement

The **Tibial Tray Trial** should be selected as the largest tray that fits within the borders of the resected tibial surface, without any overhang, and then fixed to the proximal tibia. Please note that the position of the tibial tray trial relative to the resected tibial surface should be centered along the A/P direction *(Figure 27a)*.

Notably any anterior offset of the tibial tray trial should be avoided, as it would result in a posterior shift of the femoro-tibial contact point.

Next, tibial insert trials of the selected style (e.g., PS, CR) should be placed using **LPI Tibial Insert Trial Handle** *(Figure 27b)*. Adjust the thickness of the tibial insert trial until a "best fit" is achieved in terms of joint balance.

Keep in mind that the size of the femur must always match the size of the tibial insert in order to maintain the 1:1 femoral/tibial congruency.

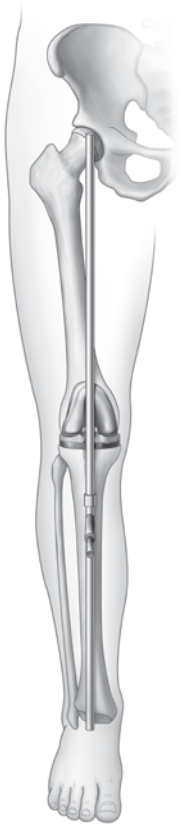


Figure 28
Assess Alignment

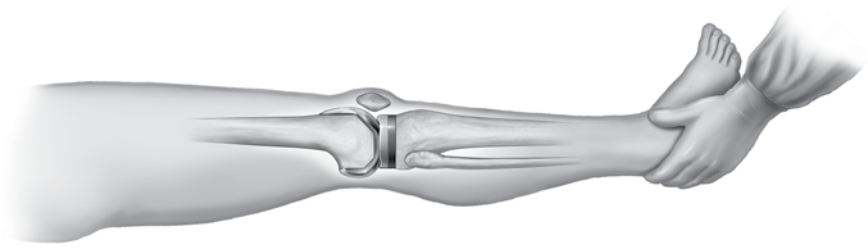


Figure 29
Check Motion in Extension

Alignment Check

With the knee in full extension and the Mauldin Multi-Tool assembled to the Tibial Tray Trial, **EM Alignment Rods** should be placed in the holes in the Mauldin Multi-Tool and the alignment should be assessed *(Figure 28)*. Proper rotation of the tibial component should be determined by its congruency with the femoral component. Normally, the anterior plane of the tibial component will point approximately in the direction of the tibial tubercle and second toe when congruency is established.

Stability Check

The knee should be assessed for stability in both extension and flexion.

Trial Insert Selection

Based on the level of constraint required, implants are offered in CR, CRC, PS and PSC variants. An insert trial should be selected that matches the final implant with a thickness that achieves joint stability.

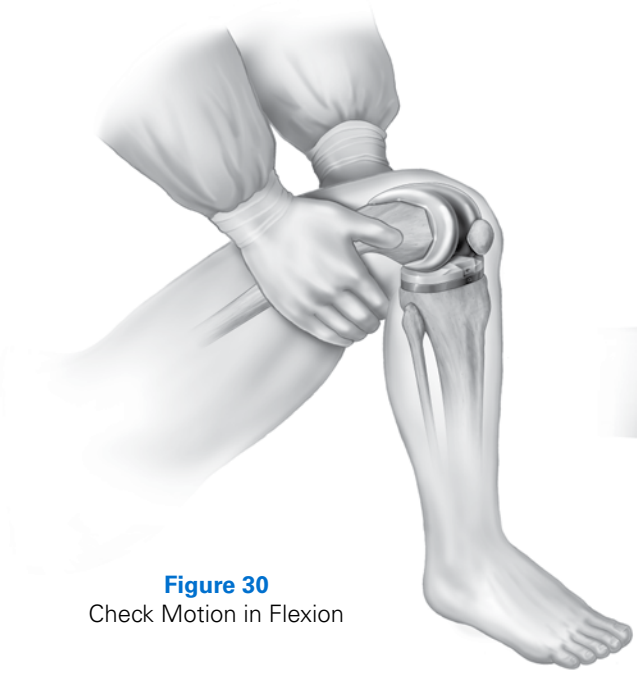


Figure 30
Check Motion in Flexion

Figure 31
Prepare Femoral Peg Hole

Motion Check

The knee should extend fully without force *(Figure 29)*. To check flexion, the surgeon should elevate the thigh and allow the leg to flex by the pull of gravity *(Figure 30)*.

Patellar Tracking Check

As the knee is put through a range of motion (ROM), the patella should track smoothly in the patellar groove of the femoral prosthesis with little or no pressure exerted against its lateral edge and without it being held medially. If there is a tendency to lateral subluxation, lateral retinacular release should be performed. After final ROM assessment, remove the Tibial Insert Trial and Tibial Tray Trial.

For CR knee, leave the Femoral Trial in place. The One-Peg Patellar Drill is drilled through the medial and lateral holes on the Femoral Trial *(Figure 31)*. This will create the space required to accommodate the pegs on the femoral implant. The Femoral Trial should be removed using the **Femoral Trial Extractor** assembled to the **Slap Hammer**.

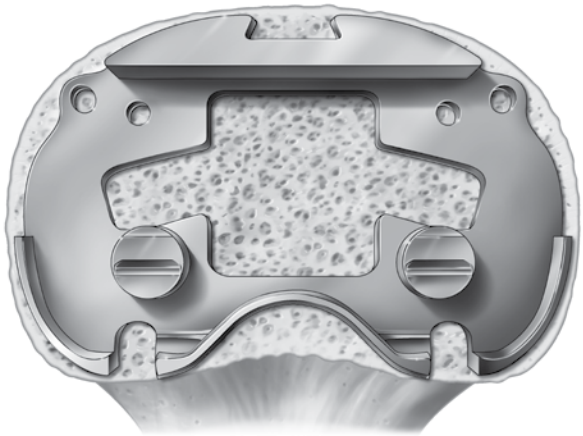


Figure 32
Fixation of Tibial Tray Trial

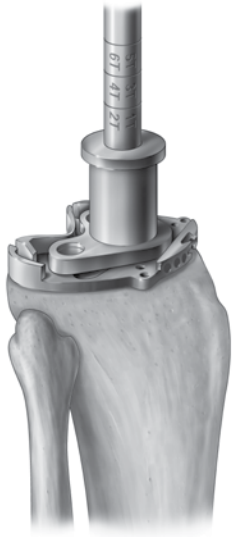


Figure 33
Drill Pilot Hole on Tibia

FINAL PREPARATION OF THE TIBIA

When all checks have been completed and the appropriate size and rotation of the tibial components have been determined, the tibia must be prepared for the tibial tray implant. Pins may be drilled or driven into the medial and lateral outrigger holes on the Tibial Tray Trial to provide stability during final tibial preparation. It is recommended to use Short-Headed Pins on the inside holes or **Quick-Connect Headless Pins** on the outrigger holes *(Figure 32)*.

Alternatively, the **Spiked Tibial Tray Trials** can be used during this stage of tibial preparation. The top surface of the Spiked Tibial Tray Trial can be impacted using a mallet to drive the spikes into the cancellous bone.

Assemble the **Tibial Pilot Drill Guide** to the Tibial Tray Trial. Drill through the Tibial Pilot Drill Guide with the IM Pilot Drill until the mark on the IM Pilot Drill matching the selected tray size reaches the proximal surface of the Tibial Pilot Drill Guide *(Figure 33)*.

Note: *For half sizes, drill down to the closest whole size mark.*

Note: *The pilot drill step is critical to ensure effective tamping and to minimize the risk of tibial fracture. 14mm Pilot Drill could be used when the surgeon desires.*

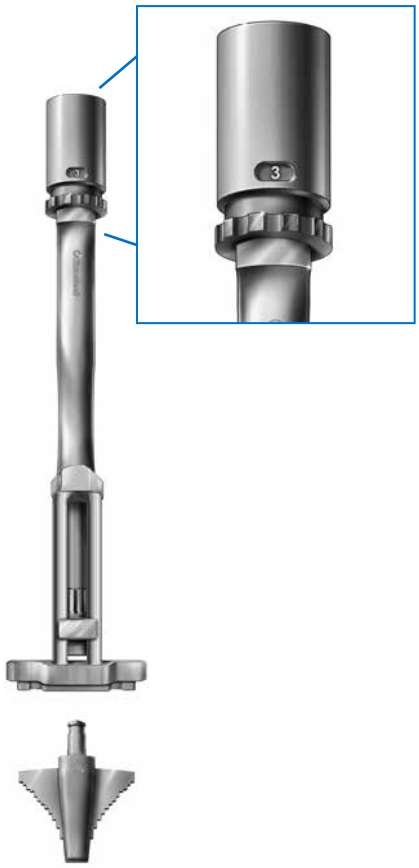


Figure 34
Assemble Tibial Tamp

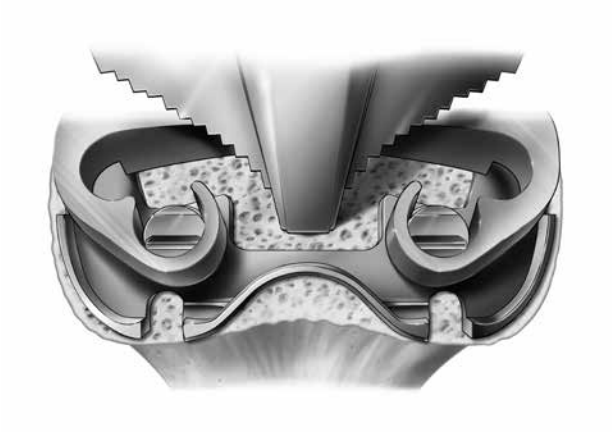


Figure 35
Align Tibial Tamp Guide

Assemble the **Fit Tibial Tamp** to the **Tibial Tamp Guide** by pressing the button on the anterior distal end of the Tibial Tamp Guide and sliding the Fit Tibial Tamp into the Fit Tibial Tamp Guide *(Figure 34)*.

Select the size on the Fit Tibial Tamp corresponding to the Tibial Tray size you intend to use. The size can be selected by rotating the dial until the appropriate size is viewed in the window *(Figure 34)*.

Align the Tamp Guide to the posterior pegs of the Tray Trial and seat the Tamp Guide flush and stable against the Tibial Tray Trial *(Figure 35)*.

Figure 36
Fully Impact Tamp

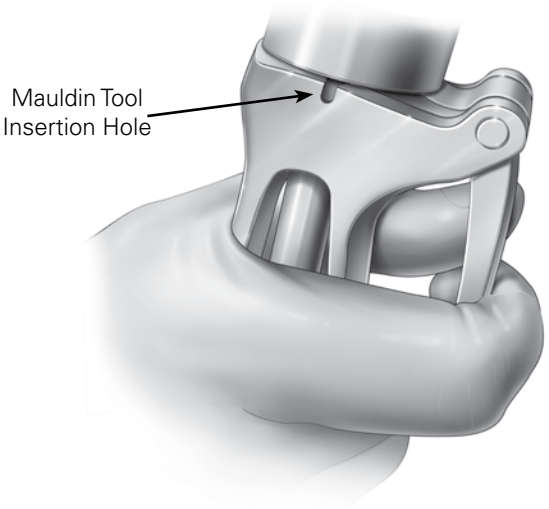


Figure 37
Eject Tibial Tamp Using the Lever or Mauldin Tool Insertion Hole

The Tamp is driven into the tibia until the bottom surface of the impaction piston is stopped by the top surface of the handle *(Figure 36)*.

Note: *Be sure to hold the Tamp steady during impaction to avoid tilt or lift-off.*

The Tamp should be ejected from the proximal tibia by squeezing the release lever *(Figure 37)*.

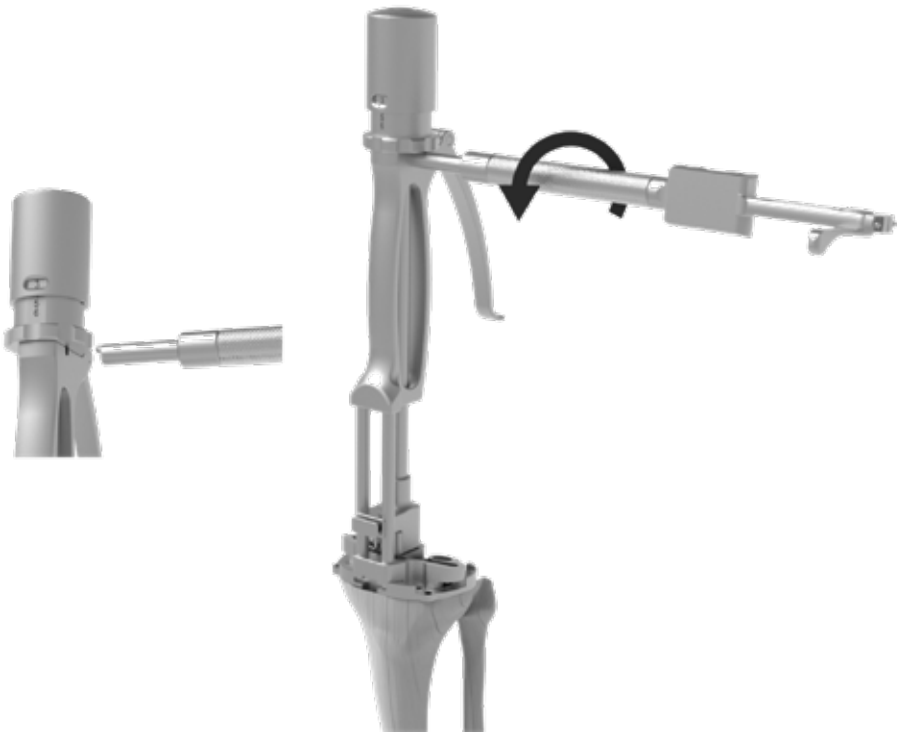


Figure 38a
Eject Tibial Tamp Using the Mauldin Tool

Figure 38b
Do Not Hit the Tamp in Retrograde

If the Tamp Guide does not disengage from the tibia with the release lever, a Mauldin Multi-Tool can be used to disengage it by inserting the small stud on the end of the Mauldin Multi-Tool into the hole in the handle of the Tamp, then rotating the Mauldin Multi-Tool to loosen the Tibial Tamp *(Figure 38a)*.

CAUTION: Do not hit the tamp in retrograde. Hitting the tamp in retrograde can result in breakage of the instrument *(Figure 38b)*.

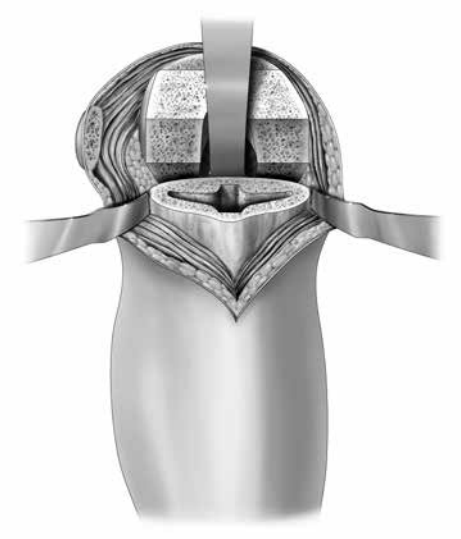


Figure 39
Place Retractors to
Expose the Knee Joint

IMPLANTATION OF FINAL COMPONENTS

Surgeons have different preferences in regard to the sequences used to place the prosthesis components. A standard, successful technique sequence is described here. If the surgeon prefers another sequence, the Optetrak Logic knee instrumentation provides sufficient flexibility to accommodate adjustments in the implantation technique.

Step 1: Final Bone Preparation

Retractors should be placed to expose the joint *(Figure 39)*. All tissue debris should be removed from resected bone surfaces. The bone trabeculae should be thoroughly cleansed with pulsed lavage.

Step 2: Implantation of the Tibial Prosthesis

When the Truliant Fit Tibial Tray is not used with a stem extension, the poly plug on the distal end of the Fit Tibial Tray should be kept in place. This poly plug is to prevent cement penetration.

Method 1: Implantation of Modular Tibial Component

Bone cement should be applied to the prosthesis and prepared bone surfaces when the cement has a viscosity low enough to promote good penetration into the trabecular bone.

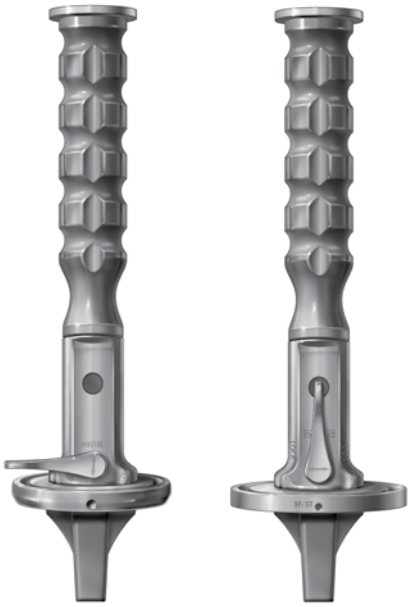


Figure 40
Assemble Locking Tibial Tray Impactor and Impact Tibial Component

Figure 41
Check for Balseal Damage

Apply bone cement to the proximal tibia and the distal surface of the tibial tray component, including the stem, using either a cement gun or by manually pressurizing the cement. Assure that both the bone and the boneside of the prosthesis are thoroughly coated with cement. When using the Fit tray components, ensure that cement is pressed into the cement pockets.

Care should be taken to limit the amount of cement placed on the posterior lateral corner of the implant to limit cement cleanup in the posterior capsule.

Next, assemble the LPI Impactor Handle to the appropriate size Tibial Impactor Plate *(Figure 40)* and the Tibial Tray implant.

NOTE: *Check for Balseal damage on the LPI Impactor Handle (Figure 41). If damage is observed return the instrument to Exactech for servicing and contact Exactech for a replacement instrument. The Balseal holds the appropriate impactor head on the impactor handle until the locking mechanism can be engaged. If the Balseal is damaged, the impactor head should be held in place manually while the locking mechanism is engaged.*

Figure 42
Place Tibial Prosthesis

Introduce the tibial tray component onto the prepared tibial surface using the **Locking Tibial Tray Impactor** construct by applying a constant downward force *(Figure 42)*. The extraneous cement must be removed from the borders of the tibial component, starting posteriorly and working around to the sides and front. All cement must be removed from the posterior capsular area of the knee.

Method 2: Implantation of Pre-assembled Tibial Components

Alternately, the polyethylene tibial insert may be assembled to the tibial tray prior to implantation. In this case, the **Tibial Insert Driver** should be used to complete the installation of the pre-assembled tibial components. At this point, bone cement should be applied to the prosthesis and prepared bone surfaces as described in Method 1.

Assemble the **Non Locking Tibial Impactor Head** to the **Impactor Handle**. Introduce the pre-assembled tibial components onto the prepared tibial surface using the **Tibial Insert Impactor**, applying a constant downward force.

All extraneous cement must be removed from the borders of the tibial component, starting posteriorly and working around to the sides and front. All cement must be removed from the posterior capsular area of the knee. The same technique applies when using all-polyethylene or metal-backed tibial components.

Note: *When Method 2 is used, Step 6 will be skipped.*

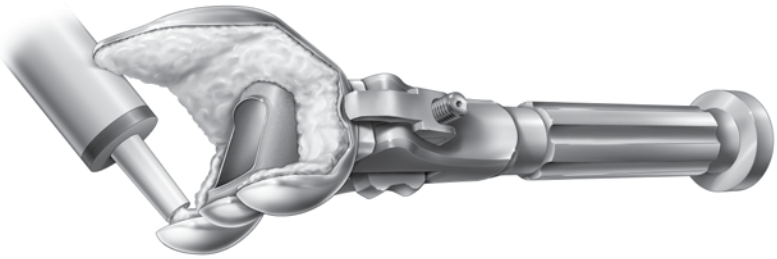


Figure 43
Place Cement on
Femoral Component

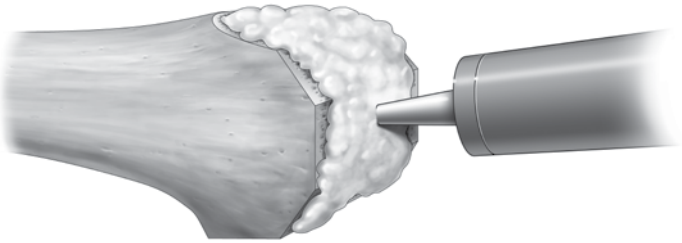


Figure 44
Place Cement on Distal Femur

Step 3: Implantation of Femoral Component

Note: *Application of bone cement is optional for the Truliant porous femoral component. If not using bone cement, follow the following steps, excluding application of the bone cement.*

With the femoral component assembled to the Locking Femoral Impactor, apply bone cement to the bone mating surface of the femoral component *(Figure 43)*.

Take care to apply only a thin layer of cement on the posterior surface of the prosthesis in order to avoid excessive cement extrusion posteriorly where it could be difficult to remove.

Apply bone cement to the anterior, chamfer and distal surfaces of the prepared femur *(Figure 44)*.

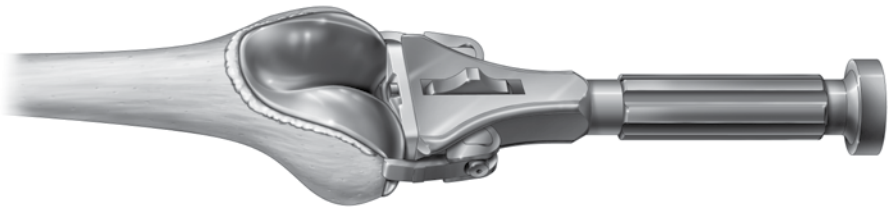


Figure 45
Position Femoral Component on Distal Femur

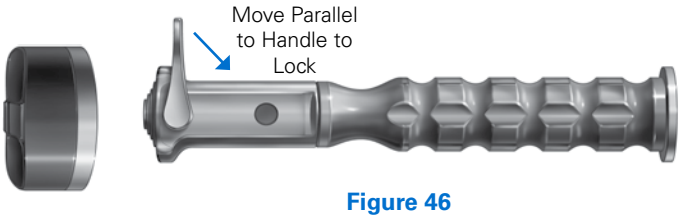


Figure 46
Assemble Non-Locking Femoral Impactor to the Impactor Handle

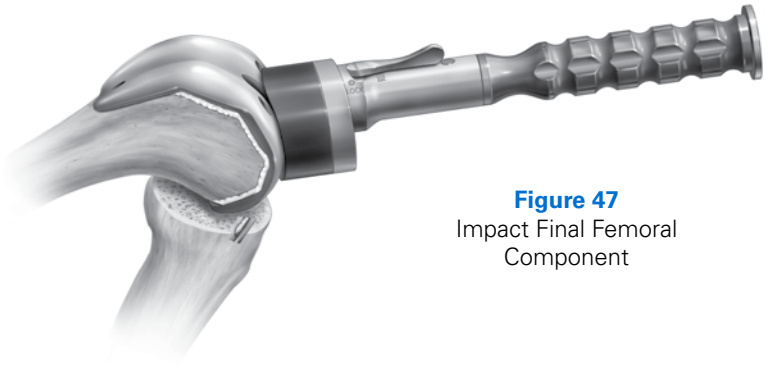


Figure 47
Impact Final Femoral Component

Avoid placing cement on the posterior bone surface to prevent excessive cement extrusion posteriorly. Using the Locking Femoral Impactor, position the femoral component onto the distal femur *(Figure 45)*. Slight upward pressure should be applied to the Impactor Handle as the component is being impacted to prevent the femoral component from rotating into flexion.

To assemble the **Non-locking Femoral Impactor** to the Impactor Handle, place the lever on the Impactor Handle to the "release" position, attach the Non-locking Femoral Impactor onto the handle then move the lever to the "locked" position *(Figure 46)*.

Final impaction of the femoral component is performed with the Non-locking Femoral Impactor assembled to the Impactor Handle *(Figure 47)*.

Care should be taken to remove all excess bone cement.

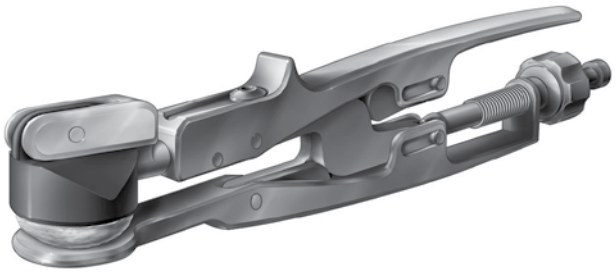


Figure 48
Assemble Patellar Clamp

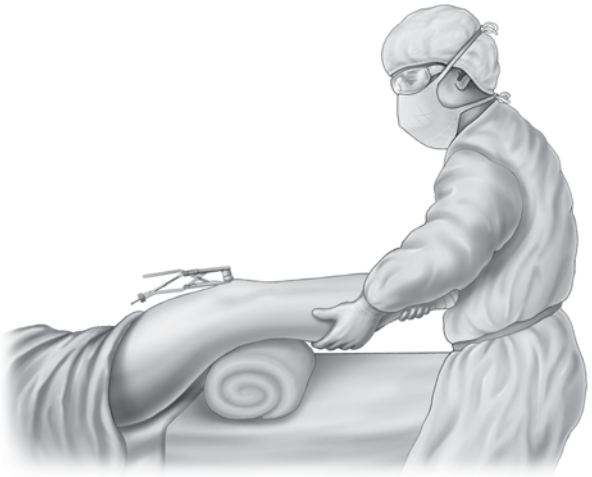


Figure 49
Axial Pressure During Cement Polymerization

Step 4: Implantation of Patellar Component

Coat the resected patella surface and bone-mating surface of the patellar component with cement. Align the pegs of the patellar implant with the previously drilled peg holes in the patella bone and press the implant onto the patella.

Assemble the **Patella Clamp Head** to the **Patellar Preparation Handle** *(Figure 48)*. Clamp the patellar component onto the patella bone with the Patella Preparation Handle and Clamp Head, avoiding excessive clamping pressure as it may damage the patella, especially when the bone is soft. Lock the handle by adjusting the locking nut.

Step 5: Polymerization of Cement

A Tibial Insert Trial should be used when pressurizing the cement during polymerization. Hold axial pressure across the joint during cement polymerization, avoiding either hyperextension or flexion which may tip the prosthesis into either flexion or extension *(Figure 49)*.

This is important in every case, but especially in osteopenic bone. Avoid any movement of the prosthesis until the bone cement has completely polymerized.

Figure 50
Introduce Polyethylene Insert

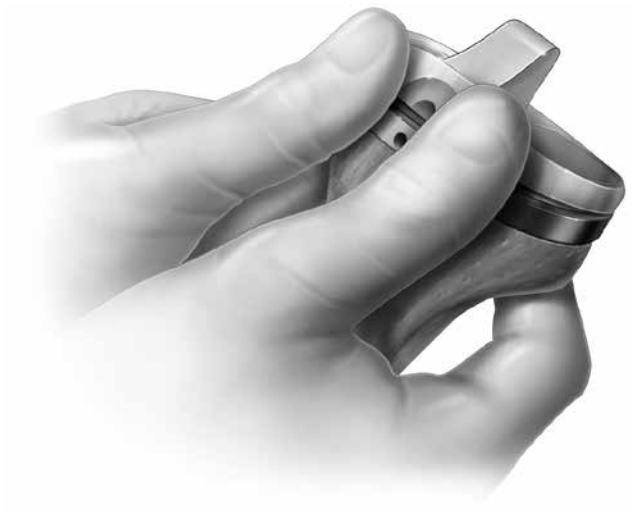


Figure 51
Assemble Polyethylene Insert to Tibial Tray

Step 6: Installation of Tibial Polyethylene Insert

After polymerization of the cement, introduce the polyethylene insert into the previously implanted tibial tray taking care that the posterior feet of the insert appropriately engage the undercuts of the posterior aspect of the metal tibial tray *(Figure 50)*.

Be sure to check for any soft tissue or bony remnants that could interfere with implant assembly. Continue pushing the polyethylene insert back with two thumbs until the insert is fully engaged and the anterior gap between the tray and the insert is closed *(Figure 51)*.

The **Tibial Insert Driver** should be used to complete the assembly of the tibial components *(Figure 52)*. A mallet should be used for final impaction of the **Tibial Insert Driver** onto the tibial insert component.

The surgeon should check to be certain that the tibial insert is fully seated in the metal tibial tray.

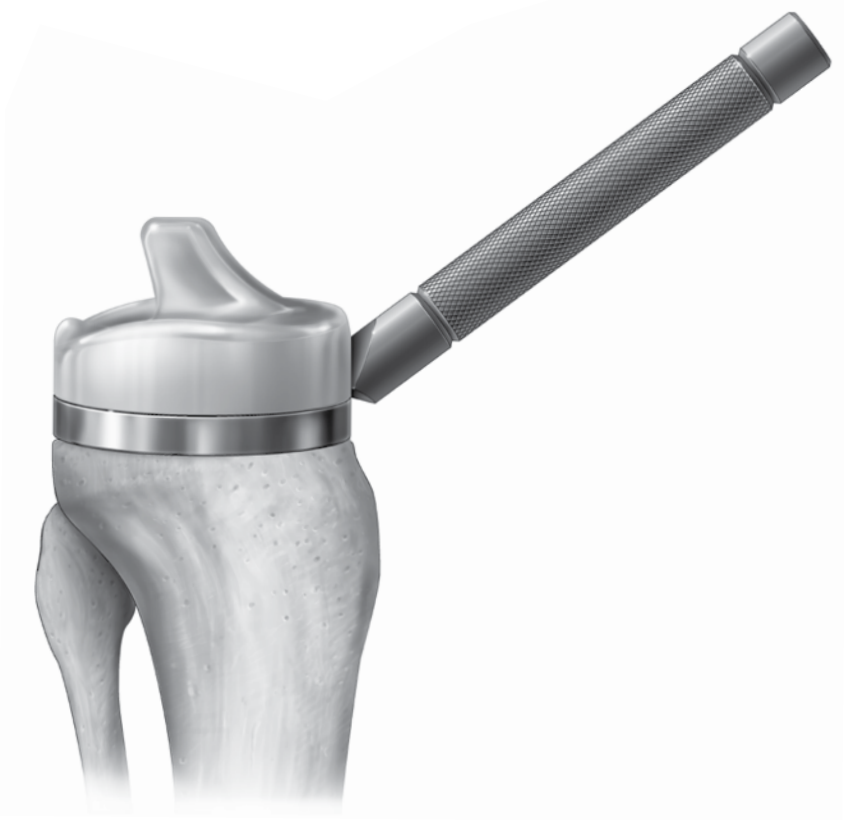


Figure 52
Complete Tibial Component Assembly Using Tibial Insert Driver

FINAL CHECK AND CLOSURE

Final check includes the following:

1. Removal of any remaining extruded cement

2. Final assessment of: ALIGNMENT, STABILITY, MOTION and PATELLAR TRACKING

CLOSURE:

A standard closure technique preferred by the surgeon may be used.

GENERAL NOTES

Note: *To ensure any instruments continue to perform as intended, visually check and evaluate instruments for any damage or dysfunction prior to surgery. If any breakage or dysfunction is detected, the instrument should be segregated and returned to the manufacturer.*

Note: *Do not impact on instruments or areas of instruments that are not intended for impaction, as such excessive load could lead to instrument failure, breakage or reduction of service life. In case an instrument is broken during the surgery, any loose components or fragments of the instrument should be carefully detected to confirm there is no debris left in the wound site.*

APPENDIX

APPENDIX A

POSTERIOR REFERENCING TECHNIQUE

The Logic posterior referencing instruments allow for posterior femoral bone resections to remain constant for all sizes. However, the anterior resection will change when a larger or smaller femoral size is chosen. Attention to anterior notching is very important. If it appears that the anterior resection will be below the anterior cortex, a larger femoral size should be selected to avoid anterior notching. If it appears that there is an insufficient bone resection on the anterior cortex based on this location, the finishing guide could be downsized to shift the anterior resection lower.

STEP 1: SIZING THE FEMORAL COMPONENT

The first step is the determination of the size of the femoral component. Place the **Posterior Referencing Femoral A/P Sizer** flush against the resected distal surface of the femur. An **Offset A/P Sizer Handle** is provided to facilitate insertion and manipulation of the A/P Sizer *(Figure 53)*.

The posterior feet of the A/P Sizer should be placed against the posterior femoral condyles. If a posterior condylar defect is present, the **Posterior Referencing Femoral A/P Sizer** should be rotated to a position that accommodates the defect. The A/P Sizer is adjusted to the femoral size. Palpate the position of the tip of the Stylus Pointer, trying to make it rest in the midportion of the femoral metaphysis. It is advisable to choose a larger femoral size if the A/P Sizer is measuring between sizes. Additionally, the wings on the medial and lateral sides of the sizer can be used to assist in femoral sizing. Verify that the A/P Sizer is flat against the distal femoral surface, and drill holes with the **LPI Collar Drill**. If additional A/P adjustment is necessary, a +2mm Offset Drill Guide is available.

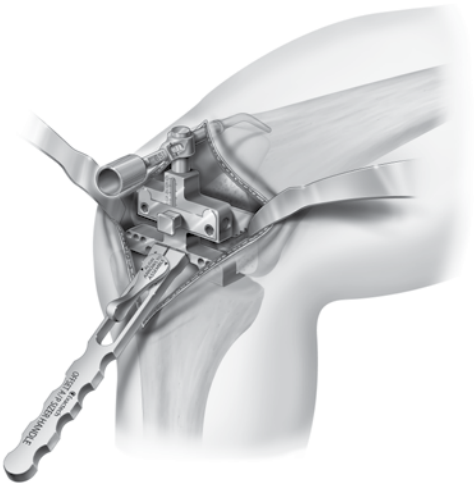


Figure 53
Femoral A/P Sizer Placed on Distal Femur

STEP 2: RESECTION OF ANTERIOR, POSTERIOR AND CHAMFER

The size of the **Posterior Referencing Femoral Finishing Guide** has been determined previously with the **Posterior Referencing Femoral A/P Sizer**. The **Femoral Finishing Guide** has two pegs that align with the pre-drilled rotation holes and can be pinned on the medial and lateral sides, as well as in the center with cross pins to enhance fixation stability. The Posterior Referencing Femoral Finishing Guides have a constant posterior cut regardless sizes *(Figure 54)*. The anterior and posterior cuts are performed followed by the chamfer cuts. The anterior cut should be checked with the cut line predictor prior to completing the cut to assess the risk of anterior notching. Once the cuts on the distal femur have been completed, the **Femoral Finishing Guide** should be removed and the resected bone excised. After this step is completed, proceed with the rest of the steps as described in the standard operative technique.

Note: *Posterior Referencing A/P Sizer and Posterior Referencing Femoral Finishing Guide should always be used together. Do not mix use of posterior referencing and anterior referencing instruments.*

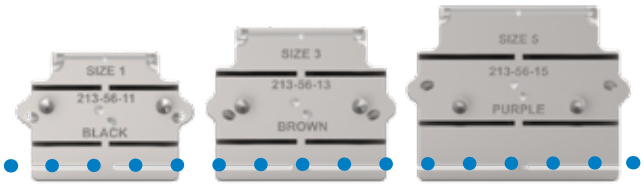


Figure 54
Posterior Referencing-Constant Posterior Cut

APPENDIX B

INTRA-MEDULLARY (IM) TIBIAL PREPARATION

The tibia can be prepared using either the extra-medullary (EM) preparation method or the intra-medullary (IM) tibial preparation method. This technique reviews the IM tibial preparation technique.

The IM Tibial Alignment System consists of two individual parts *(Figure 55)*:

1. IM Tibial Alignment Guide
2. IM Tibial Guide Coupler

The IM Tibial Alignment Guide offers the following features:

1. tibial resection height adjustment knob
2. tibial slope adjustment knob; 1 degree increments from 0 – 10 degrees
3. extra-medullary drop rod attachment feature.
4. tibial cutting block fixation lever.

Identify the entry point to the tibial IM canal on the proximal tibial surface. The recommended anatomical landmark to initiate the perforation of the tibial IM canal is the tibial insertion of the ACL. This point corresponds to a straight proximal extension of the tibial IM canal.

Open the tibial IM canal using the **Optetrak Femoral Pilot Drill** *(Figure 56)*. It is recommended to use a suction cannula to aspirate the contents of the canal.

Insert the **T-Handle IM Rod** into the tibial IM canal. This instrument is fluted to allow the endosteal content to be evacuated proximally through the hole, preventing sudden increases in the pressure inside the bone *(Figure 57)*.

Assemble the IM Tibial Guide Coupler to the IM Tibial Alignment Guide by inserting the rails of the Coupler into the body of the Alignment Guide. With the locking lever of the IM Tibial Alignment Guide in the "open" position, assemble the Tibial Alignment Guide onto the dovetail of the IM Tibial Resection Guide *(Figure 58)*.

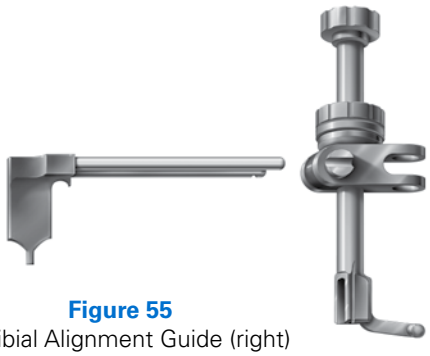


Figure 55
IM Tibial Alignment Guide (right) and IM Tibial Guide Coupler (left)

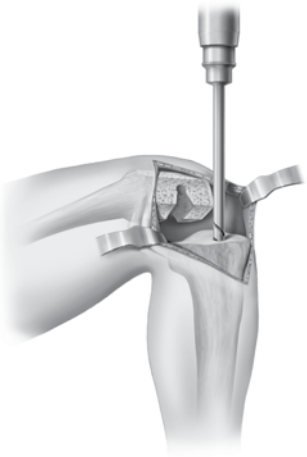


Figure 56
Tibial IM Canal is Opened Using the Femoral IM Pilot Drill

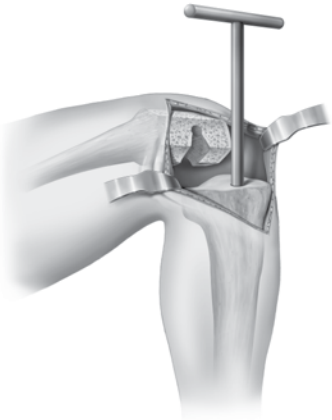


Figure 57
IM Rod is Inserted into IM Canal of the Tibia

Figure 58
Assembly of Tibial Resection Guide to the Tibial Alignment Guide. Lever is in the "Open" Position.

Figure 59
Locking Lever is in the "Closed" Position

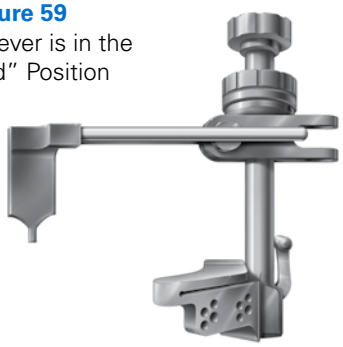


Figure 60
Verify Alignment

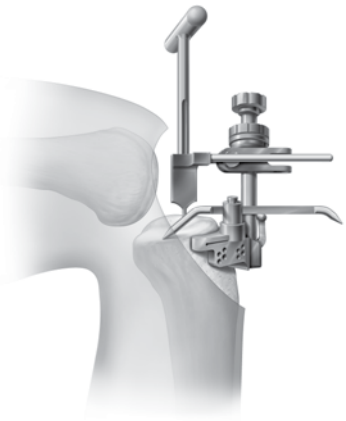


Figure 61
Use the Stylus to Reference the Tibial Plateau

Figure 62
Drop Rod Can Be Used to Assess Alignment

Once the Tibial Resection Guide is positioned onto the IM Tibial Alignment Guide, set the locking lever to the "closed" position *(Figure 59)*.

Place the T-handle IM Rod into the hole of the Tibial IM Coupler and insert the assembly into the tibial IM canal, verifying that medial edge of the Tibial Resection Guide is aligned with the center of the proximal tibia *(Figure 60)*.

Once the assembly has been placed into the IM canal and is aligned with the proximal tibia, adjust posterior slope and resection depth of the tibial cut.

Rotate the slope adjustment knob to select the desired posterior slope of the tibial resection. Align the degree markings to the line on the IM Guide. The IM Tibial Alignment Guide allows posterior slope adjustments from 0 to 10 degrees.

The Fixed Tibial Stylus should be placed in the cutting slot of the Tibial Resection Guide. The resection level should be adjusted with the height adjustment knob so that the Fixed Tibial Stylus references the proximal tibia plateau. Typically, the 10mm side of the stylus is used when referencing the most normal plateau and the 1mm side is used when referencing the most affected plateau *(Figure 61)*.

Alternatively, the **Cut Line Predictor** may be inserted through the slot of the Tibial Resection Guide to determine the tibial resection level.

An extra-medullary drop rod can be introduced into the drop rod attachment feature to verify mechanical alignment with extra-medullary landmarks such as the center of the ankle or the second metatarsal.

Once the Tibial Resection Guide is adjusted to the desired resection level and slope, it can be pinned in position.

Move the locking lever of the IM Tibial Alignment Guide to the "open" position and remove the IM Tibial Alignment Guide and Coupler leaving only the Resection Guide pinned to the tibia.

The alignment of the Resection Guide can be verified by placing the **Mauldin Multi-Tool** into the anterior recess of the block and inserting the drop rod into the Mauldin Tool. The drop rod can be used to assess alignment with extra-medullary landmarks *(Figure 62)*.

Proceed to make the proximal tibial resection.

APPENDIX C

LBS III INSTRUMENTS

This technique describes a method for balancing the medial and lateral collateral ligaments that reproducibly creates symmetric and equal flexion and extension gaps in order to optimize knee function.

SURGICAL STEPS

Follow the main Operative Technique for resection of the distal femur and the proximal tibia.

Note: *The LBS III instruments referenced in this technique are only designed to be used with anterior referencing femoral finishing guides.*

Position the **LBS III Tensor** between the femur and tibia in extension *(Figure 63)*. Turn the Tensor handle until the ligaments are appropriately tensioned. It is important to recognize the tensor's three marks *(Figure 68)*. The blue arrow represents the amount of tension on the ligaments, as tensing to the same mark throughout the procedure is necessary. The extension gap measurement *(Figure 64, red arrow)* can be a resultant of both the force exerted on the tensor and the anatomy of the joint. Evaluating the varus/valgus stability of the joint under tension can be completed prior to selecting a final gap measurement. The extension gap (mm) measurement and poly thickness (mm) measurement *(Figure 64, green arrow)* can be read directly from the Tensor.

The medial and lateral extension gap measurements *(Figure 64)* are independent; however, an ideal gap results in the same measurements on both sides and a rectangular extension gap. Adjustments may be made to the soft tissue or bone resections if the gap is not rectangular.

The poly thickness measurement is an average of the medial and lateral extension gap measurements. If the poly thickness measurement is less than 9mm, the extension gap can't accommodate a Truliant implant.

Remove the Tensor from the joint and assemble the **LBS III Sizer Link** to the Tensor *(Figure 65)*. Position the assembly between the proximal tibia and the posterior femoral condyles in 90 degrees of flexion. Verify the Sizer Link is flush against the resected distal surface of the femur. Tense the ligaments by turning the tensor handle to the previously identified tension mark in extension.

Before proceeding to the next step, anatomical landmarks can be used to verify femoral rotation if desired (i.e. the Sizer Link should be perpendicular to the epicondylar axis and parallel with Whiteside's line).

Figure 63
Position Tensor in Extension

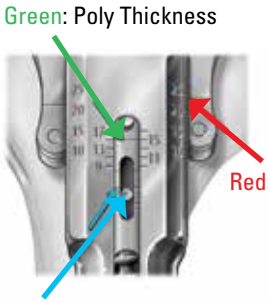


Figure 64
Tensor Markings

Figure 65
Position Tensor with Sizer Link in Flexion

While the knee is in flexion and the tensor is in the joint, attach the **LBS III Sizer Scale** to the Sizer Link and Tensor *(Figure 66)*. The Sizer Scale must be held in place by the surgeon and doesn't rigidly attach to the Sizer Link.

Verify that the Sizer Scale and Sizer Link are flush against the resected distal surface of the femur.

Attach the **A/P Sizer Stylus** to the Sizer Scale.

Consistent with the main Operative Technique, slide the tip of the Sizer Stylus underneath the quadriceps and into the suprapatellar pouch. Palpate the position of the tip of the Sizer Stylus, trying to make it rest in the midportion of the femoral metaphysis.

After positioning the Sizer Stylus, the appropriate femoral size is determined from the alignment of the markings on the Sizer Link and Sizer Scale *(Figure 67)*.

Verify that the Sizer Scale is flat against the distal femoral surface, and drill femoral rotation holes with the **Collar Drill** *(Figure 68)*.

Resume surgery following the main Operative Technique.

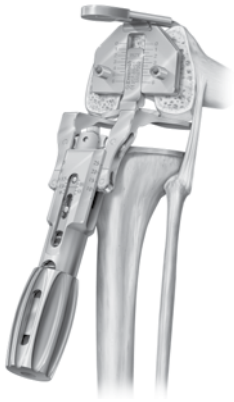


Figure 66
Position Tensor with Sizer Scale in Flexion

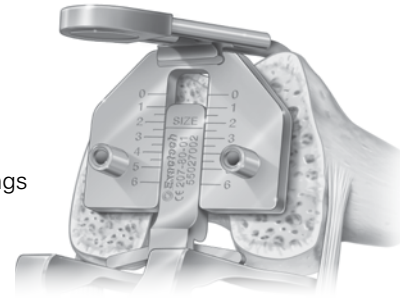


Figure 67
Sizer Scale Markings

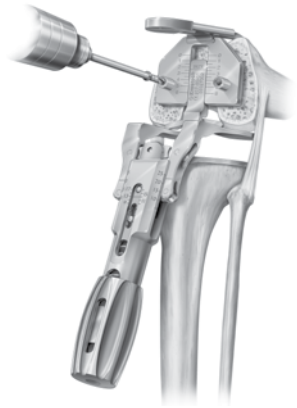


Figure 68
Drill Rotational Alignment Holes

INSTRUMENT LISTING

Catalog Number	Part Description
201-02-26	Three-Peg Patella Trial, 26mm
201-02-29	Three-Peg Patella Trial, 29mm
201-02-32	Three-Peg Patella Trial, 32mm
201-02-35	Three-Peg Patella Trial, 35mm
201-02-38	Three-Peg Patella Trial, 38mm
201-02-41	Three-Peg Patella Trial, 41mm
201-07-26	Three-Peg Advanced Patella Trial, 26mm
201-07-29	Three-Peg Advanced Patella Trial, 29mm
201-07-32	Three-Peg Advanced Patella Trial, 32mm
201-07-35	Three-Peg Advanced Patella Trial, 35mm
201-60-09	Advanced Patella Drill Guide
213-72-14	Tibial Pilot Drill Guide 14mm
201-40-03	IM Pilot Drill
201-41-00	T-Handle Intra-medullary Rod
201-44-00	Mauldin Multi-Tool
201-58-01	Extra-medullary Tibial Alignment Rod/Coupler
201-58-02	Extra-medullary Alignment Rod
201-61-11	Patellar Drill, One-Peg, Zimmer Hudson
201-61-13	Patellar Drill, Three-Peg, Zimmer Hudson
201-78-51	Quick Chuck w/Hall End, 1/8"
201-78-89	Quick Connect Drill Bit modified Hex, 3", 1/8"
201-90-01	Tibial Insert Driver

**Special Order Only*

Catalog Number	Part Description
213-03-02*	Intra-medullary Alignment Guide Bushing, 2 Degrees
213-03-05	Intra-medullary Alignment Guide Bushing, 5 Degrees
213-03-06	Intra-medullary Alignment Guide Bushing, 6 Degrees
213-03-07	Intra-medullary Alignment Guide Bushing, 7 Degrees

213-37-02	Anterior Referencing Femoral A/P Sizer

213-44-01	Offset A/P Sizer Handle
213-46-11	Pin Puller

213-46-12	Pin Puller, 2nd Generation
213-56-00	0-Degree Femoral A/P Sizer Drill Guide
213-56-01	3-Degree Femoral A/P Sizer Drill Guide, Right
213-56-02	3-Degree Femoral A/P Sizer Drill Guide, Left
213-48-00	0-Degree Femoral A/P Sizer Drill Guide
213-48-01	3-Degree Femoral A/P Sizer Drill Guide
213-48-02	3-Degree Femoral A/P Sizer Drill Guide
213-56-05	0-Degree Femoral A/P Sizer Drill Guide 2nd Gen
213-56-06	3-Degree Femoral A/P Sizer Drill Guide, Right 2nd Gen
213-56-07	3-Degree Femoral A/P Sizer Drill Guide, Left 2nd Gen
213-56-03	5-Degree Femoral A/P Sizer Drill Guide, Right 2nd Gen
213-56-04	5-Degree Femoral A/P Sizer Drill Guide, Left 2nd Gen
213-56-17	7-Degree Femoral A/P Sizer Drill Guide, Right 2nd Gen
213-56-18	7-Degree Femoral A/P Sizer Drill Guide, Left 2nd Gen

213-49-00	A/P Sizer Collar Drill, 4mm

**Special Order Only*

INSTRUMENT LISTING

Catalog Number	Part Description
213-50-10*	Anterior Referencing Femoral Finishing Guide, Size 0
213-50-11	Anterior Referencing Femoral Finishing Guide, Size 1
213-50-51*	Anterior Referencing Femoral Finishing Guide, Size 1.5
213-50-12	Anterior Referencing Femoral Finishing Guide, Size 2
213-50-52	Anterior Referencing Femoral Finishing Guide, Size 2.5
213-50-13	Anterior Referencing Femoral Finishing Guide, Size 3
213-50-53	Anterior Referencing Femoral Finishing Guide, Size 3.5
213-50-14	Anterior Referencing Femoral Finishing Guide, Size 4
213-50-15	Anterior Referencing Femoral Finishing Guide, Size 5
213-50-16*	Anterior Referencing Femoral Finishing Guide, Size 6

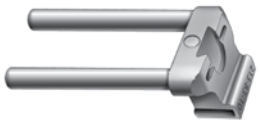
213-52-10	Finishing Guide Impaction/Extraction Handle

213-64-01	Locking Femoral Impactor

213-72-00	Fit Tray Tibial Pilot Drill Guide

213-83-00	Distal Femoral Resection Guide

213-83-10	Distal Link



213-02-00	IM Alignment Guide

213-03-00	IM Alignment Guide

213-60-00	Patella Prep Handle

**Special Order Only*

Catalog Number	Part Description	
213-60-01	Patella Clamp Head	
213-60-08	Patellar Universal Drill Guide	
213-65-00	Impactor Handle	
213-65-01 213-65-02 213-65-03	Tibial Tray Impact Plate, Sizes 0-2 Tibial Tray Impact Plate, Sizes 3,4 Tibial Tray Impact Plate, Sizes 5,6	
213-65-04	Femoral Impactor, Non-locking	
213-65-05	Tibial Insert Impactor Head	
213-66-01	Logic Femoral Extractor with Quick Connect	
213-66-03	Logic PS Femoral Trial Extractor	
213-66-04	Logic CR Femoral Trial Extractor	

**Special Order Only*

INSTRUMENT LISTING

Catalog Number	Part Description	
213-67-00	Patella Thickness Gauge	
213-52-16	Ankle Clamp Base	
213-52-19	Tibial Resection Shaft, Adjustable	
213-52-23	Ankle Clamp Upright	
213-53-30	Tibial Stylus, Fixed	
213-68-00 213-68-01	Patella Resection Guide Modified Patella Resection Guide	
213-73-17 213-73-18	Tibial Resection Guide, Left Tibial Resection Guide, Right	
213-75-00	Fit Tibial Tamp Guide	
213-75-01	Fit Tibial Tamp Head	
213-77-00 213-77-01	Cut Line Predictor Cut Line Predictor, Short	

**Special Order Only*

Catalog Number	Part Description	
231-04-01	No-Touch PCL Retractor	
231-04-02	Adjustable PCL Stylus	
231-04-03	Trial Insert Handle	
209-69-00	Headed Pin Puller/Driver	
201-85-00	Femoral Saw Guide Handle	
201-89-01	Bone File	
201-90-03	Insert Pliers	
209-57-00	Ball Tipped Hex Driver, 3.5mm	
205-53-09	Narrow Spacer Block 9mm	
205-53-11	Narrow Spacer Block 11mm	
205-53-13	Narrow Spacer Block 13mm	
205-53-15	Narrow Spacer Block 15mm	
205-54-09	9mm Spacer Block	
205-54-11	11mm Spacer Block	
205-54-13	13mm Spacer Block	
205-54-15	15mm Spacer Block	

**Special Order Only*

INSTRUMENT LISTING

Catalog Number	Part Description
02-011-01-0200*	Logic Femoral Trial, PS, Size 0, Left
02-011-01-0300*	Logic Femoral Trial, PS, Size 0, Right
02-011-01-0210	Logic Femoral Trial, PS, Size 1, Left
02-011-01-0310	Logic Femoral Trial, PS, Size 1, Right
02-011-01-0215*	Logic Femoral Trial, PS, Size 1.5, Left
02-011-01-0315*	Logic Femoral Trial, PS, Size 1.5, Right
02-011-01-0220	Logic Femoral Trial, PS, Size 2, Left
02-011-01-0320	Logic Femoral Trial, PS, Size 2, Right
02-011-01-0225	Logic Femoral Trial, PS, Size 2.5, Left
02-011-01-0325	Logic Femoral Trial, PS, Size 2.5, Right
02-011-01-0230	Logic Femoral Trial, PS, Size 3, Left
02-011-01-0330	Logic Femoral Trial, PS, Size 3, Right
02-011-01-0235	Logic Femoral Trial, PS, Size 3.5, Left
02-011-01-0335	Logic Femoral Trial, PS, Size 3.5, Right
02-011-01-0240	Logic Femoral Trial, PS, Size 4, Left
02-011-01-0340	Logic Femoral Trial, PS, Size 4, Right
02-011-01-0250	Logic Femoral Trial, PS, Size 5, Left
02-011-01-0350	Logic Femoral Trial, PS, Size 5, Right
02-011-01-0260*	Logic Femoral Trial, PS, Size 6, Left
02-011-01-0360*	Logic Femoral Trial, PS, Size 6, Right
02-011-03-0200*	Logic Femoral Trial, CR, Size 0, Left
02-011-03-0300*	Logic Femoral Trial, CR, Size 0, Right
02-011-03-0210	Logic Femoral Trial, CR, Size 1, Left
02-011-03-0310	Logic Femoral Trial, CR, Size 1, Right
02-011-03-0215*	Logic Femoral Trial, CR, Size 1.5, Left
02-011-03-0315*	Logic Femoral Trial, CR, Size 1.5, Right
02-011-03-0220	Logic Femoral Trial, CR, Size 2, Left
02-011-03-0320	Logic Femoral Trial, CR, Size 2, Right
02-011-03-0225	Logic Femoral Trial, CR, Size 2.5, Left
02-011-03-0325	Logic Femoral Trial, CR, Size 2.5, Right
02-011-03-0230	Logic Femoral Trial, CR, Size 3, Left
02-011-03-0330	Logic Femoral Trial, CR, Size 3, Right
02-011-03-0235	Logic Femoral Trial, CR, Size 3.5, Left
02-011-03-0335	Logic Femoral Trial, CR, Size 3.5, Right
02-011-03-0240	Logic Femoral Trial, CR, Size 4, Left
02-011-03-0340	Logic Femoral Trial, CR, Size 4, Right
02-011-03-0250	Logic Femoral Trial, CR, Size 5, Left
02-011-03-0350	Logic Femoral Trial, CR, Size 5, Right
02-011-03-0260*	Logic Femoral Trial, CR, Size 6, Left
02-011-03-0360*	Logic Femoral Trial, CR, Size 6, Right

**Special Order Only*

Catalog Number	Part Description
02-029-15-1000*	Truliant Femoral Trial, Size 0
02-029-15-1010	Truliant Femoral Trial, Size 1
02-029-15-1015	Truliant Femoral Trial, Size 1.5
02-029-15-1020	Truliant Femoral Trial, Size 2
02-029-15-1025	Truliant Femoral Trial, Size 2.5
02-029-15-1030	Truliant Femoral Trial, Size 3
02-029-15-1035	Truliant Femoral Trial, Size 3.5
02-029-15-1040	Truliant Femoral Trial, Size 4
02-029-15-1045	Truliant Femoral Trial, Size 4.5
02-029-15-1050	Truliant Femoral Trial, Size 5
02-029-15-1060*	Truliant Femoral Trial, Size 6
02-029-15-4000*	Truliant PS Cam Trial, Size 0
02-029-15-4010	Truliant PS Cam Trial, Size 1
02-029-15-4015	Truliant PS Cam Trial, Size 1.5
02-029-15-4020	Truliant PS Cam Trial, Size 2
02-029-15-4025	Truliant PS Cam Trial, Size 2.5
02-029-15-4030	Truliant PS Cam Trial, Size 3
02-029-15-4035	Truliant PS Cam Trial, Size 3.5
02-029-15-4040	Truliant PS Cam Trial, Size 4
02-029-15-4045	Truliant PS Cam Trial, Size 4.5
02-029-15-4050	Truliant PS Cam Trial, Size 5
02-029-15-4060*	Truliant PS Cam Trial, Size 6

**Special Order Only*

INSTRUMENT LISTING

Catalog Number	Part Description
02-013-44-0009*	Logic Tibial Insert Trial, PSC, SIZE 0, 9mm
02-013-44-0011*	Logic Tibial Insert Trial, PSC, SIZE 0, 11mm
02-013-44-0013*	Logic Tibial Insert Trial, PSC, SIZE 0, 13mm
02-013-44-0015*	Logic Tibial Insert Trial, PSC, SIZE 0, 15mm
02-013-44-1009	Logic Tibial Insert Trial, PSC, SIZE 1, 9mm
02-013-44-1011	Logic Tibial Insert Trial, PSC, SIZE 1, 11mm
02-013-44-1013	Logic Tibial Insert Trial, PSC, SIZE 1, 13mm
02-013-44-1015	Logic Tibial Insert Trial, PSC, SIZE 1, 15mm
02-013-44-1509*	Logic Tibial Insert Trial, PSC, SIZE 1.5, 9mm
02-013-44-1511*	Logic Tibial Insert Trial, PSC, SIZE 1.5, 11mm
02-013-44-1513*	Logic Tibial Insert Trial, PSC, SIZE 1.5, 13mm
02-013-44-1515*	Logic Tibial Insert Trial, PSC, SIZE 1.5, 15mm
02-013-44-2009	Logic Tibial Insert Trial, PSC, SIZE 2, 9mm
02-013-44-2011	Logic Tibial Insert Trial, PSC, SIZE 2, 11mm
02-013-44-2013	Logic Tibial Insert Trial, PSC, SIZE 2, 13mm
02-013-44-2015	Logic Tibial Insert Trial, PSC, SIZE 2, 15mm
02-013-44-2509	Logic Tibial Insert Trial, PSC, SIZE 2.5, 9mm
02-013-44-2511	Logic Tibial Insert Trial, PSC, SIZE 2.5, 11mm
02-013-44-2513	Logic Tibial Insert Trial, PSC, SIZE 2.5, 13mm
02-013-44-2515	Logic Tibial Insert Trial, PSC, SIZE 2.5, 15mm
02-013-44-3009	Logic Tibial Insert Trial, PSC, SIZE 3, 9mm
02-013-44-3011	Logic Tibial Insert Trial, PSC, SIZE 3, 11mm
02-013-44-3013	Logic Tibial Insert Trial, PSC, SIZE 3, 13mm
02-013-44-3015	Logic Tibial Insert Trial, PSC, SIZE 3, 15mm
02-013-44-3509	Logic Tibial Insert Trial, PSC, SIZE 3.5, 9mm
02-013-44-3511	Logic Tibial Insert Trial, PSC, SIZE 3.5, 11mm
02-013-44-3513	Logic Tibial Insert Trial, PSC, SIZE 3.5, 13mm
02-013-44-3515	Logic Tibial Insert Trial, PSC, SIZE 3.5, 15mm
02-013-44-4009	Logic Tibial Insert Trial, PSC, SIZE 4, 9mm
02-013-44-4011	Logic Tibial Insert Trial, PSC, SIZE 4, 11mm
02-013-44-4013	Logic Tibial Insert Trial, PSC, SIZE 4, 13mm
02-013-44-4015	Logic Tibial Insert Trial, PSC, SIZE 4, 15mm
02-013-44-5009	Logic Tibial Insert Trial, PSC, SIZE 5, 9mm
02-013-44-5011	Logic Tibial Insert Trial, PSC, SIZE 5, 11mm
02-013-44-5013	Logic Tibial Insert Trial, PSC, SIZE 5, 13mm
02-013-44-5015	Logic Tibial Insert Trial, PSC, SIZE 5, 15mm
02-013-44-6009*	Logic Tibial Insert Trial, PSC, SIZE 6, 9mm
02-013-44-6011*	Logic Tibial Insert Trial, PSC, SIZE 6, 11mm
02-013-44-6013*	Logic Tibial Insert Trial, PSC, SIZE 6, 13mm
02-013-44-6015*	Logic Tibial Insert Trial, PSC, SIZE 6, 15mm

**Special Order Only*

Catalog Number	Part Description
02-013-35-0009*	Logic Tibial Insert Trial, PS, Size 0, 9mm
02-013-35-0011*	Logic Tibial Insert Trial, PS, Size 0, 11mm
02-013-35-0013*	Logic Tibial Insert Trial, PS, Size 0, 13mm
02-013-35-0015*	Logic Tibial Insert Trial, PS, Size 0, 15mm
02-013-35-1009	Logic Tibial Insert Trial, PS, Size 1, 9mm
02-013-35-1011	Logic Tibial Insert Trial, PS, Size 1, 11mm
02-013-35-1013	Logic Tibial Insert Trial, PS, Size 1, 13mm
02-013-35-1015	Logic Tibial Insert Trial, PS, Size 1, 15mm
02-013-35-1509*	Logic Tibial Insert Trial, PS, Size 1.5, 9mm
02-013-35-1511*	Logic Tibial Insert Trial, PS, Size 1.5, 11mm
02-013-35-1513*	Logic Tibial Insert Trial, PS, Size 1.5, 13mm
02-013-35-1515*	Logic Tibial Insert Trial, PS, Size 1.5, 15mm
02-013-35-2009	Logic Tibial Insert Trial, PS, Size 2, 9mm
02-013-35-2011	Logic Tibial Insert Trial, PS, Size 2, 11mm
02-013-35-2013	Logic Tibial Insert Trial, PS, Size 2, 13mm
02-013-35-2015	Logic Tibial Insert Trial, PS, Size 2, 15mm
02-013-35-2509	Logic Tibial Insert Trial, PS, Size 2.5, 9mm
02-013-35-2511	Logic Tibial Insert Trial, PS, Size 2.5, 11mm
02-013-35-2513	Logic Tibial Insert Trial, PS, Size 2.5, 13mm
02-013-35-2515	Logic Tibial Insert Trial, PS, Size 2.5, 15mm
02-013-35-3009	Logic Tibial Insert Trial, PS, Size 3, 9mm
02-013-35-3011	Logic Tibial Insert Trial, PS, Size 3, 11mm
02-013-35-3013	Logic Tibial Insert Trial, PS, Size 3, 13mm
02-013-35-3015	Logic Tibial Insert Trial, PS, Size 3, 15mm
02-013-35-3509	Logic Tibial Insert Trial, PS, Size 3.5, 9mm
02-013-35-3511	Logic Tibial Insert Trial, PS, Size 3.5, 11mm
02-013-35-3513	Logic Tibial Insert Trial, PS, Size 3.5, 13mm
02-013-35-3515	Logic Tibial Insert Trial, PS, Size 3.5, 15mm
02-013-35-4009	Logic Tibial Insert Trial, PS, Size 4, 9mm
02-013-35-4011	Logic Tibial Insert Trial, PS, Size 4, 11mm
02-013-35-4013	Logic Tibial Insert Trial, PS, Size 4, 13mm
02-013-35-4015	Logic Tibial Insert Trial, PS, Size 4, 15mm
02-013-35-5009	Logic Tibial Insert Trial, PS, Size 5, 9mm
02-013-35-5011	Logic Tibial Insert Trial, PS, Size 5, 11mm
02-013-35-5013	Logic Tibial Insert Trial, PS, Size 5, 13mm
02-013-35-5015	Logic Tibial Insert Trial, PS, Size 5, 15mm
02-013-35-6009*	Logic Tibial Insert Trial, PS, Size 6, 9mm
02-013-35-6011*	Logic Tibial Insert Trial, PS, Size 6, 11mm
02-013-35-6013*	Logic Tibial Insert Trial, PS, Size 6, 13mm
02-013-35-6015*	Logic Tibial Insert Trial, PS, Size 6, 15mm

*Special Order Only

INSTRUMENT LISTING

Catalog Number	Part Description
02-013-51-0009	Logic CRC Insert Trial, size 0, 9MM
02-013-51-0011	Logic CRC Insert Trial, size 0, 11MM
02-013-51-0013	Logic CRC Insert Trial, size 0, 13MM
02-013-51-0015	Logic CRC Insert Trial, size 0, 15MM
02-013-51-1009	Logic CRC Insert Trial, size 1, 9MM
02-013-51-1011	Logic CRC Insert Trial, size 1, 11MM
02-013-51-1013	Logic CRC Insert Trial, size 1, 13MM
02-013-51-1015	Logic CRC Insert Trial, size 1, 15MM
02-013-51-1509	Logic CRC Insert Trial, size 1.5, 9MM
02-013-51-1511	Logic CRC Insert Trial, size 1.5, 11MM
02-013-51-1513	Logic CRC Insert Trial, size 1.5, 13MM
02-013-51-1515	Logic CRC Insert Trial, size 1.5, 15MM
02-013-51-2009	Logic CRC Insert Trial, size 2, 9MM
02-013-51-2011	Logic CRC Insert Trial, size 2, 11MM
02-013-51-2013	Logic CRC Insert Trial, size 2, 13MM
02-013-51-2015	Logic CRC Insert Trial, size 2, 15MM
02-013-51-2509	Logic CRC Insert Trial, size 2.5, 9MM
02-013-51-2511	Logic CRC Insert Trial, size 2.5, 11MM
02-013-51-2513	Logic CRC Insert Trial, size 2.5, 13MM
02-013-51-2515	Logic CRC Insert Trial, size 2.5, 15MM
02-013-51-3009	Logic CRC Insert Trial, size 3, 9MM
02-013-51-3011	Logic CRC Insert Trial, size 3, 11MM
02-013-51-3013	Logic CRC Insert Trial, size 3, 13MM
02-013-51-3015	Logic CRC Insert Trial, size 3, 15MM
02-013-51-3509	Logic CRC Insert Trial, size 3.5, 9MM
02-013-51-3511	Logic CRC Insert Trial, size 3.5, 11MM
02-013-51-3513	Logic CRC Insert Trial, size 3.5, 13MM
02-013-51-3515	Logic CRC Insert Trial, size 3.5, 15MM
02-013-51-4009	Logic CRC Insert Trial, size 4, 9MM
02-013-51-4011	Logic CRC Insert Trial, size 4, 11MM
02-013-51-4013	Logic CRC Insert Trial, size 4, 13MM
02-013-51-4015	Logic CRC Insert Trial, size 4, 15MM
02-013-51-4509*	Logic CRC Insert Trial, size 4.5, 9MM
02-013-51-4511*	Logic CRC Insert Trial, size 4.5, 11MM
02-013-51-4513*	Logic CRC Insert Trial, size 4.5, 13MM
02-013-51-4515*	Logic CRC Insert Trial, size 4.5, 15MM
02-013-51-5009	Logic CRC Insert Trial, size 5, 9MM
02-013-51-5011	Logic CRC Insert Trial, size 5, 11MM
02-013-51-5013	Logic CRC Insert Trial, size 5, 13MM
02-013-51-5015	Logic CRC Insert Trial, size 5, 15MM
02-013-51-6009	Logic CRC Insert Trial, size 6, 9MM
02-013-51-6011	Logic CRC Insert Trial, size 6, 11MM
02-013-51-6013	Logic CRC Insert Trial, size 6, 13MM
02-013-51-6015	Logic CRC Insert Trial, size 6, 15MM

**Special Order Only*

Catalog Number	Part Description
201-21-09	Trial Modular Tibial Insert Size 1, 09 MM
201-21-11	Trial Modular Tibial Insert Size 1, 11 MM
201-21-13	Trial Modular Tibial Insert Size 1, 13 MM
201-21-15	Trial Modular Tibial Insert Size 1, 15 MM
201-21-18	Trial Modular Tibial Insert Size 1, 18 MM
201-22-09	Trial Modular Tibial Insert Size 2, 09 MM
201-22-11	Trial Modular Tibial Insert Size 2, 11 MM
201-22-13	Trial Modular Tibial Insert Size 2, 13 MM
201-22-15	Trial Modular Tibial Insert Size 2, 15 MM
201-22-18	Trial Modular Tibial Insert Size 2, 18 MM
201-22-22	Trial Modular Tibial Insert Size 2, 22 MM
201-22-26	Trial Modular Tibial Insert Size 2, 26 MM
201-23-09	Trial Modular Tibial Insert Size 3, 09 MM
201-23-11	Trial Modular Tibial Insert Size 3, 11 MM
201-23-13	Trial Modular Tibial Insert Size 3, 13 MM
201-23-15	Trial Modular Tibial Insert Size 3, 15 MM
201-23-18	Trial Modular Tibial Insert Size 3, 18 MM
201-23-22	Trial Modular Tibial Insert Size 3, 22 MM
201-23-26	Trial Modular Tibial Insert Size 3, 26 MM
201-24-09	Trial Modular Tibial Insert Size 4, 09 MM
201-24-11	Trial Modular Tibial Insert Size 4, 11 MM
201-24-13	Trial Modular Tibial Insert Size 4, 13 MM
201-24-15	Trial Modular Tibial Insert Size 4, 15 MM
201-24-18	Trial Modular Tibial Insert Size 4, 18 MM
201-24-22	Trial Modular Tibial Insert Size 4, 22 MM
201-24-26	Trial Modular Tibial Insert Size 4, 26 MM
201-25-09	Trial Modular Tibial Insert Size 5, 09 MM
201-25-11	Trial Modular Tibial Insert Size 5, 11 MM
201-25-13	Trial Modular Tibial Insert Size 5, 13 MM
201-25-15	Trial Modular Tibial Insert Size 5, 15 MM
201-25-18	Trial Modular Tibial Insert Size 5, 18 MM
201-25-22	Trial Modular Tibial Insert Size 5, 22 MM
201-25-26	Trial Modular Tibial Insert Size 5, 26 MM
201-81-09	Tibial Insert Trial Size 1 Delta, 9MM
201-81-11	Tibial Insert Trial Size 1 Delta, 11MM
201-81-13	Tibial Insert Trial Size 1 Delta, 13MM
201-81-15	Tibial Insert Trial Size 1 Delta, 15MM
201-81-18	Tibial Insert Trial Size 1 Delta, 18MM
201-81-22	Tibial Insert Trial Size 1 Delta, 22MM
201-81-26	Tibial Insert Trial Size 1 Delta, 26MM

INSTRUMENT LISTING

Catalog Number	Part Description
02-013-47-0009*	Logic Tibial Insert Trial, CR Neutral, Size 0, 9mm
02-013-47-0011*	Logic Tibial Insert Trial, CR Neutral, Size 0, 11mm
02-013-47-0013*	Logic Tibial Insert Trial, CR Neutral, Size 0, 13 mm
02-013-47-0015*	Logic Tibial Insert Trial, CR Neutral, Size 0, 15 mm
02-013-47-1009	Logic Tibial Insert Trial, CR Neutral, Size 1, 9mm
02-013-47-1011	Logic Tibial Insert Trial, CR Neutral, Size 1, 11mm
02-013-47-1013	Logic Tibial Insert Trial, CR Neutral, Size 1, 13mm
02-013-47-1015	Logic Tibial Insert Trial, CR Neutral, Size 1, 15mm
02-013-57-1509*	Logic Tibial Insert Trial, CR Neutral, Size 1.5, 9mm
02-013-57-1511*	Logic Tibial Insert Trial, CR Neutral, Size 1.5, 11mm
02-013-57-1513*	Logic Tibial Insert Trial, CR Neutral, Size 1.5, 13mm
02-013-57-1515*	Logic Tibial Insert Trial, CR Neutral, Size 1.5, 15mm
02-013-47-2009	Logic Tibial Insert Trial, CR Neutral, Size 2, 9mm
02-013-47-2011	Logic Tibial Insert Trial, CR Neutral, Size 2, 11mm
02-013-47-2013	Logic Tibial Insert Trial, CR Neutral, Size 2, 13mm
02-013-47-2015	Logic Tibial Insert Trial, CR Neutral, Size 2, 15mm
02-013-57-2509	Logic Tibial Insert Trial, CR Neutral, Size 2.5, 9mm
02-013-57-2511	Logic Tibial Insert Trial, CR Neutral, Size 2.5, 11mm
02-013-57-2513	Logic Tibial Insert Trial, CR Neutral, Size 2.5, 13mm
02-013-57-2515	Logic Tibial Insert Trial, CR Neutral, Size 2.5, 15mm
02-013-47-3009	Logic Tibial Insert Trial, CR Neutral, Size 3, 9mm
02-013-47-3011	Logic Tibial Insert Trial, CR Neutral, Size 3, 11mm
02-013-47-3013	Logic Tibial Insert Trial, CR Neutral, Size 3, 13mm
02-013-47-3015	Logic Tibial Insert Trial, CR Neutral, Size 3, 15mm
02-013-57-3509	Logic Tibial Insert Trial, CR Neutral, Size 3.5, 9mm
02-013-57-3511	Logic Tibial Insert Trial, CR Neutral, Size 3.5, 11mm
02-013-57-3513	Logic Tibial Insert Trial, CR Neutral, Size 3.5, 13mm
02-013-57-3515	Logic Tibial Insert Trial, CR Neutral, Size 3.5, 15mm
02-013-47-4009	Logic Tibial Insert Trial, CR Neutral, Size 4, 9mm
02-013-47-4011	Logic Tibial Insert Trial, CR Neutral, Size 4, 11mm
02-013-47-4013	Logic Tibial Insert Trial, CR Neutral, Size 4, 13mm
02-013-47-4015	Logic Tibial Insert Trial, CR Neutral, Size 4, 15mm
02-013-47-5009	Logic Tibial Insert Trial, CR Neutral, Size 5, 9mm
02-013-47-5011	Logic Tibial Insert Trial, CR Neutral, Size 5, 11mm
02-013-47-5013	Logic Tibial Insert Trial, CR Neutral, Size 5, 13mm
02-013-47-5015	Logic Tibial Insert Trial, CR Neutral, Size 5, 15mm
02-013-47-6009*	Logic Tibial Insert Trial, CR Neutral, Size 6, 9mm
02-013-47-6011*	Logic Tibial Insert Trial, CR Neutral, Size 6, 11mm
02-013-47-6013*	Logic Tibial Insert Trial, CR Neutral, Size 6, 13mm
02-013-47-6015*	Logic Tibial Insert Trial, CR Neutral, Size 6, 15mm

**Special Order Only*

Catalog Number	Part Description
02-019-10-0100*	Logic Femoral Notch Cutting Guide, PS, Size 0
02-019-10-0110	Logic Femoral Notch Cutting Guide, PS, Size 1
02-019-10-0115*	Logic Femoral Notch Cutting Guide, PS, Size 1.5
02-019-10-0120	Logic Femoral Notch Cutting Guide, PS, Size 2
02-019-10-0125	Logic Femoral Notch Cutting Guide, PS, Size 2.5
02-019-10-0130	Logic Femoral Notch Cutting Guide, PS, Size 3
02-019-10-0135	Logic Femoral Notch Cutting Guide, PS, Size 3.5
02-019-10-0140	Logic Femoral Notch Cutting Guide, PS, Size 4
02-019-10-0150	Logic Femoral Notch Cutting Guide, PS, Size 5
02-019-10-0160*	Logic Femoral Notch Cutting Guide, PS, Size 6

02-019-11-0000*	Logic Femoral Notch Cutter, PS, Size 0
02-019-11-0010	Logic Femoral Notch Cutter, PS, Size 1
02-019-11-0015*	Logic Femoral Notch Cutter, PS, Size 1.5
02-019-11-0020	Logic Femoral Notch Cutter, PS, Size 2
02-019-11-0025	Logic Femoral Notch Cutter, PS, Size 2.5
02-019-11-0030	Logic Femoral Notch Cutter, PS, Size 3
02-019-11-0035	Logic Femoral Notch Cutter, PS, Size 3.5
02-019-11-0040	Logic Femoral Notch Cutter, PS, Size 4
02-019-11-0050	Logic Femoral Notch Cutter, PS, Size 5
02-019-11-0060*	Logic Femoral Notch Cutter, PS, Size 6

213-70-00*	Tibial Tray Trials, Size 0
213-70-10	Tibial Tray Trials, Size 1
213-70-10:	Tibial Tray Trials, Size 0.5
213-70-05	Tibial Tray Trials, Size 1.5
213-70-15*	Tibial Tray Trials, Size 2
213-70-20	Tibial Tray Trials, Size 2.5
213-70-25	Tibial Tray Trials, Size 3
213-70-30	Tibial Tray Trials, Size 3.5
213-70-35	Tibial Tray Trials, Size 4
213-70-40	Tibial Tray Trials, Size 4.5
213-70-45	Tibial Tray Trials, Size 5
213-70-50	Tibial Tray Trials, Size 6
213-70-60	

201-40-14	Tibial Pilot Drill Zimmer Hudson, 14 mm

201-78-00	Holding Pin (Headed) Nonsterile
201-78-01	Holding Pin (Small Heade Rep By 201-78-11
201-78-02	Holding Pin (Long) Replaced By 201-78-12
201-78-03	Holding Pin (Short) Rep By 201-78-13
201-78-05	Mini Headed Fixation Pin Replaced By 201-78-15

**Special Order Only*

INSTRUMENT LISTING

Catalog Number	Part Description
201-78-08	Holding Pin, Headless, No Ribs, 30 Degree Poin
201-78-10	Holding Pin Headed Long 2 Pack
201-78-11	Holding Pin Small Headed Short 4 Pack
201-78-12	Holding Pin Lg Head Sharp Point Med 2pk
201-78-13	Holding Pin Small Head Sharp Point Med 4pk
201-78-14	Holding Pin Headless Sharp Point Long 4pk
201-78-15	Holding Pin Mini Sharp Point 4 Pk
201-78-18	Holding Pin Headless No Ribs W/30 Deg Pt 4 Pack
201-78-19	1-1/8" Headed Fixation Replace By 201-78-25
201-78-20	Grooveless Pin Lg Hd Cup Pt 3 In Lgth
201-78-22	Grooveless Pin Lg Hd Replaced By 201-78-32
201-78-23	Grooveless Pin Sm Hd Sharp Pt 2 In Lgth
201-78-25	Small Headed Sharp Pin, 1 1/8" 4 Pack
201-78-26	Holding Pin, 10.5 Cm Sha Point
201-78-27	Holding Pin, 10.5 Cm Cup Point
201-78-30	Grooveless Pin Lg Hd Cup Pt 3 In Lgth 2 Pk
201-78-32	Grooveless Pin Lg Hd Sharp Pt 2.2 In Lgth 2 P
201-78-33	Grooveless Pin Sm Hd Sharp Pt 2 In Lgth 4 Pk
201-78-46	Grooveless Pin Hdls Sharp Pt 4.1 In Lgth
201-78-47	Grooveless Pin Lg Hd Cup Pt 4.1 In Lgth
201-78-55	3.0 In Trocar Point Pin Plain Nonsterile
201-78-56	3.0 In Trocar Point Pin Plain Mod Hex Nonsterile
201-78-62	4.0 In Trocar Point Pin Nonsterile
201-78-63	4.0 In Mod Hex Drill Bit Replaced By 201-78-88
201-78-64	3.0 In Mod Hex Drill Bit Replaced By 201-78-89
201-78-78	4" Drill Bit, Hex, 2 Pk (Sterile Packaged)
201-78-80	3" Trocar, Hex 2pk
201-78-81	3" Trocar, Mod. Hex 2pk
201-78-82	Collar Fixation Pin 2pk 40mm, Quick Release
201-78-86	3" Drill Bit, Hex, 2pk
201-78-87	4" Trocar, Mod Hex 2 Pk
201-78-88	4" Drill Bit Mod. Hex 2-Pk
201-78-90	5" Collar Drill Bit Hex 2 Pack
201-78-91	5" Collar Drill Bit Hex 2 Pack
201-78-97	2pk Schanz Pin 3mm X 145mm
201-78-98	2pk Schanz Pin 4mm X 130mm
201-78-99	2pk Schanz Pin 4mmx130mmx40mm Thrd
209-78-11	CC Headed Pin Short 4 Pack
213-03-03	DF IM Valgus Align Guide Bushing 3 Deg 8mm

**Special Order Only*

Catalog Number	Part Description
213-03-04	DF IM Valgus Align Guide Bushing 4 Deg 8mm
213-03-08	IM Valgus Alignment Bushing, 8 Deg. B
213-03-12	10mm IM Valgus Align Guide Bush 2 Deg Type B
213-03-13	10mm IM Valgus Align Guide Bush 3 Deg Type B
213-03-14	10mm IM Valgus Align Guide Bush 4 Deg Type B
213-03-15	10mm IM Valgus Align Guide Bush 5 Deg Type B
213-03-16	10mm IM Valgus Align Guide Bush 6 Deg Type B
213-03-17	10mm IM Valgus Align Guide Bush 7 Deg Type B
213-03-30	Distal Femoral Resector Link Assembly
213-37-00	A/P Sizer-Type B
213-37-01	Distal First Replaced By 213-37-02
213-41-06	A/P Sizer Stylus Pointer, Size Indicator, Type B
205-46-00	Slap Hammer
213-46-00	Slap Hammer
213-46-02	2 Deg Im Guide 8mm Adaptor Block
213-46-05	5 Deg Im Guide 8mm Adaptor Block
213-46-06	6 Deg Im Guide 8mm Adaptor Block
213-46-07	7 Deg Im Guide 8mm Adaptor Block
213-47-00	A/P Sizer
213-47-01	Thin A/P Sizer Assembly
213-50-01	Std Finishing Guide 1
213-50-02	Std Finishing Guide 2
213-50-03	Std Finishing Guide 3
213-50-04	Std Finishing Guide 4
213-50-05	Std Finishing Guide 5
213-50-06	Std Finishing Guide 6
213-50-31	Adj Size 1 Ffg
213-50-32	Adj Size 2 Ffg
213-50-33	Adj Size 3 Ffg
213-50-34	Adj Size 4 Ffg
213-50-35	Adj Size 5 Ffg
213-50-36	Adj Size 1.5 Ffg
213-50-37	Adj Size 2.5 Ffg
213-50-38	Adj Size 3.5 Ffg

**Special Order Only*

INSTRUMENT LISTING

Catalog Number	Part Description	
213-71-00	Spiked Tibial Tray Trial Sz 0	
213-71-10	Spiked Tibial Tray Trial Sz 1	
213-71-15	Spiked Tibial Tray Trial Sz 1.5	
213-71-20	Spiked Tibial Tray Trial Sz 2	
213-71-25	Spiked Tibial Tray Trial Sz 2.5	
213-71-30	Spiked Tibial Tray Trial Sz 3	
213-71-35	Spiked Tibial Tray Trial Sz 3.5	
213-71-40	Spiked Tibial Tray Trial Sz 4	
213-71-45	Spiked Tibial Tray Trial Sz 4.5	
213-71-50	Spiked Tibial Tray Trial Sz 5	
213-71-60	Spiked Tibial Tray Trial Sz 6	
213-73-00	Distal Cutting Guide	
213-73-07	Tibial Cutting Guide Right	
213-73-08	Tibial Cutting Guide Left	
213-73-10	Distal Linkage	
213-73-15	Tib Resection Guide Wide, Left	
213-73-16	Tib Resection Guide Wide, Right	
213-74-00	Tibial Tamp Guide	
213-74-01	Tibial Tamp Finned Size 1, 1.5, And 2	
213-74-02	Tibial Tamp Finned Size 2.5, 3, 3.5, 4	
213-74-03	Tibial Tamp Finned Size 4.5, 5, 6	
213-74-04	Tibial Tamp Trap Size 1,1.5, 2	
213-74-05	Tibial Tamp Trap Size 2.5, 3, 3.5, 4	
213-74-06	Tibial Tamp Trap Size 4.5, 5 ,6	
213-74-08	Tibial Tamp Trap, Size 0	
213-74-09	Tibial Tamp Finned, Sz 1, 1.5 & 2 Press	
213-74-10	Tibial Tamp Finned, Sz 2.5, 3, 3.5 & 4 Press	
213-74-11	Tibial Tamp Finned, Sz 4.5, 5 & 6 Press	
213-74-12	Tibial Tamp Finned, Size 0 Press	
213-89-00	IM Tibial Resection Guide	
213-89-01	IM Guide Coupler	
213-52-11	Tibial Resector, Fixed 3 Degrees Long	
213-52-12	Tibial Resector Adjustable Angle, Long	
213-52-14	Spiked Tibial Rep By 213-52-21	
213-52-15	Ankle Clamp Upright Long	

**Special Order Only*

Catalog Number	Part Description	
213-52-21	Tibial Resector, Fixed Pin Coupler	
213-52-25	Spiked Tibial Resector, Standard	
213-53-31	Tibial Stylus, Adjustable	
213-56-20	A/P Sizer, Posterior Replaced By 213-56-21	
213-56-42	+2mm Offset Drill Guide	
213-58-10	Open Ap Finishing Guide, Size 0	
213-58-11	Open Ap Finishing Guide, Size 1	
213-58-12	Open Ap Finishing Guide, Size 2	
213-58-13	Open Ap Finishing Guide, Size 3	
213-58-14	Open Ap Finishing Guide, Size 4	
213-58-15	Open Ap Finishing Guide, Size 5	
213-58-16	Open Ap Finishing Guide, Size 6	
213-58-51	Open Ap Finishing Guide Size 1.5	
213-58-52	Open Ap Finishing Guide, Size 2.5	
213-58-53	Open Ap Finishing Guide, Size 3.5	
213-60-02	Patella Drill Guide Head, 26mm	
213-60-03	Patella Drill Guide Head, 29mm	
213-60-04	Patella Drill Guide Head, 32mm	
213-60-05	Patella Drill Guide Head, 35mm	
213-60-06	Patella Drill Guide Head, 38mm	
213-60-07	Patella Drill Guide Head, 41mm	

**Special Order Only*

INSTRUMENT LISTING

213-56-10*	Posterior Referencing, Femoral Finishing Guide, Size 0
213-56-11	Posterior Referencing, Femoral Finishing Guide, Size 1
213-56-51*	Posterior Referencing, Femoral Finishing Guide, Size 1.5
213-56-12	Posterior Referencing, Femoral Finishing Guide, Size 2
213-56-52	Posterior Referencing, Femoral Finishing Guide, Size 2.5
213-56-13	Posterior Referencing, Femoral Finishing Guide, Size 3
213-56-53	Posterior Referencing, Femoral Finishing Guide, Size 3.5
213-56-14	Posterior Referencing, Femoral Finishing Guide, Size 4
213-56-15	Posterior Referencing, Femoral Finishing Guide, Size 5
213-56-16*	Posterior Referencing, Femoral Finishing Guide, Size 6
207-80-00	LBS III Tensor
207-80-10	LBS III Tensor
207-80-01	LBS III Sizer Link
207-80-02	LBS III Sizer Scale
213-89-00	Intra-Medullary Tibial Alignment Guide
213-89-01	Intra-Medullary Tibial Guide Coupler

**Special Order Only*

NOTES

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For additional device information, refer to the Truliant Knee System–Instructions for Use for a device description, indications, contraindications, precautions and warnings. For further product information, please contact Customer Service, Exactech, Inc., 2320 NW 66th Court, Gainesville, Florida 32653-1630, USA. (352) 377-1140, (800) 392-2832 or FAX (352) 378-2617.

Exactech, as the manufacturer of this device, does not practice medicine, and is not responsible for recommending the appropriate surgical technique for use on a particular patient. These guidelines are intended to be solely informational and each surgeon must evaluate the appropriateness of these guidelines based on his or her personal medical training and experience. Prior to use of this system, the surgeon should refer to the product package insert for comprehensive warnings, precautions, indications for use, contraindications and adverse effects.

 712-35-30 Rev. B 0523

CE 2797 CE Mark is not valid unless there is a CE Mark on the product label.

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