Case Study 2 — Varus anatomy

Clinical Situation: This female patient presents with a varus, low head-center anatomy which is one of the most challenging to reconstruct, as reported in a survey of 97 surgeons.[1]

Current Treatment: With traditional stems, surgeons may make adjustments to fit this patient to the implant.

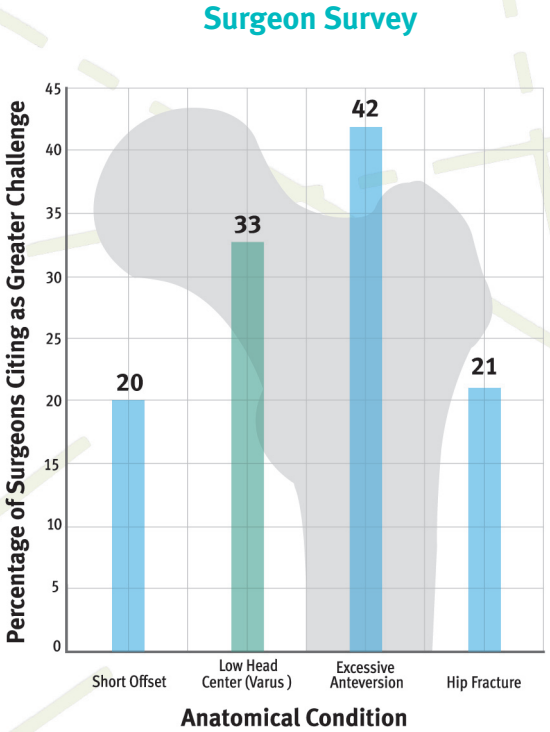
- Lower, additional neck cut (one or more)
- Increase head length to achieve offset and stability

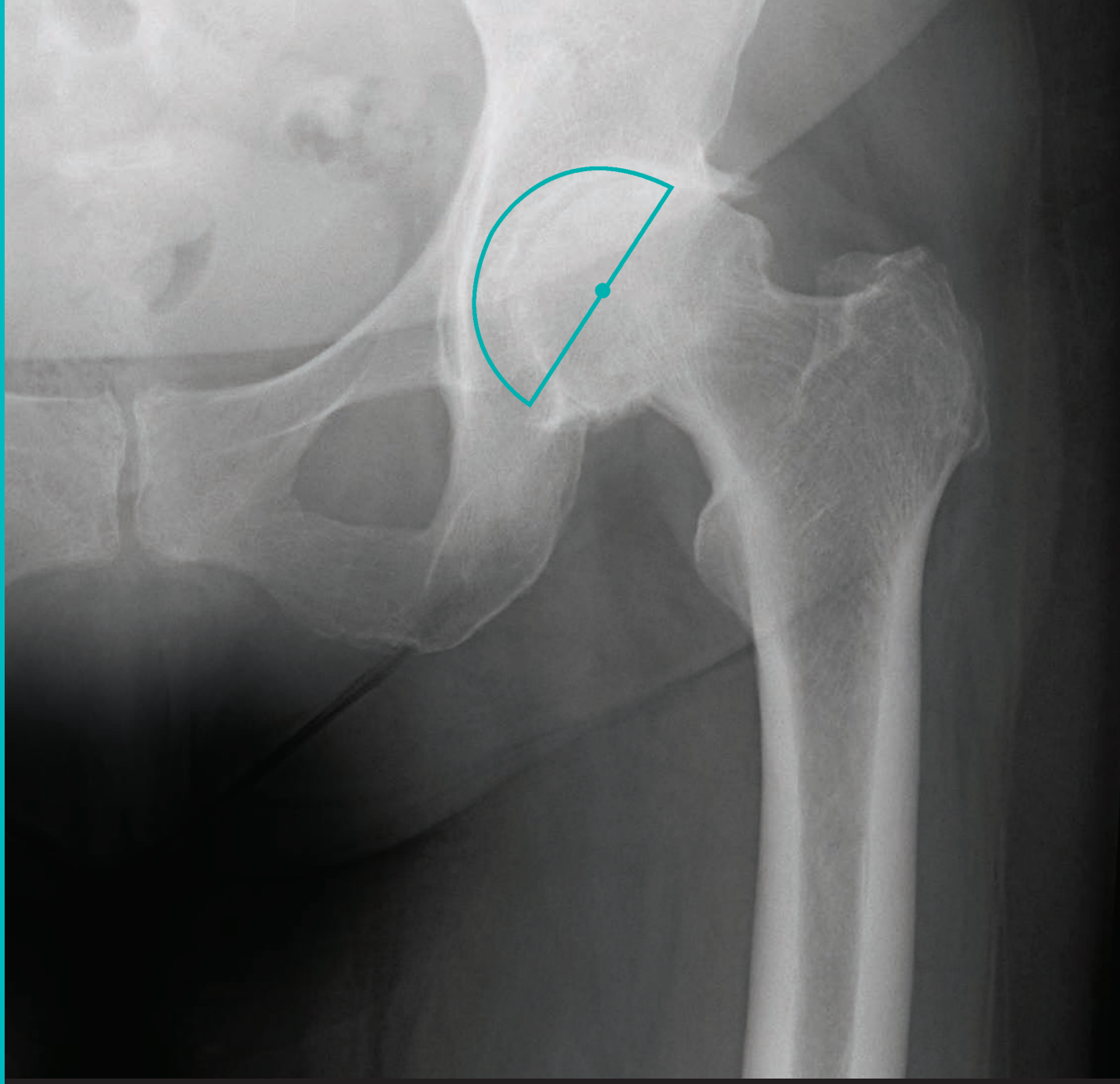
Implications:

- Time-consuming adjustments
- Removal of viable bone
- Excessive leg lengthening

***Kinectiv* Solution:** Allows the surgeon to

- Preserve viable bone
- Make fewer time-consuming adjustments to match patient anatomy
- Achieve desired offset and leg length

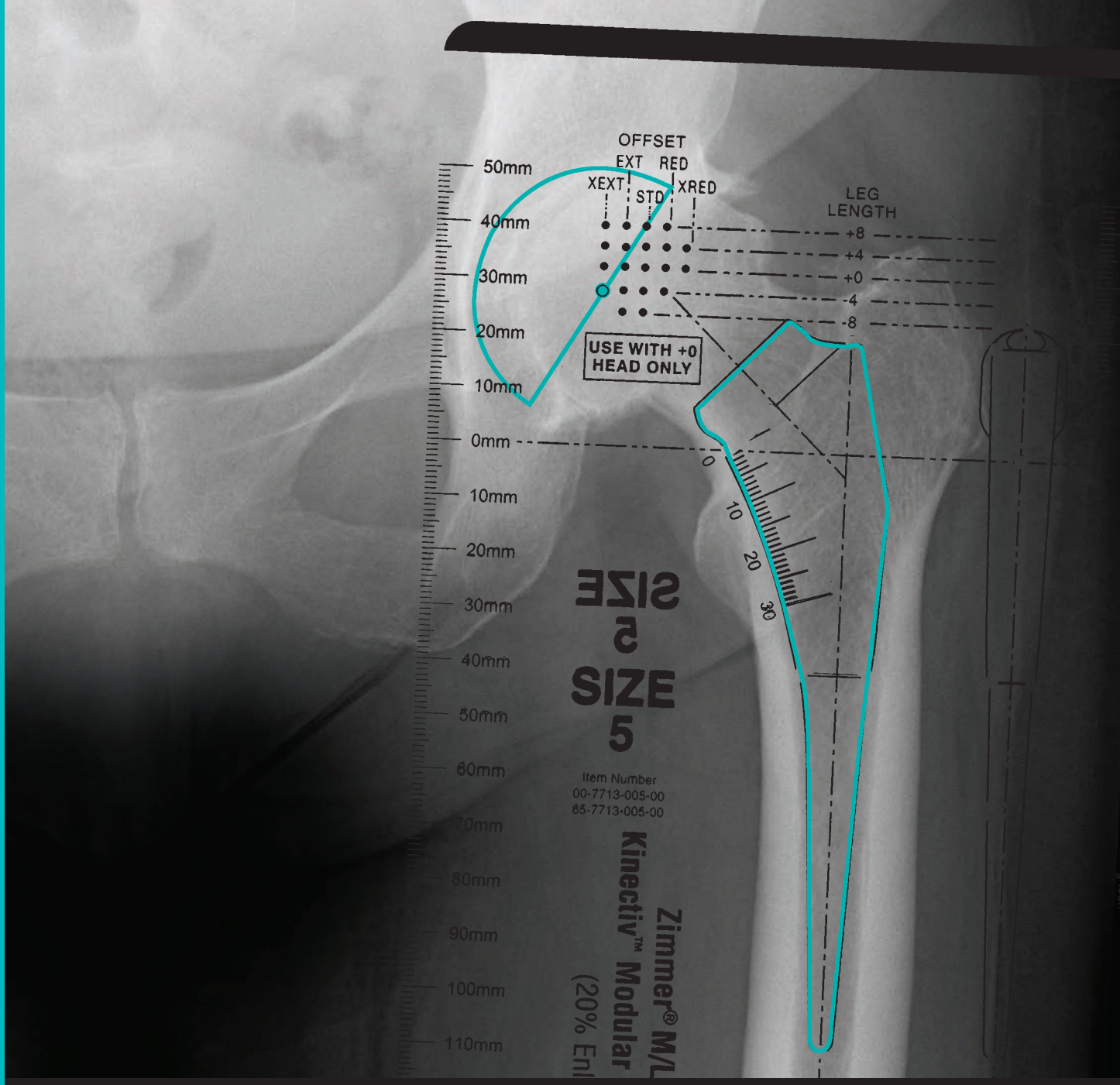




Varus Neck

Clinical Information	
Age	73
Gender	Female
Preoperative Diagnosis	Osteoarthritis
Operative Side	Left
Procedure	MIS Anterior Supine

Implant Information	
Acetabular Cup (Size)	*Trabecular Metal*™ Modular Acetabular Cup (50mm)
Femoral Implant (Size)	
Femoral Head Implant	
Kinectiv Neck	



Varus Neck

Clinical Information	
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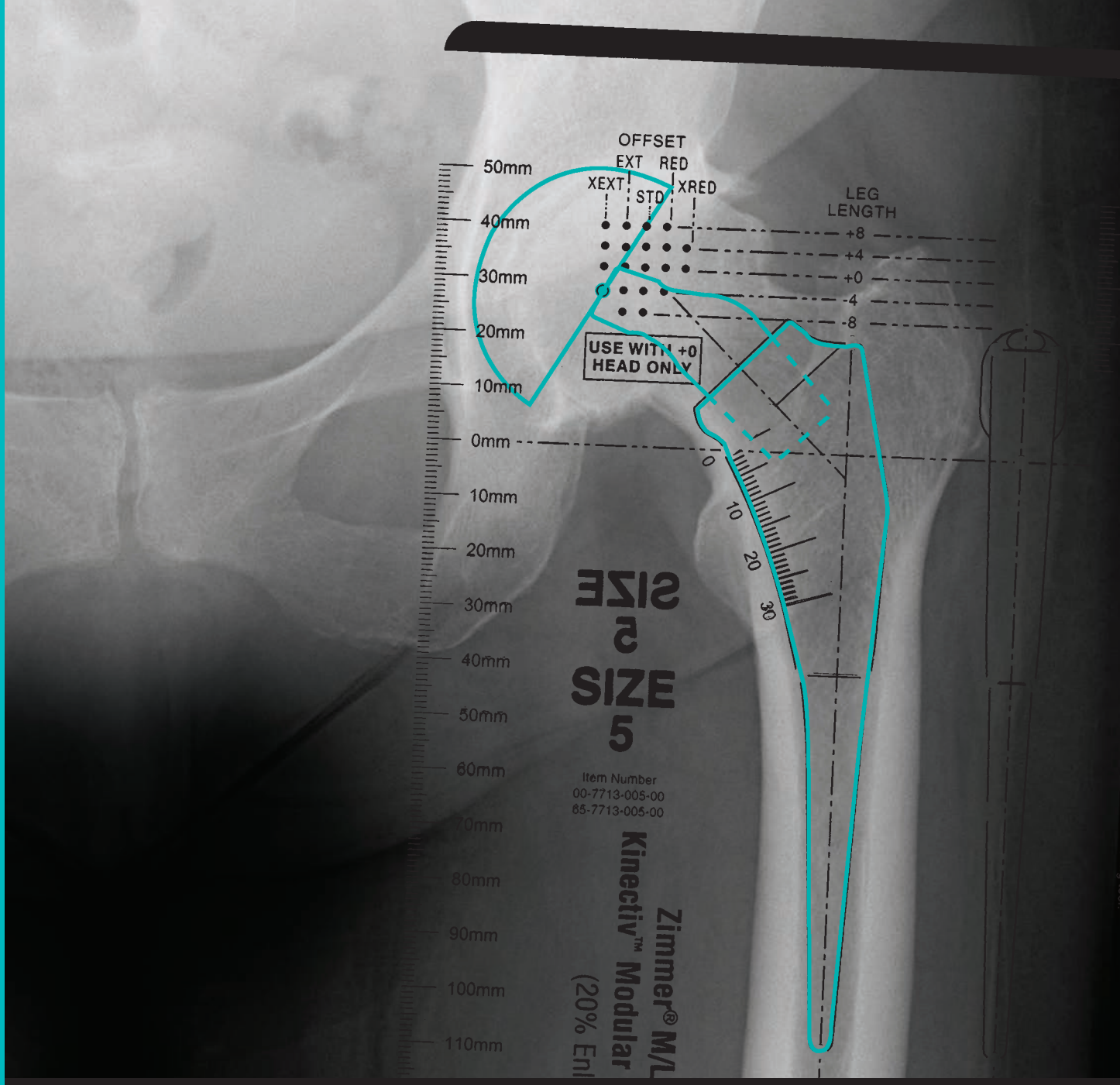
Operative Side	Left
Procedure	MIS Anterior Supine

Implant Information	
Acetabular Cup (Size)	*Trabecular Metal*™ Modular Acetabular Cup (50mm)
Femoral Implant (Size)	M/L Taper with *Kinectiv* Technology (Size 5)
Femoral Head Implant	
Kinectiv Neck	

Case Study 2



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Gender	Female
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Operative Side	Left
Procedure	MIS Anterior Supine

Implant Information	
Acetabular Cup (Size)	*Trabecular Metal*™ Modular Acetabular Cup (50mm)
Femoral Implant (Size)	M/L Taper with *Kinectiv* Technology (Size 5)
Femoral Head Implant	Ceramic Femoral Head 32mm, +0
Kinectiv Neck	-4 Leg Length/Extra Extended Offset (X neck)

Case Study 2 — Conclusions

Case study 2 postoperative x-ray

Summary

- Varus neck and small femoral anatomy
- Implant -4 leg length/Extra extended offset (X neck) to optimize offset without increasing leg length

Conclusion

- Broad range of head centers allows surgeon to efficiently reconstruct hip kinematics in challenging anatomical situations

Surgeon Survey