

Case Study 4 — Version

Clinical Situation: Femoral version is often not appreciated until the neck is cut during surgery.

Current Treatment: With traditional stems, surgeons may attempt to match the version by

- Rotating stem within the femur
- Repositioning cup to alleviate impingement

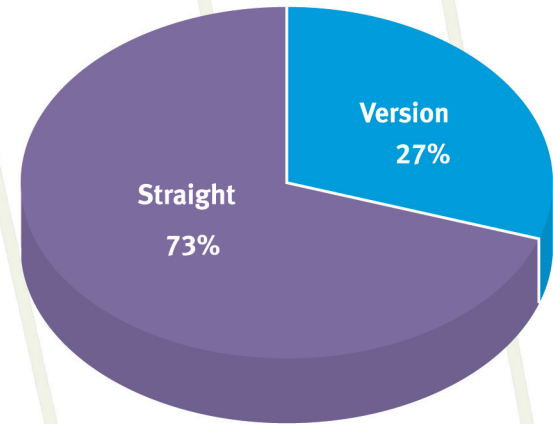
Implications:

- Potential increased risk of femoral fracture/ stem instability
- Time-consuming adjustments to component position

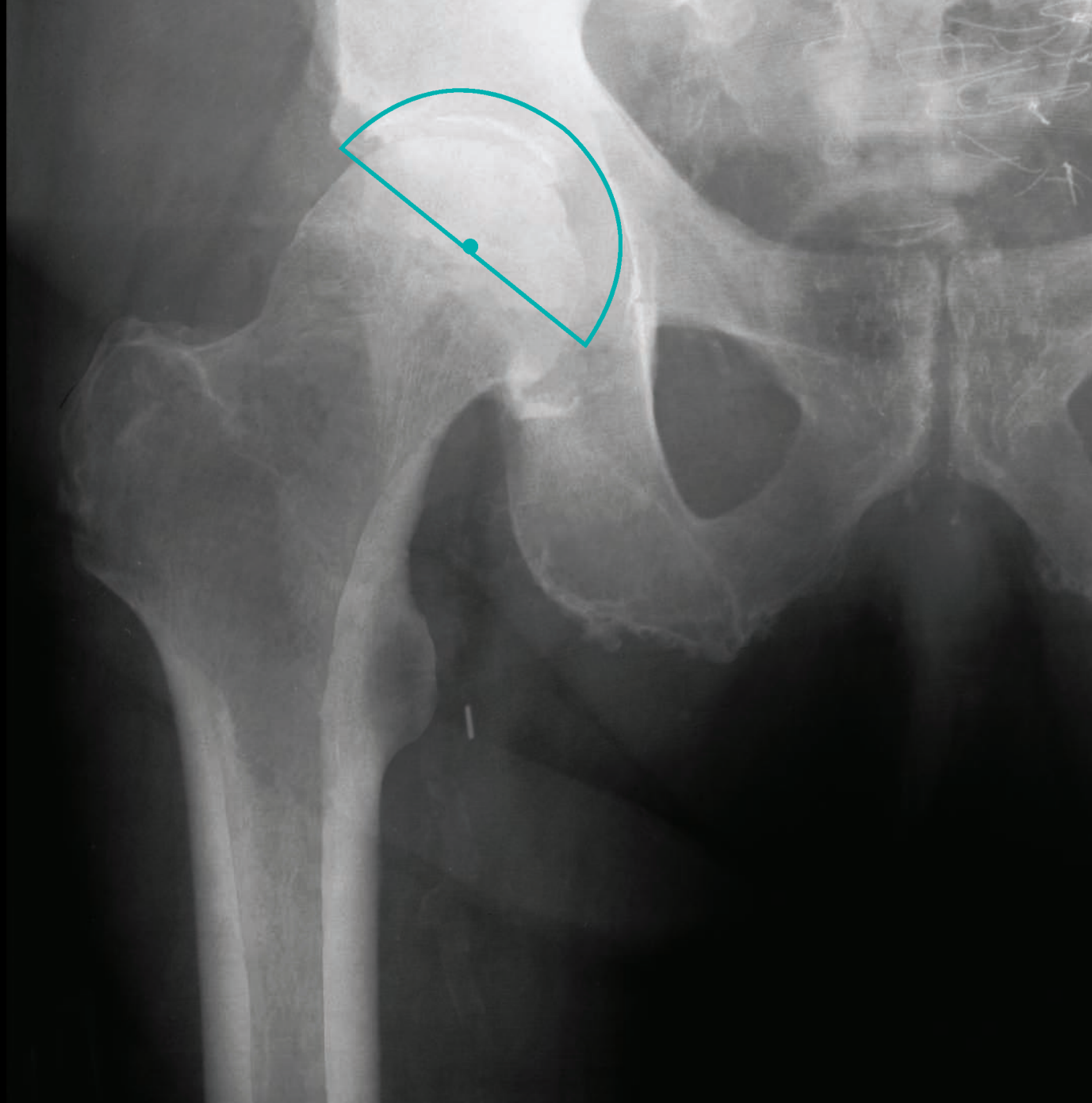
Kinectiv Solution: Allows the surgeon to

- Fit the stem to the femoral anatomy
- Achieve the desired version by simply selecting the anteverted or retroverted neck implant

Neck implant distribution



Straight vs. version neck implant distribution for over 6,000 consecutive cases¹



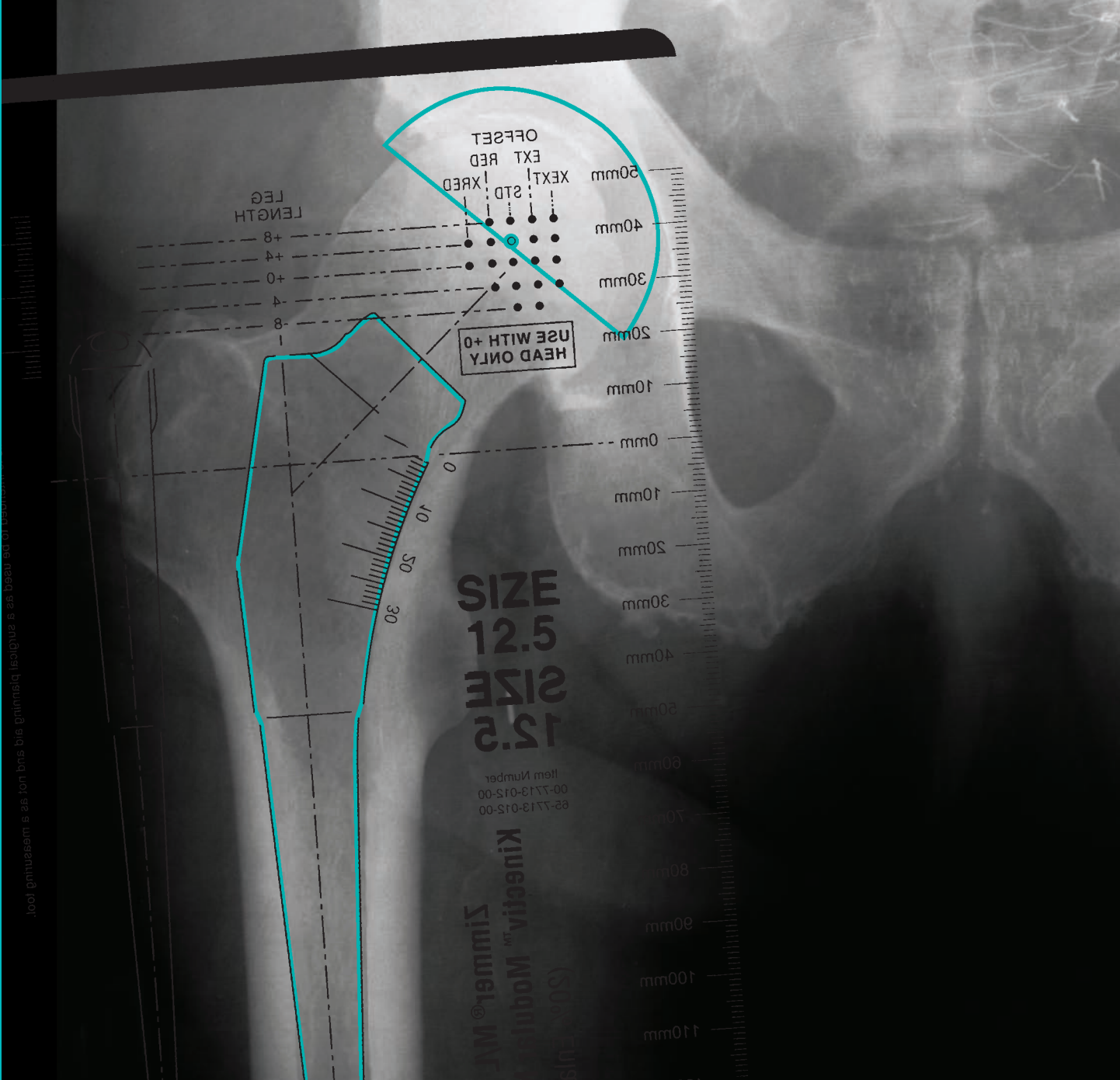
Anteverted Neck

Clinical Information

Age	63
Gender	Female
Preoperative Diagnosis	Osteoarthritis
Operative Side	Right
Procedure	MIS Posterior

Implant Information

Acetabular Cup (Size)	<i>Trilogy Acetabular Cluster Holed Shell (58mm)</i>
Femoral Implant (Size)	
Femoral Head Implant	
<i>Kinectiv Neck</i>	



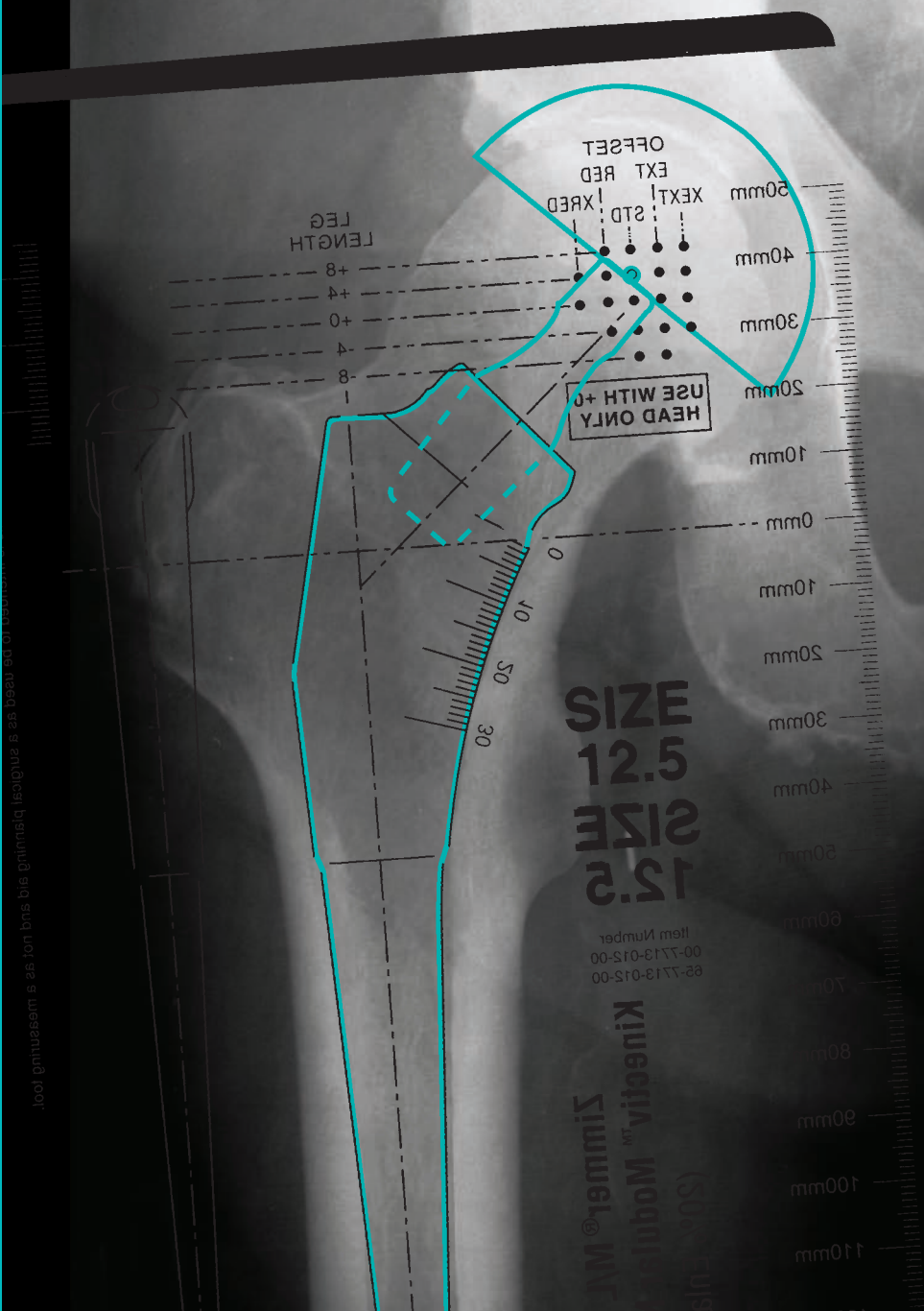
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Clinical Information

Age	63
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Implant Information

Acetabular Cup (Size)	Trilogy Acetabular Cluster Holed Shell (58mm)
Femoral Implant (Size)	M/L Taper with <i>Kinectiv</i> Technology (Size 12.5)
Femoral Head Implant	
<i>Kinectiv</i> Neck	



Anteverted Neck

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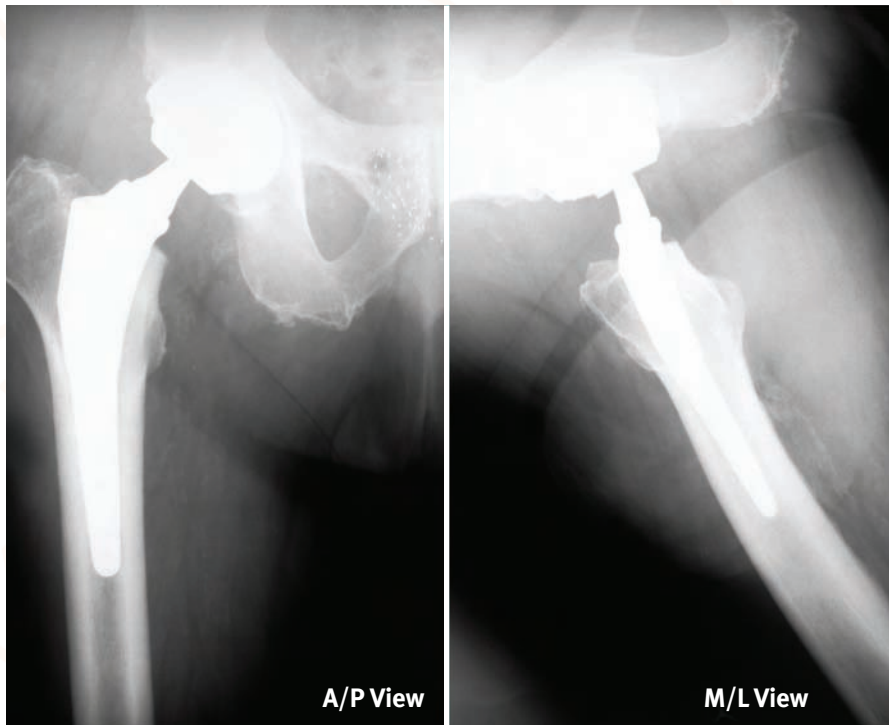
Implant Information

Acetabular Cup (Size)	Trilogy Acetabular Cluster Holed Shell (58mm)
Femoral Implant (Size)	M/L Taper with <i>Kinectiv</i> Technology (Size 12.5)
Femoral Head Implant	Ceramic <i>BioloX</i> ^{®††} Femoral Head 36mm, +0
<i>Kinectiv</i> Neck	+4 Leg Length/Extended Offset (CC neck)*

*Extended offset and anteverted neck (CC neck) selected intraoperatively to optimize joint stability without changing leg length

††Trademark of Ceram Tec AG

Case Study 4 – Conclusions



Case study 4 postoperative x-ray

Summary

- Templated to +4 leg length/Standard offset (G Neck)
- Hip contracture limits internal rotation for pre-op x-ray templating
- Neck version not fully appreciated until neck osteotomy is performed
- Implant +4 leg length/Extended offset/Anteverted (CC Neck) to optimize offset and range of motion without affecting leg length

Conclusion

- Independent offset adjustment to optimize stability without affecting leg length
- Anteverted/retroverted neck to optimize stem fit in femur and total version of hip reconstruction for desired range of motion
- Nearly 30% of over 6,000 consecutive *Kinectiv* Technology implantations are anteverted or retroverted neck constructs¹

Neck implant distribution

