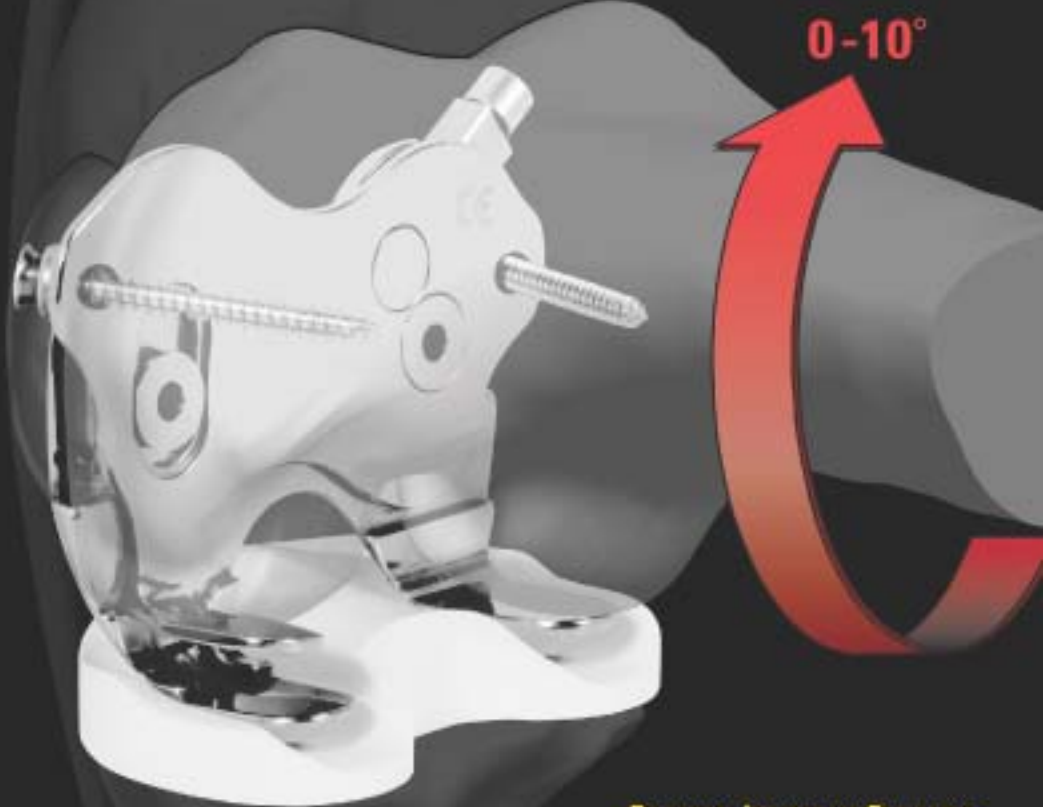


Achieve Dynamic Balance

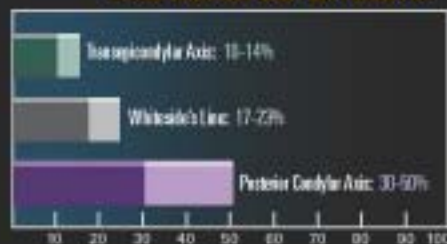
Improve your demanding patients' post-op stability

The LIBRA device uses ligamentous tone to establish femoral component rotation...

- Improves control of soft tissue released in primary TKR
- Improves flexion gap symmetry
- Improves post-TKR gait stability
- Works in concert with existing knee systems



POTENTIAL INSTABILITY RESULTING FROM FLEXION GAP ASYMMETRY*



*TKR instability resulting from >3° flexion gap asymmetry
†A Comparison of 4 Intraoperative Methods to Determine Femoral Component Rotation During Total Knee Arthroplasty, (Olcott, M.D., and Scott, M.D. - The Journal of Arthroplasty, Vol. 15-Mo 1, 2000)



Dynamic Knee
Balancer™



LIBRA Dynamic Knee Balancer™

Synvasive Technology, Inc. introduces the Libra Dynamic Knee Balancer™ to surgeons performing primary Total Knee Replacement (TKR). This device is the first "dynamic" balancing instrument to aid you in reproducibly establishing rotation of the femoral implant to improve stability in total knee patients. What's more, Libra's technology introduces the first "active trial" for total knee arthroplasty.

Traditionally, anatomic landmarks, such as the transepicondylar axis, Whiteside's line and posterior condylar axis, are used in total knee surgery to establish rotational alignment of the femoral implant onto the distal femur. These empirical landmarks provide reference points, but are known to produce inconsistencies in patients with anatomic variations, hypoplastic deformities or laxity of the collateral ligaments. The transepicondylar axis has attempted to address skeletal variations, but still allows error when creating a symmetric flexion gap.¹

POTENTIAL INSTABILITY RESULTING FROM FLEXION GAP ASYMMETRY*

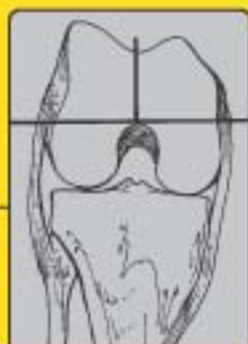
Transepicondylar Axis:

10-14%



Whiteside's Line:

17-23%



Posterior Condylar Axis:

30-50%



In general, surgical techniques externally rotate the femoral implant 3 degrees to develop a symmetric flexion gap without much consideration of the interplay between resection planes and soft tissue structures during gait. Dynamically balancing a reconstructed knee is important because normal gait produces a varus thrust or adduction moment as the majority of a patient's body weight is transferred to the medial compartment due to anatomic limb alignment. Traditional prosthetic alignment, used to ensure implant longevity, reduces the ability of the lateral soft tissue structures to resist this thrust, especially in mid-flexion, unless dynamic balance is achieved.

To investigate the advantages of using the Libra Dynamic Knee Balancer during primary TKR, and to find purchasing information, please visit www.synvasive.com.

"Since I have been using the Libra Dynamic Knee Balancer, the guesswork in accurate and, more importantly, consistent flexion balance has been eliminated. This is particularly so with valgus deformities, which, in the past, have required arbitrary additional external rotation of the femoral component.

I am now able to do this accurately and specific to each case. The Libra has contributed greatly to my reproducibility."

— Anthony K. Hedley, M.D., F.R.C.S. (Phoenix, AZ)

SYNVASIVE[®]
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¹Christopher W. Olcott, M.D. and Richard D. Scott, M.D., "A Comparison of 4 Intraoperative Methods to Determine Femoral Component Rotation During Total Knee Arthroplasty," *The Journal of Arthroplasty*, Vol. 15-No. 1, 2000: 22-26.