



The following technique is a general guide for implantation of the BKS Uni Knee System. It is expected that the surgeon is already familiar with the fundamentals of partial knee arthroplasty. Each patient represents an individual case that may require modification of the technique according to the surgeon's judgment and experience.

Please see the BKS Uni Instructions for Use for intended uses/indications, device description, contraindications, precautions, warnings and potential risks associated with the BKS Uni implants and instrumentation.

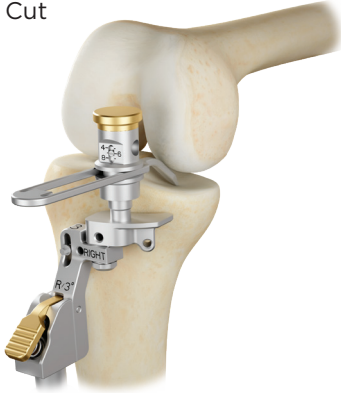


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Surgical Technique Overview

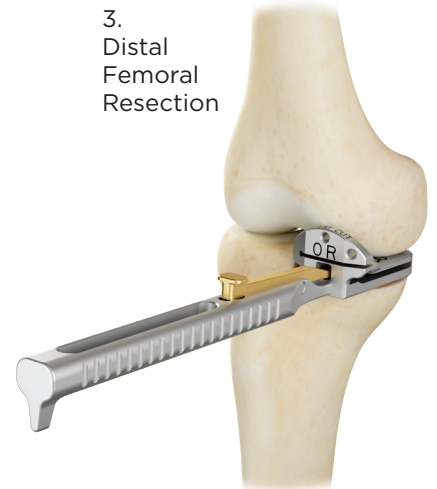
1. Proximal Tibial Cut



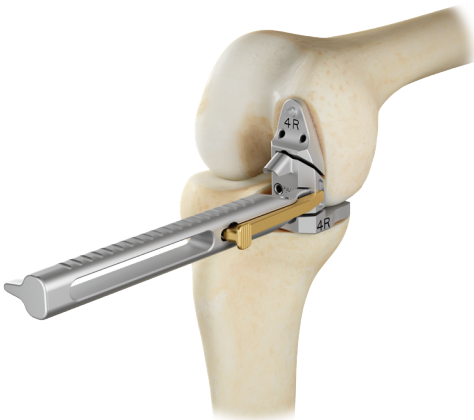
2. Flexion/ Extension Assessment



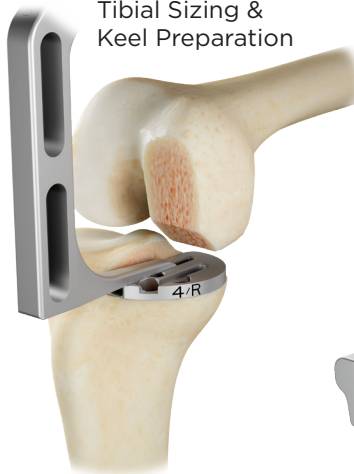
3. Distal Femoral Resection



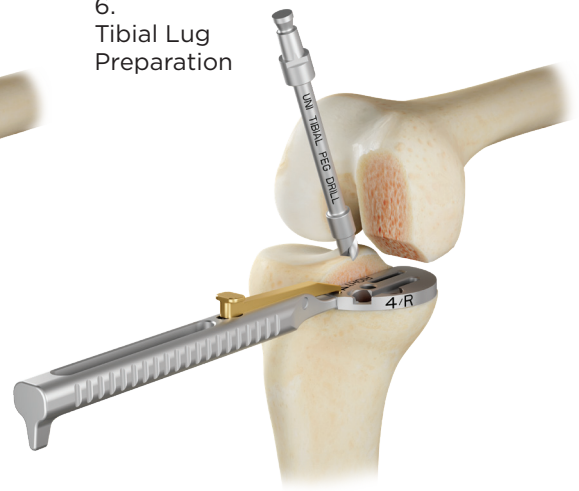
4. Femoral Sizing & Cuts



5. Tibial Sizing & Keel Preparation



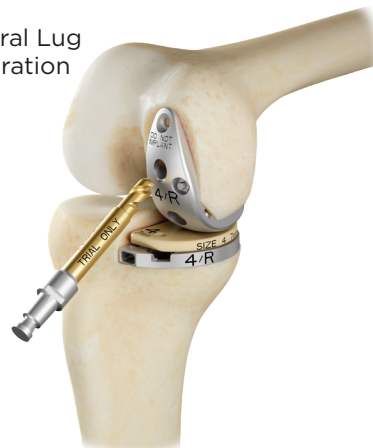
6. Tibial Lug Preparation



7. Trial Reduction



8. Femoral Lug Preparation



9. Final Implant



BKS® Uni System Overview

Ortho Development's Uni Knee is specifically designed with the philosophy of preserving the tibial bone as a fundamental aspect of the system. With a minimal tibial resection, the BKS Uni technique adjusts the femoral resection to balance the joint. The BKS Uni allows surgeons to fine-tune their workflow throughout the procedure.

BKS Uni System Features

- Femoral articular surface adapted from the Balanced Knee® System (BKS)
- Bone-conserving medialized tibial keel designed to reduce stress-risers at the tibial bone cut junction
- E-Vitalize® Vitamin-E Crosslinked Polyethylene to maximize wear performance
- Bone-preserving femoral condyle thickness and angled posterior condyle for fixation
- Locking mechanism that builds upon BKS history with full peripheral rail and locking tab
- Simple and intuitive instruments designed specifically for medial compartmental preparation

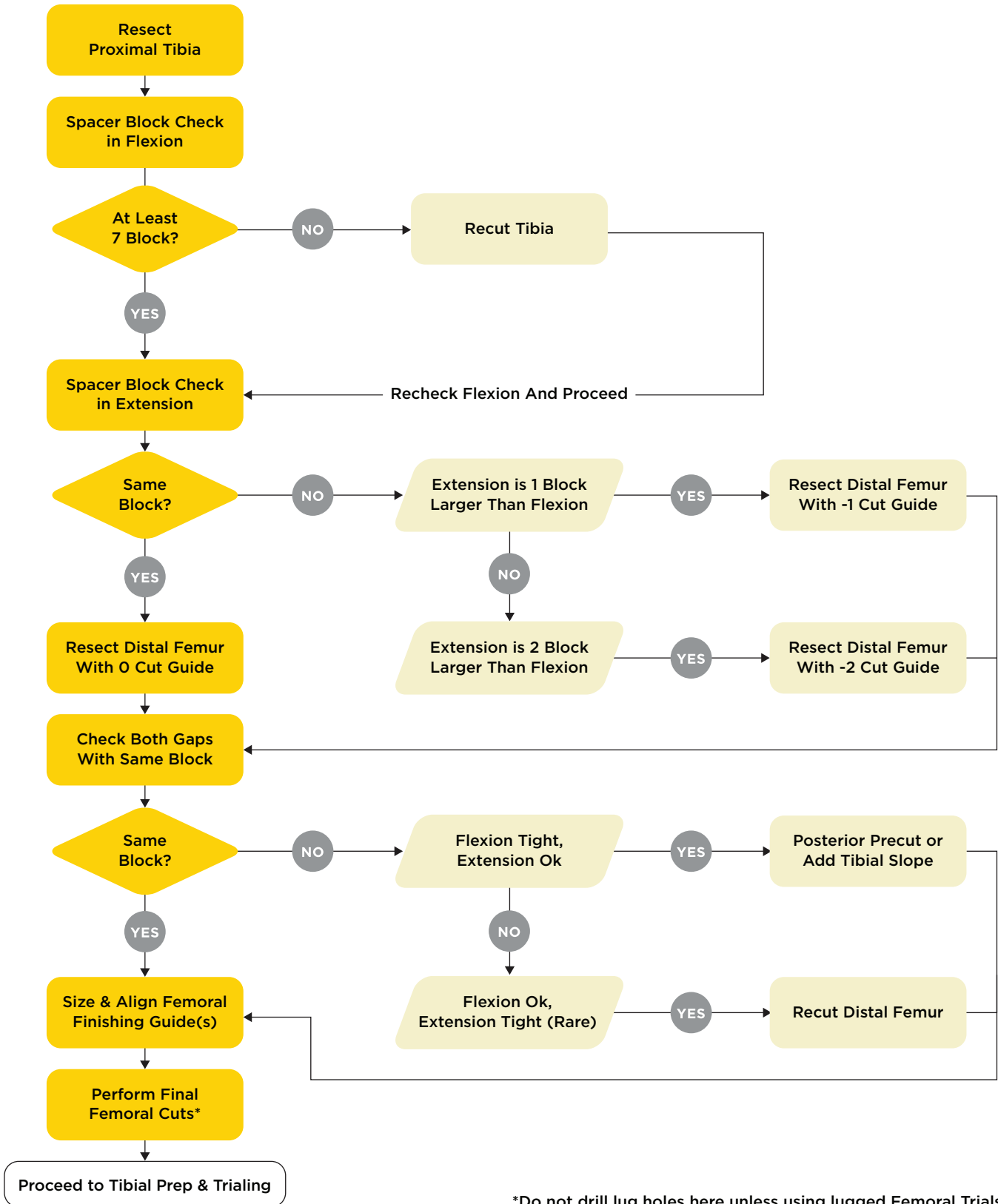
System Compatibility

BKS Uni is designed for full compatibility—all size femoral components are compatible with all size tibial bearing surface components of the same side. Each tibial bearing surface component is specifically designed to lock into the tibial component of the same size and side, i.e., size 4, right tibial insert into a size 4, right tibial tray. BKS Uni components should only interface with other components within the BKS Uni system and are not designed to work with other systems.



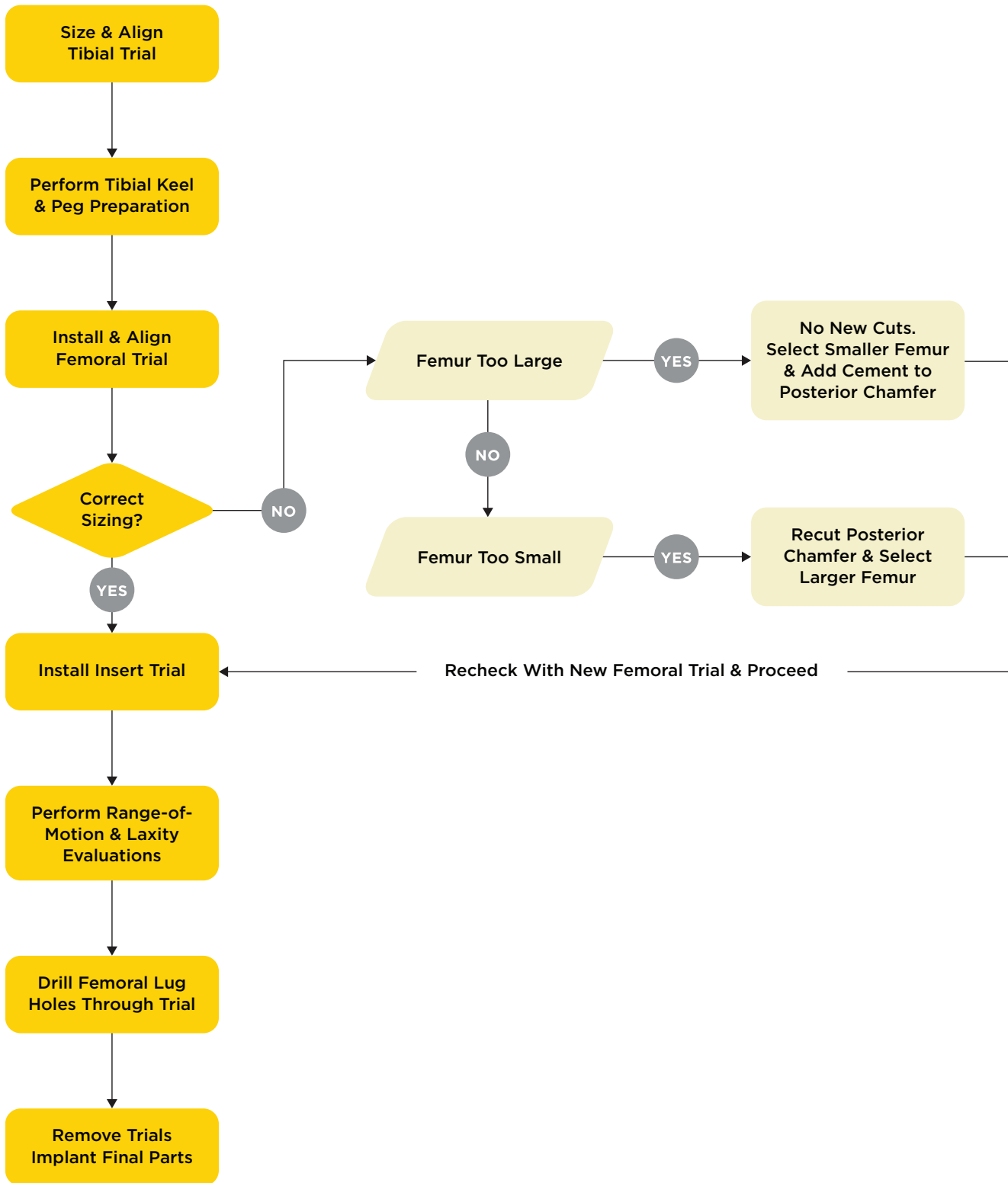
Surgical Flow

Gap Balancing and Femoral Sizing



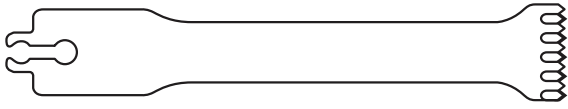
*Do not drill lug holes here unless using lugged Femoral Trials

Tibial Prep and Trialing



Preoperative Planning

- Templates with a 10% magnification are available upon request for use with preoperative X-rays.
- Saw blade recommendations:
 - 1.27 mm thickness.
 - A narrow oscillating saw blade with a wider tip is recommended for smaller cut guides.



- A single-sided reciprocating saw blade is recommended for vertical tibial resection.
- All drill and pin driver attachments require a Hudson adapter or standard chuck.

Refinement Instrumentation

Certain instruments allow the user to perform minor adjustments and checks throughout the procedure. The table below describes each instrument and its effect on one or both joint spaces.

REFINEMENT INSTRUMENTATION		
2 mm Recut Block	FEMUR SIDE - Remove additional 2 mm of distal femur	↑ Extension Gap
2 mm Recut Block	TIBIA SIDE - Remove additional 2 mm of proximal tibia	↑ Both Gaps
Slope Recut Block	Add 2 degrees of tibial slope	↑ Flexion Gap
Femoral Posterior Precut Guide	Remove additional 2 mm of posterior femur	↑ Flexion Gap
Femoral Anterior Shift Shim	Remove additional 2 mm of posterior femur AFTER TRIALING <i>(Effectively shifts femoral component anteriorly)</i>	↑ Flexion Gap
Femoral Resizing Shim	Change femoral size AFTER TRIALING Recut chamfer always, redrill if using lugged Femoral Trials	Resize Only No Gap Effect
Final Gap Checker	Determine joint laxity during trial reduction	Assess Laxity

Exposure

A number of different surgical exposures to the knee exist. This technique will illustrate a standard medial parapatellar approach. As cases warrant, alternative approaches such as the midvastus, subvastus or minimally invasive parapatellar arthrotomy may be selected based on the patient's preoperative deformity and assessment of soft tissues.

1. Proximal Tibial Resection

Assemble the Tibial Alignment Guide by placing the Ankle Clamp into the Proximal Tibial Guide. Attach the 3° Tibial Cut Guide to the guide assembly. With the knee in flexion, position the Tibial Alignment Guide assembly by securing the Ankle Clamp around the distal tibia, just superior to the malleoli. Align the proximal end of the Tibial Alignment Guide over the medial third of the tibial tubercle. Position and secure the proximal end of the Tibial Alignment Guide with a fixation pin through the pin slot (Figure 1). Assemble the stylus onto the Tibial Cut Guide and lower the guide until the stylus contacts the tibial plateau (Figure 2). Using the stylus and/or the gold adjustment knob, center the adjustment pin at the etch mark to maximize adjustability.

It is recommended to resect 6 mm from the medial side of the proximal tibia. The resection amount is a conservative estimation and may require recutting once flexion and extension gaps are evaluated. The 3° Tibial Cut Guides are available in both open and captured options. When considering the appropriate posterior slope, note that the tibial tray and tibial insert do not have slope built in. Avoid excessive slope since this can impact A/P stability.

Adjustments to the posterior slope are made by sliding the Ankle Clamp anteriorly or posteriorly until the cutting slot of the Tibial Cut Guide is parallel to the native slope of the tibia. The Ankle Clamp can also be translated in the coronal plane to make the resection perpendicular to the shaft of the tibia and/or to correct varus/valgus deformities. When aligning the guide in the coronal plane, it is important to align it to the longitudinal axis of the tibia, not the leg.

The top portion of the Tibial Cut Guide can rotate to conform to the anteromedial anatomy of the patient. Once the position of the guide is aligned, secure the Tibial Cut Guide with fixation pins, remove the stylus and resect the proximal tibia using a sagittal and oscillating saw (Figure 3). The following order of bone resections is recommended: 1) sagittal, 2) transverse. Once the sagittal and transverse resections are complete, the Tibial Cut Guide assembly may be removed to assess the cut. A bone rasp may be used to clean up the inside corner.

Note: Ensure that the sagittal resection is adjacent to the medial fibers of the ACL attachment and medial to the apex of the tibial spine. To help visualize the resection, the Cut Feeler Gauge may be used. Care should be taken to avoid notching the posterior cortex during the sagittal cut to reduce the risk of a postoperative tibia fracture.

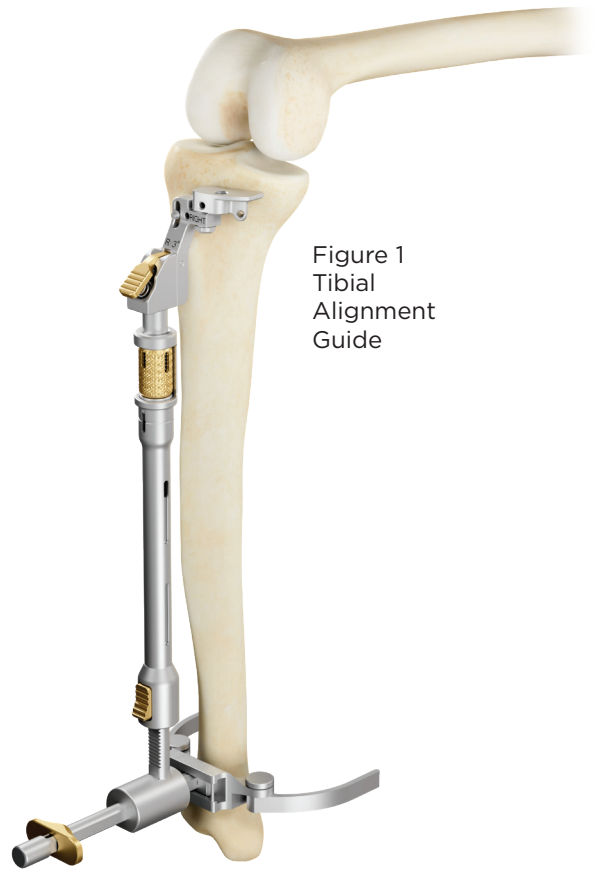


Figure 1
Tibial
Alignment
Guide

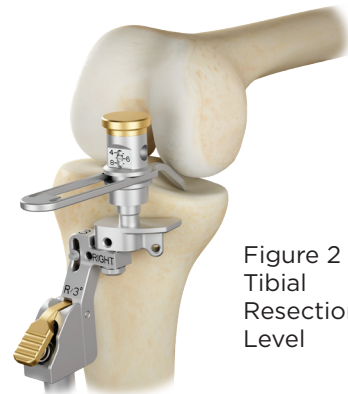


Figure 2
Tibial
Resection
Level

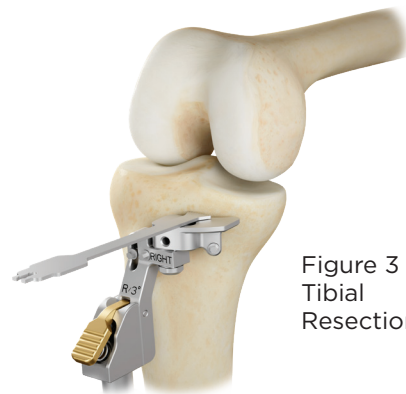


Figure 3
Tibial
Resection

2. Equalization of Flexion/Extension Gaps

Spacer blocks are provided to assess the symmetry of the flexion and extension gaps in 1 mm increments and correspond to the final tibial insert thicknesses of 6–11 mm. With the knee in flexion, insert the thin end of the 7 spacer block to ensure adequate tibial bone resection, allowing for the minimum implant construct (Figure 4). If the knee is loose in flexion, upsize the spacer block to fill the flexion gap. If the knee is tight in flexion, consider resecting additional tibial bone using one of the following refinement options.

Note: The thin end of the spacer block represents the thickness of the tibial insert and tibial tray. For example, the thin end of the 7 spacer block is 9 mm to account for a 2 mm thick tibial tray (Figure 4a).

Note: The thick end of the spacer block is used to evaluate the extension gap after the distal femoral resection. The BKS Uni technique targets a minimum of 7 mm insert thickness to allow intraoperative adjustment of +/- 1 mm insert during the trialing phase.

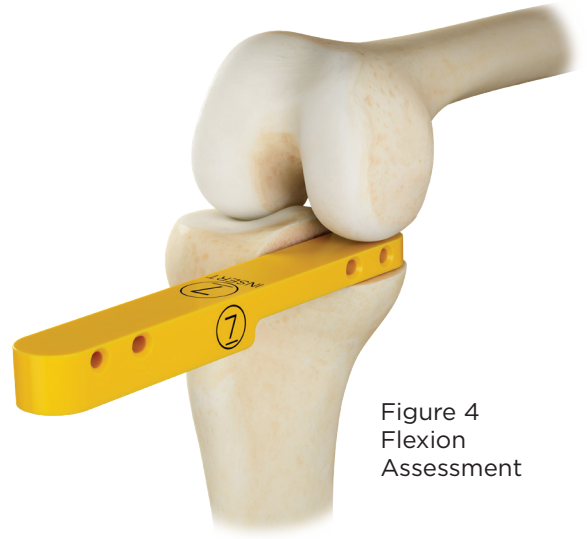


Figure 4
Flexion
Assessment



Figure 4a
Component
Thickness

2a. Refinement Options

Two tibial recut guide options allow users to refine existing resections by removing additional bone parallel to the existing resection or providing increased slope.

Recutting the Tibia

The 2 mm Recut Guide is universal between the proximal tibia and distal femur. Tibial Recut Guide removes 2 mm of bone parallel to the existing resection (Figure 5). Ensure the laser mark “Tibia” is on top and the paddle is flush on the existing resection. Place two fixation pins through the proximal lateral and distal medial pinholes. Make the resection through the slot, remove the guide and complete the sagittal cut.

Increasing Posterior Slope

The Tibial Slope Recut Guide increases posterior tibial slope 2 degrees (Figure 6). Ensure the paddle is flush on the existing resection and place two fixation pins through the proximal lateral and distal pinholes. Make the resection through the slot, remove the guide and complete the sagittal cut.

3. Equalization of Flexion/ Extension Gaps (Cont.)

With the knee in extension, insert the thin end of the 7 spacer block into the gap (Figure 7). If the same spacer block is equal in both the flexion and extension gap, the knee is considered balanced. If the knee is looser in extension, upsize the spacer block to fill the extension gap and make note of the final spacer block used.

Alignment may be checked with the Alignment Rod and Alignment Rod Adapter. Place the adapter into the two holes of the spacer block, then slide the Alignment Rod into the adapter. The goal for the Alignment Rod is to run from the center of the femoral head, through the center of the knee joint, to the center of the ankle joint, i.e., normal mechanical axis (Figure 8).



Figure 5
Tibial Recut
Guide



Figure 6
Tibial Slope
Recut Guide



Figure 7
Extension
Assessment

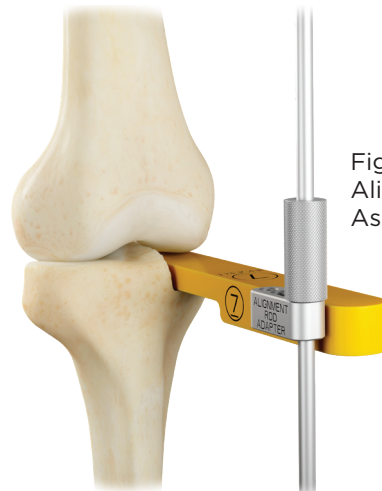


Figure 8
Alignment
Assessment

4. Distal Femoral Resection

Three Distal Cut Guides labeled 0, -1 or -2 are available based on the flexion and extension spacer block assessment.

If the same spacer block was used in extension and flexion, the joint is considered balanced. Proceed with the 0 Distal Cut Guide. The 0 Distal Cut Guide removes 7 mm of distal femur, matching the thickness of the femoral component.

If a larger spacer block was chosen for the extension gap, e.g., an 8 block in extension and a 7 block in flexion, the -1 Distal Cut Guide should be used. This guide removes 6 mm of distal femur, effectively closing the extension space by shifting the femoral component distally 1 mm to match the flexion space. The -2 Distal Cut Guide resects 5 mm of distal femur, shifting the femoral component distally 2 mm.

DISTAL CUT GUIDE	RESECTION DEPTH
0	7 mm
-1	6 mm
-2	5 mm

Once the correct Distal Cut Guide has been determined, connect the cut guide to the Uni Handle and insert the guide into the joint space with the knee in extension (Figure 9). Place two fixation pins through the pinholes, remove the handle and make the resection through the slot (Figure 10). Then remove the fixation pins and Distal Cut Guide.

Note: Distal Cut Guides are open on the medial side of the slot and are available in left and right configurations.

Note: The Distal Cut Guide saw blade slot is angled 3 degrees for a neutral distal resection relative to the patient's tibial slope.

Note: A 2 mm shim may be attached to the underside of the guide for additional stability.

	EXTENSION TIGHT	EXTENSION OK	EXTENSION LOOSE
FLEXION TIGHT	Resect Additional Tibia	0 Distal Guide	-1 or -2 Distal Guide
FLEXION OK	0 Distal Guide	0 Distal Guide	-1 or -2 Distal Guide
FLEXION LOOSE	0 Distal Guide	0 Distal Guide	Consider Conversion to TKA

5. Distal Femoral Resection Assessment

With the knee in extension, insert the thick end of the best-fit spacer block that was used in flexion (Figure 11). If the thick end of the spacer block fits the extension gap, the knee is balanced. Femoral sizing may now be performed.

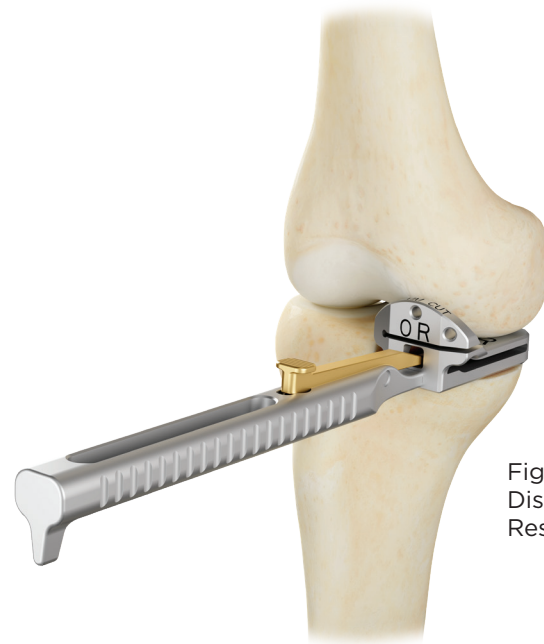


Figure 9
Distal
Resection



Figure 10
Distal
Resection
Guide in
Place



Figure 11
Extension
Assessment

Note: The thick end of the spacer block represents the thickness of the femoral component, insert and tibial tray (Figure 11a).

If a different block must be used to fit the extension and flexion gaps correctly, a mismatch remains and should be addressed with one of the following refinement options.

Following the distal resection, reassess the flexion and extension gaps using the following decision matrix for the next steps.

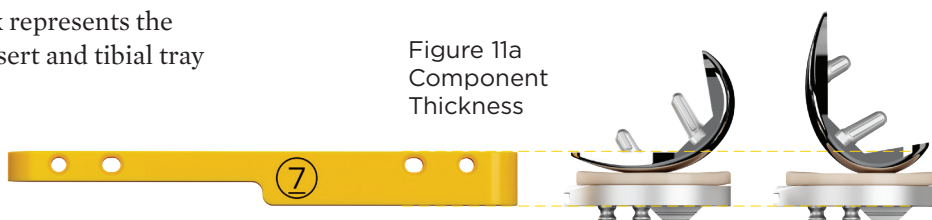


Figure 11a
Component
Thickness

	EXTENSION TIGHT	EXTENSION OK	EXTENSION LOOSE
FLEXION TIGHT	Thinner Tibial Component Resect Additional Tibia	Resect Additional Posterior Femur	Resect Additional Posterior Femur
FLEXION OK	Resect Additional Distal Femur	No Change	Resect Additional Posterior Femur
FLEXION LOOSE	Resect Additional Distal Femur	Resect Additional Distal Femur	Thicker Tibial Component

5a. Refinement Options

Femoral adjustments to the extension or flexion gap may be performed depending on the type of mismatch.

Opening the Extension Gap (Resect Additional Distal Femur)

If the knee is tight in extension but balanced in flexion, additional distal femur should be removed using the 2 mm Recut Guide to open the extension space. To remove additional bone, place the 2 mm Recut Guide onto the existing resection. Ensure the laser mark “Femur” is on top and the paddle is flush on the existing resection. Place two fixation pins into the proximal and medial pinholes (Figure 12). Make the resection through the slot and remove the guide. Use the spacer blocks to verify the gaps are balanced following the recut.



Figure 12
Femoral
Recut

Opening the Flexion Gap (Resect Additional Posterior Femur)

If the knee is balanced in extension but tight in flexion, use the 2 mm Femoral Posterior Precut Guide or bone rasp to remove the posterior cartilage and open the flexion space. Attach the Precut Guide to the Uni Handle and place the guide against the distal resection. Ensure the guide is also contacting the posterior condyle (Figure 13). The rasp may be used for smaller adjustments. Use the spacer blocks to verify the gaps are balanced following the recut.

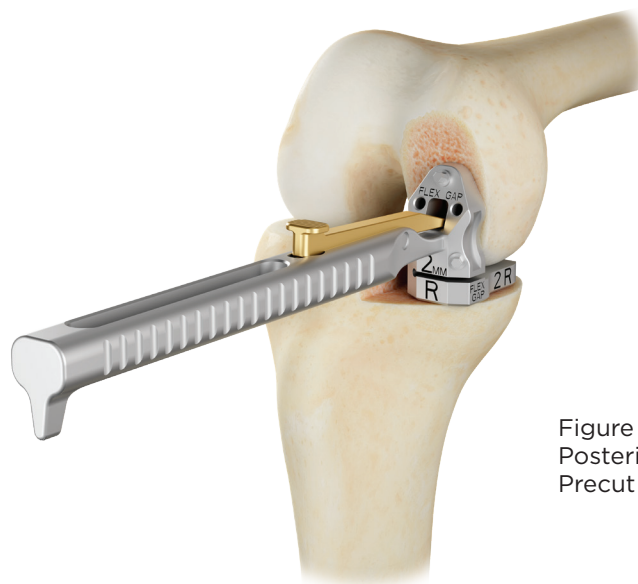


Figure 13
Posterior
Precut Guide

Note: The saw blade slot is perpendicular to the distal resection.

Note: A 2 mm shim may be attached to the underside of the Posterior Precut Guide for additional stability.

6. Femoral Sizing and Finishing

After obtaining equal flexion and extension gaps, size and finish the femur using the Femoral 2-in-1 Cut Guide. Attach the 2-in-1 Cut Guide to the Uni Handle and place the guide against the distal resection. Ensure the guide is also contacting the posterior condyle (Figure 14).

The anterior tip of the 2-in-1 Cut Guide should be recessed 2–3 mm from the anterior edge of the distal resection if sized properly. If the guide is between sizes, select the smaller size to avoid patellar impingement.

Once the appropriate size is determined, place a 33 mm fixation pin in the anterior pinhole. The guide may be rotated around the pin to achieve proper position, then place two additional 33 mm fixation pins and make the resections through the slots.

Note: Femoral lug preparation is recommended through the Femoral Trials and should be deferred until completion of trial reduction. Once lug preparation has been performed, femoral size and orientation are determined. If peg preparation is preferred through the 2-in-1 Cut Guide, drill with the Femoral Lug Drill marked “CUT GUIDE ONLY” prior to making the posterior and chamfer resections (Figure 15). The CUT GUIDE ONLY drill is METAL GRAY in color.

Once resections have been made, remove the fixation pins and 2-in-1 Cut Guide from the femur.

The recommended order of operations is as follows: 1) resect the posterior femur (Figure 16), 2) remove the fixation pin blocking the chamfer slot (Figure 17), and 3) perform the chamfer resection (Figure 18).

Note: Only a 33 mm fixation pin should be used in the pinhole between the saw blade slots to ensure posterior resection can be performed without cutting the pin.

Note: The posterior saw blade slot is angled 10 degrees to match the geometry of the implant.

Note: A 2 mm shim may be attached to the underside of the 2-in-1 Cut Guide for additional stability.

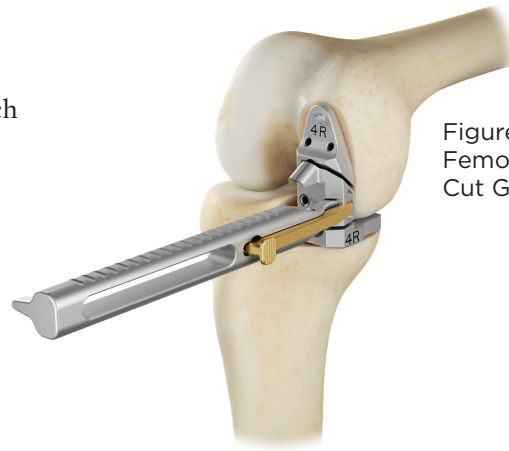
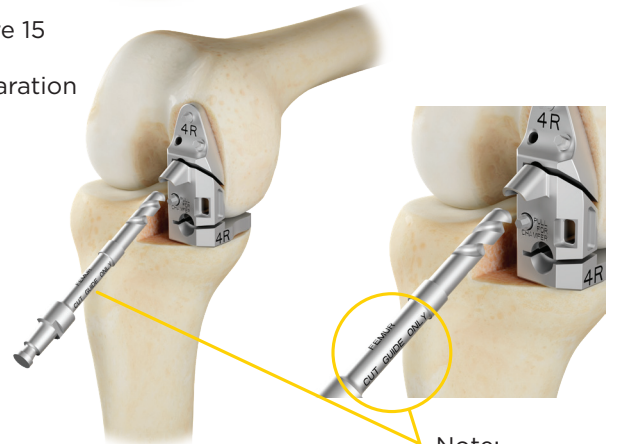


Figure 14
Femoral 2-in-1
Cut Guide

Figure 15
Lug
Preparation



Note:
Cut Guide Only



Figure 16
Posterior
Resection



Figure 17
Remove
Fixation Pin

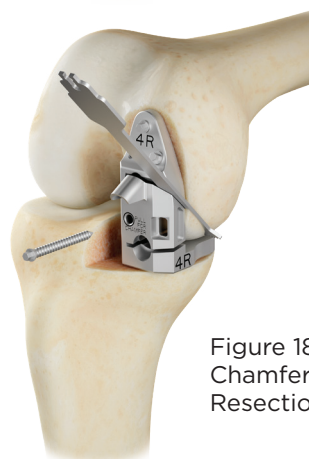


Figure 18
Chamfer
Resection

7. Tibial Sizing and Finishing

Tibial sizing templates are available to determine the optimal A/P and M/L coverage. Place the sizing template onto the resected proximal tibia and engage the hook with the posterior cortex to ensure proper positioning (Figure 19). Alternatively, the Tibial Tray Trials may be used with the Uni Handle to size the tibia (Figure 20).

Once the tibial size is determined, place and secure the Tibial Tray Trial on the tibia using a fixation pin through the pinhole. Next, punch for the keel using the Tibial Tray Keel Punch (Figure 21), then prepare for the tibial tray pegs using the Tibial Tray Peg Drill to drill the lug hole(s) (Figure 22).

Note: Tibial Tray Trials sizes 1 and 2 feature a single peg. All other sizes feature two pegs.

Note: The keel is fully prepared when the arm of the instrument rests flat on the tray trial.

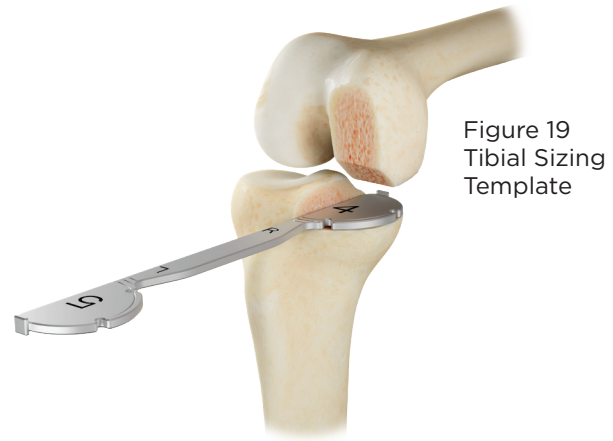


Figure 19
Tibial Sizing
Template

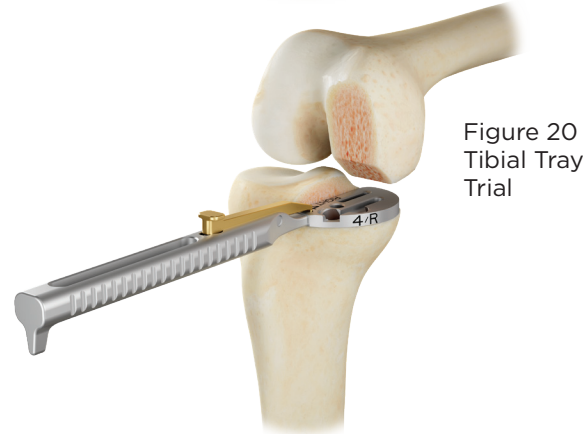


Figure 20
Tibial Tray
Trial

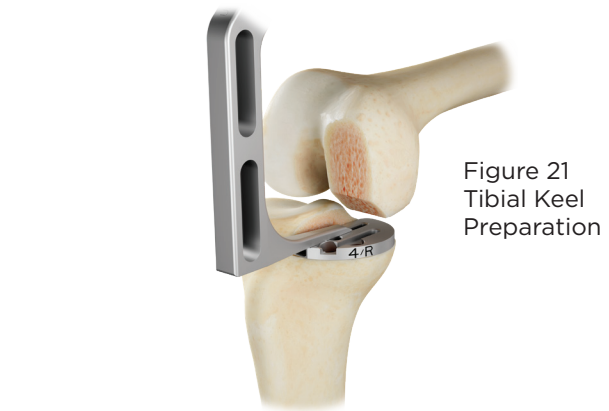


Figure 21
Tibial Keel
Preparation

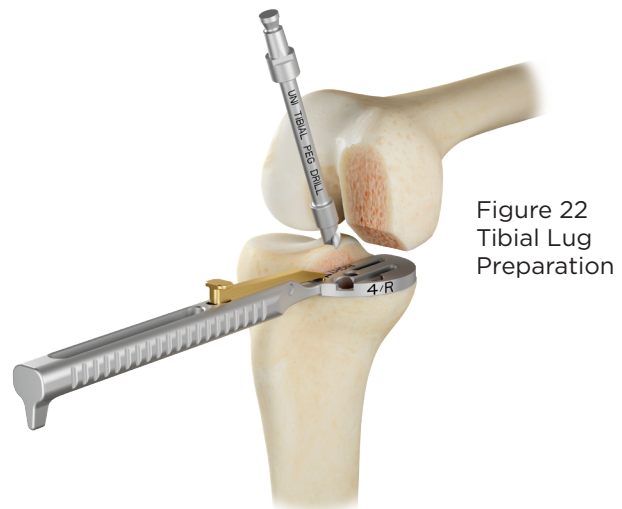


Figure 22
Tibial Lug
Preparation

8. Trial Reduction

With the Tibial Tray Trial in position, select the Femoral Trial that correlates to the size determined while sizing the femur. Then, place the Femoral Trial onto the distal femur and use a fixation pin to secure it (Figure 23). Next, select the tibial insert trial corresponding to the size of the tibial tray trial and thickness of the last spacer block used and insert it into the Tibial Tray Trial (Figure 24).

Perform a full range of motion check, noting stability and alignment of the trials. Ensure there is no patellar impingement with the femoral component throughout the range of motion.

An optional gap checker may be used to check overall stability. The ends of the gap checker are 2 and 3 mm (Figure 25).

Once stability and alignment are achieved, prepare for the lugs on the femoral component by using the Femoral Lug Drill marked “TRIAL ONLY” through the two distal holes on the Femoral Trial (Figure 26). *The TRIAL ONLY drill is GOLD in color.*

Note: The Femoral Lug Drill will stop at the appropriate depth.

If no refinements are needed, proceed to final implantation. If a different size femoral component is desired or the flexion gap is too tight, two wedge-shaped shims are available to make additional adjustments. Use the Insert Removal Tool to pull the insert trial from the joint and remove both trial components before proceeding to the refinement step (Figure 27).

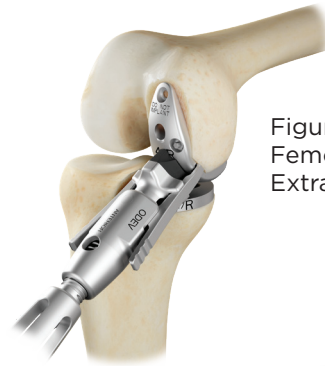


Figure 23
Femoral Impactor/
Extractor



Figure 24
Trial Components

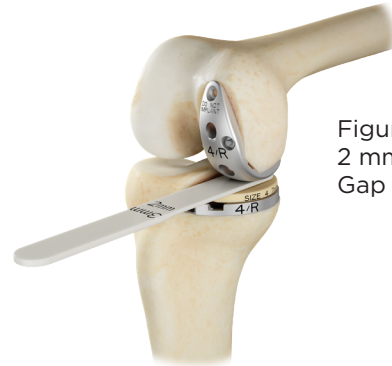


Figure 25
2 mm/3 mm
Gap Checker

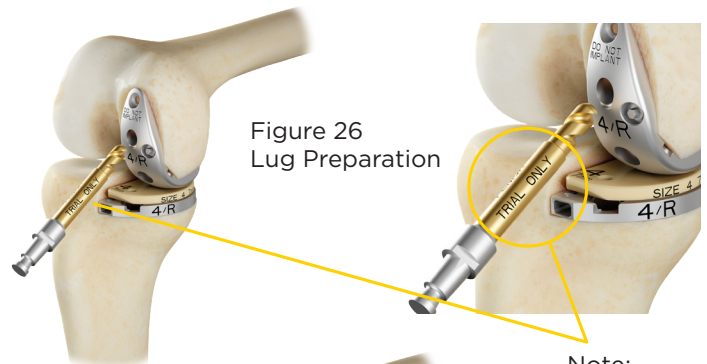


Figure 26
Lug Preparation

Note:
Trial Only

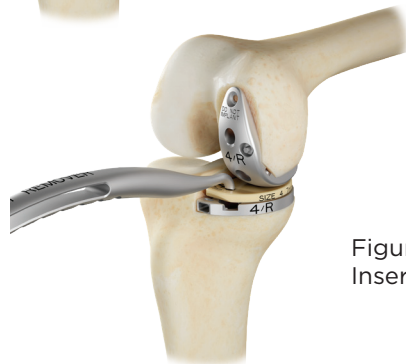


Figure 27
Insert Removal Tool

8a. Refinement Options

Two wedge-shaped shims are available to realign and stabilize the 2-in-1 Cut Guide back onto the resected femur to adjust either size or position of the femoral component.

Changing the Femoral Component Size

If a different femoral size is desired after trialing, a Femoral Resizing Shim allows the user to prepare for a different femoral component on an already resected femur. Attach the Femoral Resizing Shim onto the new 2-in-1 Cut Guide and secure the guide with three 33 mm fixation pins. Ensure the shim is in contact with the posterior resection (Figure 28).

If using a lugged Femoral Trial, repeat the chamfer resection and redrill both lugholes. The larger lug cavities will be filled with cement.

Once complete, reinstall the trials and perform a trial reduction.

Note: The Femoral Resizing Shim is designed to prohibit resecting additional posterior bone since no change to the flexion gap is desired.

Note: A 2 mm shim may be attached to the underside of the guide for additional stability.

Opening the Flexion Gap

If the flexion gap is tight and the extension gap is acceptable, a Femoral Anterior Shift Shim will allow the user to shift the femoral component anteriorly 2 mm to open the flexion gap. Attach the Femoral Anterior Shift Shim onto the original 2-in-1 Cut Guide and secure the guide with three 33 mm fixation pins. Ensure the shim is in contact with the posterior resection and confirm that the anterior aspect of the cut guide has not been shifted too close to the anterior cortex of the distal femur (Figure 29).

If using a lugged Femoral Trial, perform both the posterior and chamfer resections again and redrill both lug holes. The larger lug cavities will be filled with cement.

Once complete, reinstall the trials and perform a trial reduction.

Note: Use of the Femoral Anterior Shift Shim may necessitate downsizing of the femoral component to avoid patellar impingement. Downsizing does not affect the gap balance since all femoral components feature the same distal and posterior condylar thickness.

Note: A 2 mm shim may be attached to the underside of the 2-in-1 Cut Guide for additional stability.

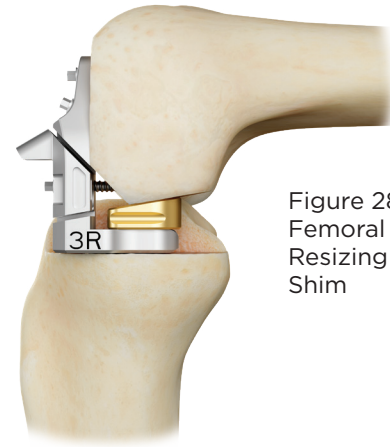


Figure 28
Femoral
Resizing
Shim

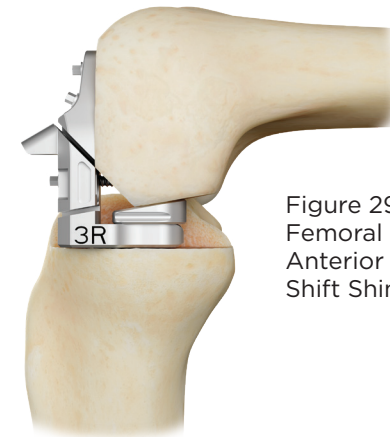


Figure 29
Femoral
Anterior
Shift Shim

9. Implantation

Prior to implantation, thoroughly clean the entire site with pulsatile lavage.

Tibial Tray

Apply cement to the proximal tibia, keel recess and peg holes. Apply cement to the underside of the tibial tray, then impact the tibial tray into place using the Tibial Tray Impactor (Figure 30). Impact the posterior aspect first and then move anteriorly. Following impaction of the tibial tray, excess cement may be removed with the cement removal tool.

Femoral Component

Apply cement onto the femoral component using the surgeon's preferred cementing technique. The Femoral Impactor may be used to place and impact the femoral component (Figure 31). Additionally, a single-piece plastic impactor may also be used (Figure 32). Following impaction of the femoral component, excess cement may be removed again with the cement removal tool.

Insert

Once the cement has cured, place the final tibial insert onto the tibial tray. Inspect the tibial tray for debris, being careful not to scratch the tray. Place the tibial insert onto the tibial tray. Engage the posterior locking mechanism first. Attach the Tibial Insert Clamp by placing the peg on the clamp into the tibial tray. Squeeze the clamp together, locking the tibial insert into place (Figure 33). Inspect the insert to make sure it is fully seated.

10. Closing the wound

After taking the knee through the full range of motion and achieving the desired result, the wound should be closed in a standard fashion.

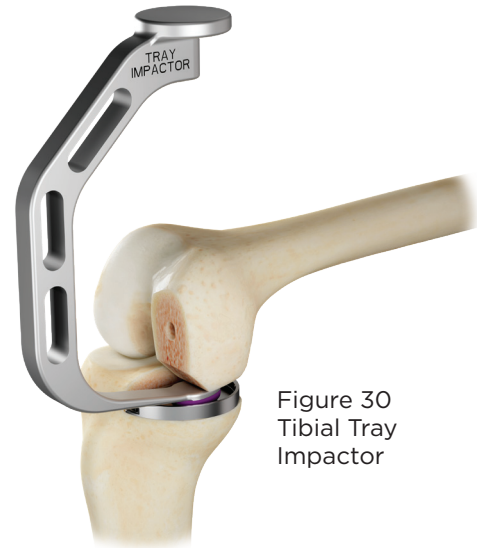


Figure 30
Tibial Tray
Impactor

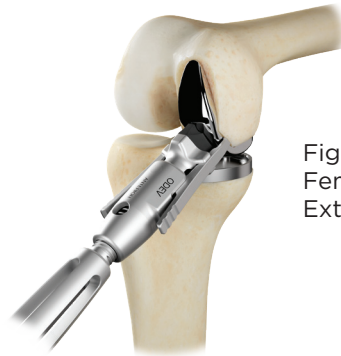


Figure 31
Femoral Impactor/
Extractor



Figure 32
Femoral Impactor

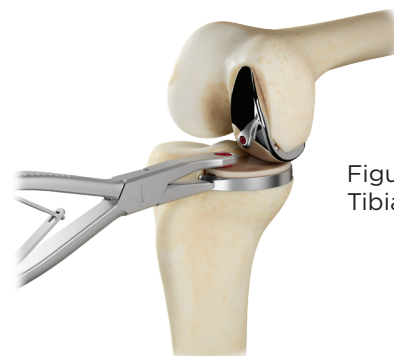
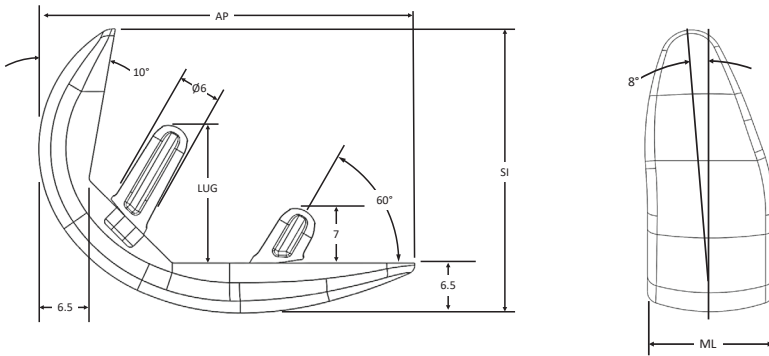


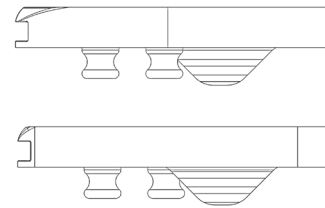
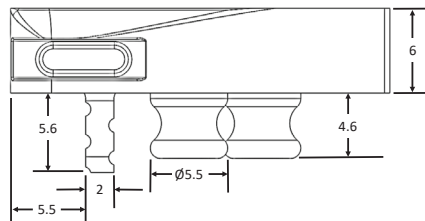
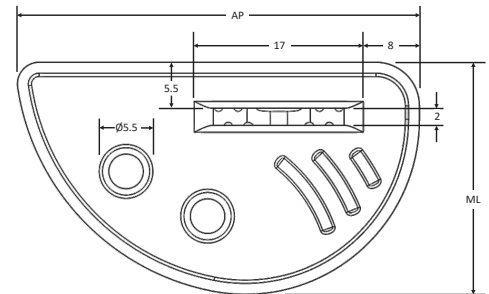
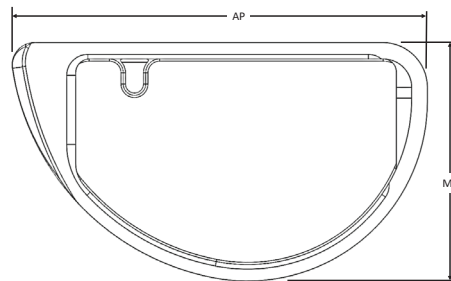
Figure 33
Tibial Insert Clamp

Implant Specifications

FEMORAL DIMENSIONS				
SIZE	AP	ML	SI	LUG
1	40.0 mm	19.0 mm	30.2 mm	14.0 mm
2	43.0 mm	20.0 mm	32.5 mm	15.3 mm
3	46.0 mm	21.0 mm	34.7 mm	16.6 mm
4	49.0 mm	22.0 mm	37.0 mm	18.0 mm
5	52.0 mm	23.0 mm	39.3 mm	19.3 mm
6	55.0 mm	24.0 mm	41.5 mm	20.6 mm
7	58.0 mm	25.0 mm	43.8 mm	21.9 mm
8	61.0 mm	26.0 mm	46.1 mm	23.2 mm



TIBIAL DIMENSIONS		
SIZE	AP	ML
1	23.0 mm	41.0 mm
2	25.0 mm	44.0 mm
3	27.0 mm	47.0 mm
4	29.0 mm	50.0 mm
5	31.0 mm	53.0 mm
6	33.0 mm	56.0 mm
7	35.0 mm	59.0 mm



BKS Uni Implants

FEMORAL COMPONENT

Uni Femoral Component Medial Nonporous

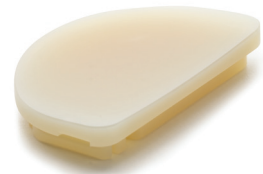
ITEM #	DESCRIPTION
761-1101	Uni Femoral Component Medial Nonporous Size 1 Left
761-1102	Uni Femoral Component Medial Nonporous Size 1 Right
761-1201	Uni Femoral Component Medial Nonporous Size 2 Left
761-1202	Uni Femoral Component Medial Nonporous Size 2 Right
761-1301	Uni Femoral Component Medial Nonporous Size 3 Left
761-1302	Uni Femoral Component Medial Nonporous Size 3 Right
761-1401	Uni Femoral Component Medial Nonporous Size 4 Left
761-1402	Uni Femoral Component Medial Nonporous Size 4 Right
761-1501	Uni Femoral Component Medial Nonporous Size 5 Left
761-1502	Uni Femoral Component Medial Nonporous Size 5 Right
761-1601	Uni Femoral Component Medial Nonporous Size 6 Left
761-1602	Uni Femoral Component Medial Nonporous Size 6 Right
761-1701	Uni Femoral Component Medial Nonporous Size 7 Left
761-1702	Uni Femoral Component Medial Nonporous Size 7 Right
761-1801	Uni Femoral Component Medial Nonporous Size 8 Left
761-1802	Uni Femoral Component Medial Nonporous Size 8 Right



TIBIAL COMPONENT

Uni Tibial Tray Medial Nonporous

ITEM #	DESCRIPTION
Item #	Description
762-1100A	Uni Tibial Tray Medial Nonporous Size 1 Left
762-1200A	Uni Tibial Tray Medial Nonporous Size 1 Right
762-2100A	Uni Tibial Tray Medial Nonporous Size 2 Left
762-2200A	Uni Tibial Tray Medial Nonporous Size 2 Right
762-3100A	Uni Tibial Tray Medial Nonporous Size 3 Left
762-3200A	Uni Tibial Tray Medial Nonporous Size 3 Right
762-4100A	Uni Tibial Tray Medial Nonporous Size 4 Left
762-4200A	Uni Tibial Tray Medial Nonporous Size 4 Right
762-5100A	Uni Tibial Tray Medial Nonporous Size 5 Left
762-5200A	Uni Tibial Tray Medial Nonporous Size 5 Right
762-6100A	Uni Tibial Tray Medial Nonporous Size 6 Left
762-6200A	Uni Tibial Tray Medial Nonporous Size 6 Right
762-7100A	Uni Tibial Tray Medial Nonporous Size 7 Left
762-7200A	Uni Tibial Tray Medial Nonporous Size 7 Right



BKS Uni Instrument Trays

861-9085 UNI PREP CASE KIT

QTY	ITEM #	DESCRIPTION
1	261-0031	Alignment Rod
1	261-0032-01	Alignment Rods with coupling
1	862-0051	Cement Remover, Double Ended, Angled
1	862-0053	Uni Bone File
1	265-0018	Hex Threaded Pin Driver 100mm
1	267-0501	TriMax EM Guide Tower
1	267-0502	TriMax EM Guide Ankle Clamp
1	861-0308	Uni Femoral Distal Cut Guide Monoblock 0 Left
1	861-0309	Uni Femoral Distal Cut Guide Monoblock -1 Left
1	861-0310	Uni Femoral Distal Cut Guide Monoblock -2 Left
1	861-0408	Uni Femoral Distal Cut Guide Monoblock 0 Right
1	861-0409	Uni Femoral Distal Cut Guide Monoblock -1 Right
1	861-0410	Uni Femoral Distal Cut Guide Monoblock -2 Right
1	861-0001	BKS Uni Femoral Impactor Extractor
1	861-0500	Uni Femoral Impactor
1	861-0302	Uni Shim, 2 mm
1	861-0206	Spacer Block 6 mm
1	861-0207	Spacer Block 7 mm
1	861-0208	Spacer Block 8 mm
1	861-0209	Spacer Block 9 mm
1	861-0210	Spacer Block 10 mm

QTY	ITEM #	DESCRIPTION
1	861-0211	Spacer Block 11 mm
1	861-0512	Uni Femoral Medial Posterior Precut Guide Left 2 mm
1	861-0522	Uni Femoral Medial Posterior Precut Guide Right 2 mm
1	861-0055	Uni Handle
1	862-0130	Uni Tibial Stylus, Drop-in
1	861-0053	Alignment Rod Adapter
1	862-0111	Uni Tibial Tray Medial Sizing Template, Left/Right Size 1
1	862-0112	Uni Tibial Tray Medial Sizing Template, Left/Right Size 2/3
1	862-0113	Uni Tibial Tray Medial Sizing Template, Left/Right Size 4/5
1	862-0114	Uni Tibial Tray Medial Sizing Template, Left/Right Size 6/7
1	862-0500	Uni Tibial Tray Impactor w/ Radel Head
1	862-0506	Uni Tibial Slope Recut Guide 2°
1	862-0507	Uni 2mm Recut Guide
1	862-0600	Uni Cut Feeler Gauge
1	863-0051	Insert Removal Tool
4	863-0052	Uni Tibial Insert Clamp
4	T1	Threaded Collared Pin 50 mm
4	T3	Threaded Collared Pin 33 mm
1	T4	Threadless Collarless Fluted Pin 75 mm
1	862-0133	Uni Tibial Cut Guide Uncaptured 3° Left
1	862-0134	Uni Tibial Cut Guide Uncaptured 3° Right

861-9086 UNI FINISHING CASE KIT

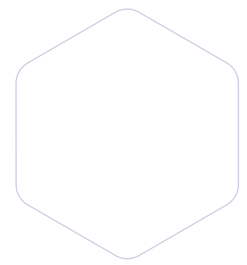
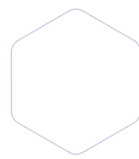
QTY	ITEM #	DESCRIPTION
1	861-0100	Uni Femoral Resizing Shim
1	861-0101	Uni Femoral Anterior Shift Shim
1	861-0103	Final Gap Checker
1	861-0141	Uni Femoral 2-in-1 Medial Cut Guide Left Size 1
1	861-0142	Uni Femoral 2-in-1 Medial Cut Guide Right Size 1
1	861-0241	Uni Femoral 2-in-1 Medial Cut Guide Left Size 2
1	861-0242	Uni Femoral 2-in-1 Medial Cut Guide Right Size 2
1	861-0341	Uni Femoral 2-in-1 Medial Cut Guide Left Size 3
1	861-0342	Uni Femoral 2-in-1 Medial Cut Guide Right Size 3
1	861-0441	Uni Femoral 2-in-1 Medial Cut Guide Left Size 4
1	861-0442	Uni Femoral 2-in-1 Medial Cut Guide Right Size 4
1	861-0541	Uni Femoral 2-in-1 Medial Cut Guide Left Size 5
1	861-0542	Uni Femoral 2-in-1 Medial Cut Guide Right Size 5
1	861-0641	Uni Femoral 2-in-1 Medial Cut Guide Left Size 6
1	861-0642	Uni Femoral 2-in-1 Medial Cut Guide Right Size 6
1	861-0741	Uni Femoral 2-in-1 Medial Cut Guide Left Size 7

QTY	ITEM #	DESCRIPTION
1	861-0742	Uni Femoral 2-in-1 Medial Cut Guide Right Size 7
1	861-0841	Uni Femoral 2-in-1 Medial Cut Guide Left Size 8
1	861-0842	Uni Femoral 2-in-1 Medial Cut Guide Right Size 8
1	862-0050	Uni Tibial Tray Peg Drill
1	862-0501	Uni Tibial Tray Keel Punch
1	862-1001	Uni Tibial Tray Trial Medial Size 1 Left
1	862-2001	Uni Tibial Tray Trial Medial Size 2 Left
1	862-2002	Uni Tibial Tray Trial Medial Size 2 Right
1	862-3001	Uni Tibial Tray Trial Medial Size 3 Left
1	862-3002	Uni Tibial Tray Trial Medial Size 3 Right
1	862-4001	Uni Tibial Tray Trial Medial Size 4 Left
1	862-4002	Uni Tibial Tray Trial Medial Size 4 Right
1	862-5001	Uni Tibial Tray Trial Medial Size 5 Left
1	862-5002	Uni Tibial Tray Trial Medial Size 5 Right
1	862-6001	Uni Tibial Tray Trial Medial Size 6 Left
1	862-6002	Uni Tibial Tray Trial Medial Size 6 Right

QTY	ITEM #	DESCRIPTION
1	862-7001	Uni Tibial Tray Trial Medial Size 7 Left
1	862-7002	Uni Tibial Tray Trial Medial Size 7 Right
1	863-1006	Uni E-Vitalize Tibial Insert Trial Symmetric Size 1, 6 mm
1	863-1007	Uni E-Vitalize Tibial Insert Trial Symmetric Size 1, 7 mm
1	863-1008	Uni E-Vitalize Tibial Insert Trial Symmetric Size 1, 8 mm
1	863-1009	Uni E-Vitalize Tibial Insert Trial Symmetric Size 1, 9 mm
1	863-1010	Uni E-Vitalize Tibial Insert Trial Symmetric Size 1, 10 mm
1	863-1011	Uni E-Vitalize Tibial Insert Trial Symmetric Size 1, 11 mm
1	863-2006	Uni E-Vitalize Tibial Insert Trial Symmetric Size 2, 6 mm
1	863-2007	Uni E-Vitalize Tibial Insert Trial Symmetric Size 2, 7 mm
1	863-2008	Uni E-Vitalize Tibial Insert Trial Symmetric Size 2, 8 mm
1	863-2009	Uni E-Vitalize Tibial Insert Trial Symmetric Size 2, 9 mm
1	863-2010	Uni E-Vitalize Tibial Insert Trial Symmetric Size 2, 10 mm
1	863-2011	Uni E-Vitalize Tibial Insert Trial Symmetric Size 2, 11 mm
1	863-3006	Uni E-Vitalize Tibial Insert Trial Symmetric Size 3, 6 mm
1	863-3007	Uni E-Vitalize Tibial Insert Trial Symmetric Size 3, 7 mm
1	863-3008	Uni E-Vitalize Tibial Insert Trial Symmetric Size 3, 8 mm
1	863-3009	Uni E-Vitalize Tibial Insert Trial Symmetric Size 3, 9 mm
1	863-3010	Uni E-Vitalize Tibial Insert Trial Symmetric Size 3, 10 mm
1	863-3011	Uni E-Vitalize Tibial Insert Trial Symmetric Size 3, 11 mm
1	863-4006	Uni E-Vitalize Tibial Insert Trial Symmetric Size 4, 6 mm
1	863-4007	Uni E-Vitalize Tibial Insert Trial Symmetric Size 4, 7 mm
1	863-4008	Uni E-Vitalize Tibial Insert Trial Symmetric Size 4, 8 mm
1	863-4009	Uni E-Vitalize Tibial Insert Trial Symmetric Size 4, 9 mm
1	863-4010	Uni E-Vitalize Tibial Insert Trial Symmetric Size 4, 10 mm
1	863-4011	Uni E-Vitalize Tibial Insert Trial Symmetric Size 4, 11 mm
1	863-5006	Uni E-Vitalize Tibial Insert Trial Symmetric Size 5, 6 mm
1	863-5007	Uni E-Vitalize Tibial Insert Trial Symmetric Size 5, 7 mm
1	863-5008	Uni E-Vitalize Tibial Insert Trial Symmetric Size 5, 8 mm
1	863-5009	Uni E-Vitalize Tibial Insert Trial Symmetric Size 5, 9 mm
1	863-5010	Uni E-Vitalize Tibial Insert Trial Symmetric Size 5, 10 mm
1	863-5011	Uni E-Vitalize Tibial Insert Trial Symmetric Size 5, 11 mm

QTY	ITEM #	DESCRIPTION
1	863-6006	Uni E-Vitalize Tibial Insert Trial Symmetric Size 6, 6 mm
1	863-6007	Uni E-Vitalize Tibial Insert Trial Symmetric Size 6, 7 mm
1	863-6008	Uni E-Vitalize Tibial Insert Trial Symmetric Size 6, 8 mm
1	863-6009	Uni E-Vitalize Tibial Insert Trial Symmetric Size 6, 9 mm
1	863-6010	Uni E-Vitalize Tibial Insert Trial Symmetric Size 6, 10 mm
1	863-6011	Uni E-Vitalize Tibial Insert Trial Symmetric Size 6, 11 mm
1	863-7006	Uni E-Vitalize Tibial Insert Trial Symmetric Size 7, 6 mm
1	863-7007	Uni E-Vitalize Tibial Insert Trial Symmetric Size 7, 7 mm
1	863-7008	Uni E-Vitalize Tibial Insert Trial Symmetric Size 7, 8 mm
1	863-7009	Uni E-Vitalize Tibial Insert Trial Symmetric Size 7, 9 mm
1	863-7010	Uni E-Vitalize Tibial Insert Trial Symmetric Size 7, 10 mm
1	863-7011	Uni E-Vitalize Tibial Insert Trial Symmetric Size 7, 11 mm
1	861-2100	Uni Femoral Lug Drill for Drill-Thru Trials
1	861-2101	Uni Femoral Drill-Thru Trial Medial Size 1 Left
1	861-2102	Uni Femoral Drill-Thru Trial Medial Size 1 Right
1	861-2201	Uni Femoral Drill-Thru Trial Medial Size 2 Left
1	861-2202	Uni Femoral Drill-Thru Trial Medial Size 2 Right
1	861-2301	Uni Femoral Drill-Thru Trial Medial Size 3 Left
1	861-2302	Uni Femoral Drill-Thru Trial Medial Size 3 Right
1	861-2401	Uni Femoral Drill-Thru Trial Medial Size 4 Left
1	861-2402	Uni Femoral Drill-Thru Trial Medial Size 4 Right
1	861-2501	Uni Femoral Drill-Thru Trial Medial Size 5 Left
1	861-2502	Uni Femoral Drill-Thru Trial Medial Size 5 Right
1	861-2601	Uni Femoral Drill-Thru Trial Medial Size 6 Left
1	861-2602	Uni Femoral Drill-Thru Trial Medial Size 6 Right
1	861-2701	Uni Femoral Drill-Thru Trial Medial Size 7 Left
1	861-2702	Uni Femoral Drill-Thru Trial Medial Size 7 Right
1	861-2801	Uni Femoral Drill-Thru Trial Medial Size 8 Left
1	861-2802	Uni Femoral Drill-Thru Trial Medial Size 8 Right

Notes







Ortho Development® Corporation designs, manufactures, and distributes orthopedic implants and related surgical instrumentation—with a specialty focus on hip and knee joint replacement, trauma fracture repair and spinal fixation. ODEV was founded in 1994 and is located at the base of the Wasatch Mountains in the Salt Lake City suburb of Draper, Utah. The company has established distribution throughout the United States, Japan, and other select international markets.



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