

loto™ MEDIAL
PARTIAL KNEE SYSTEM



Brochure

Joint

Spine

Sports Med




PARTIAL KNEE SYSTEM

MOTO Medial offers **uncompromised anatomical fit** and **compartment-specific coverage** that accommodates the broadest range of patient anatomies. It features a **patient-specific gap balance** and **alignment technique** with minimized and precise bone resections, **without ligament releases**. The implant design and instrumentation work together so that intraoperative decision making and flexibility are optimized for each patient.

DESIGN PHILOSOPHY

Fixed-bearing, round-on-flat design in partial knee replacement has shown the potential to provide excellent mid-term and long-term results, as reported in clinical studies and registry data^[1-5], however there is still potential for improvement in terms of anatomic fit, size range, intraoperative feel and technique. MOTO Medial Partial Knee follows this proven philosophy but improves upon implant and instrument design, as well as flexibility of the system, taking the potential of partial knee arthroplasty to the next level.

MOTO Medial was designed with clear goals:

- accommodate individual anatomy to achieve optimal coverage and fit
- provide correct and individualized balance and alignment at every step of the procedure with the potential to decrease the incidence of loosening and progression of disease - main reasons for revision of unicompartmental knee replacement^[6-10].

To achieve improvements to patient outcomes, surgeons can rely on these unique and superior MOTO Medial features :

- **ENHANCED IMPLANT DESIGN**
- **UNPARALLELED OPERATIVE FLEXIBILITY**
- **COMPREHENSIVE SURGEON EDUCATION**

IN PARTIAL KNEE

ENHANCED IMPLANT DESIGN

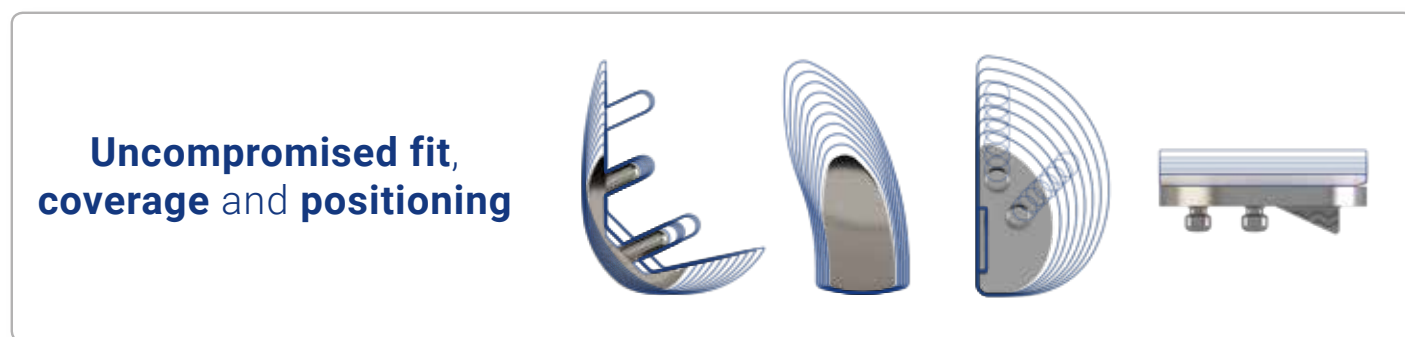
Extensive anthropometric research on a unique, global database containing more than 45,000 CT and MRI scans of knees^[1] was used to validate the MOTO Medial implant design:

ANATOMIC AND COMPARTMENT-SPECIFIC SHAPE

Replicate the morphology of native medial femur and tibia for an optimal shape matching and coverage.

IMPROVED AND OPTIMIZED RANGE OF SIZE OPTIONS

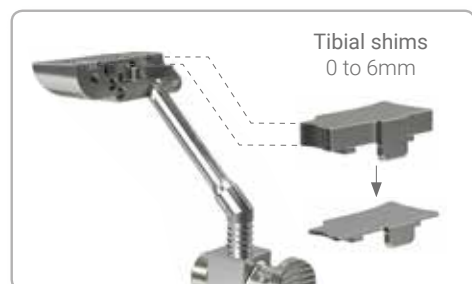
- 10 femoral and 8 tibial sizes with fine increments that best fit the full spectrum of anatomic profiles.
- range of inserts with 1mm increments (8, 9,10, 11,12, 14).



UNPARALLELED OPERATIVE FLEXIBILITY

The MOTO “**Balanced & Aligned Resection Philosophy**” enables independent balancing of the flexion and extension gaps in 1mm increments.

- **Multiple gap-balance options:** instruments designed to allow millimetric bone resections, tailored to patient anatomy and soft tissue balance, avoiding ligament releases.
- **Ability to fine tune gaps, implant size and position** at any point in the procedure:
 - same femoral pegs position and optimized internal profile across sizes, facilitating intraoperative size change
 - adjustable M/L position of femoral component anytime until pegs are drilled, after trial reduction



Balance without complexity, maximize **individualized outcome**

COMPREHENSIVE SURGEON EDUCATION

MOTO Medial offers you **MORE** to deliver the best outcomes to your patients.

A dedicated and **unique Education Program** created around the MOTO Medial Partial Knee provides **top level medical education** and **continuous support** to healthcare professionals.

- **Expert** and **passionate surgeons** share their experience on how to leverage MOTO's unique design features, along with the instruments and surgical technique, to treat each individual's anatomy.
- **Educational courses** with live surgeries, cadaveric hands-on sessions and direct interaction with Partial Knee Mentors to explore philosophy, indications and advantages of this procedure.
- **Educational path** tailored to every surgeon's needs, with continuous support and proctoring assistance.



COMMITMENT TO OUTPATIENT PROCEDURE

MOTO Medial has been designed with ambulatory surgery centers in mind:

- No need for expensive robotic technologies to achieve correct sizing, positioning, and balance.
- An efficient procedure based on streamlined workflow and easy-to-use instruments.
- Minimized instrumentation footprint.

Maximized efficiency for same day surgeries!



REFERENCES

[1] Vasso M et al. Unicompartmental knee arthroplasty is effective: ten year results. *International Orthopaedics (SICOT)* (39:2341-2346). [2] Schiavone A et al. Unicompartmental knee replacement provides early clinical and functional improvement stabilizing over time. *Knee Surg. Sports Traumatol. Arthrosc* (2012) 20:579-585. [3] Baur J et al. Metal backed fixed-bearing unicondylar knee arthroplasties using minimal invasive surgery: a promising outcome analysis of 132 cases. *BMC Musculoskeletal Disord.* 2015 Jul 31;16:177. [4] AOA National joint replacement registry – Annual Report 2017. [5] National Joint Registry for England, Wales, Northern Ireland and the Isle of Man – Annual Report 2017. [6] Bini S et al. Surgeon, Implant, and Patient Variables May Explain Variability in Early Revision Rates Reported for Unicompartmental Arthroplasty. *J Bone Joint Surg Am.* 2013;95:2195-202. [7] Bergeson AG et al. Medial mobile bearing unicompartmental knee arthroplasty early survivorship and analysis of failures in 1000 consecutive cases. *J Arthroplasty.* 2013. 28 (2):172-175[8] Marmor L. Unicompartmental knee arthroplasty. *Clin Orthop Relat Res* 1988;226: 14. [9] Berger RA et al. Results of unicompartmental knee arthroplasty at a minimum of ten years of follow-up. *J Bone Joint Surg Am* 2005;87:999. [10] Small S et al. Metal backing significantly decreases tibial strains in a medial unicompartmental knee arthroplasty model. *J Arthroplasty* 2011;26:777. [11] Data on file Medacta – MyKnee Database

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