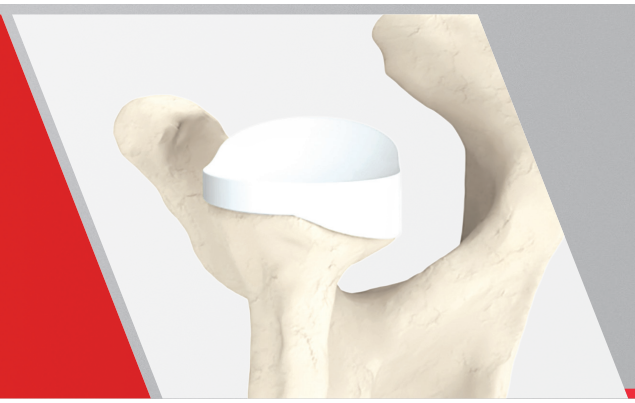
TORNIER
TECHNOLOGY

TORNIER
BLUEPRINT™
3D Planning + PSI

TORNIER
AEQUALIS™ PERFORM™+
Shoulder System



PLAN, POSITION,
PREPARE & PRESERVE

WRIGHT™
FOCUSED EXCELLENCE

PLAN

Clarity from Complexity

3D Evaluation of a 3D Problem

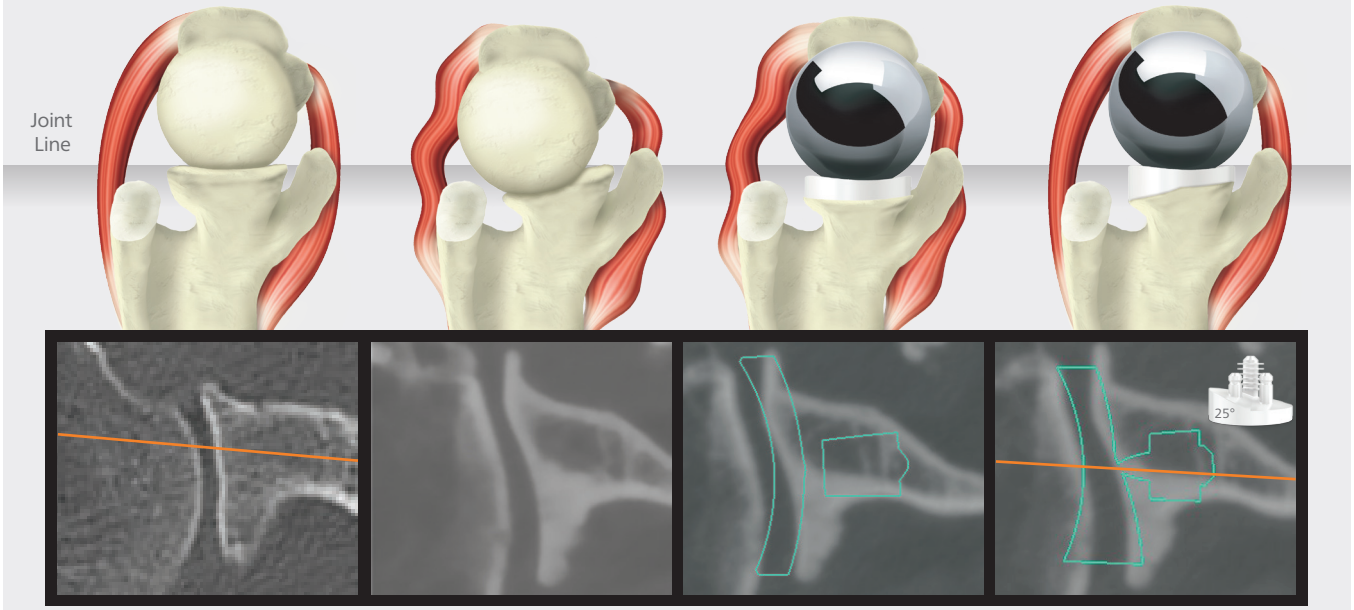
Several studies[1,2,3] have shown that 2D evaluations regularly underestimate retroversion by up to 15° in A1 and B2 glenoids compared to 3D measurements.

BLUEPRINT™ 3D Planning software automatically segments CT scan series in real time, on your own computer to generate a precise 3D reconstruction with associated 3D version and inclination calculations.

POSITION

Restores Joint Line, Corrects Version & Re-Centers[4]

Precise Positioning with BLUEPRINT 3D Planning



Normal Shoulder

Joint Line Compromised
Posterior wear resulting in 13° of pre-operative retroversion and posterior subluxation.

Standard Glenoid with Eccentric Reaming
Extensive bone removal and joint line medialization.

Joint Line Restored with AEQUALIS™ PERFORM™+
Minimal reaming, bone preservation, and version correction.

PREPARE

Accurate Execution of the Ideal Plan

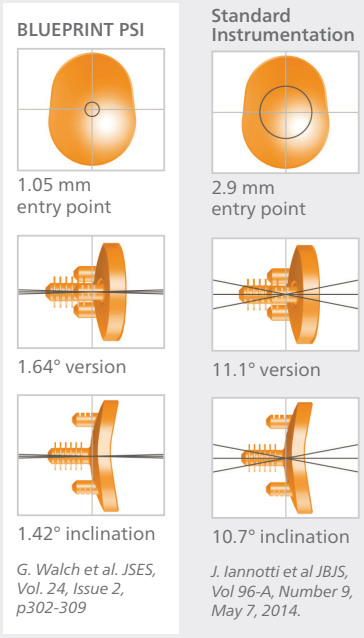
Instrument Technology that Facilitates Accurate Bone Preparation

BLUEPRINT patient-specific instrumentation (PSI) **precisely** transfer the pre-operative plan to the OR.

The MARKSMAN reamer provides **axial control** for preparation of the "Paleo" surface.

The angled NEO REAMER preserves critical subchondral bone by independently preparing the "Neo" surface on-axis **with ease**.

Proven Accuracy with BLUEPRINT PSI



G. Walch et al. JSES, Vol. 24, Issue 2, p302-309

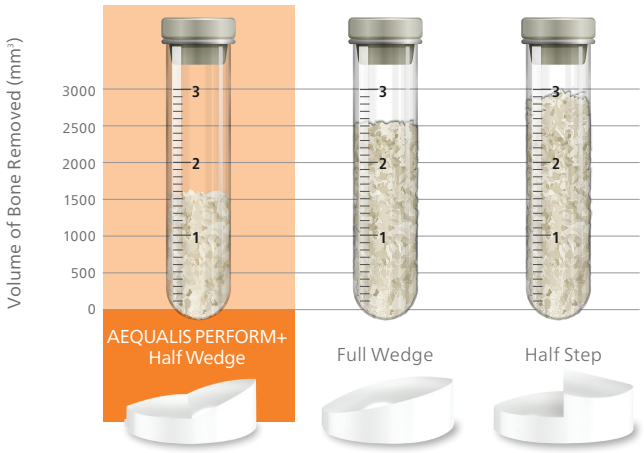
J. Iannotti et al JBJS, Vol 96-A, Number 9, May 7, 2014.

PRESERVE

More Bone, More Support

Defect Mimicking Implant Preserves Subchondral Bone[5]

The AEQUALIS PERFORM+ Shoulder System was developed to address posterior glenoid deficiencies, that when treated with traditional implants have demonstrated an increased risk for glenoid loosening via finite element analysis.[6] The "defect mimicking" augment shape was developed to preserve subchondral bone which has been demonstrated to be a critical factor in long-term survivorship.[7] In an independent head-to-head comparison conducted via virtual implantation in CAD, the posterior wedge shape removed substantially less bone than the other designs, with the remaining bone being of better quality.[5]



References

1 Hoenecke H et al. Accuracy of CT-based measurements of glenoid version for total shoulder arthroplasty. J Shoulder Elbow Surg. 2010 Mar;19(2):166-71.

2 Armstrong A et al. Comparison of standard two-dimensional and three-dimensional corrected glenoid version measurements. J Shoulder Elbow Surg. 2011 Jun;20(4):577-83

3 Farron A et al. Measurements of three-dimensional glenoid erosion when planning the prosthetic replacement of osteoarthritic shoulders. Bone Joint J. 2014 Apr;96-B(4):513-8.

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5 Athwal G et al. Augmented glenoid component designs for type B2 erosions: a computational comparison by volume of bone removal and quality of remaining bone. J Shoulder Elbow Surg (2015)

6 Juan C. Hermida, MD; Cesar Flores-Hernandez, BS; Heinz R. Hoenecke, MD; Darryl D. D'Lima, MD, PhD. Augmented wedge-shaped glenoid component for the correction of glenoid retroversion: a finite element analysis. J Shoulder Elbow Surg (2014) 23, 347-354

7 R. Sean Churchill, MD, Edwin E. Spencer Jr, MD, Edward V. Fehringer, MD. Quantification of B2 glenoid morphology in total shoulder arthroplasty. J Shoulder Elbow Surgery. 2015; 24(8)

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