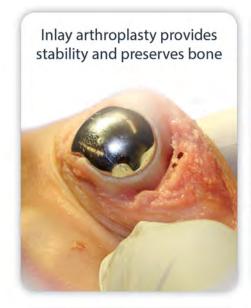


Toe HemiCAP Systems

Classic, DF, ToeMotion

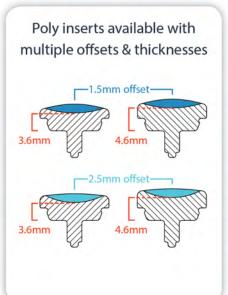
Toe HemiCAP Features & Benefits













arthrosurface*

Reference Surgeons

Dr. Carl Hasselman, Pittsburgh, PA

Dr. Brian Carpenter, Dallas, Texas

Dr. Naomi Shields, Univ of Kansas

Dr. Quinton Solomon, Dallas, TX

Dr. T. San Giovanni, Miami, FL

Dr. Chris Bromley, Poughkeepsie, NY

Dr. Alan Garrett, Dallas, TX

Dr. John Marcoux, Boston, MA

Dr. Sam Labib, Atlanta, GA





Reference Articles

Carpenter et al: Mid Term data on Met Head Resurfacing

Hasselman et al: Preliminary 5 year data with Met Head Resurfacing.

Hasselman/Shields: Resurfacing of the MTP; Tech of Foot & Ankle Surgery.



Baravarian: Treatment Dilemmas: MTP Resurfacing: Does It Have A Place In Treating Hallux Limitus/Rigidus?



- Carpenter, et.al, JFAS 2010
- 30 pts., 32 implants
- 72% grade 3 HR, 28% grade 2 HR
- Avg. f/u 27.3 mos
- No implants revised or removed
- All pts. happy with outcome & would repeat procedure
- Significant increase in AOFAS scores



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The Journal of Foot & Ankle Surgery

instead businesses of several files on the



Surgical Treatment of Hallux Rigidus Using a Metatarsal Head Resurfacing Implant Mid-term Follow-up

Brian Corporation, DPM¹, Jason Smith, DPM², Travia Modey, DPM³, Alan Garnett, DPM⁴

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ABSTRACT

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Clinical Data

- Hasselman & Kline: Metatarsal Head Resurfacing for Advanced Hallux Rigidus, 2013
- 30 patients w/ 5 yr follow up
- 26 patients (30 implants) Stage II & III Hallux Rigidus
 - Mean age 51
 - Mean f/u 60 months
 - Mean active ROM 66.3 degrees
 - Mean AOFAS score 94.1
 - Average return to work 7 days
 - Survivorship 87% @ 5 yrs





Metatarsal Head Resurfacing for Advanced Hallux Rigidus

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Alex J. Kline, MD and Carl T. Hasselman, MD

Abstract

Background: Advanced stages of first metatanophalangual (MTP) arthritis have traditionally been treated with various arthroplastics or arthrodesis. Studies suggest the outcomes of arthrodesis are superior to those of metallic joint replacement; however, complications and suboptimal outcomes in active patients still runnin with arthrodesis of the first MTP joint. This study reports results of patients with advanced MTP arthritis who underwent metallic resurfacing of the metatanoal side of the MTP joint.

Methodic From 2005 to 2006, 26 patients (30 implants) with stage II or III hallox rigidus underwerd resurfacing with the Herry CAP^{II} implant and consumed to participate in a study comparing pre- and postoperative radiographs, range of motion (ROM), American Orthopedic Foot and Ankle Society, and Short Form 36 Health Survey (SF-36) scores. Average age of these patients was 51 years. Patients were assessed at a mean of 37 months with outcome measures and contacted at 40 months to assess current symptoms and natification.

Results: Assistment at 17 months demonstrated statistically significant improvements in RCM, AOFAS, and ST-56 scores (F < .05) when compared to baseline. Mean prosperative AOFAS scores improved from \$1.5 to \$4.1. Mean active RCM improved from \$1.7 to 47.9 degrees. Mean passive RCM improved from \$8.0 to 66.3 degrees. Mean RAND ST-36 physical component score improved significantly from 66.7 to 90.6. Average time for return to work was 7 days. Ac 60 months; all patients reported excellent satisfaction with their current state and would repeat the procedure. Implant survivorship was 87% ac 5 years. Of the 30 implants, 4 were revised at 3 years.

Conclusion: The results at 5 years were very promising. Preservation of joint motion, alleviation of pain, and functional improvement data were very encouraging. Because minimal joint resection was performed, conversion to arthrodusts or other salvage procedures would be relatively simple if further intervention became reconstrary.

Level of Evidence: Level IV, prospective case series.

Keywords: hallux rigidus, first MTP joint, endoprosthesis, HemiCAPE, resurfacing

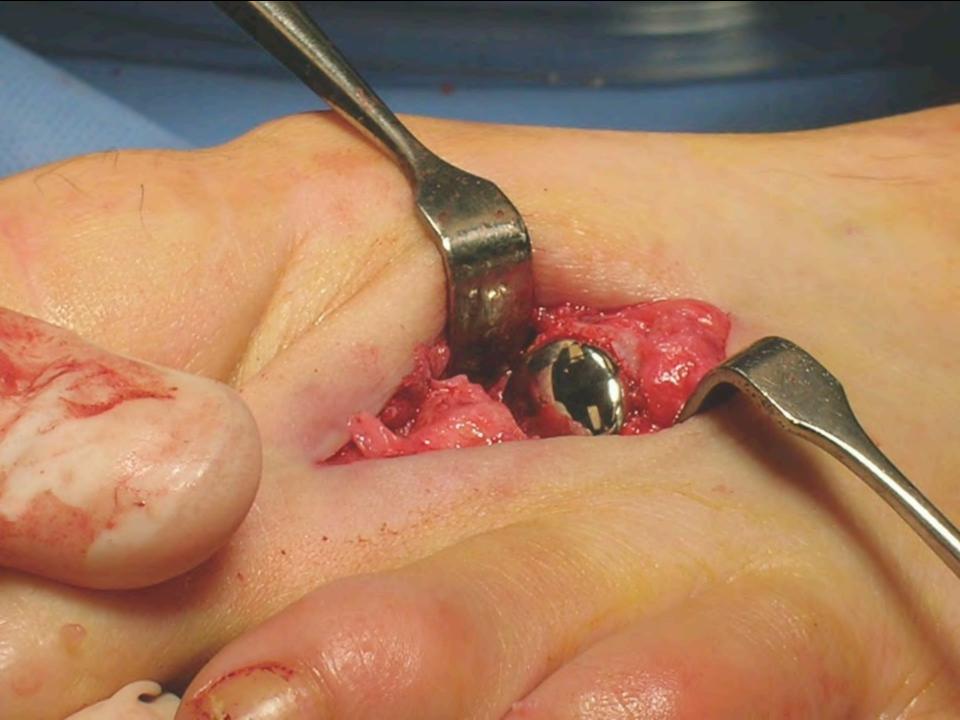
Antres of the first measursuphalangeal (MTP) joint, also known as hallow rigidus, is a progressive disorder causing pain, siifhou and entargement of the joint. Co Soveral surpical procedures have been used to address the pain and stiffness associated with this disease as various stages. Although cholectomy ** and a number of oscosomies**, ** may be suiable for stage I and II hallow rigidus, these procedures are not as offective for the treatment of more advanced scapes." Resection arbruptase, see interpositional arthroplase, see homearthroplase, remain exalt joint arthroplase, and antrodesis 14,00,01 have all been used for more advanced suges of the disease. Each of these procedures has their own benefits and deficits. Hernianthroplassies which resurface the proximal phalangeal base have shown promise, has selfhore, construed joins pain and providesic loosening are will limitasons in these techniques. 22,00 Anthrodesis has been advocased by many authors for creating advanced hallox rigidus, stone and a recent study showed outcomes of arthrodesis after 30 months follow-up to be superior to mealisc hemorphropiasies that reserface the phalangeal base with 79.4 membs follow-up. "However, limitations in site of water, rander measuraligia, permanent activity modifications, and complications from malrousion, malponetionstag, mulation, or memorion have made the procedure less narrative on the younger, activity partial." Posturation

The HemiCAP* planform extinology (Antirosurface Inc., Franklin, MA) was designed to resurface the damaged anticular surface of the monareal head. The concept is based on intraoperative joint mapping and implantation of a matching, configurat resurfacing prosthesis allowing for joint preservation and resurration of the normal geometry. The earliest use was adopted in the shoulder, bip, and knoe

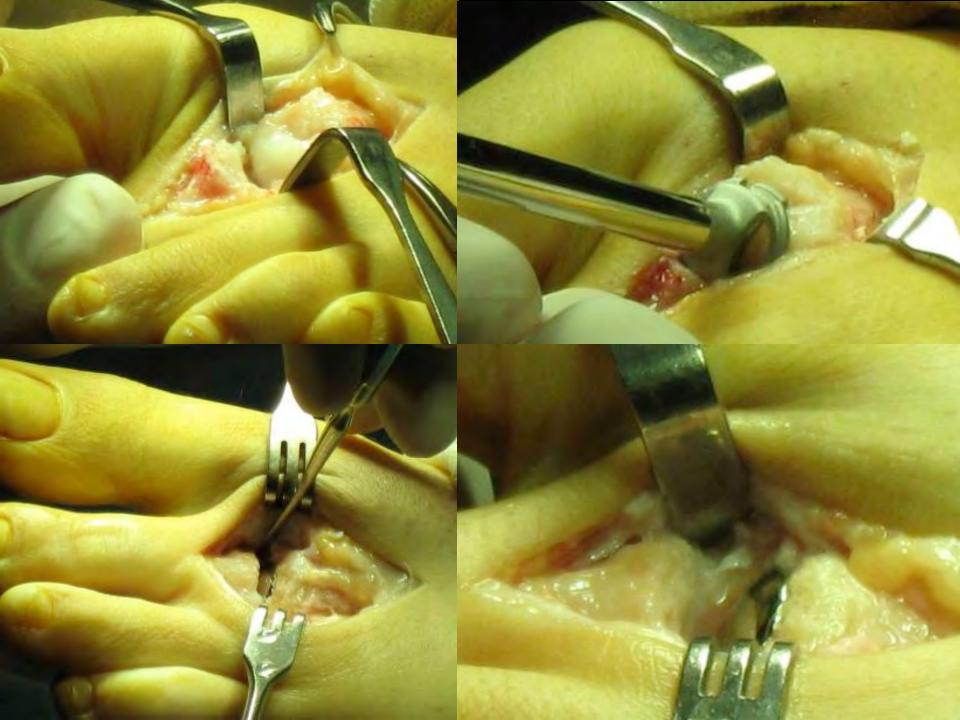
University of Primburgs, Primburgs, PA, USA

Corresponding Author: Cerl'T Hazarimu, HTI, University of Pitisburgh Hedical Center, 200 Debtiel Road, Salas 1940, Pitasburgh, PA 15215, USA Small: hazariman-ing-upto-ada

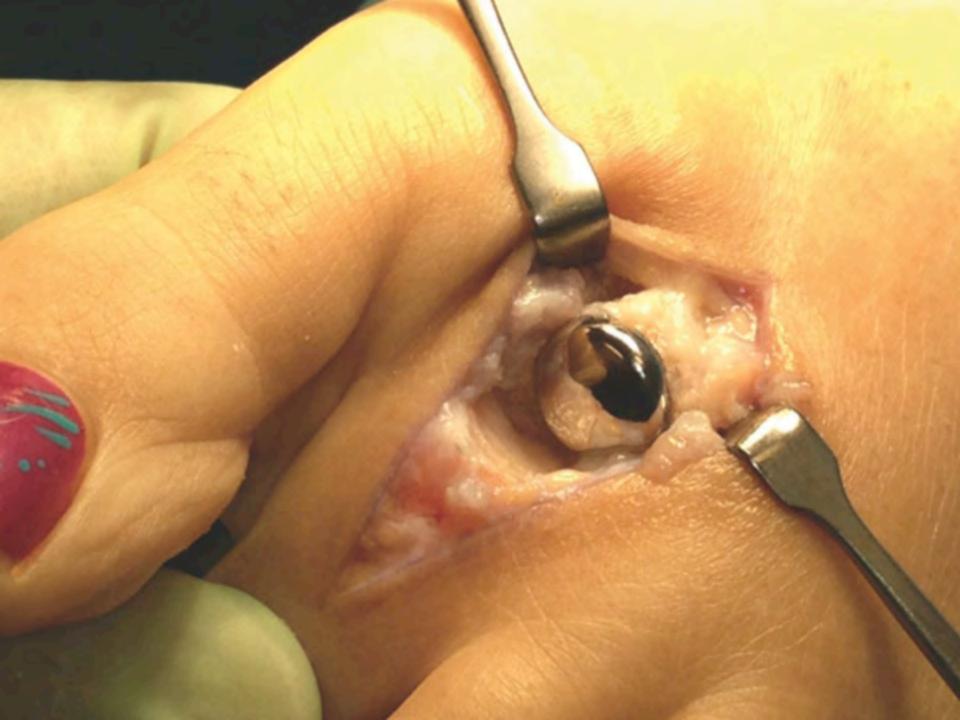














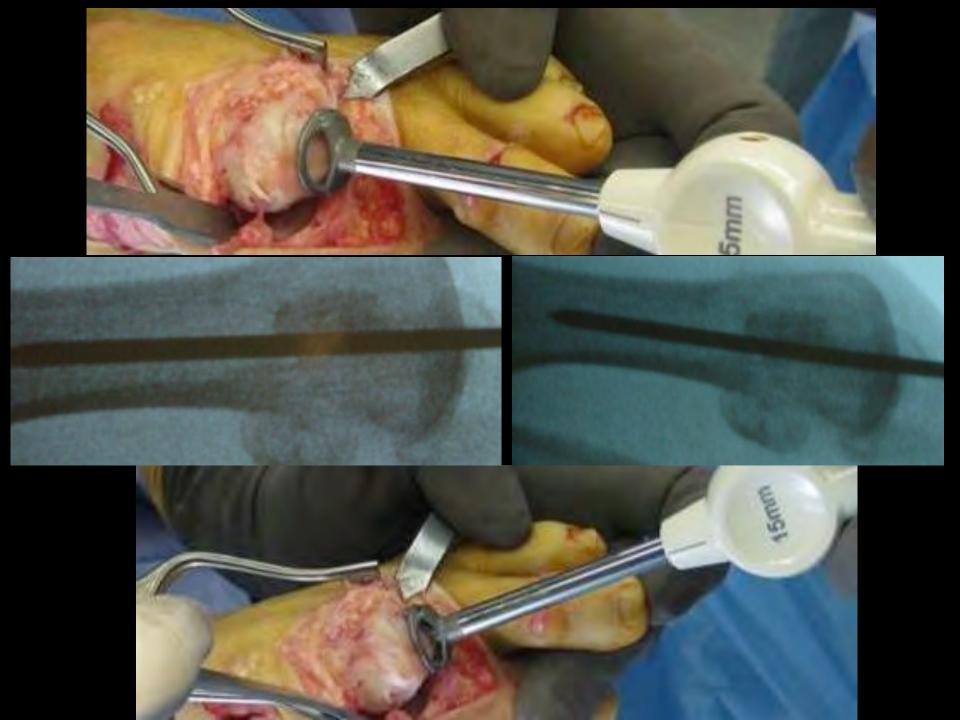




6 mo Post Op Radiograph









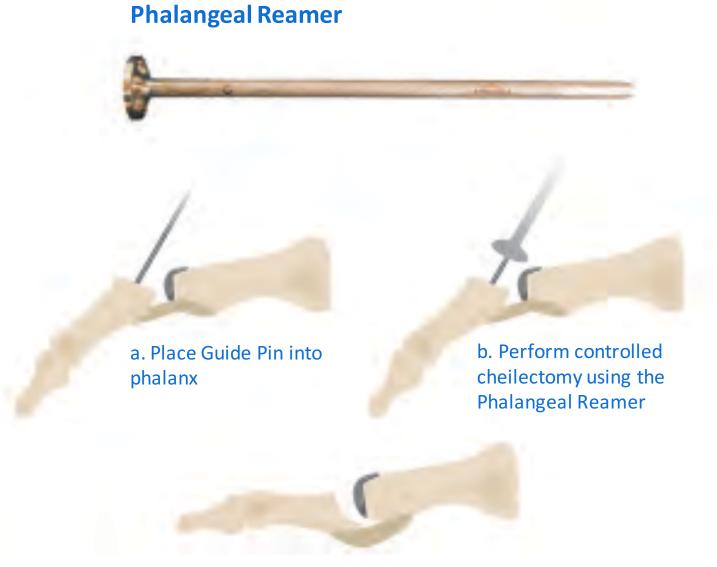












c. Final phalangeal cheilectomy





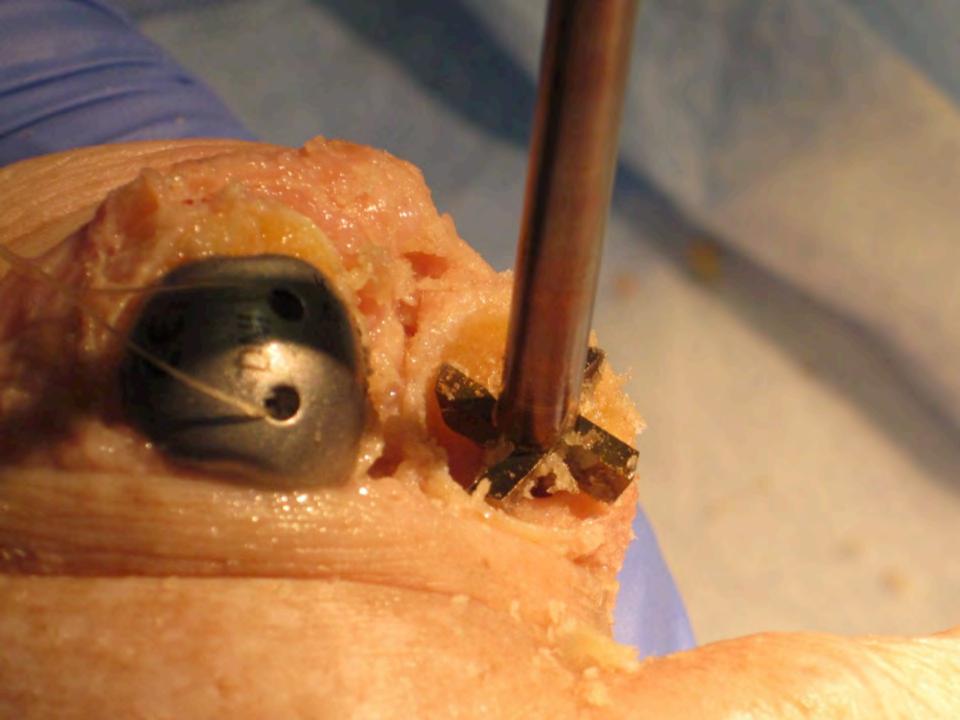


ToeMotion:

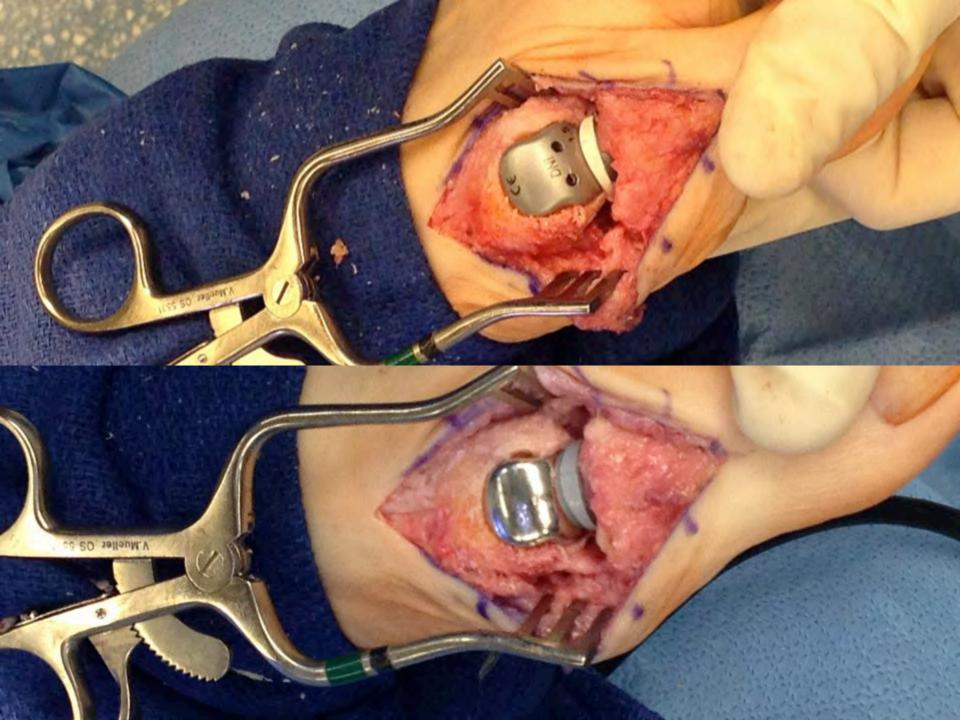
Total Toe Restoration



















Post Operative Protocol

- Weight bearing as tolerated day 1
- Ice/elevate leg as much as possible for swelling
- Active ROM to begin on day 1
- First follow up in 2 weeks:
- Remove dressing
- Regular shoes as tolerated
- Begin passive ROM and PT if necessary