A Portfolio with Options for Everyone

Comprehensive size range with unlimited up/down-size matching for full intraoperative personalisation.

Product range suitable for primary and complex procedures.

<table>
<thead>
<tr>
<th>Component type</th>
<th>Primary Knee</th>
<th>Complex Knee</th>
<th>Revision Knee</th>
<th>Nickel Sensitivity</th>
<th>Cementless fixation</th>
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<tbody>
<tr>
<td>Femur</td>
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<td>Pegged Femur (CoCr)</td>
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<td>Stemmed Femur (CoCr)</td>
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<td>Pegged Femur (CPTi + HAP)</td>
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<td>Tibia</td>
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<td>Tibial inserts (UHMWPE)</td>
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Femur options
- Pegged
- Stemmed
- Cobalt Chrome
- Titanium Nitride

Tibia options
- Pegged
- Stemmed
- CPTi + HA, Genioplast

Reliable, Repeatable, Intuitive and Familiar

Advanced instrumentation is provided for precise, accurate alignment, balancing and preparation. All options for the surgeon’s preferred technique are provided for seamless, efficient and reliable surgery.

Assisted balancing: providing isometric stability through the collateral ligaments for the whole ROM.

Intuitive, clear, easy to use operation.

Anterior first technique: anterior or posterior referencing.

Distal first technique: femur or tibia first, anterior or posterior referencing.

Single switch fine adjustment and locking.

Physiological Stability and Mobility for the Active Knee

Without Compromise

Forever Active

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The original medial ball-and-socket knee is now a successful philosophy and provided in a complete product range for all patient requirements. The MRK™ is a step ahead of alternative TKR designs, providing inherent stability and improved high-end function for the patient with high expectations.

The MRK™ is anatomically and functionally asymmetric. All three compartments work differently but together to provide improved stability and mobility throughout the range of motion - just like the normal knee. Conforming saddle-shaped patella button design with over 35 years’ clinical history [4]. Physiologically lateralised trochlea, permits lateral patella tracking in flexion [3], - like the normal knee.

Deep trochlea support for native or resurfaced patella. Lateralised extensor mechanism provides lateral stability - like the normal knee, for improved quadriceps efficiency and greater feeling of normality.

Lateral femoral rollback provides freedom for physiological rotation during normal activities and enables deep flexion - like the normal knee.

Anterior stability for the whole ROM. Single radius medial deep dish provides full engagement for the whole ROM, eliminating mid-flexion instability.

Posterior stability for the whole ROM. Greater distraction resistance than a post-and-cam design.

Medially stabilised articulation like the normal knee. Substitutes the ACL, PCL and medial meniscus to provide normal kinematics [1, 2]. Physiologically lateralised trochlea permits lateral patella tracking in flexion [3], - like the normal knee.

Oblique joint line - like the normal knee.

Medial Rotation Knee™

Natural Asymmetry

Full Mobilisation

A Pedigree with Heritage and Clinical Data

The original medial ball-and-socket knee has been in clinical use for over 20 years (first implanted in 1994).

The MRK™ has been shown to provide greater inherent stability than comparator devices [5]. Patients notice the difference and express that they prefer the medial ball-and-socket design over PS, CR and mobile designs [6]. When compared to other TKR, the benefits of the MRK™ are reflected in higher functional scores [7], higher rates of success [8] and patient satisfaction [8] and lower revision rates [8-10].

Experience normal again.

1. Prihodko et al. JSSA. 2009; 17(8):927-34.