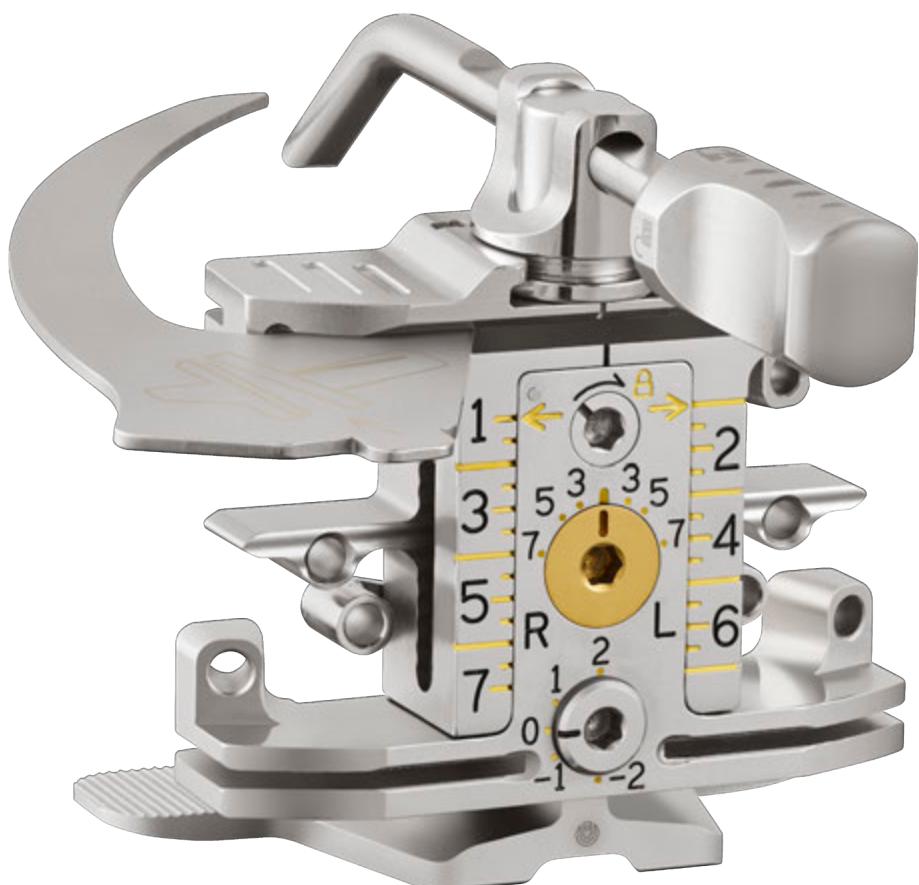




U2 Knee AiO™

All-in-One Sizing and Resection Block



Surgical Technique Guide

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Device Description

The U2 Knee System's All-in-One (AiO) femoral block enables surgeons to perform key femoral preparation steps with a single instrument for a faster, more efficient and precise surgical technique.

- Supports both anterior and posterior referencing
- Placed on the resected distal femur
- Permits internal / external rotation adjustments from 3° to 7° in 1° increments
- Allows sizing of all 13 sizes of U2 femoral components
- Ultra-fine anterior-posterior (A / P) adjustment can be made from -2 mm to +2 mm for optimal component positioning
- Used for high-precision anterior and posterior femoral resections
- Sets the position for the anterior and posterior chamfer resections

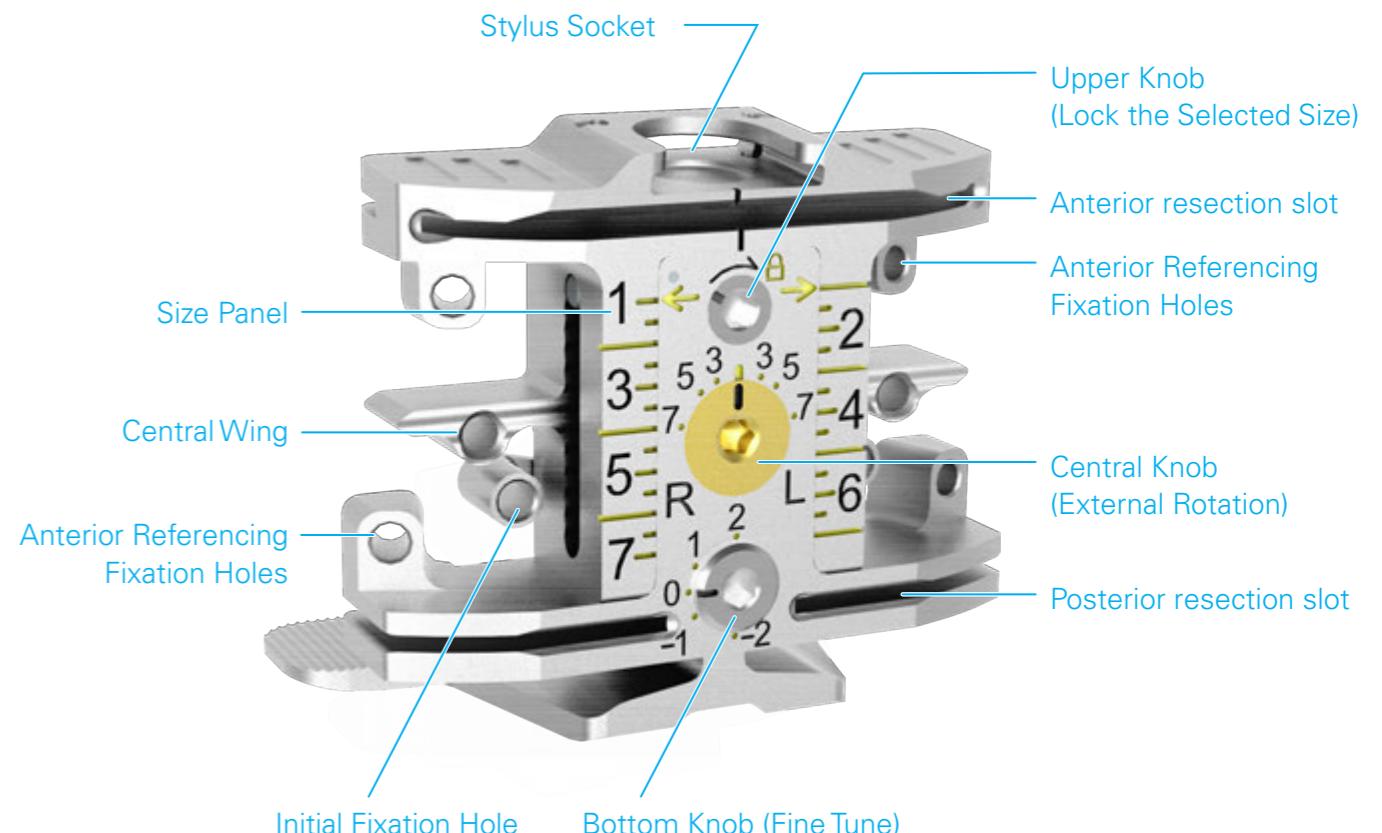
INDICATIONS

The U2 Total Knee system is indicated in knee arthroplasty for reduction or relief of pain and/or improved knee function in skeletally mature patients with severe knee pain and disability due to rheumatoid arthritis, osteoarthritis, primary and secondary traumatic arthritis, polyarthritis, collagen disorders, avascular necrosis of the femoral condyle or pseudogout, posttraumatic loss of joint configuration, particularly when there is patellofemoral erosion, dysfunction or prior patellectomy, moderate valgus, varus, or flexion deformities. This device may also be indicated in the salvage of previously failed surgical attempts if the knee cannot be satisfactorily balanced and stabilized at the time of surgery.

The device includes Cruciate Retained (CR) type, Posterior Stabilized (PS) type and Ultracongruent (UC) type. CR and UC types are designed to collocate with CR femoral component, while PS type is designed to collocate with PS femoral component.

- For cemented type femoral components, patellar components, tibial baseplate components, tibial inserts components and all poly tibial component: This device is a single use implant and intended for cemented use only.
- For cementless type component and porous coated femoral component: This device is a single use implant and intended for cementless use only.

Please refer to the package inserts for important product information, including, but not limited to contraindications, warnings, precautions, and adverse effects.

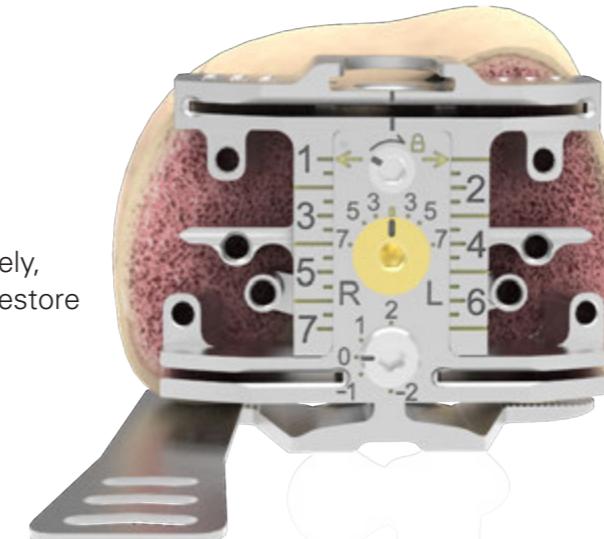


A. Placement of the AiO Block

Confirm the Bottom Knob of the **AiO Block** is set to the zero position. Place the AiO Block against the resected distal surface of the femur with the Posterior Feet of the block seated on the posterior condyles. Then secure the **AiO Block** with two 30 mm **Threaded Pins** through the Initial Fixation Holes.

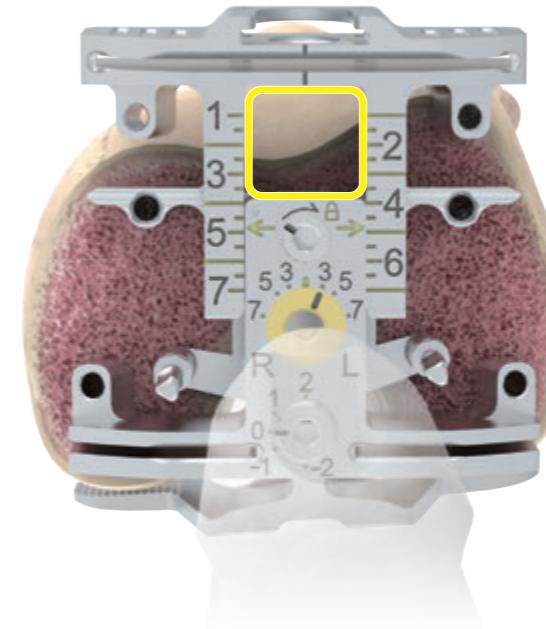
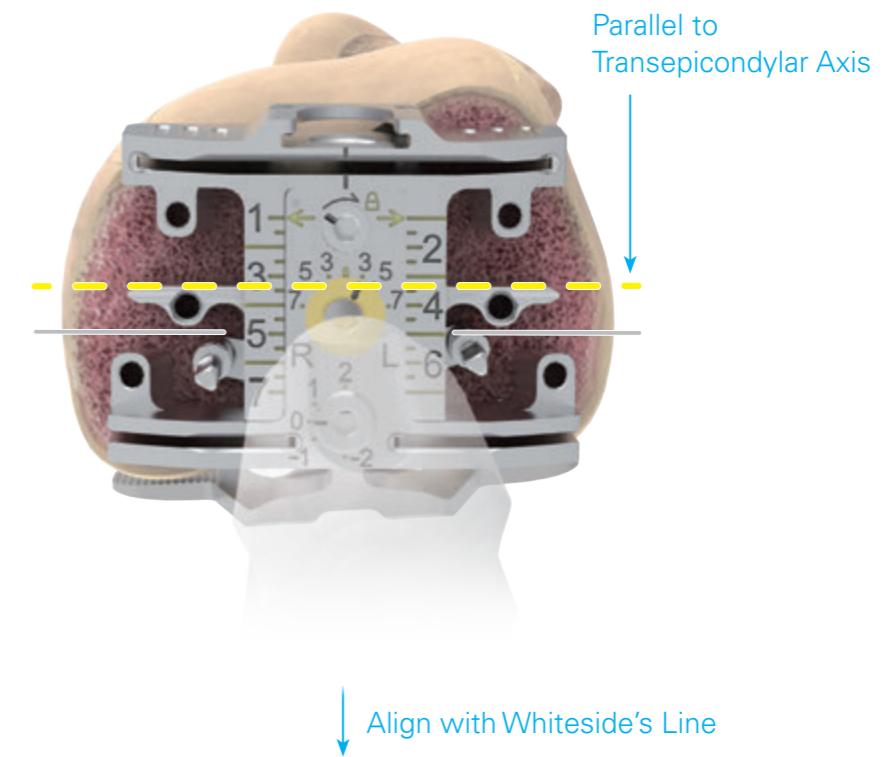


Optional technique for excessive worn posterior condyles:
If one posterior condyle is worn excessively, use the **1 mm or 2 mm Gap Spacer** to restore desired posterior condylar thickness.



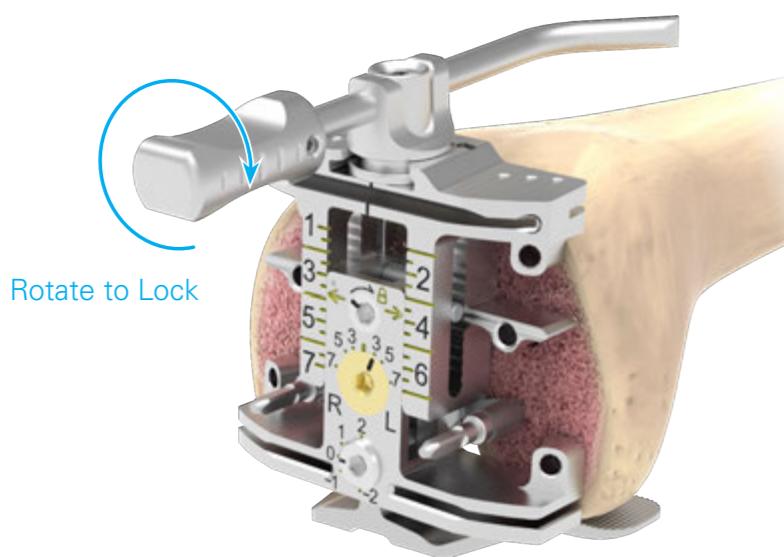
B. Establish the External Rotation

Use the **Screwdriver** to adjust the **Central Knob** to set the desired femoral component rotation angle referencing the transepicondylar axis and Whiteside's Line. The markings on the Central Knob indicate the degrees of rotation vs. the posterior condyles and can be adjusted from 3° to 7° in 1° increments.



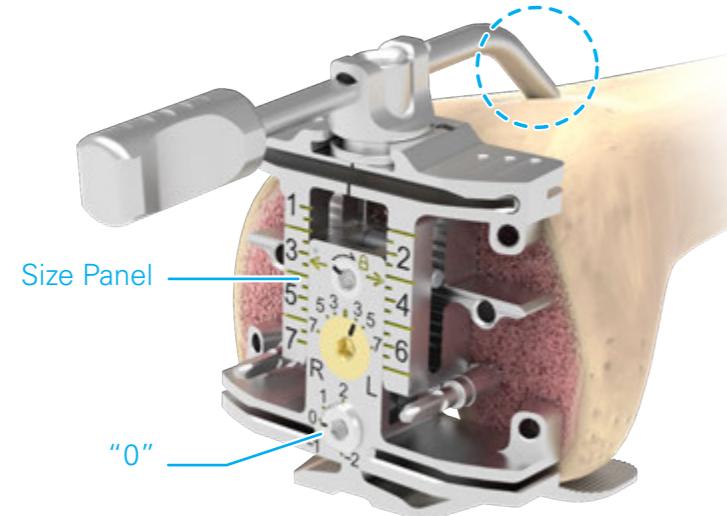
C.Sizing the Femur

Rotate the handle of the **Femoral Stylus** to the unlock position. Then insert the stylus into the slot on the top of the **AiO Block**. Rotate the stylus handle back to the locked position.



Position the stylus tip so it is touching the **lowest point** on the anterior femoral cortex. Check the size panel on the front of the **AiO Block**. If the block is positioned to an exact size and is in proper overall position, proceed to performing femoral resections. If the **AiO Block** is not set to an exact size or is not in proper overall position, adjustments can be made using either an anterior referencing or posterior referencing.

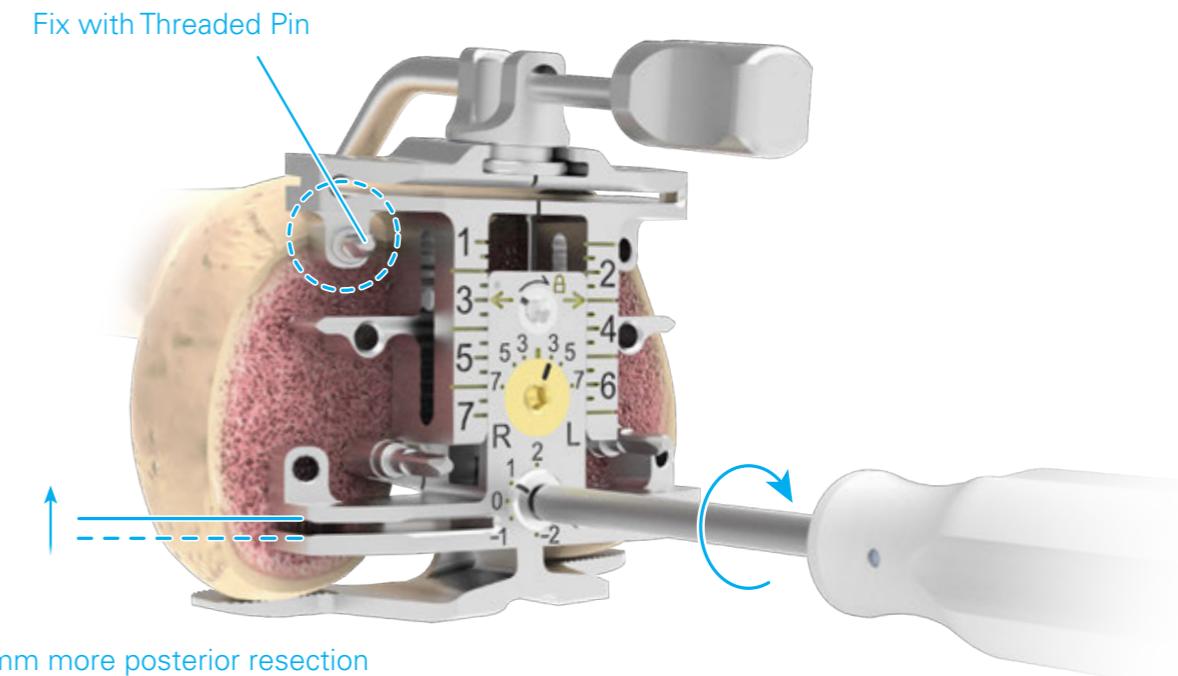
Lowest Point of Anterior Cortex



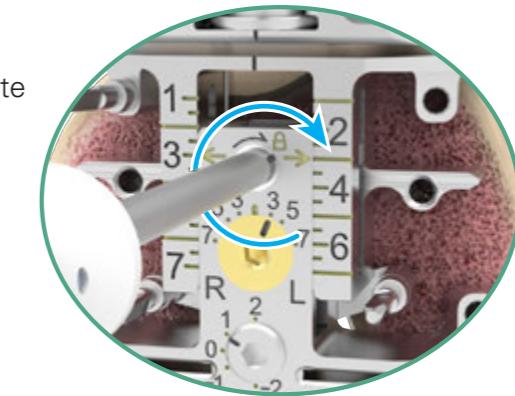
C.Sizing the Femur

C1. Anterior Referencing

Secure the **AiO Block** by inserting a **Threaded Pin** in one or both of the Anterior Referencing Fixation Holes. Use the **Screwdriver** to elevate the Posterior Resection Slot to an appropriate position by adjusting the Bottom Knob to match a chosen size. Note the figures on the Bottom Knob indicate the adjustment of the posterior condylar resection level relative to the standard 9 mm resection.



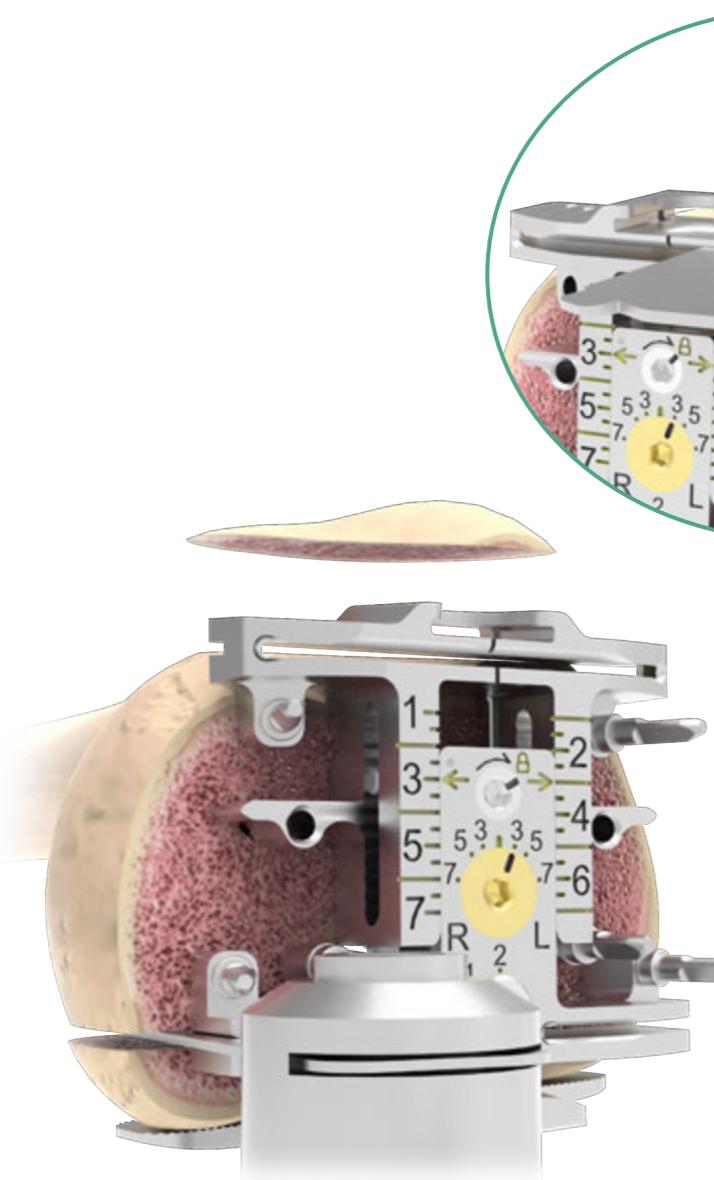
Once the appropriate size is determined, rotate the **Upper knob** to the lock position with the **Screwdriver** to secure the chosen size.



C.Sizing the Femur

Remove the **Femoral Stylus**, then secure the anterior and posterior slots with **Threaded Pins** and proceed with the anterior and posterior resection.

If desired, use the **Resection Check Blade** to confirm the resection level before bone resection.

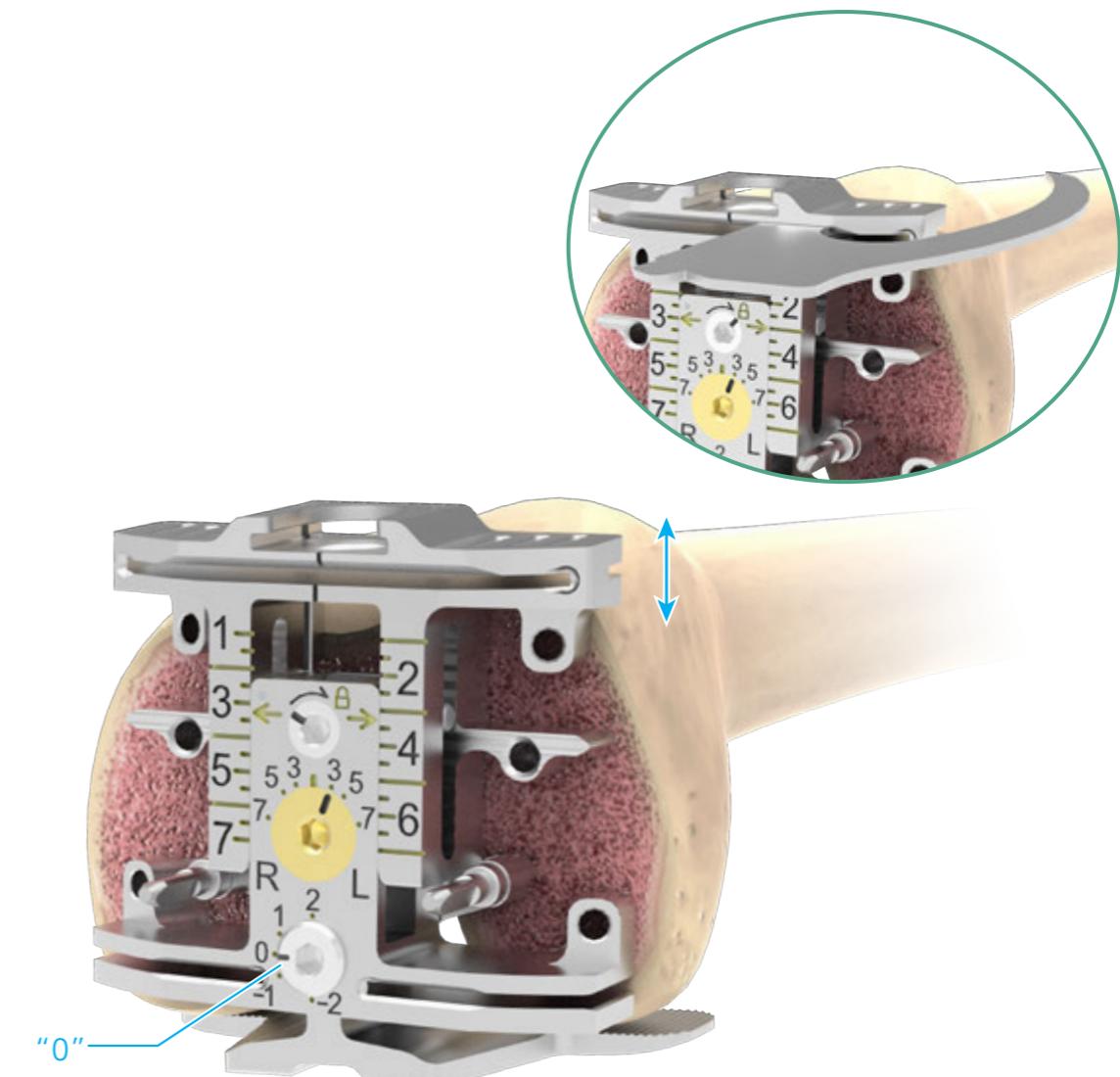


C.Sizing the Femur

C2. Posterior Referencing

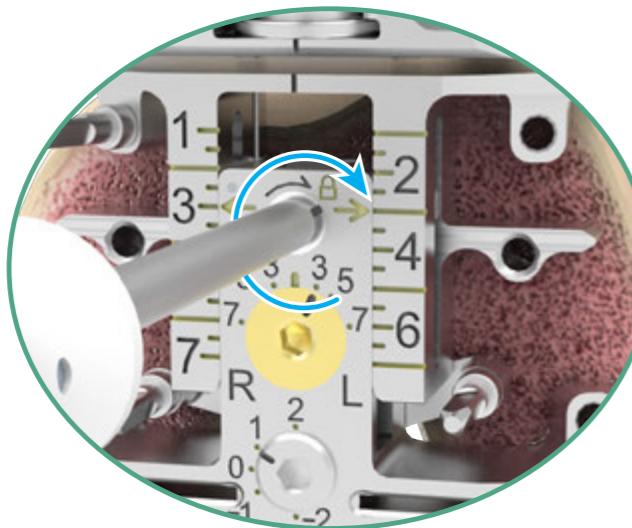
Make sure the bottom knob indicates "0", which refers to the 9 mm standard posterior thickness in the prosthesis. Then remove the **Femoral Stylus**. Slide the anterior slot to match a proper size on the size panel.

Always check the resection level with the **Resection Check Blade**.

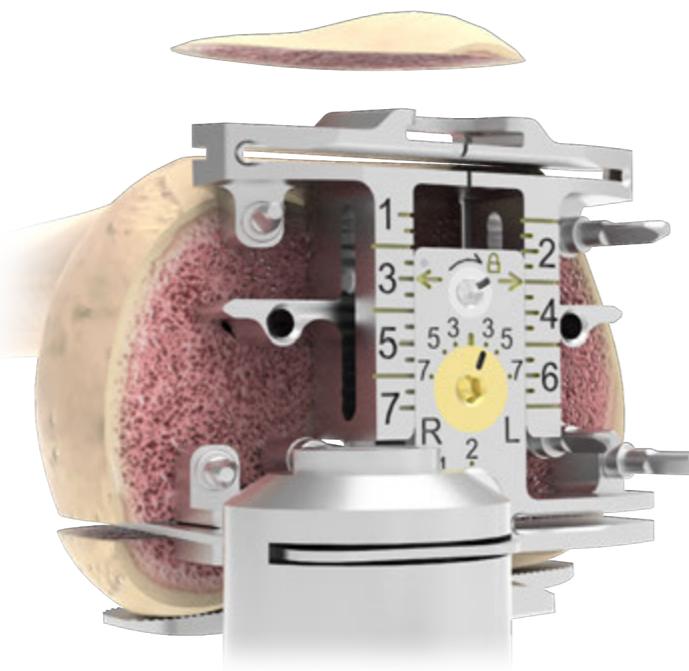


C.Sizing the Femur

Once the size is determined, rotate the upper knob with the **Screwdriver** to the lock position to secure the chosen size and lock the cutting block.



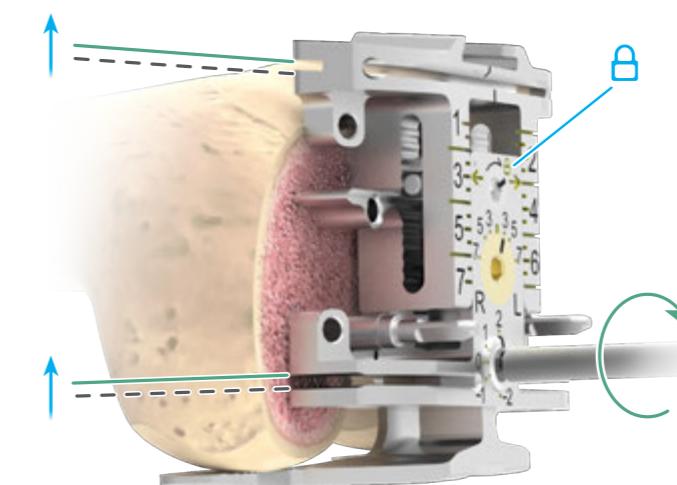
Fix the anterior and posterior slots with **Threaded Pins** and proceed with the anterior and posterior resection.



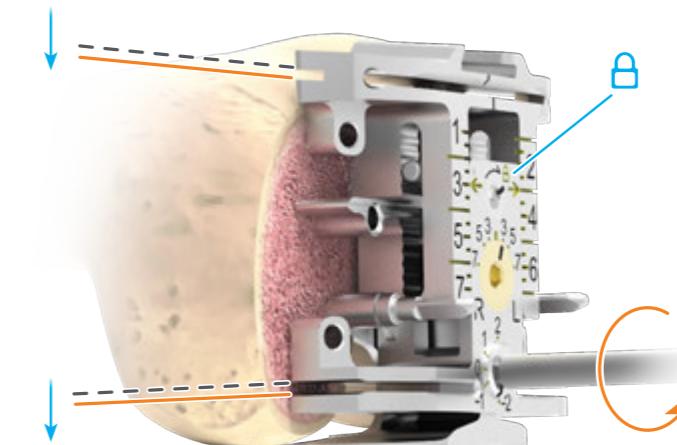
C.Sizing the Femur

C3. Additional Adjustments to the Resection Level

Occasionally, even when the proper size is chosen the desired resection level may be unsatisfactory. If this occurs, a slightly redistributed anterior and posterior bone resection may be considered. With the upper knob in the locked position, use the **Screwdriver** to rotate the bottom knob clockwise to allow for less anterior, and more posterior cut; conversely, rotate the bottom knob counterclockwise to make more anterior and a smaller posterior cut. The range of adjustment is between +2 mm and -2 mm to the standard 9 mm posterior cut.



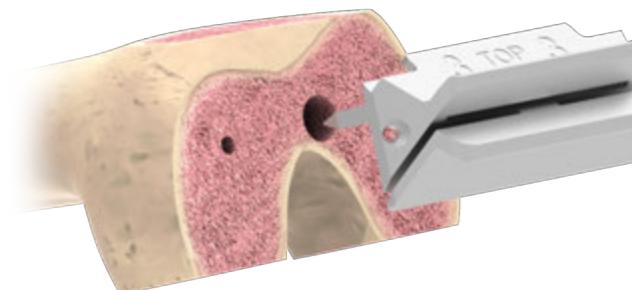
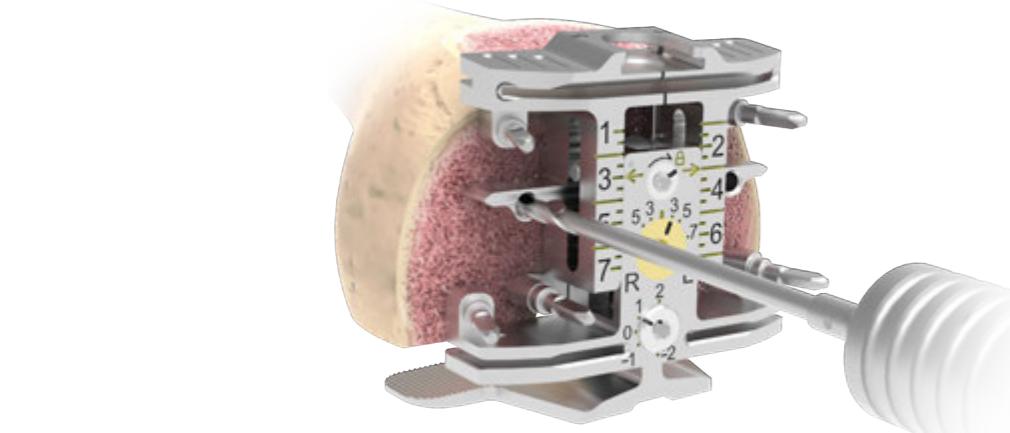
Clockwise Rotation:
Less Anterior,
More Posterior Resection



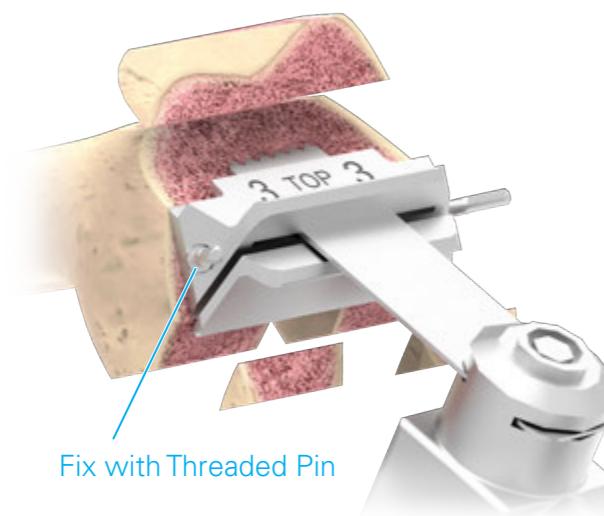
Counterclockwise Rotation:
More Anterior,
Less Posterior Resection

D.Chamfer Resection

Use the **3.2 mm Drill** to drill two reference holes for the **Femoral Chamfer Resection Guide** before removing the **AiO block**.



Place the appropriate size of **Femoral Chamfer Resection Guide** into the pre-drilled pin holes.



Secure the **Femoral Chamfer Resection Guide** with **Threaded Pins** and then complete chamfer cuts.

Note:

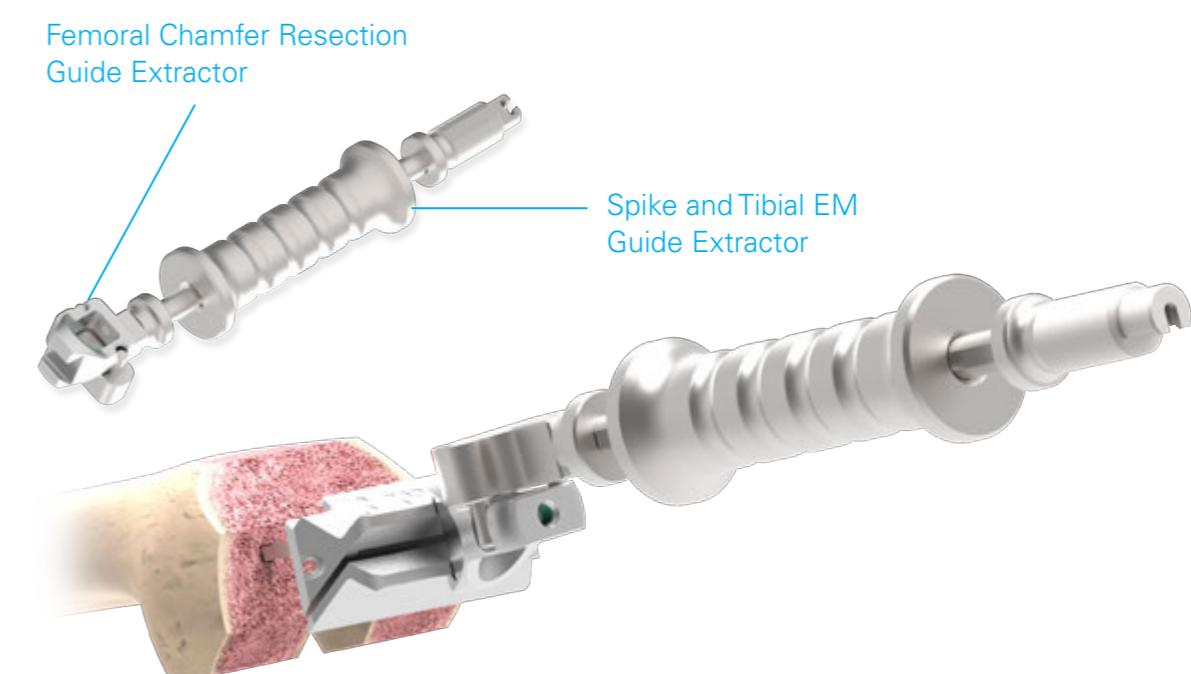
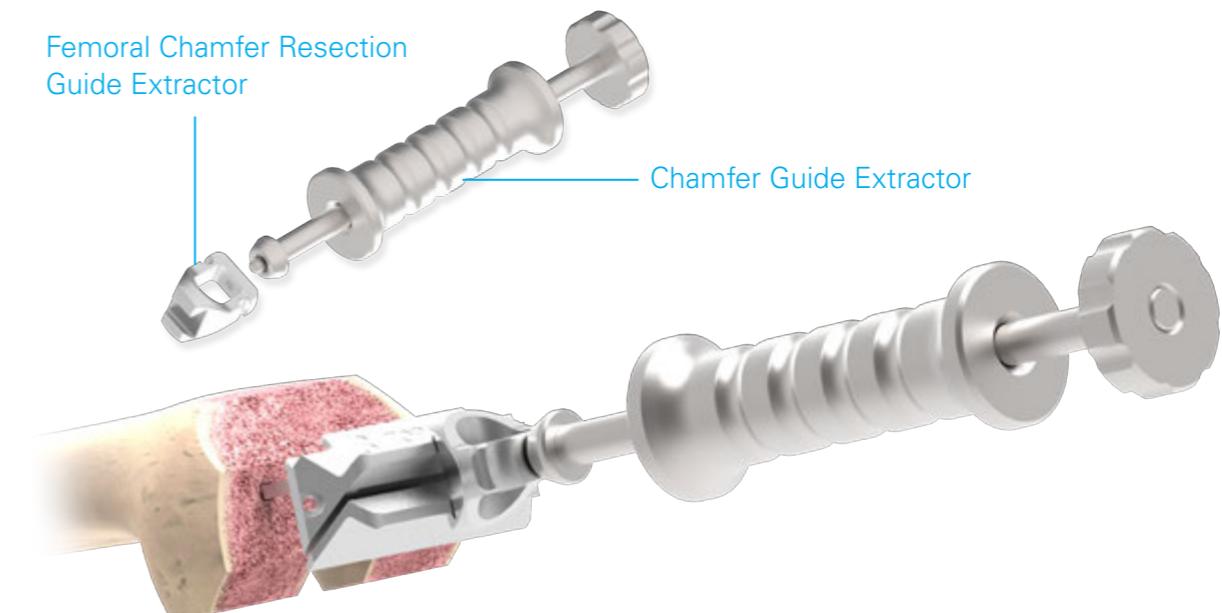
The intermediate femoral sizes shares the same chamfer resection guide to integral size.

E.g. Size 3.5 and Size 3 both use Size 3 **Femoral Chamfer Resection Guide**.

Fix with Threaded Pin

D.Chamfer Resection

Femoral Chamfer Resection Guide can be removed via the assembly of the **Femoral Chamfer Resection Guide Extractor** and the **Chamfer Guide Extractor** or the **Spike and Tibial EM Guide Extractor**.



Order Information

Catalog Number	Description
9304 - 7101	Femoral sizer- A/P resection guide (AiO Block)
9304 - 7102	Femoral stylus
9304 - 1102	Screwdriver
9304 - 7000	Resection check blade
9304 - 2001 - RB 9304 - 2002 - RB 9304 - 2003 - RB 9304 - 2004 - RB 9304 - 2005 - RB 9304 - 2006 - RB 9304 - 2007 - RB	Femoral chamfer resection guide, # 1 Femoral chamfer resection guide, # 2 Femoral chamfer resection guide, # 3 Femoral chamfer resection guide, # 4 Femoral chamfer resection guide, # 5 Femoral chamfer resection guide, # 6 Femoral chamfer resection guide, # 7

Order Information

Catalog Number	Description
9304 - 3003	Threaded pin, 30 mm
9304 - 3004	Threaded pin, 50 mm
9304 - 3100	3.2 mm Drill
9304 - 5105	Quick pin driver
9304 - 5108 - RT	Femoral chamfer resection guide extractor
9304 - 8100	U2 Knee AiO set case



Each Step
We Care

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