

CORDERA™ MATCH

Cordera™ Match incorporates a proven implant design with Conformis® state-of-the-art iView® plans and patient-specific iJigs®.



Get the benefits of 3D planning and patient-specific instrumentation without the wait of custom implant manufacturing:

The Cordera™ Match iView® provides you with an extensive pre-operative plan including the proper size and placement of the Cordera™ implants that best match your patient's anatomy. All of which is based on their pre-operative, three dimensional, CT Scan.

Cordera™ iView®/Conformis Hip System Pre-operative Plan

Serial Number: 0467969 Side: Right
Rev: 02

Femoral Stem Images: Size 13

Type	Head Length	Head Angle	Head Offset	Head Collar	Custom Head Center	Leg Length	Distal Offset	Other
Custom	161.8	125.0	0.0	12.4	0.0	58.2	0.0	0.0
Option 1	161.8	125.0	0.0	12.4	0.0	58.2	0.0	0.0
Option 2	165.1	132.0	0.0	14.5	-4.0	63.9	2.7	0.0
Option 3	169.0	132.0	0.0	17.0	-9.6	69.9	2.5	0.0
Option 4	173.1	132.0	0.0	19.3	-13.0	76.9	2.3	0.0

Notes: All images and column numbers of this table correspond to the iJig/iJig option above.

Planned Femoral Version: 26.5°

Revision Above Lesser Trochanter: 11.3 mm
Neck Version Compensation: 0.0°
Neck Angle: 132.0°
Neck Length: 32.5 mm
Neck/Head Length: 62.5 mm

Head Size: 36 mm | IS: 51 | 43 | 36 | 28 | 22 | 16 | 14 | 12 | 10 | 8 | 6 | 5 | 4 | 3 | 2 | 1
Leg Length Connection: -3.0 mm | -5.0 mm | -3.0 mm | 0.0 mm | 3.0 mm
Femoral Offset: 43.6 mm | -5.3 mm | -2.7 mm | 0.0 mm | 2.7 mm

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Cordera™ iView®/Conformis Hip System Pre-operative Plan

Serial Number: 0467969 Side: Right
Rev: 01

Acetabular Images: 54 mm (Recommended Reamers: 52 mm)

AP X-Ray 3D View | Lateral X-Ray 3D View

Indication Angle: 42° | MED / LAT Translation (mm): 0
Anteversion Angle: 16° | SUP / INF Translation (mm): 3 SUP

Recommended Maximum Screw Length:
Superior Screw: 20 mm | Posterior Screw: 20 mm

This patient-specific plan was determined by digitally defining the surface of the pelvis and femur using the patient's pre-operative CT scan. The size, location, inclination, and anteversion of the cup are within the Conformis design criteria and are designed to achieve maximum bony coverage of the implant while maintaining the native joint center. Translation of the cup center is measured from the center of a "best fit" sphere of the native acetabulum and is for reference only. The screws were placed within the superior-posterior quadrant of the flange. The stem size and location are within the Conformis design criteria. In addition to the Conformis Hip System neck dimensions, this iView shows the closest Conformis options for each item of the same size. If the surgeon elects to use the Cordera Hip System, the surgeon must choose the stem option that they feel best meets the clinical needs of the patient. Stable filling of the canal is expected.

If you have questions, comments, or concerns about any part of this plan, including the displaced changes in leg length, femoral offset, and AP offset associated with the Cordera options, please contact Conformis at info@conformis.com or [1-800-444-4444](tel:1800444444), as soon as possible to review and/or revise your implant request and this pre-operative plan. Otherwise, please execute your approval of this pre-operative plan at info@conformis.com.

Electronic signatures required for approval.

Patient-specific images and values on this iView are intended as reference material; they are not a substitute for intra-operative evaluation by a surgeon. During surgery, surgeons should verify that the images accurately reflect the patient's anatomy. Deviation from plan of any component may occur. For this reason, the surgeon should use standard precautions, and confirm final position of all components. The Conformis Hip System iJigs are designed and produced to be patient-specific. Use of the iJigs is restricted to the use of the device to call 3 or 4 of the order of physician. The Conformis Total Hip Replacement System (Cordera Hip System) is intended for use by fully trained surgeons. Prior to use of a Conformis device, please review the instructions for use and surgical technique for a complete listing of indications, contraindications, warnings, precautions, and directions for use.

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Femoral iJigs To guide the neck resection for the pre-operatively planned stem fit, leg length and broaching orientation to match the patient's native femoral version



Acetabular iJigs provide depth control per your patient's anatomy for precise medialization, inclination and anteversion while preserving bone during the reaming process



Two stage, disposable acetabular reamers for efficient and accurate sizing



Patient-specific bone models to replicate the planned placement of the planned version and inclination for intraoperative reference



* Conformis engineers design the Cordera™ Match iView® and iJigs® based on the patient's anatomy; if the surgeon prefers to adjust the plan before ordering the iJigs® they can do so before approving.

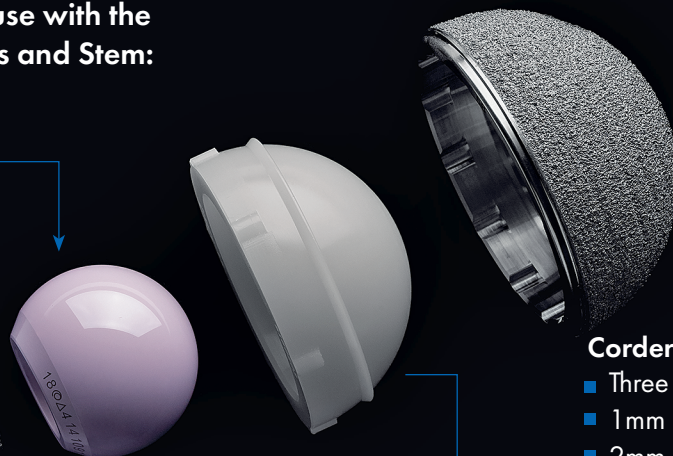
CORDERA™ MATCH

The Latest Surgery-in-a-Box™ Total Hip Solution from Conformis

Cordera™ Match is developed for use with the following Cordera™ Hip Cup, Liners and Stem:

36mm heads first available with 50mm Cordera™ cups

- CoCr or BIOLOX® delta ceramic
- 28, 32, 36 & 40mm



Cordera™ Acetabular Cup

- Three holes
- 1 mm increment diameter
- 2mm press-fit with proven Titanium Plasma Technology

Collared, clinically proven stem design

- Osprovit® plasma spray HA coating
- Vertical and horizontal macrostructures to promote bone apposition and stability
- 127° neck angle in sizes 10-16
- 132° neck angle in sizes 10-16
- 29mm & 36.5mm neck lengths

Vitamin E XLPE liners available in:

- **Standard:** Available in sizes 0, +2 and +4 mm
*iView is planned to a +2 liner
- **Lipped (4mm):** available in 0 and +2 mm
- **Face Changing (10 degree):** available in 0 and +2 mm

The iView® also provides a **Digitally Reconstructed Radiograph (DRR)**. The DRR is a simulated full pelvis image created from the CT scan. The image is aligned parallel to the ASIS, eliminating the chance of a tilted pelvis thus providing more precise measurements. Leg length measurements are then taken utilizing the patient's anatomical landmarks to provide the surgeon with the data needed to help determine the best plan for correcting the patient's discrepancy.

