DJO®

AltiVate Extremity Solutions

Reaching Higher by Design

AltiVate® Reverse

Reaching higher by design...

SO PATIENTS CAN, TOO.[3]

At DJO®, our end goal is to help patients reach their greatest potential. We strive to achieve this through innovation, proven results, and clinical heritage. Our approach is to partner with surgeon experts in the field to design systems that ultimately provide extremity solutions. DJO's AltiVate® Extremity Solutions are anatomic designs engineered to provide optimized function, enhanced fixation, and flexibility and versatility to manage differing patient needs. Our aim is to reach new elevations by providing clinicians solutions to help their patients reach higher.[4]

DJO®

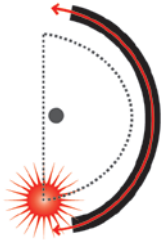
AltiVate® Reverse Shoulder

The anatomically-based, data-driven AltiVate® Reverse system incorporates enhanced fixation technologies and precision instrumentation for exceptional fit in more of your patients.[4]

Anatomic Design with Optimized Function

Elevating the 10-year clinical success[3] of the RSP™, the first reverse shoulder design to successfully incorporate a center of rotation (COR) lateral to the glenoid, DJO® introduces its latest Reverse Shoulder Solution. The AltiVate Reverse system incorporates an optimized stem design based on anatomic studies with CT scans for determination of shell-to-stem position as well as the ability to best match patient anatomy reverse total shoulder constructs.[4] An anatomic 135° humeral neck-shaft angle has shown through biomechanical testing to help reduce the potential for inferior scapular notching.[1]

The system remains based on a lateralized center of rotation, and the premier offering is a glenosphere with the center of rotation closest to the anatomic center.

Lateral COR	Medial COR
Larger Range of Motion	**Smaller Range of Motion**
	
A lateral COR maximizes range of motion while reducing the potential for inferior scapular notching.[1]	A medial COR reduces range of motion and creates the potential for inferior scapular notching.[1] Inferior scapular notching has been associated with poor clinical outcomes.[2]

Enhanced Fixation Design and Technologies

On both the glenoid and humeral side, expect improved short and long term fixation as a result of stable initial fixation as well as ideal conditions for bony ingrowth.[5]

Standard Shell Diameter 42mm

Suture Holes
Options for simplified and enhanced tuberosity reduction and fixation for fracture cases.

e+™ Liner
Highly crosslinked vitamin E polyethylene formulated to maintain strength and reduce wear rates.[6]

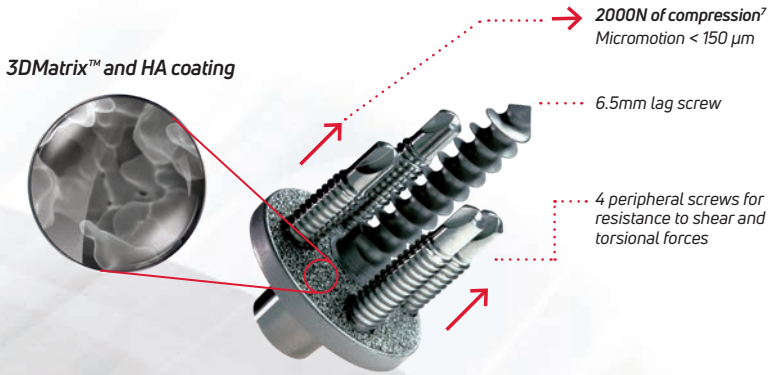
Fins
Impart rotational stability and aid in tuberosity reconstruction.[8]

Bone Graft Window
Designed to increase press-fit and bony integration.

P2™ Porous Coating
"Porous" porous coating that aids in the apposition of bone for superior in-growth results.[5]

Stem Diameter
6mm, 8mm, 10mm, 12mm, 14mm, 16mm, 18mm

Stem Length
108mm (standard) and 175mm and 220mm (revision)



3DMatrix™ and HA coating

2000N of compression[7]
Micromotion < 150 µm

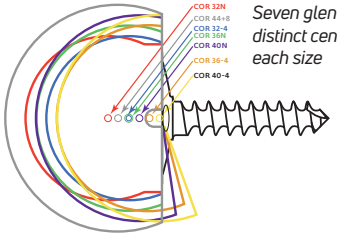
6.5mm lag screw

4 peripheral screws for resistance to shear and torsional forces

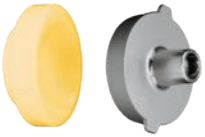
Flexibility and Versatility

Implants

A wide variety of intra-operative options help to manage complex anatomies and to achieve the best surgical outcomes.



Seven glenospheres with a distinct center of rotation in each size



Standard and +4mm socket inserts are available in Vitamin E-blended polyethylene. An 8mm spacer is also an option.

Instruments

Precision instrumentation caters to differing surgeon preferences and results in a streamlined technique. A metaphyseal-referenced approach dictates stem position based on the fit in the metaphysis while a diaphyseal-referenced approach bases the stem position on the fit in the canal. Specialized instrumentation allows for stem removal with minimal bony disruption in a revision scenario.

NOTES

NOTES

References

1. Gutierrez S, Comiskey C, Lou Z, Pupello D, Frankle M. Range of Impingement-Free Abduction and Adduction Deficit After Reverse Shoulder Arthroplasty. Hierarchy of Surgical and Implant-Design-Related Factors. *J Bone Joint Surg Am*. 2008 Dec;90(12):2606-15.
2. Simovitch RW, Zumstein MA, Lohri E, Helmy N, Gerber C. Predictors of scapular notching in patients managed with the Delta III reverse total shoulder replacement. *J Bone Joint Surg Am*. 2007 Mar;89(3):588-600.
3. Cuff DJ, Pupello DR, Santoni BG, Clark RE, Frankle, MA. Reverse shoulder arthroplasty for the treatment of rotator cuff deficiency: a concise follow-up, at a minimum of 10 years, of previous reports. J Bone Joint Surg 2017; 1895-1899.
4. Data on file at DJO Global. Laboratory testing does not necessarily indicate clinical performance - 1
5. Beck et al. Bone response to load bearing percutaneous osseointegrated implants for amputees: a sheep amputation model. Poster 2085 at the 57th Annual Meeting of the Orthopaedic Research Society. 2011.
6. Data on file at DJO Global. Laboratory testing does not necessarily indicate clinical performance - 2
7. Gutierrez et al. Comparison of baseplate compression in reverse shoulder arthroplasty. University of South Florida and the Florida Orthopaedic Institute Research Foundation. 2003. Per Reverse Shoulder Arthroplasty. Frankle, M et al. 2016.
8. Data on file at DJO Global. Laboratory testing does not necessarily indicate clinical performance - 4

AltiVate Extremity Solutions

Reaching Higher by Design

Manufactured by
DJO
9800 Metric Blvd.
Austin, TX 78758
U.S.A.
DJOGlobal.com/surgical

EC Rep.
MDSS GmbH
Schiffgraben 41
30175 Hannover
Germany

Distributed by
Mathys Ltd Bettlach
Robert Mathys Str. 5
P.O. Box
2544 Bettlach
Switzerland
www.mathysmedical.com

Item no. 336.020.056 02-0422-01 2022-04