

**Minutes of the Weekly Provider Luncheon Meeting**  
**Held: Monday, February 24<sup>th</sup>, 2020**

1. **Dr. Bob Svagr, MD: Presentation** – Dr. Svagr presented on neck function fusion treatments he provides. Please see attached PowerPoint.
2. **Annual Financial Review** – The Annual Financial Review for the clinic was given today in the meeting. Please see Administration if you have any questions on the presentation.
3. **Nancy Fahrenbach** – Nancy announced that she has decided to retire from the clinic in June of this year. Her husband has had opportunity to take an early retirement package with Davis School District and she has decided to join him. We will miss Nancy and all the contributions she has made with Tanner over the years.

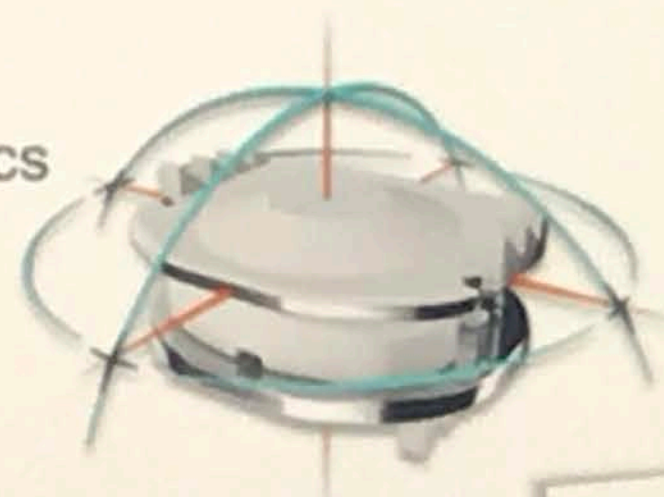
MOBI-C

---

ARTIFICIAI

# Mobi-C Design Rationale

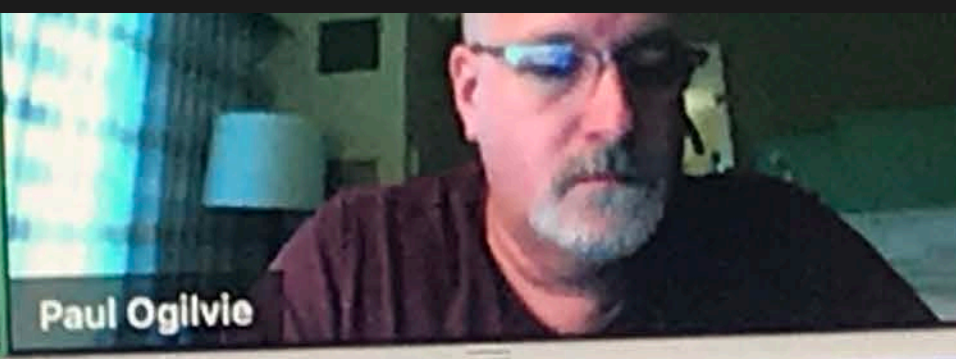
- Surgical solution with tangible clinical benefits
- Device that is designed to respect natural disc kinematics
  - Respects IAR
  - Allows coupled and independent motion patterns
- Mobile-bearing core
- Provide surgical simplicity
  - Fixation without screws, keels







Charla Fischer MD



Paul Ogilvie



Bohus (Bob) Svagr MD

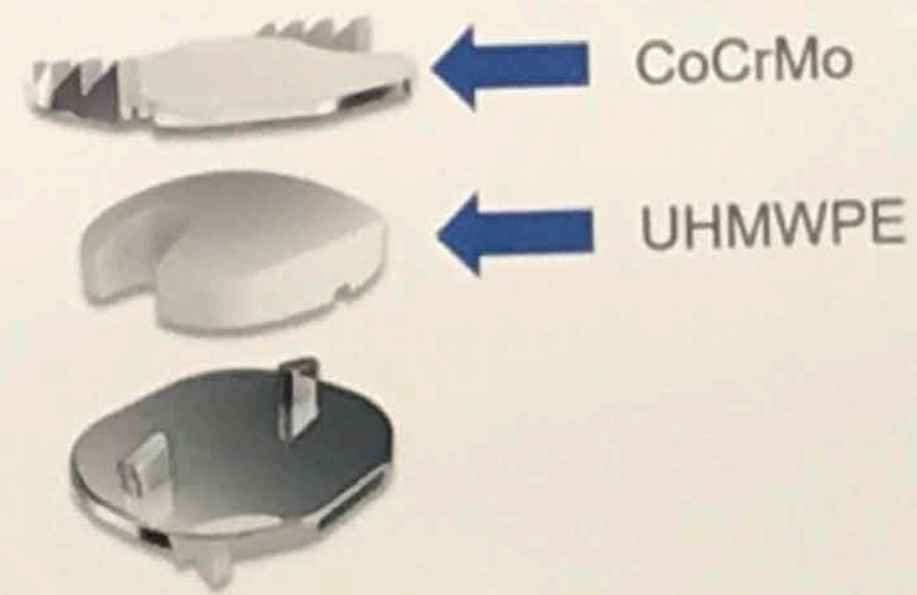
# Design Features of Mobi-C

2 cobalt-chrome-molybdenum alloy (CoCrMo) endplates

Polyethylene core (UHMWPE)

- Allows independent and coupled motion

Ti and HA coating



**Proven materials, predictable, durable results**

60 years clinical experience in total joints, >20 in spine



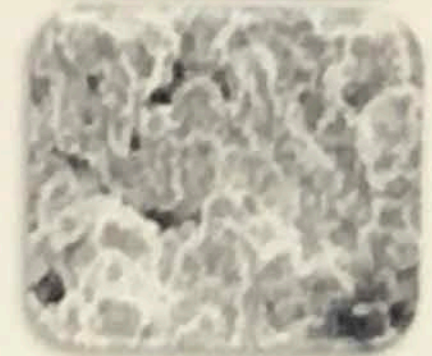
# Bone-sparing Fixation

## Lateral rows of teeth

- Apophyseal bone
- No keel cuts

Anatomic, domed shape of superior endplate

Ti-plasma-sprayed and HA coatings, for bony ongrowth





# Mobi-C Mechanical Testing Summary

## Implant Expulsion Resistance results = 142N

- A/P force applied until 3mm displacement
- Exceeds Pass/Fail criteria\* by 7x

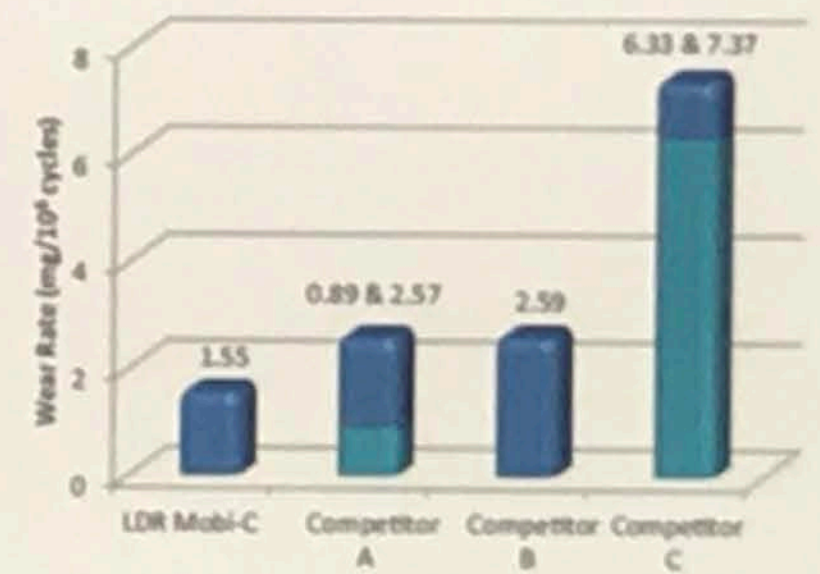
## Core Expulsion Resistance results = 497N

- P/A force on core until 3mm displacement
- Exceeds Pass/Fail criteria\* by almost 25x

Mobi-C polyethylene wear rates at 10 million cycles are the lowest among the metal/poly cTDR devices on the market

Testing conducted according to ASTM and ISO standards

\* White AA, Panjabi MM. Clinical Biomechanics of the Spine. 1990



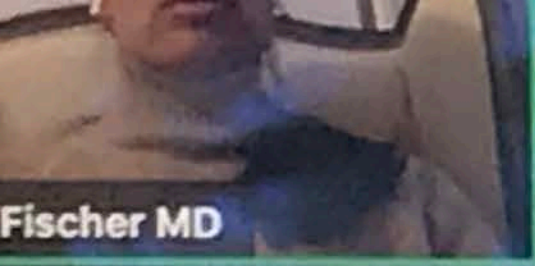


## Indications Summary

- One or two contiguous symptomatic levels, from C3-C7
- Skeletally mature patients
- Intractable radiculopathy w/w-o neck pain, or myelopathy due to abnormality local to level of disc space, and at least one of the following (confirmed by radiographic imaging):
  - HNP
  - Spondylosis (defined by presence of osteophytes)
  - Visible loss of disc height comp. to adjacent levels
- Patient has failed  $\geq$  6wk conservative care or demonstrated progressive signs or symptoms

Full list of Indications published in SSED

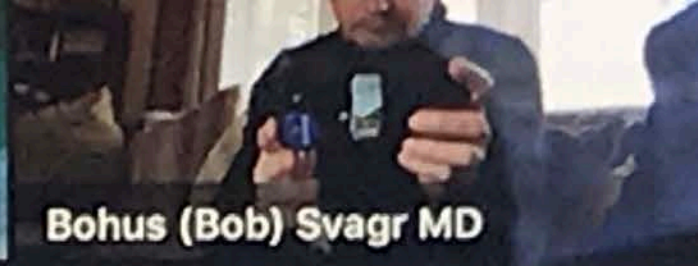




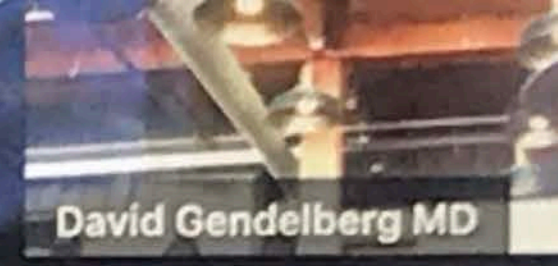
Fischer MD



Paul Ogilvie



Bohus (Bob) Svagr MD



David Gendelberg MD

## Contraindications Summary

- Marked cervical instability on resting lateral or F/E radiographs: translation  $> 3.5\text{mm}$  and/or  $> 11^\circ$  angular difference to either adjacent level
- Osteoporosis or osteopenia defined as DEXA BMD T-score  $< -1.5$
- Acute or chronic infection, systemic or at operative site
- Compromised vertebral bodies at index level due to previous trauma to cervical spine or to significant cervical anatomical deformity or disease (e.g., ankylosing spondylitis, rheumatoid arthritis)
- Known allergy or sensitivity to implant materials (cobalt, chromium, molybdenum, titanium, hydroxyapatite, or polyethylene)
- Severe facet joint disease or degeneration



## Commonly Asked Questions

**Age and Arthroplasty - I do not see these types of patients?**

**Myelopathy - When is it a good option and when not?**

**How important is sagittal alignment and can it be used with kyphosis?**

**How specifically do you determine degree of acceptable facet disease?**



# Patient Positioning

## Neck lordosis-neutral

### Support neck

- Neck roll supports neck and maintains position during trialing, implant insertion

### Orient and stabilize head/chin

- Chin aligned with sternum (no rotation)
- Tape or strap chin to bed





## Objectives of Discectomy, Decompression, & Release

- Thorough, meticulous discectomy
- Preserve bony endplates
- Balanced, bilateral foraminal decompression and release
- Intradiscal, parallel distraction of posterior disc space
- Establish normal disc height
- Posterior release, mobile segment

