Surgical Technique

Slide-Loc Anatomic Radial Head System
Acumed® is a global leader of innovative orthopaedic and medical solutions.

We are dedicated to developing products, service methods, and approaches that improve patient care.

Acumed® Slide-Loc Anatomic Radial Head System

The Acumed Slide-Loc Anatomic Radial Head System is designed to provide an anatomical implant to replace the patient’s native radial head.

Designed in conjunction with Shawn W. O’Driscoll, Ph.D., M.D., the Slide-Loc Anatomic Radial Head System utilizes a unique approach to side-loading radial head prostheses, without the use of a set screw. The Slide-Loc Anatomic Radial Head System head and neck assembly slides onto the stem and rotates in situ into alignment using a rotational locking mechanism. This system includes 504 head, neck, and stem combinations including standard and long stems, multiple neck heights, an anatomically shaped radial head, and system-specific instrumentation intended to ease the surgeon’s experience in the operating room.

Indications for Use:

- Replacement of the radial head for degenerative or post-traumatic disabilities presenting pain, crepitation, and decreased motion of the radiohumeral and/or proximal radial ulnar joint with: joint destruction and/or subluxation, resistance to conservative treatment.
- Primary replacement after fracture of the radial head.
- Symptomatic replacement after radial head resection.
- Revision following failed radial head arthroplasty.

Surgical Technique

Design Surgeon

Shawn W. O’Driscoll, Ph.D., M.D.

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INCISION AND DISSECTION
There are several exposure options, depending on the integrity of the lateral soft tissues. In fracture dislocations, the exposure is through the traumatic opening in the ligament complex. For delayed reconstructions and in those acute cases in which the lateral collateral ligament is intact, the Kaplan interval permits the ligament to be left intact. The deep incision is placed in a line from the lateral epicondyle toward Lister’s tubercle, with the forearm in neutral rotation. Proximally, the extensor carpi radialis longus (ECRL) origin is released with the anterior capsule to permit direct access to the front of the radial head.

RADIAL HEAD RESECTION
Resect the radial head with a microsagittal saw at the level of the fracture without leaving a significant neck defect. A maximum length of 16 mm of the radius can be replaced. This 16 mm includes the radius length reamed with the collar reamer in Step 4. The minimum resection length is 12 mm.

If greater than 16 mm of resection is needed, Anatomic Radial Head (ARH) Slide-Loc Long Stems (5001-04XXX-S) are available.

DETERMINE STEM DIAMETER
Use the 5.5 mm Quick Release Awl (TR-0206) to initially enter the canal. Assemble the Bone Graft Ratcheting T-Handle (BG-8043) to the Standard Stem Reamer 6 mm (80-1606) and prepare the canal for the stem using sequentially larger reamers until a tight fit is achieved. The laser line on the reamer indicates the reaming depth. A Radius Retractor (80-1509) is available to elevate the radius.

Note: The standard stem reamers are 0.25 mm undersized from the implants.
REAM WITH COLLAR REAMER
Select the Collar Reamer (TR-CRAXX) that matches the stem diameter determined by the reamer in the previous step. Power ream the collar to create a surface with at least 60% of the radial shaft in contact with the reamer. Use caution to avoid fracturing the radial neck, which can occur if the reamer catches on irregular bone in the fracture surface. The risk of such fracturing can be lessened by reaming initially in the reverse direction, such that the reamer acts more as a power rasp. If there is concern about risk of fracture (e.g. if a notch exists), a cerclage wire can be placed around the neck and removed after inserting the prosthesis.

DETERMINE HEAD DIAMETER
Determine head diameter by placing the resected head upside down in the sizing pockets on the ARH Slide-Loc Impactor Block (80-1503). If between sizes, select the smaller diameter.

DETERMINE NECK HEIGHT
Determining the appropriate neck height is critical to restoring the joint space. It must be done with the ulnohumeral joint reduced, which can best be performed by compressing the olecranon against the distal humerus with the elbow flexed 90°. It is critical that the coronoid contacts the trochlea during this process. The technique involves not only confirming the correct length, but also confirming that a shorter length is too short and that a longer length is too long.

Insert the ARH Slide-Loc Height Gauge +1 mm (80-1581) and determine if the gauge simultaneously contacts the resected radius and capitellum. If there is no contact, sequentially insert a taller height gauge until it contacts the radius and capitellum.

The number on the height gauge (+1, 3, 5 mm) will correspond to the neck height component. Confirm that the next longer length is too long by inserting the next length gauge and confirming that it is too tight or observing the radius to be displaced distally or the coronoid to be separated from the trochlea.
SELECT TRIAL IMPLANTS AND ASSEMBLE

After selecting the ARH Slide-Loc Trial Head (5101-02XXX) and ARH Slide-Loc Trial Neck (5101-03XXN), align the laser marks on the head and neck as shown and assemble using hand pressure. Attach the ARH Slide-Loc Trial Head Handle (80-2004) to the assembled trial head/neck. The trial head handle retracts the plunger in the trial neck. Ensure that the plunger is properly retracted by inserting the trial head handle into the trial neck until fully seated. A partially retracted plunger may prevent the trial neck from sliding onto the trial or implant stem.

**Note:** Left-specific trials are blue and right-specific trials are green.

TRIAL IMPLANT INSERTION

Rotate the forearm to a neutral position. Mark the lateral aspect of the radial neck with the cautery, in line with Lister’s tubercle.

Attach the ARH Slide-Loc Stem Clamp (80-2538) to the grooves on the trial stem and tighten the speed lock wheel. Insert the ARH Slide-Loc Trial Standard Stem (5101-01XXN) into the radius with the laser mark on the stem aligned with the cautery marking on the lateral aspect of the radius. The ARH Slide-Loc Stem Inserter (80-1357) can be used to aid stem insertion. Ensure the inserter is completely threaded into the stem. Next, slide the trial head/neck onto the trial stem. If needed, pronate (left trial) or supinate (right trial) the forearm until the rails on the trial stem permit the trial head/neck to slide onto the trial stem. DO NOT rotate the trial head/neck.

Check for proper articulation with the capitellum and the coronoid. The final height of the trial places the center of the articular dish at the leveling of the lateral edge of the coronoid.

To remove the head/neck, attach the trial head handle and pull the head/neck from the trial stem.

**Note:** Removing the trial head handle will lock the trial head/neck on the trial stem. The trial head handle must be attached to the trial head before the trial head/neck can slide off of the stem.

**Note:** Trial components are NOT designed to be implanted. The standard stem trials are 0.25 mm undersized from the reamers for ease of insertion.
**9 IMPLANT HEAD AND NECK ASSEMBLY**

After determining the correct size of the head, neck, and stem with the trials, insert the ARH Slide-Loc Neck (5001-030xN-S) into the ARH Slide-Loc Head (5001-02XXX-S) with the laser marks on both components aligned. Place the head and neck on the ARH Slide-Loc Impactor Block (80-1503). Lock the Morse taper using the Head Impactor (TR-MS05) and a mallet. Once the implant head and neck are fully engaged, attach the ARH Slide-Loc Head Assembly Tool (80-1511) to the head.

**10A IMPLANT INSERTION**

Attach the ARH Slide-Loc Stem Clamp (80-2538) to the grooves on the stem and tighten the speed lock wheel. Ensure the laser marks on the stem align with that of the ARH Stem Clamp. Attach the ARH Slide-Loc Stem Inserter (80-1357) to the stem. Ensure the inserter is completely threaded into the stem. Insert the ARH Slide-Loc Standard Stem (5001-01XXN-S) into the radius using a mallet and remove the ARH Slide-Loc Stem Inserter. Ensure that the laser mark on the stem is aligned with the cautery marking on the lateral aspect of the radius. Lister’s tubercle may also be used as a landmark for laser mark orientation. Assemble the ARH Slide-Loc Locking Guide (80-2542, 80-2543, or 80-2544) that matches the selected trial neck size to the ARH Slide-Loc Stem Clamp by sliding the guide onto the arm of the clamp.
**IMPLANT INSERTION**

Using the ARH Slide-Loc Head Assembly Tool, slide the head/neck construct onto the stem rails. If needed, pronate (left implant) or supinate (right implant) the forearm until the rails on the stem permit the head/neck to be slid onto the stem. When the head/neck is properly inserted, the ARH Slide-Loc Head Assembly Tool collar will clear the ARH Slide-Loc Locking Guide.

Retracting the radius using the ARH Slide-Loc Stem Clamp will aid in fully seating the head/neck assembly on the stem. While holding the ARH Slide-Loc Stem Clamp in place, rotate the head assembly tool clockwise 45° towards the locked position until it contacts the post on the ARH Slide-Loc Stem Clamp. The shaft of the ARH Slide-Loc Head Assembly Tool must rotate in the slot of the guide for proper locking. Unscrew the ARH Slide-Loc Head Assembly Tool to remove the tool from the head. Loosen the speed lock wheel to allow removal of the ARH Slide-Loc Stem Clamp from the stem.

Once the implant is assembled, pronate and supinate the forearm to ensure that the neck is fully seated against the stem. **Also, ensure that the head/neck laser line is aligned with the cautery marking.** Check for proper articulation with the capitellum and the coronoid. The final height of the implant places the center of the articular dish at the leveling of the lateral edge of the coronoid.

**Notes:**

- DO NOT rotate the ARH Slide-Loc Stem Clamp. Rotating the ARH Slide-Loc Stem Clamp may change the position of the stem in the radial canal.
- The Morse taper and rotational locking mechanisms are designed to be engaged a maximum of two times.
- The trial head/neck can also be installed on the implant stem to check for proper articulation with the capitellum and the coronoid. The trial head/neck is NOT designed to be implanted.

**POSTOPERATIVE PROTOCOL**

Postoperative management is determined by the overall management of the elbow and limb, as though the radial head had never been fractured. For isolated fractures of the radial head and neck without ligament injury, early motion is commenced in flexion and extension as well as pronation and supination. This usually begins about three days after surgery.
INCISION AND DISSECTION

There are several exposure options, depending on the integrity of the lateral soft tissues. In fracture dislocations, the exposure is through the traumatic opening in the ligament complex. For delayed reconstructions, a Kocher approach is often necessary to adequately subluxate the radius for instrumentation and prosthetic implantation. The Kaplan interval permits the ligament to be left intact. The deep incision is placed in a line from the lateral epicondyle toward Lister’s tubercle, with the forearm in neutral rotation. Proximally, the extensor carpi radialis longus (ECRL) origin is released with the anterior capsule to permit direct access to the front of the radial head.

Note: Stem removal can be very difficult if a fully porous coated surface is well ingrown with bone. Slap hammers and vice-grips are useful. After stem removal, find the radial canal distal to the end of the primary stem before reaming. This can be done with a small pointed device such as a Rush reamer. Image intensification can be used to avoid cortical perforation.

RADIAL HEAD RESECTION

Use the Long Stem Resection Guide (80-1512) to score the bone. Then, resect the radial head with an Osteotomy Saw Blade Hub Style L or S (80-0739-S or 80-0740-S) or a .6 mm thick blade. Resecting at the 6 mm stem marking, corresponds to a combined radial head and neck resection of 19 mm. The amount of resection varies with stem diameter as shown:

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<tr>
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<table>
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<tr>
<th>Long Stem Lengths Reference Chart</th>
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<td>Stem Diameter</td>
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<tr>
<td>10 mm</td>
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<td>12 mm</td>
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</table>
3 REAM CANAL
Use the 5.5 mm Quick Release Awl (TR-0206) to initially enter the canal. Assemble the Bone Graft Ratcheting T-Handle (BG-8043) to the Long Stem Reamer 6 mm (80-1706) and prepare the canal for the stem using sequentially larger reamers until a tight fit is achieved. A Radius Retractor (80-1509) is available to elevate the radius.

If the final reamer diameter size is greater than 6 mm (i.e. 8, 10 or 12 mm), re-cut the radial neck using the Long Stem Resection Guide (80-1512) and microsagittal saw to the length corresponding the final reamer diameter size (i.e. 8, 10 or 12 mm). After re-cutting the neck, re-insert the same size reamer until the laser mark band is even with the level of resection.

Note: The long stem reamers are 0.25 mm undersized from the implants.

4 DETERMINE HEAD DIAMETER
Determine head diameter by placing the resected head into the sizing pockets on the ARH Slide-Loc Impactor Block (80-1503). If between sizes, select the smaller diameter.

5 SELECT TRIAL IMPLANT AND ASSEMBLE
After selecting the ARH Slide-Loc Trial Head (5101-02XXX), select the +3 mm ARH Slide-Loc Trial Neck (5101-0303N), align the laser marks on the head and neck as shown and assemble using hand pressure. Attach the ARH Slide-Loc Trial Head Handle (80-2004) to the assembled trial head/neck. The trial head handle retracts the plunger in the trial neck. Ensure that the plunger is properly retracted by inserting the trial head handle into the trial neck until fully seated. A partially retracted plunger may prevent the trial neck from sliding onto the trial or implant stem.

Note: Left-specific trials are blue and right-specific trials are green.

Note: The +3 mm neck matches the resection lengths on the long stem resection guide.
6 TRIAL IMPLANT INSERTION

Rotate the forearm to a neutral position. Mark the lateral aspect of the radial neck with the cautery, in line with Lister’s tubercle.

Attach the ARH Slide-Loc Stem Clamp (80-2538) into the grooves on the trial long stem and tighten the speed lock wheel. Insert the ARH Slide-Loc Trial Long Stem (5101-04XXX) into the radius with the laser mark on the stem (dots) aligned with the cautery marking on the lateral aspect of the radius. The ARH Slide-Loc Stem Inserter (80-1357) can be used to aid stem insertion. Ensure the inserter is completely threaded into the stem. Slide the trial head/neck onto the trial long stem. If needed, pronate (left trial) or supinate (right trial) the forearm until the rails on the trial stem permit the trial head/neck to slide onto the trial stem. DO NOT rotate the trial head/neck.

Check for proper articulation with the capitellum and the coronoid. The final height of the trial places the center of the articular dish at the leveling of the lateral edge of the coronoid.

To remove the head/neck, attach the trial head handle and pull the head/neck from the trial long stem.

Notes:

• Removing the trial head handle will lock the trial head/neck on the trial stem. The trial head handle must be attached to the trial head before the trial head/neck can slide off of the stem.

• If the +3 mm neck does not provide proper articulation with the capitellum and coronoid, a +1 mm or +5 mm neck can be used to adjust the neck length.

• Trial components are NOT designed to be implanted. The long stem trials are the same size as the reamers.

7 IMPLANT HEAD AND NECK ASSEMBLY

After determining the correct size of the head, neck, and stem with the trials, insert the ARH Slide-Loc Neck (5001-030xx-S) into the ARH Slide-Loc Head (5001-02XXX-S) with the laser marks on both components aligned. Place the assembled head and neck on the ARH Slide-Loc Impactor Block. Lock the Morse taper using the Head Impactor (TR-MS05) and a mallet.

Once the implant head and neck are fully engaged, attach the ARH Slide-Loc Head Assembly Tool (80-1511) to the head.
8A IMPLANT INSERTION

Attach the ARH Slide-Loc Stem Clamp (80-2538) to the grooves on the stem and tighten the speed lock wheel. Ensure the laser marks on the stem align with that of the ARH Slide-Loc Stem Clamp. Attach the ARH Slide-Loc Stem Inserter (80-1357) to the long stem. Ensure the inserter is completely threaded into the stem. Insert the ARH Slide-Loc Long Stem (5001-04XXX-S) into the radius using a mallet and remove the ARH Slide-Loc Stem Inserter. Ensure that the laser mark (dots) on the stem is aligned with the cautery marking on the lateral aspect of the radius. Lister’s tubercle may also be used as a landmark for laser mark orientation. Assemble the ARH Slide-Loc Locking Guide (80-2542, 80-2543, or 80-2544) that matches the selected trial neck size to the ARH Slide-Loc Stem Clamp by sliding the guide onto the arm of the clamp.
Using the ARH Slide-Loc Head Assembly Tool (80-1511), slide the head/neck construct onto the stem rails. Retracting the radius using the ARH Slide-Loc Stem Clamp will aid in fully seating the head/neck assembly on the stem. If needed, pronate (left implant) or supinate (right implant) the forearm until the rails on the stem permit the head/neck to be slid onto the stem.

While holding the ARH Slide-Loc Stem Clamp in place, rotate the head assembly tool clockwise 45° towards the locked position until it contacts the post on the ARH Slide-Loc Stem Clamp. The shaft of the ARH Slide-Loc Head Assembly Tool must rotate in the slot of the guide for proper locking. Unscrew the ARH Slide-Loc Head Assembly Tool to remove the tool from the head. Loosen the speed lock wheel to allow removal of the ARH Slide-Loc Stem Clamp from the stem.

Once the implant is assembled, pronate and supinate the forearm to ensure that the neck is fully seated against the stem. Also, ensure that the head and neck laser lines are aligned with each other. Check for proper articulation with the capitellum and the coronoid. The final height of the implant places the center of the articular dish at the leveling of the lateral edge of the coronoid.

**Notes:**

- DO NOT rotate the ARH Slide-Loc Stem Clamp. Rotating the ARH Slide-Loc Stem Clamp may change the position of the stem in the radial canal.
- The Morse taper and rotational locking mechanisms are designed to be engaged a maximum of two times.
- The trial head/neck can also be installed on the implant stem to check for proper articulation with the capitellum and the coronoid.

**Postoperative Protocol**

Postoperative management is determined by the overall management of the elbow and limb, as though the radial head had never been fractured. For isolated fractures of the radial head and neck without ligament injury, early motion is commenced in flexion and extension as well as pronation and supination. This usually begins about three days after surgery.
**1 IMPLANT HEAD/NECK REMOVAL**

To remove the implant head/neck, insert the ARH Slide-Loc Stem Clamp (80-2538) into the groove on the stem. Then attach the ARH Slide-Loc Head Assembly Tool (80-1511) to the head. While holding the ARH Slide-Loc Stem Clamp in place, rotate the head assembly tool (approximately 45° counterclockwise) away from the locked position until the shaft of the head assembly tool is parallel to the ARH Slide-Loc Stem Clamp. Pull the head/neck away from the stem.

*Note:* This technique applies to both standard and long stems.

To separate the implant head from the neck, thread the ARH Slide-Loc Trial Head Handle (80-2004) into the neck. Then insert the ARH Slide-Loc Stem Inserter (80-1357) into the ARH Slide-Loc Trial Head Handle. While holding onto the head, continue turning the ARH Slide-Loc Stem Inserter clockwise until the neck disengages from the head. If necessary, insert the Cross Bar (80-1771) through the handle of the ARH Slide-Loc Stem Inserter for increased turning leverage. The ARH Slide-Loc Head Assembly Tool (80-1511) can also be used for additional leverage.

*Note:* The Morse taper and rotational locking mechanisms are designed to be engaged a maximum of two times.

**2 IMPLANT STEM REMOVAL**

To remove the implant stem, thread the ARH Slide-Loc Stem Inserter (80-1357) into the stem. Ensure the inserter is completely threaded into the stem. Insert the Cross Bar through the handle of the ARH Slide-Loc Stem Inserter. Using a mallet, tap the Cross Bar until the stem is removed.
## Ordering Information

### Trays
- ARH Slide-Loc Tray Base 80-1514
- ARH Slide-Loc Tray Lid 80-1515
- ARH Slide-Loc Instruments Level 1 80-1516
- ARH Slide-Loc Instruments Level 2 80-1517
- ARH Slide-Loc Trial Caddy 80-1518
- ARH Slide-Loc Trial Caddy Lid 80-1519

### ARH Slide-Loc® Head Implants
- ARH Slide-Loc Head 18 mm, Left 5001-0218L-S
- ARH Slide-Loc Head 20 mm, Left 5001-0220L-S
- ARH Slide-Loc Head 22 mm, Left 5001-0222L-S
- ARH Slide-Loc Head 24 mm, Left 5001-0224L-S
- ARH Slide-Loc Head 26 mm, Left 5001-0226L-S
- ARH Slide-Loc Head 28 mm, Left 5001-0228L-S
- ARH Slide-Loc Head 18 mm, Right 5001-0218R-S
- ARH Slide-Loc Head 20 mm, Right 5001-0220R-S
- ARH Slide-Loc Head 22 mm, Right 5001-0222R-S
- ARH Slide-Loc Head 24 mm, Right 5001-0224R-S
- ARH Slide-Loc Head 26 mm, Right 5001-0226R-S
- ARH Slide-Loc Head 28 mm, Right 5001-0228R-S

### ARH Slide-Loc® Neck Implants
- ARH Slide-Loc Neck +1 mm 5001-0301N-S
- ARH Slide-Loc Neck +3 mm 5001-0303N-S
- ARH Slide-Loc Neck +5 mm 5001-0305N-S

### ARH Slide-Loc® Standard Stem Implants
- ARH Slide-Loc Standard Stem 6 mm 5001-0106N-S
- ARH Slide-Loc Standard Stem 7 mm 5001-0107N-S
- ARH Slide-Loc Standard Stem 8 mm 5001-0108N-S
- ARH Slide-Loc Standard Stem 9 mm 5001-0109N-S
- ARH Slide-Loc Standard Stem 10 mm 5001-0110N-S
- ARH Slide-Loc Standard Stem 11 mm 5001-0111N-S

### ARH Slide-Loc® Long Stem Implants
- ARH Slide-Loc Long Stem 6 mm, Left 5001-0406L-S
- ARH Slide-Loc Long Stem 8 mm, Left 5001-0408L-S
- ARH Slide-Loc Long Stem 10 mm, Left 5001-0410L-S
- ARH Slide-Loc Long Stem 12 mm, Left 5001-0412L-S
- ARH Slide-Loc Long Stem 6 mm, Right 5001-0406R-S
- ARH Slide-Loc Long Stem 8 mm, Right 5001-0408R-S
- ARH Slide-Loc Long Stem 10 mm, Right 5001-0410R-S
- ARH Slide-Loc Long Stem 12 mm, Right 5001-0412R-S

### ARH Slide-Loc® Head Trials
- ARH Slide-Loc Trial Head 18 mm, Left 5101-0218L
- ARH Slide-Loc Trial Head 20 mm, Left 5101-0220L
- ARH Slide-Loc Trial Head 22 mm, Left 5101-0222L
- ARH Slide-Loc Trial Head 24 mm, Left 5101-0224L
- ARH Slide-Loc Trial Head 26 mm, Left 5101-0226L
- ARH Slide-Loc Trial Head 28 mm, Left 5101-0228L
- ARH Slide-Loc Trial Head 18 mm, Right 5101-0218R
- ARH Slide-Loc Trial Head 20 mm, Right 5101-0220R
- ARH Slide-Loc Trial Head 22 mm, Right 5101-0222R
- ARH Slide-Loc Trial Head 24 mm, Right 5101-0224R
- ARH Slide-Loc Trial Head 26 mm, Right 5101-0226R
- ARH Slide-Loc Trial Head 28 mm, Right 5101-0228R

### ARH Slide-Loc® Neck Trials
- ARH Slide-Loc Trial Neck +1 mm 5101-0301N
- ARH Slide-Loc Trial Neck +3 mm 5101-0303N
- ARH Slide-Loc Trial Neck +5 mm 5101-0305N
### ARH Slide-Loc® Standard Stem Trials

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<td>ARH Slide-Loc Trial Standard Stem 11 mm</td>
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### ARH Slide-Loc® Long Stem Trials

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### Instrumentation

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<tr>
<th>Standard Stem Reamer 6 mm</th>
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