maxx
orthopedics

Freedom® Partial Knee System

Surgical Technique

Contents

Overview

FEMORAL COMPONENT

- Available in sizes 1-6
- Cobalt Chromium Molybdenum
- Highly polished Articular Surface
- Grit Blasted Posterior Surface
- Anatomical, asymmetric design

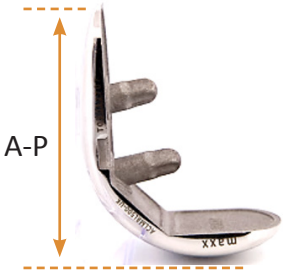
TIBIAL COMPONENT

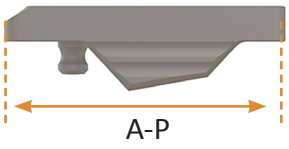
- Available in sizes 1-6
- Titanium Alloy material
- Grit blasted surface
- Twin peg, Single keel for stability
- Posterior Dovetail locking design

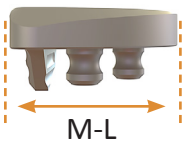
POLYETHYLENE INSERT

- UHMWPE GUR 1020
- Thickness: 9mm, 10mm, 11mm
- Medial & Lateral poly inserts

Sizing Chart







Femoral Component Size	Anterior - Posterior (AP)	Medial - Lateral (ML)
Size 1	39.7mm	19.0mm
Size 2	42.7mm	20.2mm
Size 3	45.7mm	21.4mm
Size 4	48.7mm	22.6mm
Size 5	51.6mm	23.8mm
Size 6	54.6mm	25.0mm

Tibial Component Size	Anterior - Posterior (AP)	Medial - Lateral (ML)
Size 1	41.4mm	22.8mm
Size 2	43.3mm	23.3mm
Size 3	45.2mm	25.0mm
Size 4	49.2mm	25.8mm
Size 5	53.1mm	29.6mm
Size 6	57.1mm	31.9mm

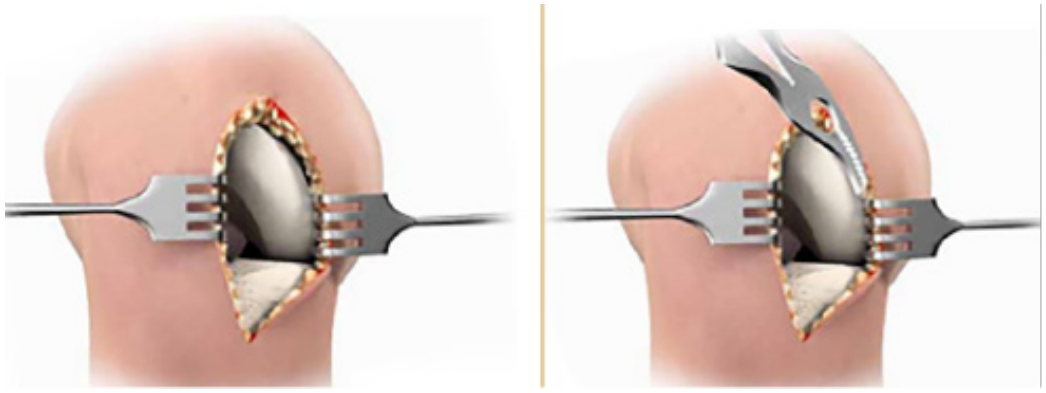
Partial Knee Exposure

The incision is made for a medial parapatellar, from the superior pole of the patella to just proximal to the tibial tubercle.

- The capsule is incised proximally just to the beginning of the vastus medial us muscle fibers.
- Remove a portion of the anterior fat pad
- Patellar subluxation or dislocation is not necessary and should be avoided
- Final patient positioning should resemble lithotomy position with operative leg in arthroscopic position.

Technique Tip: In some patients it may be helpful to extend the capsulotomy into some muscle proximally. Also, if needed, minor releasing of the capsule from the anterior tibia can improve visualization. When necessary, remove any medial patellar spurring.

Approach and Exposure



Plan - Restore the patient's pre-morbid anatomy, alignment and ligament balance.

Achieving the alignment may mean leaving the patient in slight varus (medial uni) or slight valgus (lateral uni) as determined by correct ligament tension. Alignment over-correction and over-tightening of the collateral ligament tension should be avoided.

The incision must be optimum for good exposure. There is no additional advantage in using a small or mini incision, which compromises vision or component placement.

After the knee joint is exposed, make a final assessment of the extent of arthritic damage in all three compartments and the suitability of the joint for this procedure. Ligaments, including the ACL, should also be assessed.

Carefully assess the deep menisco-tibial layer of the medial or lateral capsule to provide good access to any tibial osteophytes. In order to reliably assess medial/lateral (M/L) alignment and joint stability, it is vital that all osteophytes are removed from the entire medial or lateral edges of the femur and tibia.

Patellar osteophytes can be removed for better exposure. Remove any excess synovium to provide clear sight of the joint. If required, part of the fat pad may also be excised to improve exposure and allow inspection of the opposite compartment. It is vital that all osteophytes are removed from the entire medial or lateral edges of the femur and tibia. Clear osteophytes from intracondylar notch.

Proximal Tibial Resection

Tibial Jig Alignment

Goals: The tibial cutting block is positioned to achieve varus/valgus alignment that is perpendicular to the mechanical axis of the tibia and for the tibial slope to match the patient's anatomy. The tibial slope can be adjusted by sliding the lower up-rod anterior or posterior.

- Place the knee in 90 degrees of flexion with the tibia translated anteriorly and stabilized.
- Place the ankle clamp proximal to the malleoli.
- Assemble the tibial cutting block onto the uprod.
- Align the proximal central marking on the tibial cutting block with the medial one third.
- The tibial resection should be perpendicular to the tibial mechanical axis.

Adjusting Varus & Valgus during tibial resection

- Varus & Valgus orientation is balanced by shifting the lower assembly of the ankle clamp from medial to lateral or lateral to medial.

A-P Slope

- A-P slope should match the patient's anatomical tibial slope. Match unaffected portion of the affected plateau to estimate slope.
- On an average size tibia, the guide will show 0 degree tibial slope when the slope adjustment is translated posteriorly until it hits the stop.
- Tibial slope angle can be adjusted to the patient's anatomical slope. Unlock the slide locking position and translate the tibial slope adjuster anteriorly until the desired slope is reached.

Tibial Jig Alignment

Resection Level

Goal: Minimum amount of resection necessary to restore the joint line.
When using the cutting slot, position the foot of the tibial stylus marked “slotted” into the slot of the tibial cutting block.

- Bring the tip of the stylus to rest on the tibial plateau and set accordingly to achieve a resection that may accommodate at least a 6 mm tibial component.
- After the height has been set, stabilize the block with one pin.

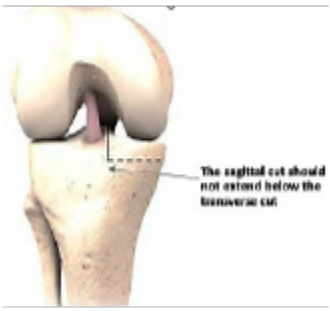
Note: *When the resection level is in question, under-resect.*

- A second tibial cut is recommended to avoid an excessive first cut.
- Pin placement is per surgeon preference, but typically one pin is for alignment, one pin for stabilization after the resection level is determined and one pin for the L-cut.

Tibial Resection

- Perform a sagittal or vertical cut using a reciprocating saw, using anatomic landmarks as reference points.
- Make the cut central to the central border of the femoral condyle.
- Align the cut in the sagittal plane using the midpoint of the medial border of the insertion of the ACL as a landmark.
- Use a threaded pin to avoid pin motion

Note: *Care must be taken to avoid making the sagittal cut too deep and extending beyond the level of the proposed transverse cut. The sagittal cut must be perfectly vertical to transverse cut.*



- Make the transverse cut on the open cutting surface as determined prior to jig placement.
- Use retractors to protect all ligaments.
- Remove the resected bone. The resected bone can be assessed to confirm reproduction of slope and compared with the tibial trial to confirm component size.

Tip: Check the cut depth by flexing the knee to 90 degrees.

- The tibial trial should slip in and out without undue tension.
- Under sizing should also be avoided to prevent the tibial component from articulating with articular cartilage.

Tibial Sizing

Goal: Maximize tibial cortical coverage with no overhang.

- Flex the knee to 90 degrees.
- Select a tibial trial corresponding to the thickness determined previously.
- Assess cortical bone coverage when placed on the tibia.
- The tibial sizing guide can also be used to confirm sizing the anterior/ posterior (A-P) dimension of the tibial plateau. This arm should be used along the L-cut surface.
- Markings on the arm correspond to the maximum A/P dimension.

Note: *The system allows for reasonable sizing mismatch between the femur and tibia components to ensure the best anatomical coverage.*

Balancing

Goal: Determine the amount of distal femoral resection and tibial poly insert thickness to achieve balanced gaps in extension and flexion.

Check the flexion and extension gaps using the tibial trial "lollipop" of the desired size and thickness.

- **Use the D-shaped end as the "spacer block."** It has the same dimensions as the tibial implants.

Tight Flexion Gaps: use caution before performing additional tibial resection. Remove all retractors and flex the knee to 90 degree position.

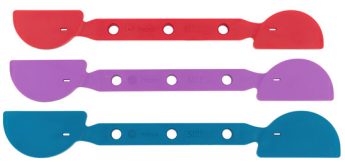
Check the flexion gap using the tibial trial "lollipop" of the desired thickness.

Extension Gap Assessment

Place the knee in extension and assess the extension gap with the tibial trial "lollipop."

The extension gap can be filled distally using a femoral defect shim (1mm, 2mm, 3mm, or 4mm).

If extension laxity exists relative to flexion, use a thicker poly trial in extension to get an idea of which femoral shim should be used.



Loose Flexion and Extension Gaps: Use a thicker tibial poly trial.

At this stage, verify the tibial implant thickness, extension gap, stability of the collateral ligaments, limb alignment and ability to achieve full extension.

Note: *It may be desirable to leave up to 2 mm of laxity when subject to lateral stress at 20 degree flexion.*
Sizing and rotation of the femoral component can be enhanced with use of the tibial trial to create landmarks on the femur.

Setting Rotational Alignment

- Place the knee in extension and seat the tibial trial “lollipop” on the resected tibia.
- With a marking pen or electrocautery, make a vertical mark on the distal femur directly above the midpoint of the tibial trial.

Important - *this helps set the rotational alignment and anterior position of the femoral component. The more anterior, the larger the femoral component will be.*

- **By aligning the tip of the femoral cutting block to this line, the proper relationship between the femur and tibia in extension will be established.**

Reducing component impingement:

- A transverse mark along the anterior border of the tibial trial is made.
- Femoral component should not extend anterior to this mark to avoid the potential for component impingement.

Distal Femoral Resection

Goal: Distal femoral resection parallel to the tibial resection, using shims where appropriate.
Shims: Use shims in the following scenarios where appropriate with the distal cutting block.

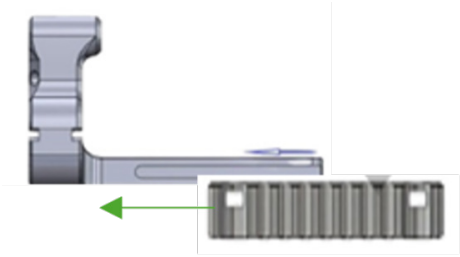
Femoral Shims (1mm - 4mm)

Femoral Shim (top-side of distal femoral block)		
removes less bone on femur		
	Femoral Shim (mm)	Total Thickness
8mm distal femoral block	1mm	9mm
	2mm	10mm
	3mm	11mm
	4mm	12mm

- **Femoral shims are placed on top side of distal femoral block.** If excessive laxity exists in extension relative to flexion, use femoral defect shim.
- Femoral shims allow you to remove less bone from the femur.
- When distal femoral bone loss is observed, removing less bone with femoral defect shims should tighten the extension gap. Basically, femoral component puts back more than the resected bone being removed.

Tibial Shims (1mm - 4mm)

Tibial Shim (bottom-side of distal femoral block)		
removes less bone on tibia		
	Tibial Shim (mm)	Total Thickness
8mm distal femoral block	1mm	9mm
	2mm	10mm
	3mm	11mm
	4mm	12mm



- If tibial trial "lollipop" was used in balancing, add 1mm tibial spacer to the tibial side of the distal cutting block to match 9mm poly insert thickness.
- If a 10mm or 11mm tibial trial was used, add the appropriate tibial shim to the tibial side of the distal cutting block.

Distal Cutting Block - Placement and Alignment

- With the knee in extension, introduce the distal cutting block with any attached shims into the joint space using the system handle.
- With the leg in full extension, assemble the alignment guide and extramedullary alignment rod into the slot of the distal femoral cutting block to check local alignment, both varus/ valgus and flexion/extension.
- To achieve proper femoral component position in the sagittal plane, flex the tibia until the alignment rod is parallel to the intramedullary axis of the femur.
- The guide is used to Confirm varus/valgus of the tibial cut.

Flexion/extension of the femoral cut

Note: *Without any femoral defect shims in place, the distal cutting block will resect 6 mm, the same thickness as the distal portion of the implant.*

- Use drill pins to fix the distal cutting block in place, confirming good position of the cutting block to the distal femur and proximal tibia.
- Resect the distal femoral bone using a saw blade.

Femoral Sizing and Rotation

Utilizing the Femoral Finishing Block

Goal: Establish appropriate femoral size and rotation.
The A-P size M-L width (posteriorly) of the femoral finishing blocks are the same dimensions as the final component.

- With the leg in full extension, **place the tibial trial "lollipop."**
- **Make a mark on the femur referencing the cutout in the middle of the tibial trial.**
- **Move the knee to 90 degrees of flexion** and make a similar mark.

Note: *The marks establish the center of rotation at 0 and 90 degrees*

- **Draw a line on the cut face of the distal femur** connecting the marks. This line should be visible through the holes of the femoral finishing block and match the sulcus proximally. This establishes rotation for the femoral component.
- **Establish medial/lateral placement** before pinning the block.
- Flex the knee to 90 degrees.
- **Position the appropriate femoral finishing block** selected during templating under the posterior condyle to be flush with the distal cut on the femoral surface.

Note: *If needed, change femoral finishing block for a smaller or larger size for best fit.*

Attach handle to the appropriately sized femoral finishing block. It may need to be rotated to ensure the femoral component articulates over the center point of the tibial component throughout the range of motion ROM).

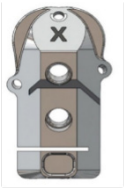
Use the marks previously made on the condyle to confirm appropriate rotation and A-P size.

- It is essential that the sulcus between the apexes of the block is aligned with the vertical line and should not extend superior to the horizontal line.
- This will increase the likelihood that the tibial component will properly track the femur in extension and prevent patellofemoral impingement.
- The medial/lateral position of the block is also established at this point.

Tip: *If between sizes, the smaller size is generally chosen. A tibial trial or the femoral spacer may be placed on the tibia to stabilize the block on the posterior condyle.*

- Secure the femoral finishing block into place with pins.

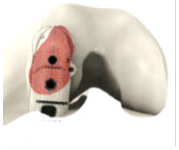
Femoral Bone Resection (recommended order)



1. Posterior
2. Posterior chamfer cut
3. Drill the anterior and posterior peg holes with the femoral peg drill

Tip: *Before each cut, make sure the block is flush to the distal femoral cut. The handle can be used to help stabilize the block during chamfer resection.*

Note: If additional fixation is needed, a 3rd pin can be placed proximally. Pin the hole farthest away from the patella and use the anterior chisel in the track closest to the patella.



Remove the spacer block after the femoral finishing block is pinned.

Trial Reduction with Tibial Trial "Lollipop"

Goal: Assess soft tissue balance, range of motion and component-to-component relationship in flexion and extension.

- Insert the selected sized femoral trial and tibial trial "lollipop" on the bone.
- Move the knee through a full range of motion.
- Properly fitted and seated components will track smoothly throughout the entire range.
- Confirm with the tibial trial "lollipop" that the L-cut is truly vertical.
- An L-cut inclined away from the midline may impede placement of the polyethylene "poly" tibial insert.

Tibial Preparation

Keel & Posterior Peg Holes

Goal: Prepare tibia for keel and peg holes on posterior of tibial component.

- Using the system handle, insert the tibial template that matches the selected tibial trial "lollipop".
- Tap this into place, ensuring proper position and orientation on the tibial plateau.
- Recheck sizing.
- Use the lamina spreader to distract the joint to ease exposure and bone preparation.

Use the tibial keel preparation guide to prepare the tibial keel slot.
Do not impact forcefully. It could potentially fracture the posterior tibia.

Tibial Reaming & Broaching

Use the tibial peg drill to prepare the tibial peg holes. The peg hole should be drilled as close to perpendicular as possible. Externally rotating the tibia helps to gain perpendicular access to the peg hole.

Final Component Implantation

Recommended order of implantation:

- Tibial baseplate
- Femoral component
- Tibial Insert

Preparation for cementation

1. The tibial surface should be fully washed using pulse lavage or similar technique, ensuring that no residual particles of bone are present in the joint space.
2. Tibial surface should be fully dried using surgical sponges or similar material, ensuring the prepared surface is as dry as possible prior to cementing.
3. A sponge may be placed in the posterior aspect of the tibia prior to cementing to simplifycement removal.

Tip: If sclerotic bone is encountered, drill several small holes and fill with cement before placing the femoral and/or tibial component.

Implanting Final Tibial Component

1. **Apply even layer of cement** to the prepared bone surface and pressurize digitally or with a flat instrument.
2. **Insert a small cylindrical-shaped piece of cement into the tibial keel slot and pressurize** cement using the same technique noted above. Remove excess cement.
3. **Insert tibial poly trial** (rounded side first) into the final tibial baseplate.
4. **Apply a layer of cement** to the backside of the tibial baseplate.
5. **Introduce final tibial baseplate and trial poly** at a 45 degree angle, first engaging the most posterior aspect of the tibial keel into to the prepared channel.
6. **Compress the tibial baseplate**, using tray pressure arm a mallet.
7. **Remove excess cement** and **Remove the trial poly insert.**

Implanting Final Femoral Component

1. **Apply an even layer of cement on the femoral prosthesis**, minimizing the amount applied posteriorly.
2. **Pressurize cement** digitally or with a stiff flat surface with sufficient cement to pressurize cement into the femoral lug holes and any supplemental drill holes made in sclerotic bone.
3. **Attach the femoral prosthesis to the femoral inserter/extractor.**
4. **Flex the knee to 100 – 110 degrees, seat the femoral component.**
5. **With a mallet, firmly tap the femoral inserter/ extractor to seat femoral component.**

6. **Release the inserter/extractor from the femoral component.**
7. **Remove excess cement.**

Important Note: ***Re-engage the tibial poly insert trial into the tibial baseplate***

and place the leg into extension. This maintains compression and component position until the cement completely hardens.

8. **Remove the tibial trial poly, after cement hardens.**
9. **Place the final poly insert** into the tibial baseplate.

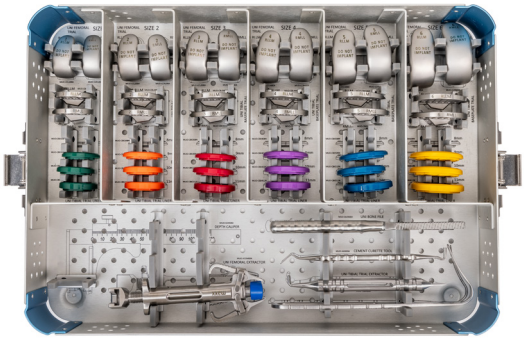
Incision Closure:

The incision is closed in layers. Ensure all excess cement has been removed prior to wound closure.

FREEDOM® Partial Knee System

Set Configuration

INS-PK-UKA-TRL (Trial Set)



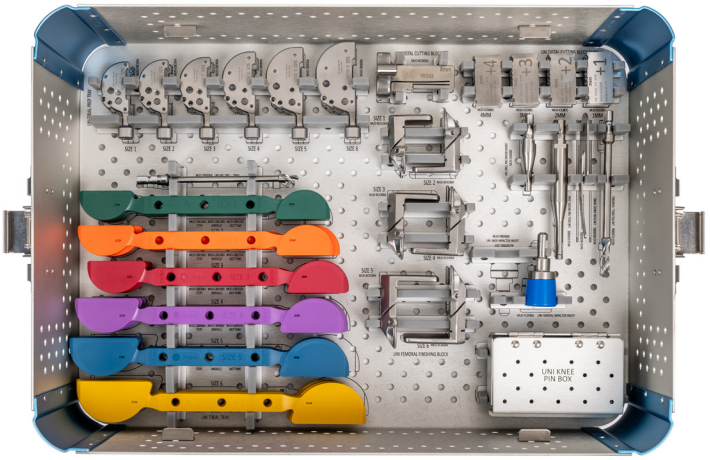
PART #	DESCRIPTION	QTY
MUO-CCL100A	FEMORAL TRIAL - SIZE 1, RLLM	1
MUO-CCR100A	FEMORAL TRIAL - SIZE 1, RMLL	1
MUO-CBL100A	TIBIAL BASEPLATE TRIAL - SIZE 1 RLLM	1
MUO-CBR100A	TIBIAL BASEPLATE TRIAL - SIZE 1 RMLL	1
MUO-CBX109N	TIBIAL TRIAL INSERT SIZE 1, 9MM	1
MUO-CBX110N	TIBIAL TRIAL INSERT SIZE 1, 10MM	1
MUO-CBX111N	TIBIAL TRIAL INSERT SIZE 1, 11MM	1
MUO-CCL200A	FEMORAL TRIAL - SIZE 2, RLLM	1
MUO-CCR200A	FEMORAL TRIAL - SIZE 2, RMLL	1
MUO-CBL200A	TIBIAL BASEPLATE TRIAL - SIZE 2 RLLM	1
MUO-CBR200A	TIBIAL BASEPLATE TRIAL - SIZE 2 RMLL	1
MUO-CBX209N	TIBIAL TRIAL INSERT SIZE 2, 9MM	1
MUO-CBX210N	TIBIAL TRIAL INSERT SIZE 2, 10MM	1
MUO-CBX211N	TIBIAL TRIAL INSERT SIZE 2, 11MM	1
MUO-CCL300A	FEMORAL TRIAL - SIZE 3, RLLM	1
MUO-CCR300A	FEMORAL TRIAL - SIZE 3, RMLL	1
MUO-CBL300A	TIBIAL BASEPLATE TRIAL - SIZE 3 RLLM	1
MUO-CBR300A	TIBIAL BASEPLATE TRIAL - SIZE 3 RMLL	1
MUO-CBX309N	TIBIAL TRIAL INSERT SIZE 3, 9MM	1
MUO-CBX310N	TIBIAL TRIAL INSERT SIZE 3, 10MM	1
MUO-CBX311N	TIBIAL TRIAL INSERT SIZE 3, 11MM	1
MUO-CCL400A	FEMORAL TRIAL - SIZE 4, RLLM	1
MUO-CCR400A	FEMORAL TRIAL - SIZE 4, RMLL	1
MUO-CBL400A	TIBIAL BASEPLATE TRIAL - SIZE 4 RLLM	1
MUO-CBR400A	TIBIAL BASEPLATE TRIAL - SIZE 4 RMLL	1
MUO-CBX409N	TIBIAL TRIAL INSERT SIZE 4, 9MM	1

INS-PK-UKA-TRL (Trial Set) - Continued

PART #	DESCRIPTION	QTY
MUO-CBX410N	TIBIAL TRIAL INSERT SIZE 4, 10MM	1
MUO-CBX411N	TIBIAL TRIAL INSERT SIZE 4, 11MM	1
MUO-CCL500A	FEMORAL TRIAL - SIZE 5, RLLM	1
MUO-CCR500A	FEMORAL TRIAL - SIZE 5, RMLL	1
MUO-CBL500A	TIBIAL BASEPLATE TRIAL - SIZE 5 RLLM	1
MUO-CBR500A	TIBIAL BASEPLATE TRIAL - SIZE 5 RMLL	1
MUO-CBX509N	TIBIAL TRIAL INSERT SIZE 5, 9MM	1
MUO-CBX510N	TIBIAL TRIAL INSERT SIZE 5, 10MM	1
MUO-CBX511N	TIBIAL TRIAL INSERT SIZE 5, 11MM	1
MUO-CCL600A	FEMORAL TRIAL - SIZE 6, RLLM	1
MUO-CCR600A	FEMORAL TRIAL - SIZE 6, RMLL	1

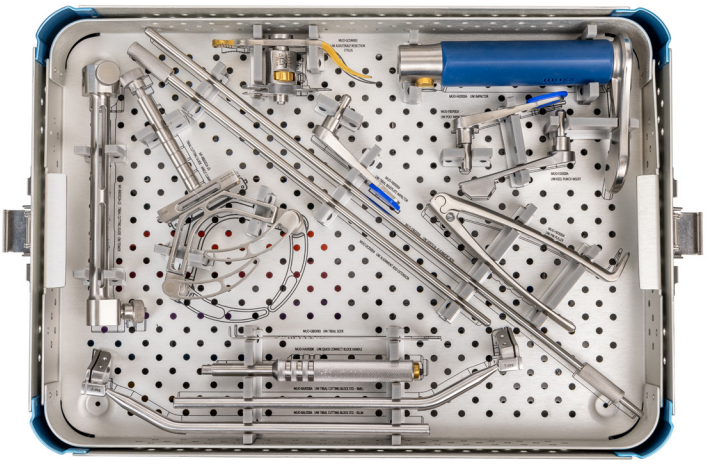
PART #	DESCRIPTION	QTY
MUO-CBL600A	TIBIAL BASEPLATE TRIAL - SIZE 6 RLLM	1
MUO-CBR600A	TIBIAL BASEPLATE TRIAL - SIZE 6 RMLL	1
MUO-CBX609N	TIBIAL TRIAL INSERT SIZE 6, 9MM	1
MUO-CBX610N	TIBIAL TRIAL INSERT SIZE 6, 10MM	1
MUO-CBX611N	TIBIAL TRIAL INSERT SIZE 6, 11MM	1
MUO-HCXM00K	FEMORAL EXTRACTOR	1
MUO-SAXX00A	BONE FILE	1
MUO-IAXX00A	CEMENT CURETTE TOOL	1
MUO-HBXX00A	TIBIAL TRIAL EXTRACTOR	1
MUO-MAXX00A	LIGAMENT RETRACTOR	1

INS-PK-UKA (Instrument Set - Top Tray)



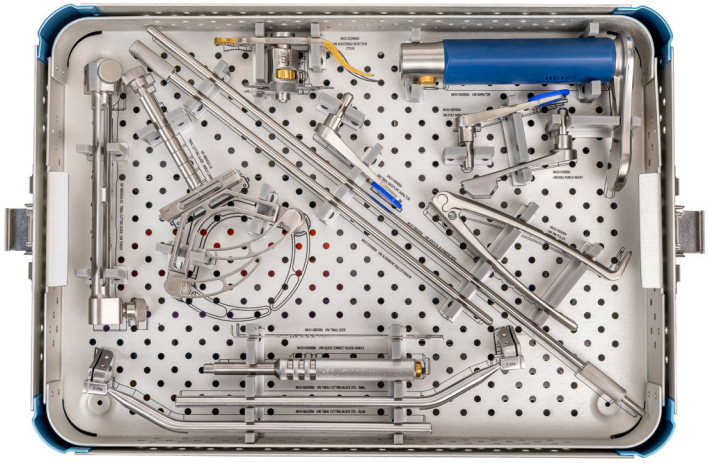
PART #	DESCRIPTION	QTY
MF-BBXX02A-15	TIBIAL CUTTING GUIDE - EM TOWER	1
MF-BBXX02A-16	TIBIAL CUTTING GUIDE - ANKLE CLAMP	1
MUO-DBXX00A	VERTICAL ALIGNMENT ROD	1
MUO-DCXX00A	ALIGNMENT ROD EXTENSION	1
MUO-GCXM00J	ADJUSTABLE RESECTION STYLUS	1
MUO-FBXX00A	TIBIAL BASEPLATE IMPACTOR	1
MUO-FAXX00A	IMPACTOR	1
MUO-FBXP00A	POLY IMPACTOR INSERT	1
MUO-FJXX00A	KEEL PUNCH INSERT	1
MUO-HIXX00A	PIN PULLER	1
MUO-GBXX00J	TIBIAL SIZER	1
MUO-HAXX00K	QUICK CONNECT BLOCK HANDLE	1
MUO-BARX00A	TIBIAL CUTTING BLOCK STD. - RMLL	1
MUO-BALX00A	TIBIAL CUTTING BLOCK STD. – RLLM	1

INS-PK-UKA (Instrument Set- Bottom Tray)



PART #	DESCRIPTION	QTY
MUO-CBX100A	TIBIAL PREP TRAY - SIZE 1	1
MUO-CBX200A	TIBIAL PREP TRAY - SIZE 2	1
MUO-CBX300A	TIBIAL PREP TRAY - SIZE 3	1
MUO-CBX400A	TIBIAL PREP TRAY - SIZE 4	1
MUO-CBX500A	TIBIAL PREP TRAY - SIZE 5	1
MUO-CBX600A	TIBIAL PREP TRAY - SIZE 6	1
MUO-BCXX00A	DISTAL CUTTING BLOCK	1
MUO-ICX100S	DISTAL CUTTING BLOCK SHIM - 1MM	2
MUO-ICX200S	DISTAL CUTTING BLOCK SHIM - 2MM	2
MUO-ICX300S	DISTAL CUTTING BLOCK SHIM - 3MM	2
MUO-ICX400S	DISTAL CUTTING BLOCK SHIM - 4MM	2
MUO-BCX100A	FEMORAL FINISHING BLOCK - SIZE 1	1
MUO-BCX200A	FEMORAL FINISHING BLOCK - SIZE 2	1
MUO-BCX300A	FEMORAL FINISHING BLOCK - SIZE 3	1

INS-PK-UKA (Instrument Set- Bottom Tray) - Continued



PART #	DESCRIPTION	QTY
MUO-BCX400A	FEMORAL FINISHING BLOCK - SIZE 4	1
MUO-BCX500A	FEMORAL FINISHING BLOCK - SIZE 5	1
MUO-BCX600A	FEMORAL FINISHING BLOCK - SIZE 6	1
MUO-EIXX00D	DRILL PIN DRIVER SHORT	1
MUO-EIXX00E	DRILL PIN DRIVER LONG	1
MUO-BAXX00G	SAW VISUALISATION WING	1
MUO-ECXX00A	PEG DRILL – FEMORAL	1
MUO-FCXP00A	FEMORAL IMPACTOR INSERT	1
-	KNEE PIN BOX containing the following:	1
MUO-DGXX00E	STRAIGHT PIN LONG	4
MUO-DGXX00D	STRAIGHT PIN SHORT	4
MUO-DHXX00D	HEADED PIN SHORT	4
MF-DAXX00F	THREADED PIN	2
MUO-DSXX00F	THREADED PIN SHORT	2
MUO-EBXX00A	PEG DRILL – TIBIAL	1
MUO-CBX106V	TIBIAL TRIAL 6 - 7MM, SIZE 1	1
MUO-CBX108V	TIBIAL TRIAL 8 - 9MM, SIZE 1	1
MUO-CBX110V	TIBIAL TRIAL 10 - 11MM, SIZE 1	1
MUO-CBX206V	TIBIAL TRIAL 6 - 7MM, SIZE 2	1
MUO-CBX208V	TIBIAL TRIAL 8 - 9MM, SIZE 2	1
MUO-CBX210V	TIBIAL TRIAL 10 - 11MM, SIZE 2	1
MUO-CBX306V	TIBIAL TRIAL 6 - 7MM, SIZE 3	1
MUO-CBX308V	TIBIAL TRIAL 8 - 9MM, SIZE 3	1
MUO-CBX310V	TIBIAL TRIAL 10 - 11MM, SIZE 3	1
MUO-CBX406V	TIBIAL TRIAL 6 - 7MM, SIZE 4	1
MUO-CBX408V	TIBIAL TRIAL 8 - 9MM, SIZE 4	1
MUO-CBX410V	TIBIAL TRIAL 10 - 11MM, SIZE 4	1
MUO-CBX506V	TIBIAL TRIAL 6 - 7MM, SIZE 5	1
MUO-CBX508V	TIBIAL TRIAL 8 - 9MM, SIZE 5	1
MUO-CBX510V	TIBIAL TRIAL 10 - 11MM, SIZE 5	1
MUO-CBX606V	TIBIAL TRIAL 6 - 7MM, SIZE 6	1
MUO-CBX608V	TIBIAL TRIAL 8 - 9MM, SIZE 6	1
MUO-CBX610V	TIBIAL TRIAL 10 - 11MM, SIZE 6	1

Notes

Pursue Life

For more information about Freedom® Knee System please contact your local representative.

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Freedom® Partial Knee System

℞ only

Maxx Orthopedics, Inc.
2460 General Armistead Ave, Ste 100
Norristown, Pa 19403 USA

Carefully read all instructions and be familiar with the surgical techniques prior to use.

Please see the package insert for complete device description, product selection information, indications, contraindications, precautions, adverse effects, warnings, materials, sterilization and patient guidance associated with Freedom Total Knee® System

CAUTION: THIS DEVICE IS RESTRICTED TO SALE BY OR ON THE ORDER OF A LICENSED PHYSICAN

WARNING: THIS DEVICE IS INTENDED FOR CEMENTED USE ONLY

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MXO-MP00054 R01 03/25

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