

STEP 1: Scheduling a CT scan

Developing your personalized implant begins with images of your knee. Your doctor will give you a prescription to have a diagnostic scan at a nearby imaging center.

STEP 2: Getting your knee scanned

The imaging center will take a CT scan of your leg and send a diagnostic report to your surgeon for evaluation.

STEP 3: Recreating your knee

Using your CT scan, a computer generated 3-D virtual model of your knee is developed and will be used to individualize your implant for a personalized fit and correct alianment.

STEP 4: Personalizing the implant

Using a proprietary process, your implants are designed and manufactured for delivery in 6 weeks.

STEP 5: Preparing for surgery

Your implant will be delivered to your surgeon for the day of surgery. Speak to your surgeon about scheduling your surgery and what to expect.

STEP 6: Getting back on your feet

While every person's experience is different, many people return to their daily activities within 6 weeks. More physical activities such as sports may take up to 3 months. Consult your doctor or physical therapist about your individual goals and limitations.

Symptoms of osteoarthritis in the knee:

- Knee pain associated with:
- Standing or walking short distances
- Climbing up or down stairs
- Sitting in or standing up out of chairs
- Initial pain and/or stiffness with activities initiated from a sitting position
- Stiffness in the knee after getting out of bed
- A crunching sensation when the knee is used



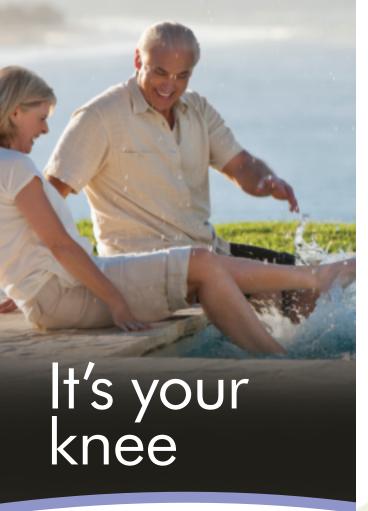
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The iTotal CR Knee Replacement System (KRS) is intended for use as a total knee replacement in patients with knee joint pain and disability whose conditions cannot be solely addressed by the use of a prosthetic device that treats only one or two of the three compartments. Only a licensed physician can help you determine the appropriate medical treatment. There are potential risks to knee replacement surgery, and individual results may vary. Before making any decisions concerning medical treatment, consult your physician regarding your options and the risks of those options. The longevity, performance and feel of any knee implant will depend on various factors, including your physical condition, your activity level, adherence to your physician's instructions, and other factors.

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Help keep it that way

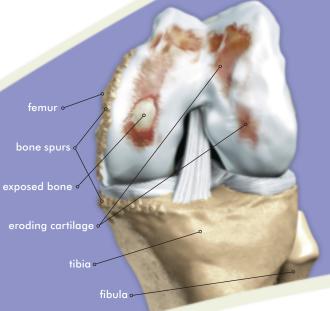
PERSONALIZED TOTAL KNEE IMPLANTS



Osteoarthritis the disease

Osteoarthritis (OA) is the most common form of arthritis, affecting tens of millions of people worldwide. It is a degenerative joint disease characterized by the breakdown and eventual loss of joint cartilage. The breakdown and wearing away of cartilage causes the bones to rub together resulting in extreme pain. OA resulting from "wear and tear" is the most common reason individuals need to undergo knee replacement surgery.

How osteoarthritis affects the knee





Left Knee: Osteoarthritis can affect one, two or all three compartments of the knee.

Understanding your knee.

Your knee joint is formed by the intersection of the femur (thigh bone), the tibia (shin bone), and the patella (the knee cap). These bones form three "compartments" or sections.

- Medial compartment (inner half of your knee)
- 2 Lateral compartment (outer half of your knee)
- 3 Patella femoral compartment (behind the knee cap)

In a normal functioning knee, each bone glides smoothly against the other on a layer of cartilage that covers the ends of the bone. In a knee joint affected by osteoarthritis, the smooth cartilage lining on the inside of the joint has worn away. Your surgeon can determine the extent and severity of your OA.

Total Knee Replacement

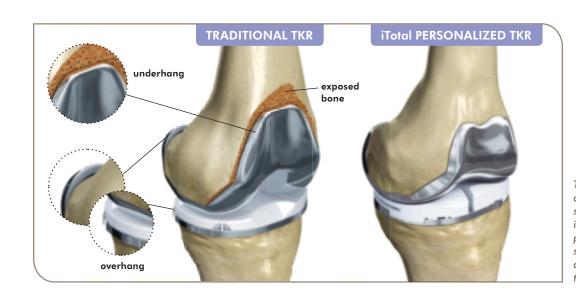
Total knee replacement (TKR), also referred to as total knee arthroplasty (TKA), is a surgical procedure where worn, diseased, or damaged surfaces of a knee are removed and replaced with artificial surfaces. Materials used for resurfacing of the joint are not only strong and durable but also optimal for joint function as they produce little friction.

The goal of total knee replacement surgery is to provide you with a durable solution that can resolve pain, allowing you to stand, sit, walk, and perform other normal activities of daily living.

Who is a candidate for Total Knee Replacement?

Total knee replacements are usually performed on people suffering from painful arthritic conditions of the knee severe enough to limit one's normal day-to-day activities. Only your physician can determine if you are a good candidate for total knee replacement.

Generally, a person would be considered for a total knee replacement if the individual experiences daily pain, restricting not only work and recreation but also the ordinary activities of daily living. There must also be evidence of significant disease in the knee, which can be determined by your doctor based on clinical examination and imaging tests such as X-rays, MRIs, or CT scans.



The ConforMIS approach makes sure that your implant is made to fit you precisely, avoiding sizing and fit issues common to standard total knee implants.

The ConforMIS PERSONAL advantage

The iTotal is designed to fit your anatomy and only your anatomy.

Combining proven total knee replacement (TKR) principles with the unique advantages of a ConforMIS patient-specific knee system, ConforMIS has developed the only personalized total knee system designed to conform precisely to your unique anatomy.



- The iTotal personalized knee implant is specifically designed to fit your knee, avoiding the sizing and positioning compromises common with traditional "off the shelf" total knee replacements that can lead to long-term painful outcomes.
- The iTotal is designed to mimic the natural shape of your femur, one of the key determinants of the way your knee moves when you bend and flex. By restoring your shape rather than replacing the femur with a standardized geometry, your knee may feel more like your natural knee.
- The iTotal follows an innovative design approach, allowing for a personalized femoral component that is thinner than traditional total knee replacements.
 A thinner implant can preserve more of your bone, which may be beneficial for future treatment options.



1 Mahoney OM, Kinsey T. Overhang of the femoral component in total knee arthroplasty: risk factors and clinical consequences. J Bone Joint Surg [Am] May 2010, Vol. 92-A, No. 5, pp. 1115-1121.