

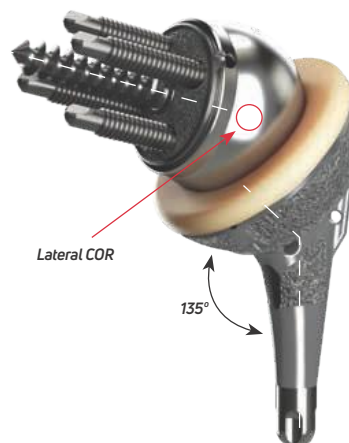
## Reaching Higher by Design

The anatomically-based, data-driven AltiVate Reverse® system incorporates enhanced fixation technologies and precision instrumentation for exceptional fit in more of your patients.<sup>1</sup> This system includes the first fully-convertible, inlay short stem on the market.



## Anatomically-Based, Data-Driven Innovation

The AltiVate Reverse stems were optimally designed to match more patients' anatomies for anatomic and reverse total shoulder arthroplasty, based on anatomic studies and over 10 years of proven clinical data.<sup>15</sup> They are also ideally suited for proximal humerus fracture treatment with or without the use of cement.



# Precision Instrumentation

The AltiVate Reverse® instrumentation can accommodate two different surgical approaches: metaphyseal-referenced (implant position is based on the fit in the metaphysis) and diaphyseal-referenced (implant position is based on the fit in the humeral canal).

## Metaphyseal-Referenced Approach



## Diaphyseal-Referenced Approach



# Designed With Revision In Mind



**Osteotome Slots\*\***  
 For access to areas of P<sup>2</sup> and medial side of bone graft window of proximal portion of stem  
 \*\*Standard Shell Only

**Polished Distal Stem\*\*\***  
 Designed to discourage bony ongrowth for the standard length stem  
 \*\*\*48mm and 108mm length only

**Specific Revision Instrumentation**  
 Designed to remove the stem with minimal bone loss

**References**

- <sup>1,2,3</sup>Data on file at DJO Global. Laboratory testing does not necessarily indicate clinical performance.
- <sup>4</sup>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.
- <sup>5</sup>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.



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