EXPERIENCE THE CARTIVA® SYNTHETIC CARTILAGE IMPLANT (SCI) DIFFERENCE

UNLIKE FUSION, CARTIVA® SCI HELPS REDUCE PAIN WHILE PRESERVING MOTION OF THE FIRST MTP JOINT FOR PATIENTS WITH OSTEOARTHRITIS1,2

• An innovative, motion-preserving alternative to first MTP joint fusion1
• Proven through rigorous clinical study and evaluation
  – Best-in-class, Level 1 clinical research evidence demonstrates effectiveness and safety in the largest and longest prospective, randomized, multi-center study of its kind1,2
  – Met FDA’s rigorous standards for premarket approval of an orthopedic device or implant3
  – 1st and only FDA-approved synthetic cartilage-like implant to treat the pain of hallux rigidus3
• 93% of patients* said they would undergo surgery with CARTIVA® SCI again2

*Surveyed at 5.8 years post-surgery
LONG-LASTING PAIN REDUCTION AND MOBILITY *

SHORT-TERM RESULTS WITH CARTIVA® SYNTHETIC CARTILAGE IMPLANT (SCI)¹

Patients may experience:
- Significantly less pain as soon as 2 weeks post-surgery
- Significantly improved foot and ankle function as soon as 3 months post-surgery

LONG-TERM RESULTS: 5.8 YEARS OUTCOMES WITH CARTIVA® SCI

-97%

REDUCTION IN PAIN⁴,⁵
Based on patient reported outcomes using the Visual Analog Scale for Pain

+176%

IMPROVEMENT IN FUNCTION⁴,⁵
Based on patient reported outcomes using the validated Foot and Ankle Ability Measure (FAAM) Sports score

93%

PATIENT SATISFACTION²
93% of patients said they would undergo the CARTIVA® implant surgery again

Substantial Pain Reduction²,⁴ N = 106

Substantial Functional Improvement²,⁴ N = 105
CARTIVA® SCI—the first and only FDA-approved implant of its kind—is uniquely engineered to preserve current first MTP joint motion and reduce hallux rigidus pain so patients can enjoy improved mobility.* 1-3

Made of rigorously tested proprietary biomaterial with properties that mimic human cartilage5,6

- Compressible
- Durable
- Biocompatible
- Low co-efficient of friction

Now optimized for increased efficiencies

- New drill bit with two options that enable you to place the implant proud at ~0.5-1.5 mm or ~1.5-2.5 mm
- Next-generation instrumentation available in convenient, single-use kits

WHO ARE GOOD CANDIDATES FOR CARTIVA® SCI?

CARTIVA® SCI is an excellent option for patients with big toe arthritis with good alignment of the toe, who wish to retain first MTP joint motion and obtain substantial pain reduction and improved function.7

- Patients with Grades 2 to 4 hallux rigidus are most viable8
- Early surgical correction may help prevent further limitation of joint motion9

For a list of indications and contraindications for CARTIVA® SCI, see the back panel.

*Mobility measured using patient reported outcomes from the Foot and Ankle Measure (FAAM) Sports score
EARLY MOTION-PRESERVING BENEFITS THAT FUSION CAN’T PROVIDE

Advantages for patients with CARTIVA® SCI vs fusion:

- Faster return to activities
- Ability to bear weight immediately
- No cast or boot
- Less restrictive rehab protocol

THE CARTIVA® SCI DIFFERENCE: RECOVERY PERIOD BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>CARTIVA® SCI</th>
<th>First MTP joint fusion (arthrodesis)</th>
<th>nominal p-value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>[N=129] 60.9% ± 20.7</td>
<td>[N=49] 59.4% ± 22.2</td>
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<tr>
<td>Week 6</td>
<td>[N=127] 67.3% ± 20.6</td>
<td>[N=48] 53.4% ± 26.4</td>
<td>p&lt;0.002</td>
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THE CARTIVA® SCI DIFFERENCE: INTRA-OPERATIVE BENEFITS

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>40% less procedure time</td>
<td>[N=112] 35 ± 12.3</td>
<td>[N=39] 58 ± 21.5</td>
<td>p&lt;0.001</td>
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<tr>
<td>(mean ± SD, in minutes)</td>
<td></td>
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<tr>
<td>30% minutes less anesthesia</td>
<td>[N=137] 67 ± 27.8</td>
<td>[N=44] 95 ± 41.1</td>
<td>p&lt;0.001</td>
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<td>time (avg)</td>
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MOTION-PRESERVING, PAIN-REDUCING, MOBILITY-ENHANCING* INNOVATION FROM WRIGHT MEDICAL

* p-value is not adjusted for multiple comparisons
HELPING YOUR PATIENTS
UNDERSTAND WHAT TO EXPECT WITH CARTIVA® SCI

Pain reduction
-Patients may experience significant pain reduction as soon as 2 weeks post-surgery. As with any motion-preserving orthopedic procedure, there will be some residual pain that improves over time.\(^1,7\)
- More complete pain reduction takes 3-6 months.\(^1,7\)

Toe motion
- The ability to bend the toe generally returns to baseline within 2 weeks and continues to improve over the next 2 years post-surgery.\(^1,7\)

Foot mobility (sports-related)
- Patients generally return to baseline foot function* by week 6 (mean) and continue to improve through year 2.\(^1\)
- Patients are advised not to return to fast walking, running, hopping, or toe-impact exercises (eg, soccer) for 3 months post-surgery. After this, return to activity should be gradual and always with a shoe, not a bare foot.\(^7\)

Healing & recovery
- Even though patients resume wearing their normal shoes, this does not mean that healing is complete.
- Patients should be given range-of-motion exercises for home or might have formal physical therapy if requested.
- Overall, it can take 6 to 12 months for optimal recovery.

The CARTIVA® SCI Recovery Guide is a comprehensive resource to help patients better understand and follow rehabilitation protocol after surgery.

CARTIVA® SCI DOES NOT BURN BRIDGES
SURGERY WITH CARTIVA® SCI DOES NOT PRECLUDE THE OPTION OF FUTURE FUSION, SHOULD IT BE NEEDED\(^1\)

CONSIDER CARTIVA® SCI
to help preserve patients’ MTP joint motion and substantially reduce their hallux rigidus pain.\(^1,2\)

*Mobility measured using patient reported outcomes from the Foot and Ankle Measure (FAAM) Sports score
BRIEF SUMMARY OF IMPORTANT PRODUCT INFORMATION

INDICATIONS
The CARTIVA® Synthetic Cartilage Implant is intended for use in the treatment of patients with painful degenerative or posttraumatic arthritis (hallux limitus or hallux rigidus) in the first metatarsophalangeal joint with or without the presence of mild hallux valgus, defined as a hallux valgus angle less than or equal to 20° (greater than 20° was an exclusion criteria in the clinical study).

CONTRAINDICATIONS
The CARTIVA® SCI should not be implanted in subjects with the following conditions:
- Active infection of the foot
- Known allergy to polyvinyl alcohol
- Inadequate bone stock due to significant bone loss, avascular necrosis, and/or large osteochondral cyst (> 1 cm) of the metatarsophalangeal joint
- Lesions of the first metatarsal head greater than 10 mm in size
- Diagnosis of gout with tophi
- Physical conditions that would tend to eliminate adequate implant support (e.g., insufficient quality or quantity of bone resulting from cancer, congenital dislocation, or osteoporosis), systemic and metabolic disorders leading to progressive deterioration of bone (e.g., cortisone therapies or immunosuppressive therapies), and/or tumors of the supporting bone structures.

PRECAUTIONS
The safety and effectiveness of this device has not been established in subjects with the following conditions:
- Pediatric patients (< 22 years of age)
- Subjects with osteonecrosis of the first metatarsophalangeal joint
- Osteoarthritis involving the first metatarsophalangeal joint with grade 0 or 1 hallux rigidus per the Coughlin Scale® [Coughlin 2003/ p 2073/ Table 1]

Cartiva® is not right for everyone and only your doctor can determine whether Cartiva® is right for you. Speak to your doctor to see if Cartiva® is right for you. Individual results and activity levels after surgery vary and depend on many factors including age, weight, and prior activity level and your results and activity levels may not be the same as those referenced in this brochure. There are risks and recovery times associated with any surgery and there are certain individuals who should not undergo surgery. Only your doctor can tell you if Cartiva® and the associated procedure are right for you and your unique circumstances. Please consult with your doctor for complete information regarding benefits, risks, anticipated implant duration and possible outcomes.

The safety and effectiveness of the CARTIVA® SCI device for treatment in the presence of hallux varus to any degree or hallux valgus > 20° is unknown.

The safety and effectiveness of using more than one CARTIVA® SCI device per joint is unknown.

The safety and effectiveness of the CARTIVA® SCI device at anatomic locations other than the first metatarsophalangeal joint is unknown.

The CARTIVA® SCI device should only be used by experienced surgeons who have undergone training in the use of this device. A lack of adequate experience and/or training may lead to a higher incidence of adverse events.

Examine all instruments prior to surgery for wear or damage. Replace any worn or damaged instruments.

Use aseptic technique when removing the CARTIVA® SCI device from the innermost packaging.

Carefully inspect the device and its packaging for any signs of damage, including damage to the sterile barrier. Do not use CARTIVA® SCI devices if the packaging is damaged or the implant shows signs of damage.

Use care when handling the CARTIVA® SCI device to ensure that it does not come in contact with objects that could damage the implant. Damaged implants are no longer functionally reliable.

The CARTIVA® SCI device should not be used with components or instruments from other manufacturers.

CARTIVA® SCI device should not be re-used or re-implanted. Ensure proper alignment and placement of device components as misalignment may cause excessive wear and/or early failure of the device.

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12. Patients were queried. “How would you rate your current level of function during your sports related activities from 0 to 100 with 100 being your level of function prior to your foot or ankle problem and 0 being the inability to perform any of your usual daily activities?”