

Helping you treat  
more patients,  
effectively.



# Targeted treatment for each patient.



*“Success may mean as little as lifting a cup of coffee without pain or as big as getting back to a full-time job.”*

**Anders Ekelund, MD**

Capio St. Görans Hospital, Stockholm, Sweden.

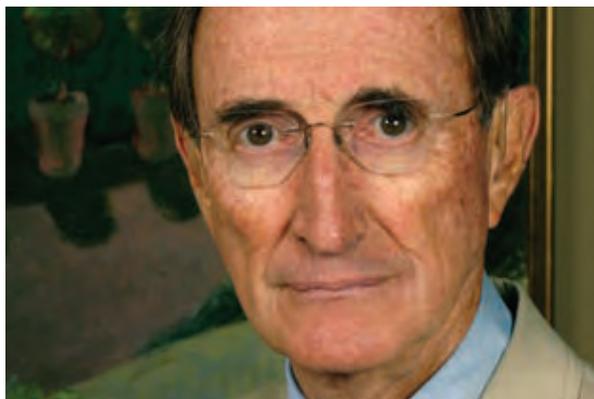
Associate Professor, Chief of Upper Extremity Unit, Department of Orthopaedics.

Dr. Ekelund has been performing all types of shoulder surgery, open and arthroscopic, for over fifteen years, with a special interest in fractures and arthroplasty. His practice, which is one of the largest in Sweden, carries out between 700-800 shoulder surgeries a year with around 90-95 shoulder arthroplasties.

The guiding principle that an implant system should be designed to match surgical need, rather than surgery that seeks to adapt to a given implant, has produced a range in the DePuy portfolio of shoulder products that equips the surgeon to respond to each individual patient's condition. For all, the mark of success is that pain relief through recovery of function is achieved for the widest range of patients.



# Proven implants.



*“We now have over 17 years experience with the Global® Shoulder. Results show that 90% of patients have the same implant at 10 years.<sup>1</sup> That’s why I believe the techniques and implants we use should be founded on good long-term experience.”*

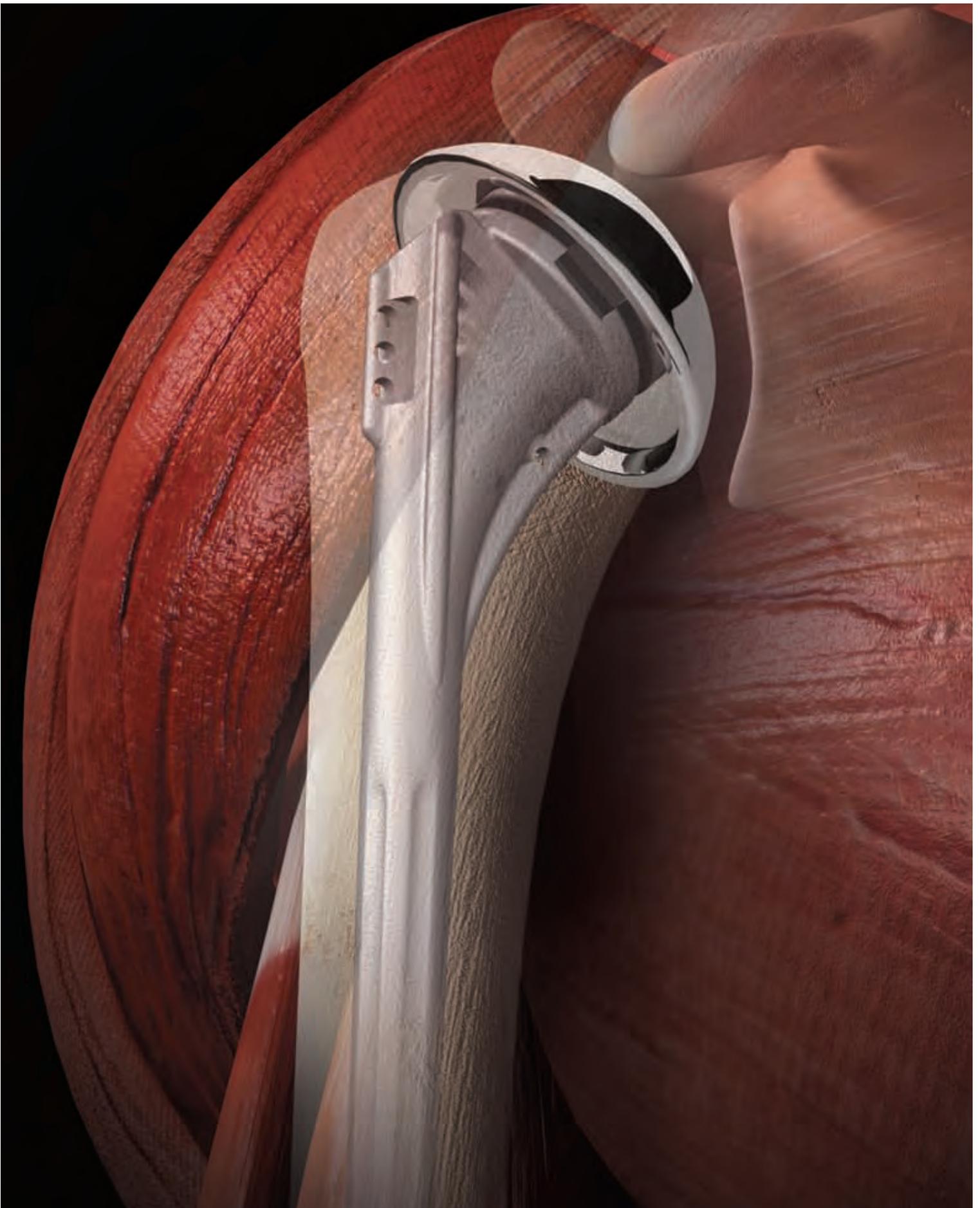
**Charles A. Rockwood, Jr., MD**

University of Texas Medical School, San Antonio, TX.

Professor and Chairman Emeritus, Department of Orthopaedics.

Seen by many as the founding father of shoulder surgery in the United States, Dr. Rockwood still maintains an active practice in the management of shoulder problems. He does between 50 and 100 operative procedures per year, with the majority of these being complex revision arthroplasties.

From the Global® and Delta Total Shoulder Systems to the Global C.A.P.™ resurfacing implant, the DePuy portfolio has a remarkable heritage of leadership and clinical success, benefiting from long-term experience and a considered program of meticulous refinement. Implant design uniquely respects the natural anatomy and biomechanical function of the joint. Detailed profiling matches internal geometry, advanced interfaces can provide secure fixation and bearing surfaces are characterized by low wear with a high resistance to stress.



# Considered innovation.



*“This is about responsible innovation, building on experience and making sure we achieve the best solution for all of our patients.”*

**Ludwig Seebauer, MD**

Klinikum München-Bogenhausen, Teaching Hospital of the Technical University, Munich, Germany. Chairman, Department of Orthopaedics and Sports Medicine. Director of the Centre of Orthopaedics, Sports Medicine and Traumatology.

Specializing in shoulder surgery since 1991; Dr. Seebauer is a traveling fellow with Dr. Rockwood in San Antonio, Dr. Bigliani in New York and Dr. Snyder in Los Angeles. He has published in Europe on shoulder arthroplasty, biomechanics and the treatment of large and massive rotator cuff tears. His practice treats 800 cases, performing 200 shoulder arthroplasties each year.



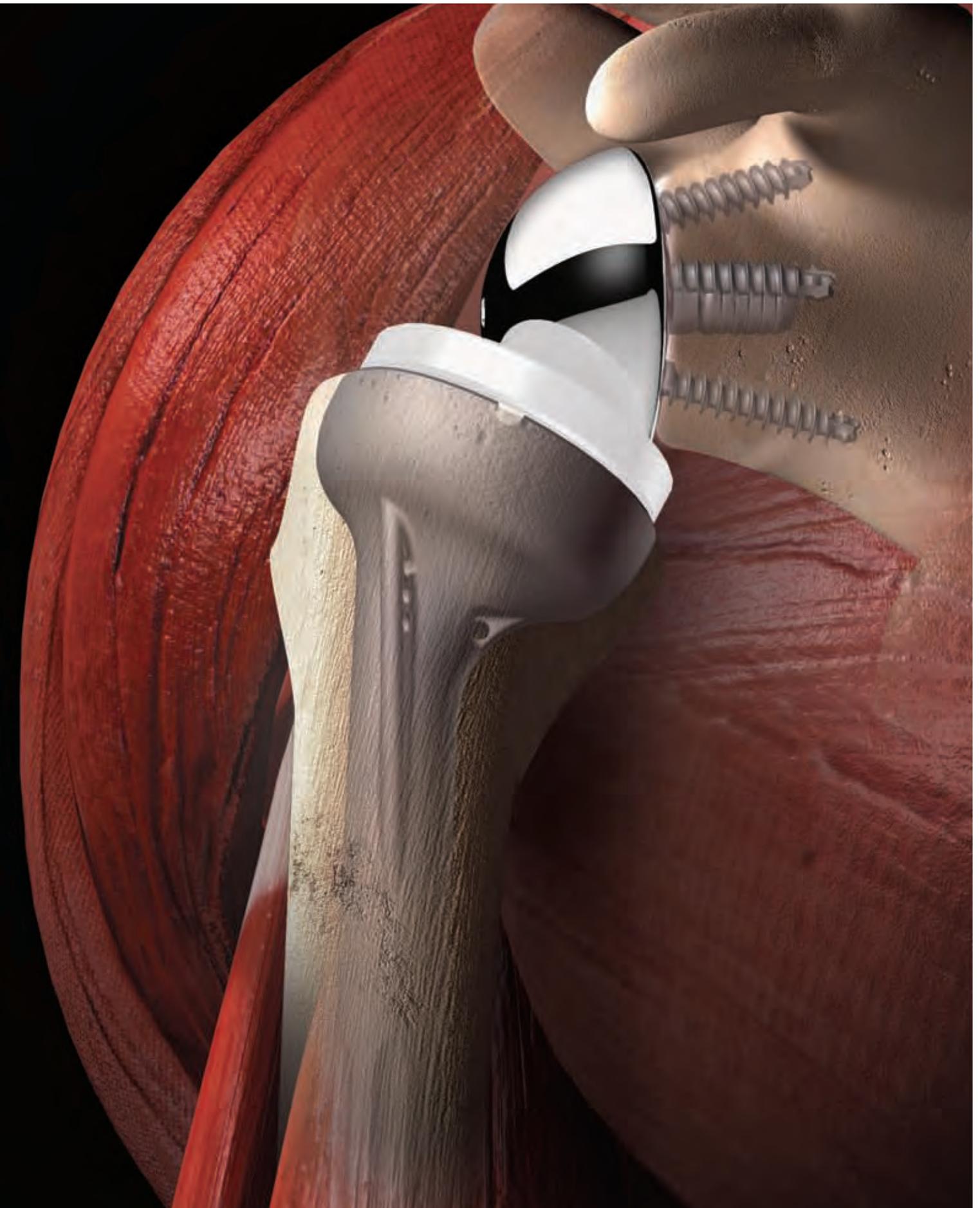
*“The biggest benefit of a global surgeon development team, is that experience and innovative ideas are shared, considered and carefully evaluated before each improvement is introduced for clinical use.”*

**Carl J. Basamania, MD**

Duke University Medical Center, Durham, NC. Chief, Adult Reconstructive Shoulder Surgery, Duke University Medical Center.

Dr. Basamania has over 15 years experience as a specialist shoulder surgeon and his practice carries out approximately 600 operative procedures with 250 arthroplasties each year.

Along with the original, farsighted thinkers who have been responsible for many of the major developments in shoulder surgery that have taken place over the past twenty years, a dedicated group of world leading surgeons leads today's implant innovation. Each brings experience gained in extensive practice treating the widest possible range of patient conditions. Working together with DePuy research and development bioengineers, they help to ensure that improvements are just that, and change is driven by surgical need rather than passing trend.





# Sharing knowledge.



*“Sharing our understanding of shoulder biomechanics and passing on hard earned lessons in developing good technique and in dealing with difficult situations is the only way to improve our results in general.”*

**Gerald R. Williams, Jr., MD**

The Rothman Institute at Jefferson

Shoulder and Elbow Service

Professor, Orthopaedic Surgery

Thomas Jefferson University Philadelphia, PA.

Since 1992, Dr. Williams' practice has specialized in the diagnosis and management of shoulder problems. He is a member of the American Shoulder and Elbow Surgeons and is a corresponding member of the European Society for Surgery of the shoulder and elbow. His practice performs some 450 shoulder procedures each year.



*“The importance of Professional Education cannot be underestimated.”*

**Joseph P. Iannotti, MD, PhD**

The Cleveland Clinic Foundation, Cleveland, OH.

Maynard Madden Professor, Chairman Department of

Orthopaedic Surgery Cleveland Clinic Foundation.

Dr. Iannotti has over twenty-two years experience as an orthopaedic surgeon. He specializes in shoulder surgery and performs 280 surgical cases each year, 110 of which are for prosthetic replacements.

The DePuy Professional Education program is led and supported by an excellent faculty of surgeons. Courses are formulated to offer guidance for attendees approaching the basic principles of shoulder surgery, including the management of complex, challenging procedures that employ new and advanced techniques. In addition to providing hints and tips gained through practical experience, patient assessment, preoperative planning and implant selection are also discussed, with detailed evaluation of case studies. Courses are open to all surgeons.

# Helping you treat more patients, effectively.



*"It is clear from the published results that those patients who need just one surgery are the ones who do best.<sup>2</sup> Being able to use the most appropriate, proven implant for every patient is surely the ideal."*

**Michael A. Wirth, MD**  
University of Texas Medical School, San Antonio, TX.  
Professor and The Charles A. Rockwood, Jr.,  
Chair of Orthopaedics.

Dr. Wirth has practiced at the University of Texas Medical School San Antonio for over 16 years and has been an American Shoulder and Elbow Traveling Fellow since 1995. He has published extensively on the clinical outcomes for shoulder surgery and performs around 200 plus shoulder surgeries per year.



*"The patient should be the constant guiding factor. Having the right implant and the best surgical technique is important."*

**Laurent Lafosse, MD**  
Clinique Générale d'Annecy  
Annecy, France Member of the Board,  
Head of Shoulder Department,  
President of Alps Surgery Institute.

Dr. Lafosse has specialized in upper extremity and mainly shoulder surgery since 1988. He lectures and presents extensively, with over 35 arthroscopic and arthroplasty shoulder courses organized in Annecy. Dr. Lafosse has a special interest in interactive learning.

The DePuy shoulder range comprehensively equips the clinical team for addressing fractures and performing primary and revision arthroplasty through the treatment of gross instability and final stage revisions. This unique portfolio of implant systems and associated instruments offers a precise response for each indication. Proven implants for patients, innovation tested by experience and a professional education program with support from knowledgeable and experienced technical representatives make today's shoulder system the foundation for treating more patients, effectively.

# Implant matrix

FRACTURE / INSTABILITY					
	STEM	OTHER			
		Global Fx™ (PC and Non PC)	S3™ Proximal Humerus Plate	SNP™	VersaNail®
					
ROTATOR CUFF					
	PRIMARY / REPAIRABLE		REVERSE SHOULDER		
	CTA Humeral Head	Restore® Patch	Delta CTA®	Delta Xtend™	
					
ARTHRITIS					
	PRIMARY	GLENOID		RESURFACING	
	Global Advantage™ (PC and Non PC)	Global AP™	Global® A.P.G. Anchor Peg Glenoid	Global C.A.P.™	
					

## FRACTURE / INSTABILITY

	STEM	OTHER			
	Global Fx™ (PC and Non PC)	S3™ Proximal Humerus Plate	SNP™	VersaNail®	AC Screw, Clavicle Pin
					

## ROTATOR CUFF

	PRIMARY / REPAIRABLE		REVERSE SHOULDER	
	CTA Humeral Head	Restore® Patch	Delta CTA®	Delta Xtend™
				

## ARTHRITIS

	PRIMARY		GLENOID	RESURFACING
	Global Advantage™ (PC and Non PC)	Global AP™	Global® A.P.G. Anchor Peg Glenoid	Global C.A.P.™
				

References:

1. Haines, J.F., I.A. Trail, D. Nuttall, A. Birch and A. Barrow. "The Results of Arthroplasty in Osteoarthritis of the Shoulder."  
*The Journal of Bone and Joint Surgery [Br]* Vol. 88-B, No. 4, April 2006: 496-501.
2. Bohsali, K.I., M.A. Wirth and C.A. Rockwood, Jr. "Complications of Total Shoulder Arthroplasty."  
*The Journal of Bone and Joint Surgery* Vol. 88-A, No. 10, October 2006: 2279-2292.



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