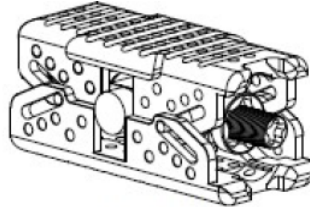
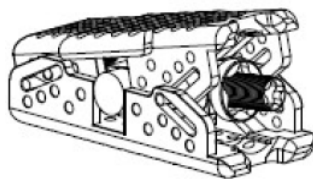


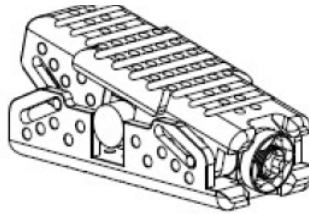
FULLY COMPRESSED



FULL EXPANSION



PROXIMAL EXPANSION ONLY



DISTAL EXPANSION ONLY

iOrthopedics, Inc. (iOI) is developing Gobi spine fusion technology, for novel disc space arthrodesis. Implants offer 3D anatomic correction, expanding at either or both ends, to fix the horizontal disc space, improving longitudinal spine deformity. Based on Universally Expanding Cage (UEC) IP, the latest Gobi system enables sizing to fit clinical needs. Surgeons create ideal apposition between vertebrae. Cage surfaces hold endplates during and after surgery to emulate ultimate solid construct... "No motion, no pain". The Gobi morphs to correct spine pathologies, controlled proximally with axial removable rods. Designs apply to cervical through lumbar fusions, insertion through any entry portal, improving deformity for ADL comfort. Gobi integrates natural and prosthetic components to initiate healing via minimally invasive surgery.

Gobi team success with cage commercialization from LEC anterior designs, to SEC or AccuLIF TLIF cages, have enjoyed FDA, investor and patient support, now culminating is the best spine cage. Robert Thomas Grotz, M.D., Surgeon Inventor, iOI.

See Gobi Video:

https://youtu.be/uwyrTFFB0_s

A method of adjusting a spine comprising, implanting at least one adjustable medical implant between a first vertebral bone endplate and a second vertebral bone endplate, the implant comprising, a proximal end, a distal end, a first adjustment tool and a second adjustment tool wherein the first adjustment tool adjusts one of the proximal end or the distal end of the implant and the second adjustment tool adjusts the other of the proximal end of the implant or the distal end of the implant wherein the first adjustment tool and the second adjustment tool are located at the proximal end of the implant and the first adjustment tool and the second adjustment tool are coaxially nested one within the other and independently rotatable, and performing the step of (a) actuating the first adjustment tool, (b) actuating the second adjustment tool or (c) independently actuating both the first adjustment tool and second adjustment tool, such that when any of steps (a), (b) or (c) are taken the proximal end of the implant and the distal end of the implant are independently adjusted.

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