

UEC

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US9999515 US10085846 US10226356
US10500059

PATENTED
TECHNOLOGY

Claim 1 of US9861494

UNIVERSALLY EXPANDING CAGE

Enables spine fusion C to LS
Expands uniformly or at either end
Corrects disc spacing and spine deformity



iOrthopedics, Inc. (iOI) is developing novel spine technology to aide correction of horizontal disc space pathology, aiding longitudinal deformity. The Universally Expanding Cage (UEC) can change size during implantation, allowing surgeons to modify disc space fit for ideal apposition between vertebrae for each patient. UEC expands variably at either end of the implant device, or overall, to correct spine pathologies. UEC patents cited enjoy early priority recognition. The UEC can be used for cervical to lumbar fusion, inserted through any portal, expanding to maximally adjust vertebral endplates. The implant creates stability for pain control and fusion, using minimally invasive surgical techniques.

iOI team innovations embrace decades of implant and method of surgery experience, helping thousands of orthopedic patients heal. Advances in spine work from LEC, to SEC or AccuLIF Cages, supported by the FDA, and patients, now advance UEC, and soon Gobi spinal innovations, along the continuum inspired by Robert Thomas Grotz, M.D.

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.

iOrthopedics Inc.

CONTACT

Eric Hansen/Co-founder/
Medical Director PFD
(888) 475-4748 X 705
(949) 290-9249
Eric@PFDCap.com

Robert Ermoian
Assistant to Eric
(949) 291-9044
E: Lred@PFDCap.com

R. Thomas Grotz, MD Board
Chair; Founder
M: (415) 819-0727
E: RGrotzMD@iOrthopedicsINC.com

www.iOrthopedicsINC.com www.PFDManagement.com www.PFDMOF3001.com www.PFDCap.com