

 **LDR**
a passion for innovation

Mobi-C[®]

CERVICAL ARTIFICIAL DISC



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The controlled mobility of the mobile insert is the foundation of the Mobi artificial disc technology. This platform of second generation artificial discs was designed by a team of surgeons specializing in spinal arthroplasty.



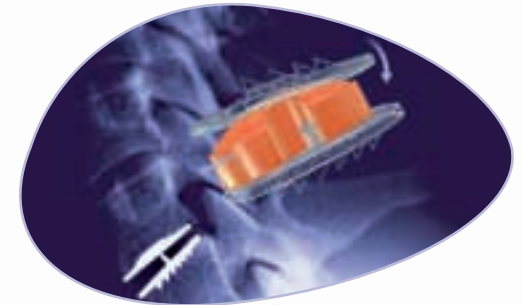
RESTORE MOBILITY

Controlled Mobility:

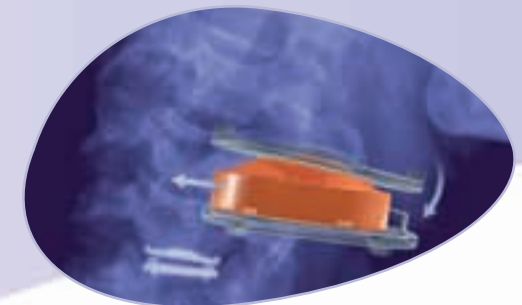
- Encourages restoration and respect of the instantaneous axis of rotation for a return to physiological mobility of the intervertebral disc.
- Reduces the stresses on the bone/implant interface and the posterior facet joints.

DEMAND SAFETY

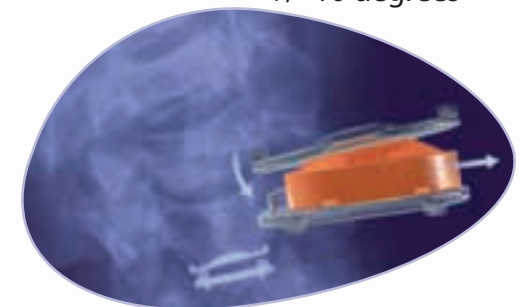
Mobi-C instrumentation provides a safe 2-step insertion of the implant.



flexion/extension
+/- 10 degrees



side bending
+/- 10 degrees



PROVIDE CONTROL

- The inclined shape of the lateral teeth facilitate the introduction of the device while ensuring a reliable anchorage to the dense peripheral vertebral plate.
- The controlled mobility reduces the stresses on the bone/implant interface therefore eliminating the need for invasive vertebral anchorage and preserves vertebral endplate integrity. This enables multi-level arthroplasties and arthroplasties adjacent to segmental fusions.
- Thin Cobalt Chrome endplates feature a roughened titanium surface and hydroxyapatite coating to encourage bony on-growth for long term stability. The biomechanics of the prosthesis, associated with the cobalt chrome and polyethylene articulation provide optimal wear characteristics.
- Two lateral stops on the inferior plate help to control mobility of the insert while preventing expulsion.
- The large range of implant sizes optimizes the implant coverage, thereby increasing the surface contact area on the vertebral plate, reducing the risk of subsidence. (Large choice of implant sizes includes heights starting at 4.5 mm).
- The reproducible surgical technique is assured by simple and safe instrumentation, notably by millimetric adjustment of implant positioning.
- LDR's packaging guarantees sterility and absolute traceability.

These advantages allow simple and safe implantation while reducing the operative time.



EXPECT RESULTS

This table summarizes the results from a prospective multi-center study on 275 patients with an average follow-up of 17.3 months. This includes 228 1-Level, 46 2-Level and 3 cases of 3-Level arthroplasty.

	Preoperative average	2-Year average	
VAS (Arm)	70.9	25.2	45.7 point average improvement at 2 years 75% of patients experienced an improvement of their radicular VAS score of at least 20 points
VAS (Neck)	61.3	21.5	39.8 point average improvement at 2 years 78% of patients experienced an improvement of their cervical VAS score of at least 20 points
NDI	49.9%	26.6%	23.3 point average improvement at 2 years 64% of patients experienced an improvement of their NDI score of at least 15 points
SF-36 (PCS)	37.3	48.5	11.3 point average improvement at 2 years for the Physical Component Scale
SF-36 (MCS)	35.2	48.2	13.0 point average improvement at 2 years for the Mental Component Scale

Range of Motion Analysis
Average ROM= 8.8 +/- 0.7° at 2 years



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