Electrode Placement Guide

Biomet® OrthoPak® Non-invasive Bone Growth Stimulator System

Electrode Placement Suggestions

Following routine x-ray assessment, select the axis around the fracture nonunion for the placement of the electrodes. Placement of the electrodes in the anteroposterior, mediolateral or any axis around the area of the fracture nonunion is at the discretion of the physician. Electrodes should be placed so that they transmit minimal stimulation through scar tissue, are convenient to access for replacement and are least likely to be disturbed during normal daily activities.

The placement of the electrodes on either side of the fracture nonunion site should be positioned 180° to each other. A tolerance of plus or minus 20° of misalignment is allowable (Figure 1). In the plane of the long axis of the bone, the tolerance misalignment is equal to the 1-3/8 inch diameter of an electrode (Figure 2).

Figure 1

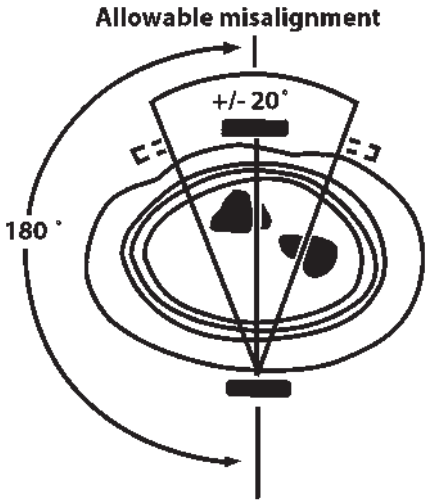
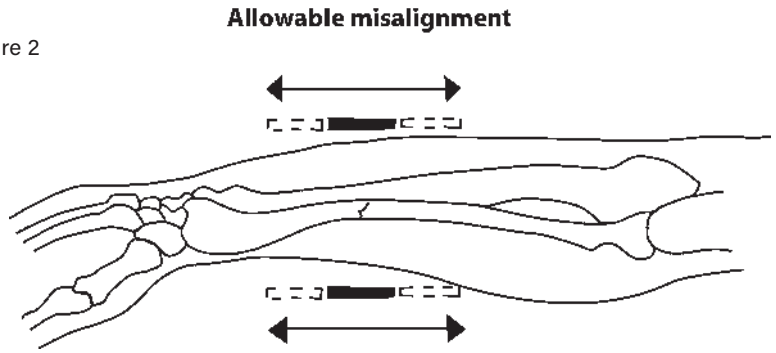


Figure 2

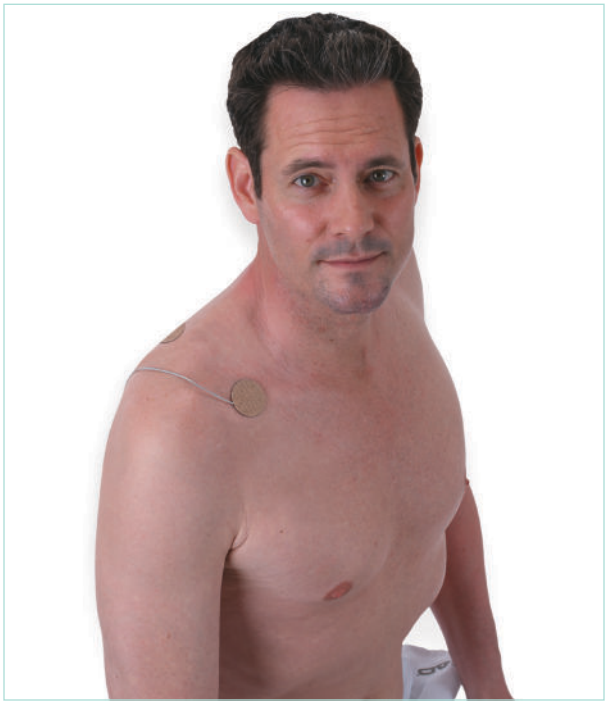


This guide is designed to assist in various application locations for various fracture nonunion types but is by no means a definitive guide for electrode placement on every possible fracture nonunion.

NOTE: For full prescribing information including indications, precautions, warnings, and product operation instructions, please refer to the complete manual and package insert.

Upper Extremity Electrode Placements

Clavicle*



Proximal Humerus

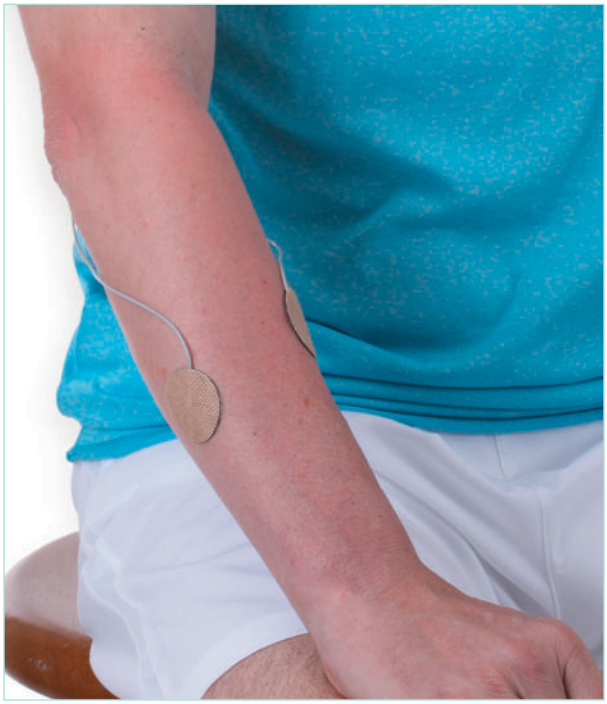
Midshaft Humerus

Distal Humerus

*The proper application of the electrodes for a clavicle application is on the anterior and posterior portion, 180 degrees on either side of the fracture nonunion site.

Upper Extremity Electrode Placements (Continued)

Midshaft Radius/Ulna



Distal Radius/Ulna

Carpals

Proximal Metacarpals

Distal Metacarpals

Scaphoid*

Lower Extremity Electrode Placements

Proximal Femur

Midshaft Femur

Distal Femur

Patella

Proximal Tibia

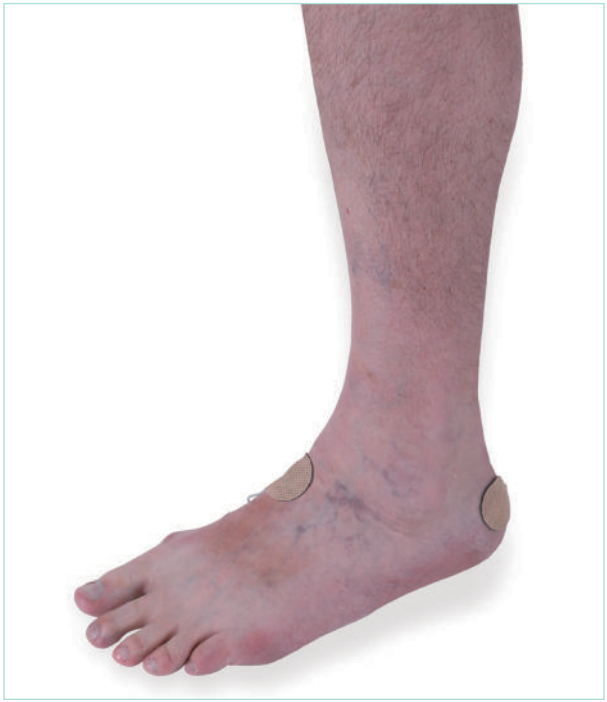
Midshaft Tibia

Lower Extremity Electrode Placements (Continued)

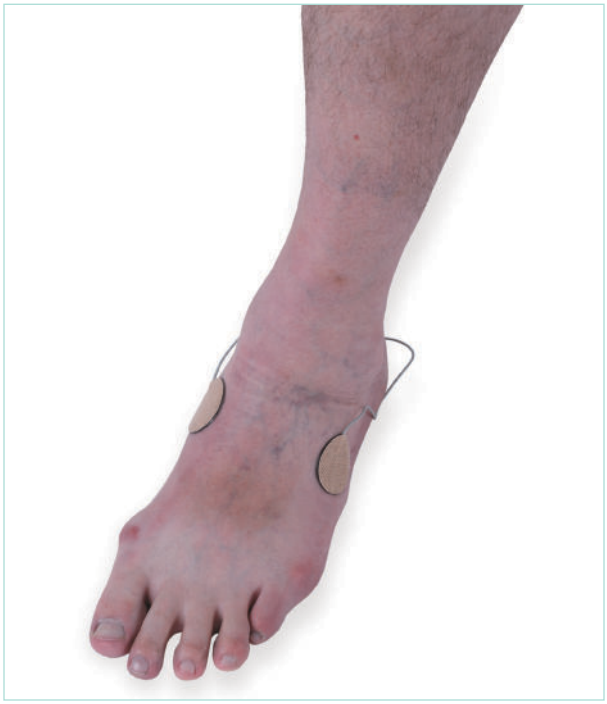
Distal Tibia

Talus

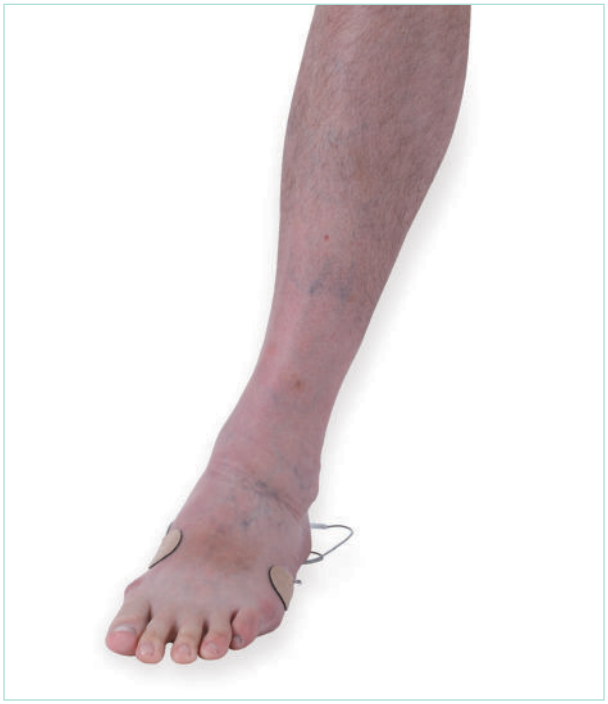
Calcaneous



Tarsals



Midshaft Metatarsals



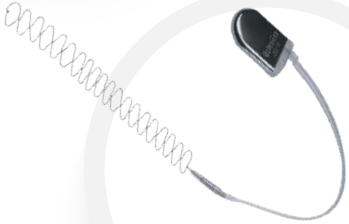
Distal Metatarsals

The largest portfolio of clinically proven bone growth stimulation solutions.

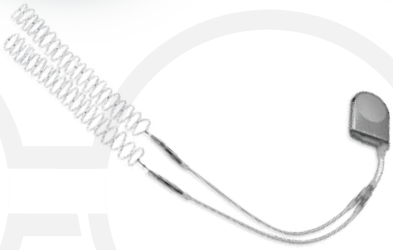
Biomet® SpinalPak®
Non-invasive Spine
Fusion Stimulator System

Biomet® OrthoPak®
Non-invasive Bone
Growth Stimulator System

Biomet® EBI®
Bone Healing System



EBI® OsteoGen™
Surgically Implanted
Bone Growth Stimulators



SpF®
Implantable Spinal
Fusion Stimulators

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Legal Manufacturer
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Complete prescribing information including full indications, contraindications, warnings and precautions associated with the use of these devices may be found online at highridgemedical.com or by calling 800-526-2579. The OrthoPak® stimulator is indicated for the treatment of an established nonunion acquired secondary to trauma, excluding vertebrae and all flat bones, where the width of the nonunion defect is less than one-half the width of the bone to be treated. Contraindicated if the individual has synovial pseudarthrosis. Federal Law (U.S.A.) restricts this device to sale by or on the order of a physician. Rx Only. Single Patient Use Only. Do Not Reuse. The SpinalPak is a non-invasive spine fusion stimulator indicated as an adjunct electrical treatment to primary lumbar spinal fusion surgery for one or two levels. No known contraindications. Rx Only. Single Patient Use Only. Do Not Reuse. The Bone Healing System is indicated for the treatment of fracture nonunions, failed fusions, and congenital pseudarthrosis in the appendicular system. Contraindicated for nonunion fractures in which a synovial pseudarthrosis exists. Electromagnetic PEMF stimulation is contraindicated for use by patients with implantable pacemakers or defibrillators. The Bone Healing System is not MR safe. Federal Law (U.S.A.) restricts this device to sale by or on the order of a physician. Rx Only. Single Patient Use Only. Do Not Reuse. OsteoGen stimulators are indicated in the treatment of long bone nonunions. No known contraindications. Not recommended with the following conditions: pathological fractures due to malignant tumors or active osteomyelitis. Federal Law (U.S.A.) restricts these devices to sale by or on the order of a physician. Rx Only. Single Patient Use Only. Do Not Reuse. SpF stimulators are indicated as a lumbar spinal fusion adjunct to increase the probability of fusion success in one or two levels or three or more levels. Do not use with defibrillators. If the stimulators are used in conjunction with metal internal fixation devices, no metallic part of the stimulator should be allowed to come into contact with the fixation device; this includes minimally invasive surgical-MIS procedures. Any surgical implantation procedure such as minimally invasive surgical-MIS procedures requiring the SpF's cathodes to be disconnected from their corresponding leads prior to or during implantation. Federal Law (U.S.A.) restricts this device to sale by or on the order of a physician. Rx Only. Single Patient Use Only. Do Not Reuse. Confidential information intended solely for Highridge Medical employees, the EBI® sales force, and authorized representatives. Distribution to any other recipient is prohibited. All content herein is protected by copyright, trademarks and other intellectual property rights, as applicable, owned by or licensed to Highridge Medical or its affiliates unless otherwise indicated, and must not be redistributed, duplicated or disclosed, in whole or in part, without the express written consent of Highridge Medical. HM0699 REV A 04/25.