



U-Knee
Tec™



Experience inspires performance

For more than 25 years the HLS Unicompartmental implant helps restoring the knee's kinematics and enables high flexion.

The U-KneeTec implant is designed with a unique sagittal curve with an added resection to facilitate positioning and restoration of the joint line level.



U-Knee Tec™

The medial and lateral unicompartmental knee have different behaviors, therefore Tornier proposal is:



An original concept ^{(1) (2)}

A wide curvature radius combined with a flat insert enables physiological kinematics and positioning of the femur onto the tibia.

The new U-KneeTec implant

A unicompartmental version with distal resection to suit the medial compartment.



Distal cut ⁽³⁾,

Helping in an optimal positioning and allowing the joint line level to be respected. Minimises the risk of tibial overcutting.

Instrumentation

Helping in an anatomical positioning

- An initial tibial Resection with per-operative adjustment based on radiological data
- Dependent cuts Allowing the alignment of the components



A resurfacing solution ⁽⁴⁾,

The HLS Uni Evolution has been successfully used for over 25 years with particularly good results in lateral unicompartmental indications.



(1) Results at 6 years minimum follow-up of a continuous Series of 113 Unicompartmental Knee Arthroplasties. L.Jacquot – G.Deschamps ISAKoS 2005

(2) Medial unicompartmental knee arthroplasty for osteonecrosis or osteoarthritis. E.Servien – P.C.M.Verdonk – S.Lustig – J.L.Paillet – A.D.Kara – P.Neyret 2008. Knee Surg Sports Traumatol Arthrosc DOI 10.1007/s00167-008-0617-8

(3) Fixed-bearing unicompartmental knee arthroplasty. Patients' selection and operative technique - Deschamps G, Chol C. Orthop Traumatol Surg Res. 2011 Oct;97(6):648-61. Epub 2011 Sep 25

(4) Lateral Unicompartmental Knee Arthroplasty Relieves Pain and improves Function in posttraumatic Osteoarthritis. S.Lustig – S.Parratte – R.A.Magnussen – J.N.Argenson – P.Neyret CORR 2011