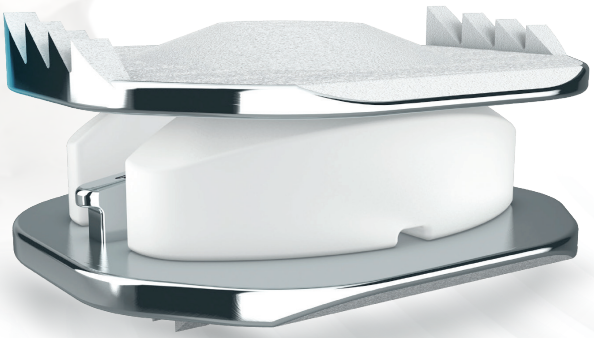
The leading choice for cervical motion preservation[1]

Mobi-C®

Cervical Disc



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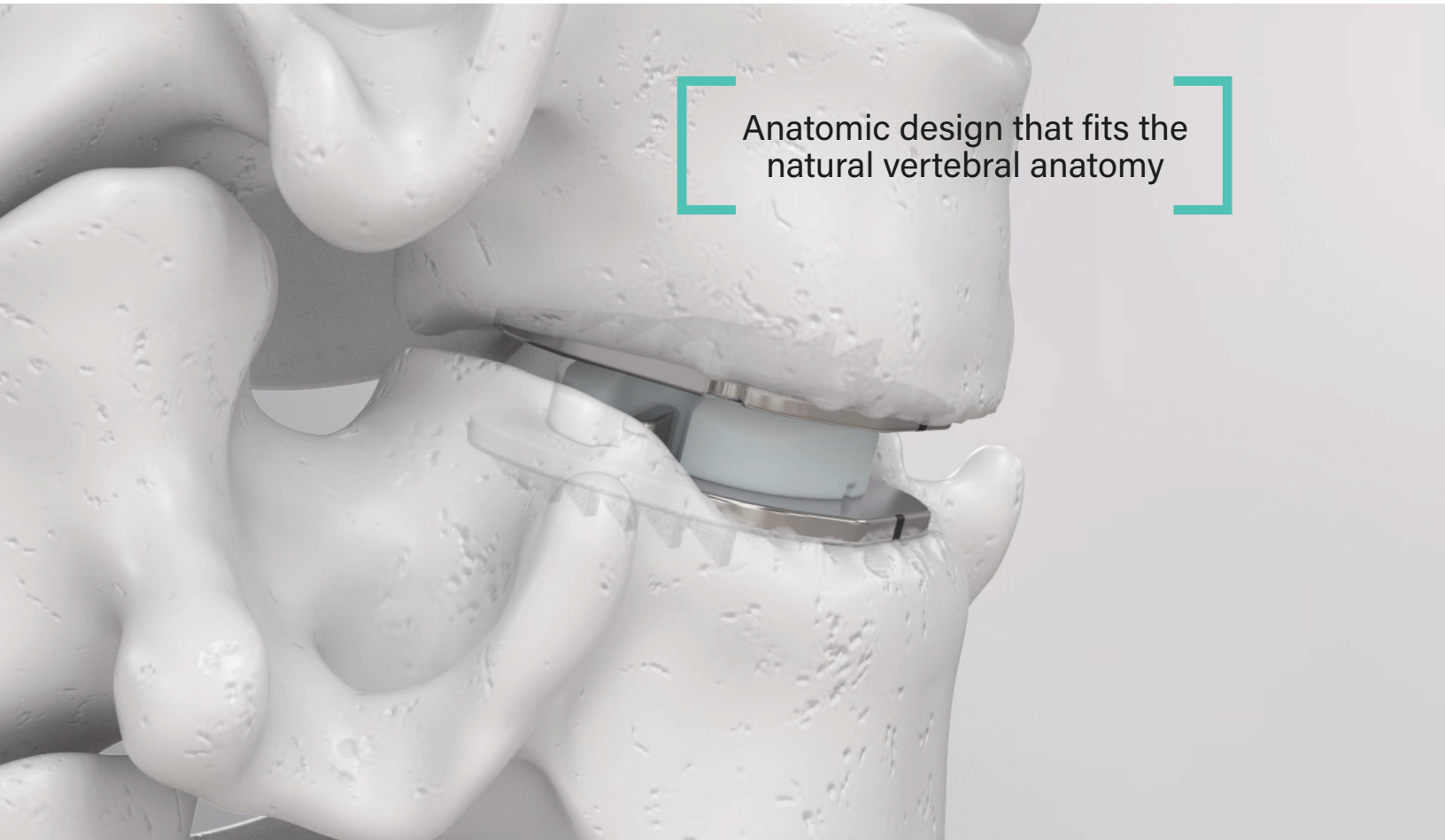
Mobi-C®

Statistically superior to fusion [2,3]

Mobi-C® The Original Artificial Cervical Disc

Mobi-C Cervical Disc was the first cervical disc in the United States approved to treat more than one level of the cervical spine. **Mobi-C was determined by the FDA to be statistically superior to fusion** at seven years for two-level cervical disc replacement, based on the primary study endpoint of a prospective, concurrently controlled and randomized, multi-center clinical trial. At 10 years, all patient-reported outcomes were equivalent to or improved from seven years.[2,3]

Over 225,000 Mobi-C Discs have been implanted in 25 countries since 2004.



Differentiated Design, Proven Materials

Plasma Sprayed Titanium and Hydroxyapatite Coated Endplates

- Encourage bony ongrowth for long term stability

Superior Dome

- Designed to match the natural, bony anatomy, enabling short and long term stability

Lateral Inclined Teeth

- The teeth purchase in to the apophyseal ring to provide initial stability
- Designed to resist migration

Patented, Mobile Bearing Core

- Ultra-High Molecular Weight Polyethylene insert
- Domed surface designed to articulate angularly with the superior endplate
- Flat bottom designed to translate up to 1 mm and rotate on the inferior endplate

Intact Endplates

- Cobalt Chromium Molybdenum Alloy endplates
- Tabs provide a safety stop designed to control mobility and to resist expulsion

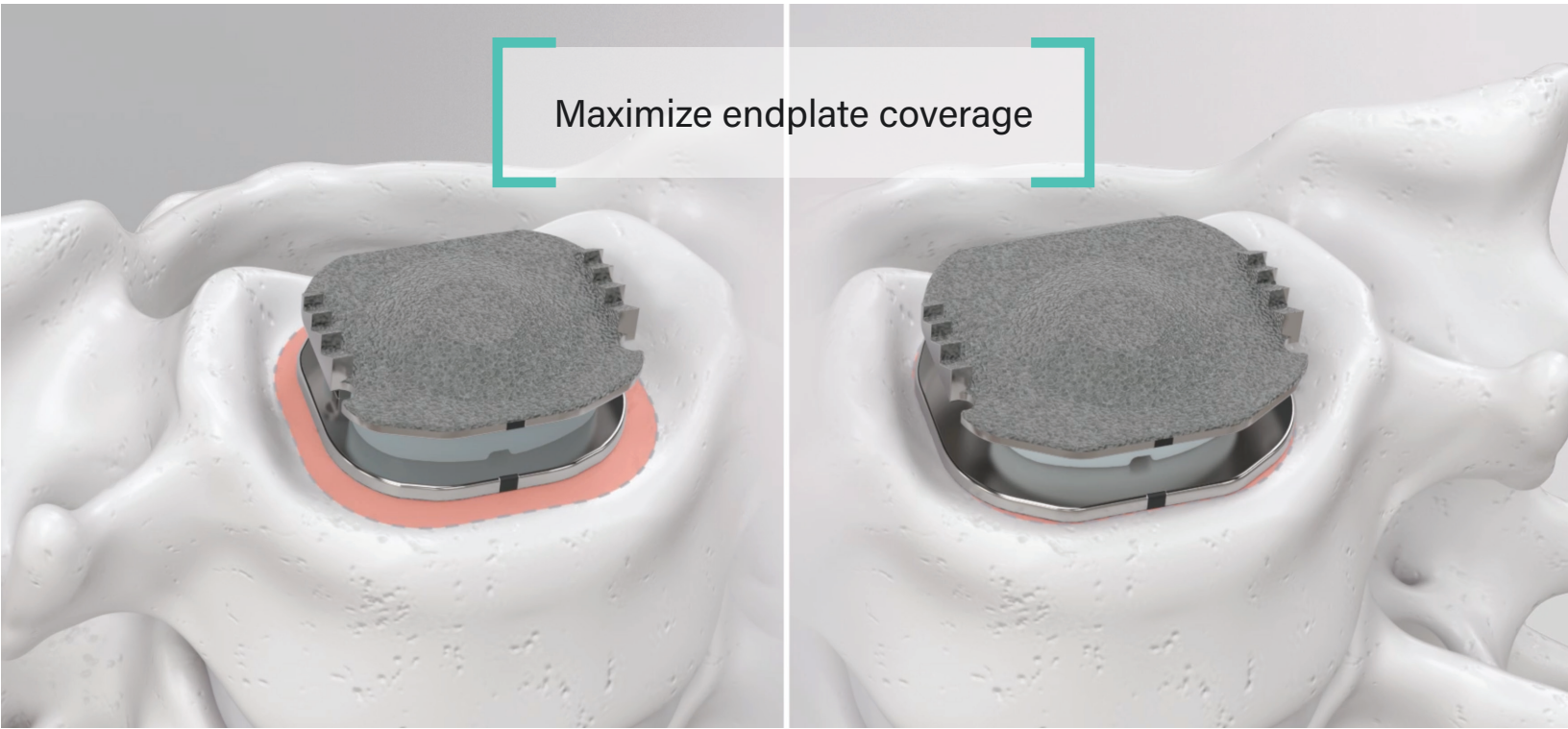
More sizes for more patients

Maximize endplate coverage while treating small and collapsed cervical discs.

With the Mobi-C 4.5mm height addition, Mobi-C offers a broader range of footprint and height combinations than any cervical disc available in the US.[5]

The broadest range of footprint and height combinations than any cervical disc available in the US.[5]

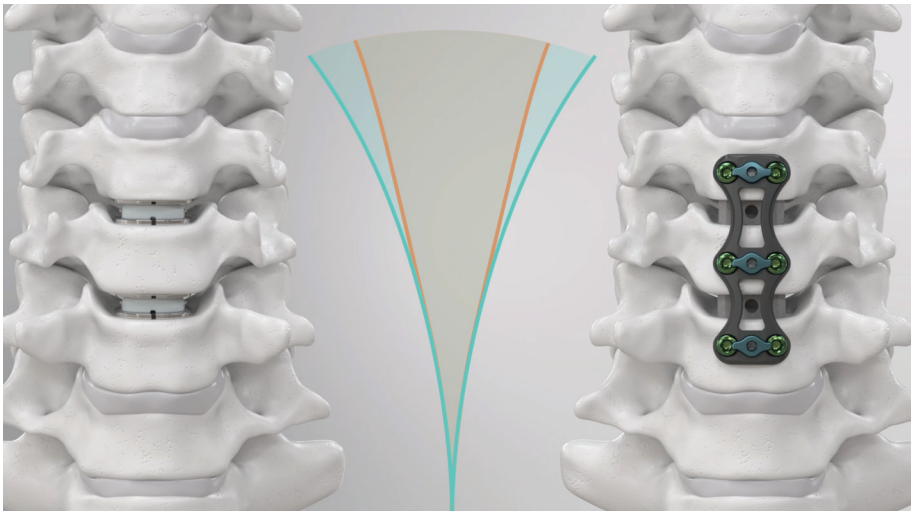
13x15 H4.5	15X15 H4.5	13X17 H4.5	15X17 H4.5	17X17 H4.5	15X19 H4.5	17X19 H4.5
13x15 H5	15X15 H5	13X17 H5	15X17 H5	17X17 H5	15X19 H5	17X19 H5
13x15 H6	15X15 H6	13X17 H6	15X17 H6	17X17 H6	15X19 H6	17X19 H6
13x15 H7	15X15 H7	13X17 H7	15X17 H7	17X17 H7	15X19 H7	17X19 H7



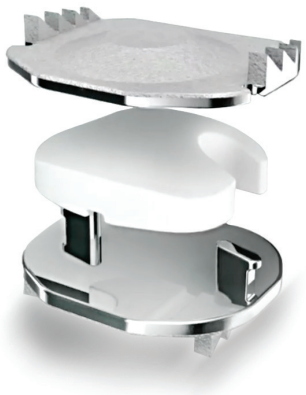
Restore natural motion with Mobi-C's self adjusting mobile core.

The center of rotation at each level of the cervical spine is variable and constantly changing.[4] Mobi-C was designed to adapt to the Instantaneous Axis of Rotation through its self-adjusting mobile core. The mobile core allows the vertebrae above and below the disc to move, to maintain normal neck motion.

Mobi-C moves with the spine and does not dictate a predetermined, fixed axis of rotation. This facilitates independent and coupled motion similar to natural cervical spine motion.



Watch it Work!

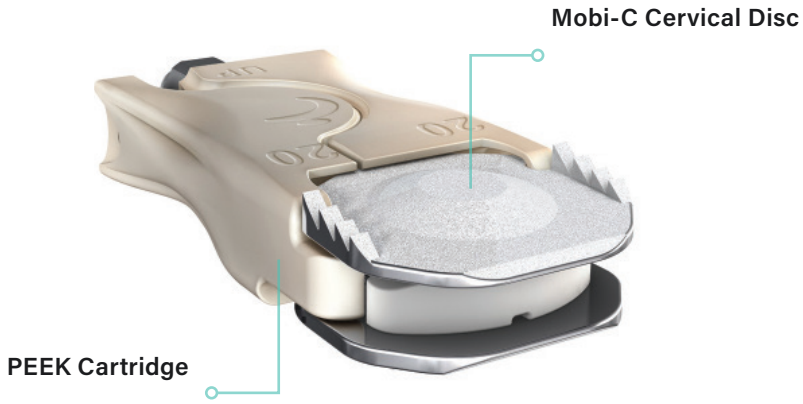


A Material Difference

Mobi-C is composed of three parts: two metal plates and a medical grade polyethylene insert in between. The top plate rotates over the domed insert, allowing for a continuous path of cyclic movements: Flexion-Extension (FE), Lateral Bending (LB), and Axial Rotation (AR). Additionally, Mobi-C possesses Axial Compressability similar to the native disc.[6]

One Step Insertion.
No invasive keels or screws.

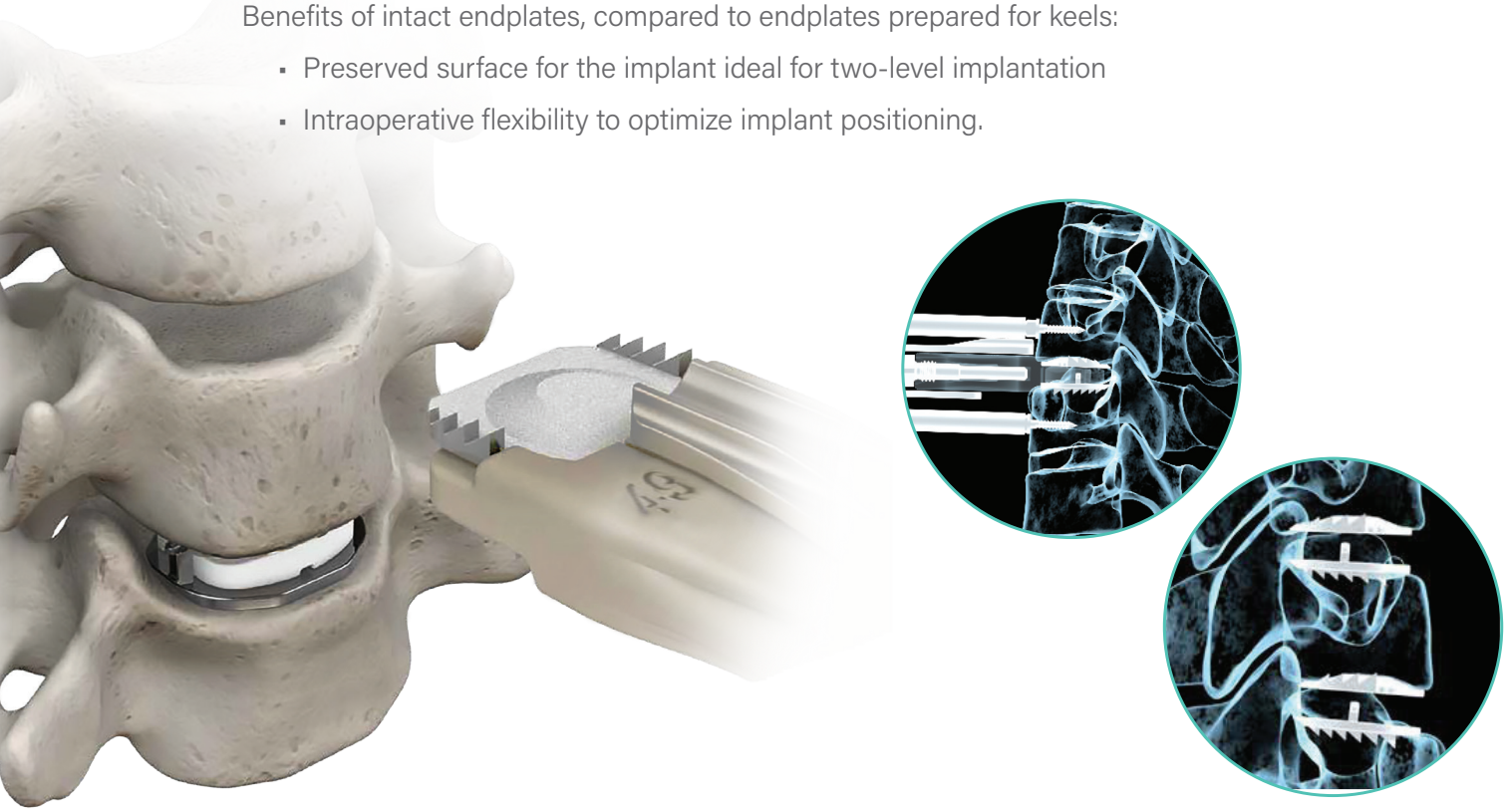
Mobi-C is delivered pre-assembled on a disposable PEEK cartridge. The cartridge assembles easily onto the implant inserter, saving operative steps. The PEEK cartridge allows a radiolucent view of the implant for optimal positioning.



Mobi-C implantation requires no invasive keels or screws, no bone removal for keel preparation, and no additional operative steps for keel cutting.

Benefits of intact endplates, compared to endplates prepared for keels:

- Preserved surface for the implant ideal for two-level implantation
- Intraoperative flexibility to optimize implant positioning.



Long Term Results with over 10 years of clinical data.[2]

Upon completion of the 7-year FDA Investigational Device Exemption (IDE) study of the Mobi-C Cervical Disc, follow-up continued on a subset of patients from nine high enrolling centers.

Key Findings of 10-year Outcomes

Mobi-C continues to be a safe and effective treatment for 1- and 2-level cervical degeneration.

- At ten years, all patient-reported outcomes were equivalent to or improved from seven years.

Between seven-year and ten-year follow up:

- C2-C7 range of motion (ROM) and sagittal alignment were maintained.
- Segmental ROM in flexion/ extension and lateral bending was maintained in both 1-level and 2-level constructs.
- Clinically relevant radiographic adjacent segment pathology (rASP) did not differ significantly in either 1-level or 2-level patients.
- No subsequent surgery at an adjacent level after seven years.

For more information visit cervicaldisc.com

Indications

Mobi-C Cervical Disc Prosthesis is indicated in skeletally mature patients for reconstruction of the disc from C3-C7 following discectomy at one or two contiguous levels for intractable radiculopathy (arm pain and/or a neurological deficit with or without neck pain) or myelopathy due to abnormality localized to the level of the disc space and at least one of the following conditions confirmed by radiographic imaging (CT, MRI, X-rays): herniated nucleus pulposus, spondylosis (defined by the presence of osteophytes), and/or visible loss of disc height compared to adjacent levels. The Mobi-C Cervical Disc Prosthesis is implanted using an anterior approach. Patients should have failed at least six weeks of conservative treatment or demonstrated progressive signs or symptoms despite nonoperative treatment prior to implantation of the Mobi-C Cervical Disc Prosthesis.

Contraindications

The Mobi-C Cervical Disc Prosthesis should not be implanted in patients with the following conditions:

- Acute or chronic infection, systemic or at the operative site;
- Known allergy or sensitivity to the implant materials (cobalt, chromium, molybdenum, titanium, hydroxyapatite, or polyethylene);
- Compromised vertebral bodies at the index level due to previous trauma to the cervical spine or to significant cervical anatomical deformity or disease (e.g., ankylosing spondylitis, rheumatoid arthritis);
- Marked cervical instability on resting lateral or flexion/extension radiographs demonstrated by translation greater than 3.5mm, and/or > 11° angular difference to that of either adjacent level;
- Osteoporosis or osteopenia defined as DEXA bone mineral density T-score < -1.5;
- Severe facet joint disease or degeneration

Full risk and contraindication information can be found at cervicaldisc.com

References

1. Data on file. Based on available market data at the time of this publication.
2. Kim K, Hoffman G, Bae H, et al. Ten-Year Outcomes of 1- and 2-Level Cervical Disc Arthroplasty From the Mobi-C Investigational Device ExemptionClinical Trial. Neurosurgery. 2021;88(3):497-505.
3. Radcliff K, Davis RJ, Hisey MS, et al. Long-term evaluation of cervical disc arthroplasty with the Mobi-C Cervical Disc: a randomized, prospective, multicenter clinical trial with seven-year follow-up. Int J Spine Surg 2017;11(4):244-262.
4. Amevo B, et al Instantaneous axes of rotation of the typical cervical motion segments: a study in normal volunteers. Clin Biomech (Bristol, Avon). 1991 May:6(2):111-7
5. Data on file. Based on available market data at the time of this publication.
6. Khachatryan A, Permeswaran V, et al. Mobi-CR Possesses Axial Compressibility Similar to the Native Disc. Zimmer Biomet Spine, Inc. 2020.

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Common post-operative risks from surgery with the Mobi-C include pain in the neck, arm, back, shoulder, or head, and dysphagia.

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