

OSTEOCHONDRAL ALLOGRAFTS: THE GOLD STANDARD FOR CARTILAGE REPAIR

Osteochondral allografts (OCA) allow surgeons to transplant mature hyaline cartilage with viable chondrocytes and subchondral bone in an intact unit.

These grafts often are used to treat focal cartilage defects and offer long-term repair for a patient's damaged hyaline cartilage and underlying bone.

Key advantages:

- ▶ JRF Ortho has the shortest wait time in the industry for fresh OCA
- ▶ Structurally intact containing mature, viable hyaline cartilage
- ▶ Proprietary processing methods shown to maintain 80% absolute cartilage viability¹
- ▶ The most efficient company to work with, due to online ordering and largest supply of grafts
- ▶ BioUni® OATS® technique for repairing oval condyle defects

AS THE LARGEST PROVIDER OF SPECIALIZED ORTHOPEDIC ALLOGRAFTS FURNISHING SURGEONS WITH EXCEPTIONAL PRODUCTS, **JRF ORTHO IS THE QUALITY STANDARD THAT YOU CAN DEPEND ON.**





ADDITIONAL FACTS ABOUT OSTEOCHONDRAL ALLOGRAFTS

INNOVATIVE USES OF OCA GRAFTS

Fresh OCA are used in innovative procedures, such as reconstructing the glenoid with distal tibia² or repairing oval condyle defects using the BioUni® OATS® technique.

JRF Ortho also offers readily available preshaped Fresh OCA Cores for the treatment of full thickness osteochondral lesions.

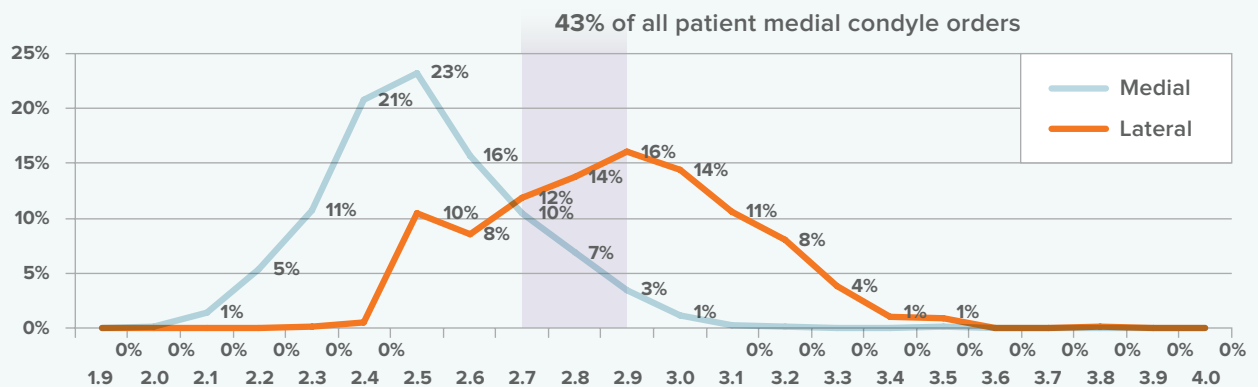
FRESH OCA CORES:
A GREAT ALTERNATIVE FOR FOCAL LESIONS OF 20 MM OR LESS

LATERAL FOR MEDIAL CONDYLES

A surgeon can use lateral or medial femoral condyle allografts interchangeably for OCA reconstruction.

- ▶ Lateral Condyle allografts are more readily available
 - ▶ Shorter wait times for large defects
 - ▶ More real estate to treat larger lesions using a lateral condyle
 - ▶ Clinical outcomes were similar whether a lateral or medial condyle was used^{3,4}
- ▶ **Surgeons can forgo condyle-specific matching⁴**

Medial vs. Lateral Grafts by Size



* BioUni® OATS® is a registered trademark of Arthrex, Inc.

1. Data on file, JRF Ortho

2. Rachel M. Frank, MD, Sanjeev Batia, MD, Neil Ghodadra, MD, Elizabeth Shewman, MS, Vincent M. Wang, PhD, Bernard R. Bach Jr, MD, Gregory Nicholson, MD, Brian J. Cole, MD, MBA, Matthew T. Provencher, MD, Nikhil N. Verma, MD, Anthony A. Romeo, MDA. "Bio Perspective on Distal Tibia Osteochondral Allograft for Reconstruction of Glenoid Bone". Rush Orthopedics Journal. 2014.

3. Mologne, T., MD, E. Cory, MA, B. C. Hansen, MS, A. N. Naso, MS, N. Chang, MS, M. M. Murphy, MD, M. T. Provencher, MD, W. D. Bugbee, MD, and R. L. Sah, MD, ScD. "Osteochondral Allograft Transplant to the Medial Femoral Condyle Using a Medial or Lateral Femoral Condyle". American Journal of Sports Medicine 42.9 (2014): 2205-213. Web. 15 Jan. 2015.

4. "Condyle-Specific Matching Does Not Improve Midterm Clinical Outcomes of Osteochondral Allograft Transplantation in the Knee" Wang, Dean MD1,a; Jones, Kristofer J. MD2; Eliasberg, Claire D. MD1; Pais, Mollyann D. BS1; Rodeo, Scott A. MD1; Williams, Riley J. III MD1 Journal of Bone & Joint Surgery - American Volume: 4 October 2017 - Volume 99 - Issue 19 - p 1614-1620 doi: 10.2106/JBJS.16.01542.

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