

# Training for OtisMed® Imaging Technique

All MRI technologists MUST read and understand all imaging documents prior to performing the OtisMed Imaging Technique

An imaging technologist must always rely on his or her own prof essional clinical judgment when deciding whether to use a particular CT or MRI scanner on a particular patient. Stry ker does not dispense medical advice and expects that imaging technologists are trained in the use of any particular CT or MRI scanner before using it on a particular patient. An imaging technologist must be certified and/or licensed by the appropriate jurisdiction, and/or otherwise qualified to use a CT or MRI scanner, in order to obtain images used to manufacture an OtisMed cutting guide for on a particular patient.

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The imaging protocol provided in this document may be covered by one or more U.S pending patent applications.

NL10-PP-OM-2785

#### **Initial Test Scans**

- All test patients/volunteers must be no younger than 40 years of age.
  The older the better for testing purposes.
- The reasoning behind this request is to best simulate an actual candidate for a knee replacement.
- Stryker personnel are prohibited from volunteering for the test imaging scan.
- All patients must provide their express written consent to participating in these test scans and must be advised that by participating in these tests, their personal information will be stored in a server hosted in the US and will be processed by Stryker in the US.
- You will need to know how to position your Sagittal slices off of damaged, arthritic knees, not healthy knees.
- You will be required to schedule and participate in an online training course and complete a written test prior to performing your first test scan.

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### Positioning



Use only dedicated Knee/Extremity Coil.

- Center knee within the Knee/Extremity coil.
- If the knee is too large to fit within the Knee/Extremity Coil, discontinue scan. Note, substitution of any other coil is not acceptable.



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## Positioning Sponges



#### If available:

Use two (2) sponges approx 1" x 3" x 14".



 Place squeezed sponges alongside medial distal femur and lateral distal femur.



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# Positioning Sponges

- Use two (2) sponges approximately 1" x 3" x 14" triangular shape - used with the head coil.
- Side view -
- Fold in thirds squeezing air out of sponges.
- Place folded sponges alongside medial proximal tibia and lateral proximal fibula with narrow part pointing towards the table.



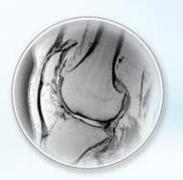


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#### **Patient Education**

- Explain to the patient the importance of being perfectly still for the entire duration of the MRI study.
- Patient should not tighten leg muscles or move toes while scan is in progress.
- Let the patient know that if there is even the slightest muscle movement, the scan must be repeated.
- Reiterate that the patient remain motionless after being positioned for the Body Coil Imaging.



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#### Use of Restraints

 Sand bags are not recommended, they put added weight and strain on patient's legs causing muscle spasms.

- Straps across thighs are not recommended, this does not keep patient's leg from moving.
- Patients must be fully aware of their need to cooperate to the best of their ability.



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# Imaging Technique

Follow the imaging technique for each MRI scanner.
 This includes the 3-Plane Locator.

 Do not try to make this a one acquisition/concatenation/ package scan by increasing the TR.

Send in one test scan at a time and wait for the results before scanning the 2nd test scan.



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# **Correct Alignment**

- Choose the correct axial slice and coronal slice to plan the Sagittal scan.
- Axial slice should show intercondylar notch and show the most posterior cortical cancellous edge of condyles.
- Coronal slice should show the intercondylar notch and the most inferior aspect of cortical cancellous edges of the femoral condyles.
- Refer to the Graphix for your particular scanner type.



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#### **Patient Movement on Scans**

- If the patient moves...remind the patient to hold perfectly still then repeat scan. Remind them not to tense leg muscles.
- After the 2nd scan, if there is still movement...get the patient off the table. Offer to reschedule the patient after consultation with the referring surgeon for possible medication.



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# Thank You

