After a few years of development, mechanical testing, FEA analysis, cadaver workshops templating hundreds of x-rays and significant collaboration the first case in the U.S. was performed by Dr. Louis Keppler, CO-Director The Spine and Orthopaedic Institute at St. Vincent Charity Hospital, Cleveland, OH and Clinical/Surgical Advisory JISRF, Chagrin Falls, OH. Also the same day Dr. Frank Schmidt was performing his first ARC™ stem in Cody, Wyoming.

Technique highlights
Head resection needs to be at 5-8 mm sub cap at about 50° angle. The curve of the stem eliminates the need for violation of lateral structures.

Sharp staring awl in the overall shape of the curved stem was then used to open the remained of the femur.
Understanding and appreciation that this is a curved stem approach is slightly different that traditional straight or anatomical stems.

**FEMORAL TECHNIQUE**

If neck resection is too high you can easily take another 2-4 mm.

Starter rasp then progress rasping to final size. Trial head then fits onto rasp post and trial ROM can be checked.
DR. KEPPLER FELT THE MIDAS-REX™ WOULD PROVIDE SOME FINE TUNING OF THE PROXIMAL FIT, HOWEVER PROVED NOT TO BE NECESSARY.

Final stem well seated excellent stability
A NEW TISSUE SPARING APPROACH IS LAUNCHED