Femoral Intramedullary Alignment. Locate the IM drill hole; it is as close to the PCL insertion as possible and slightly medial to the midline of the distal femur. (Figure 1)

Identification of landmarks may be aided by removal of osteophytes from the margins of the intracondylar notch.

Attach the 3/8” IM drill to the universal driver and drill into the IM canal ensuring that the drill is parallel to the shaft of the femur. (Figures 2 & 3)

The hole should not be enlarged and the drill should not be “toggled.” The FLEX IM Rod that references this hole will be easier to insert as it conforms to the anterior bow of the femur without the resistance felt with rigid IM Rods.

The 7650-1033 3/8” IM Drill is recommended for use with the FLEX IM Rod.

Patients’ femurs are bowed in the sagittal plane.¹ This bow varies from patient to patient.² The FLEX IM Rod flexes in the femoral IM canal to conform to this bow when used in TKA. Surgeons are then able to orient Stryker’s single radius femoral components with respect to this bow.

The FLEX IM Rod aids placement of the femoral component in a degree of flexion matched to individual patient anatomy. When combined with Stryker’s single radius knees, the orientation made possible by the FLEX IM Rod may further improve femoral sizing, fit, and function.³,⁴

1. Identification of landmarks may be aided by removal of osteophytes from the margins of the intracondylar notch.
2. The hole should not be enlarged and the drill should not be “toggled.” The FLEX IM Rod that references this hole will be easier to insert as it conforms to the anterior bow of the femur without the resistance felt with rigid IM Rods.
3. The 7650-1033 3/8” IM Drill is recommended for use with the FLEX IM Rod.
Attach the T-Handle driver to the 5/16” FLEX IM Rod. The anterior engraving on the FLEX IM Rod should be aligned to the Triathlon Logo of the T-Handle as shown in Figure 4.

Insert the IM Rod into the MIS PR, AR or Primary Express Femoral Alignment Guide. These guides are designed for use on either the left or right knee and may be set between 2˚ and 9˚ of valgus for the MIS PR and AR and between 5˚ and 7˚ of the valgus for the Primary Express (Note: this is typically set between 5˚ and 7˚).

Set the instrument to the desired angle. Advance the rod in exactly the same manner as a conventional rod (with attached guide), slowly up the IM canal until the desired depth is reached ensuring that the alignment guide is flush against the most prominent condyle. (Figure 5) The T-Handle should be aligned to the posterior condyles as shown in Figure 6.

Can also be used with Scorpio NRG.

### Description | Catalog # | Quantity
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5/16” FLEX IM Rod | 6541-4-516E | 1
3/8” IM Drill | 7650-1033 | 1

References