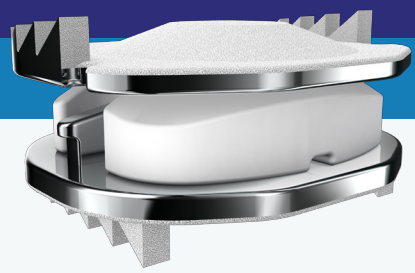
I might be a candidate for a Mobi-C® Cervical Disc procedure

ZIMMER BIOMET
Your progress. Our promise.™



- *I have arm pain and/or neurological symptoms such as numbness or weakness with or without neck pain.*
- *I have tried at least 6 weeks of nonsurgical care such as physical therapy or medication, or have symptoms that are getting progressively worse.*
- *A physician has indicated that I may need surgery at one or two levels in my cervical spince.*

MOBI-C INDICATIONS:

The 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 6 weeks of conservative treatment prior to implantation of the Mobi-C Cervical Disc Prosthesis.

MOBI-C PRODUCT INFORMATION:

- Mobi-C is a mobile bearing, bone sparing disc replacement that does not require bone chiseling into the vertebral bodies, allowing an optimized technique for treating one or two-levels of the cervical spine.
- Mobi-C was designed to facilitate motion similar to natural cervical spine motion through its self-adjusting mobile core.
- Mobi-C has endplates made from cobalt Chromium alloy (CoCrMo) that are sprayed with Titanium and Hydroxyapatite coating for bony ongrowth. Mobi-C also contains an ultra-high molecular weight polyethylene (UHMWPE) mobile insert.

MOBI-C CLINICAL RESULTS:

The Mobi-C completed a prospective, randomized clinical trial in the U.S. involving 599 patients at 24 study sites. This study began in 2006 and completed enrollment in 2008. The group was anterior cervical dicectomy and fusion (ACDF) with allograft bone and anterior cervical plate. The two-year data was submitted to the FDA and received approval for one and two-level indications in August 2013.

At seven years, the FDA approved an update to labeling; —Mobi-C demonstrated non-inferiority in overall trial success compared to ACDF at one-level, and statistical superiority in overall trial success compared to ACDF at two-levels.

For detailed information about Mobi-C, please visit www.cervicaldisc.com