
Bone & Joint Science

Our Innovation in Focus

Vol 01, No 01 - December 2010

Wear-Reduction Technology in Total Knee Arthroplasty

Steven Haas, MD, MPH¹, Ramprasad Papannagari, MS², Mark Morrison, PhD², Shilesh Jani, MS²

1 Hospital for Special Surgery, New York, NY, USA

2 Smith & Nephew, Inc., Orthopaedics, Memphis, TN, USA

Summary

Due to the increasing burden of revision in total knee arthroplasty (TKA), sustainable improvements in implant longevity may require the continued development of advanced bearing materials. The LEGION[®] Primary Knee System featuring VERILAST[®] technology is the first device to combine an OXINIUM[®] Oxidized Zirconium femoral component with a highly crosslinked ultra-high molecular weight polyethylene (UHMWPE) tibial insert to form an advanced TKA bearing. Following the review of published volumetric wear rates, this bear-

ing coupling was found to provide the lowest observed wear of any contemporary TKA device, potentially supporting the equivalent of 30 years of normal use in vivo. This evidence supports the assertion that both tibial and femoral bearing surfaces can significantly affect TKA wear. Moreover, the use of VERILAST[®] technology may reduce long-term revision risk and support device longevity in younger, more active patients.

‡Based on in-vitro wear simulation testing, the LEGION Primary Knee System with VERILAST technology is expected to provide wear performance sufficient for 30 years of actual use under typical conditions. The results of in-vitro wear simulation testing have not been proven to quantitatively predict clinical wear performance. Also, a reduction in total polyethylene wear volume or wear rate alone may not result in an improved clinical outcome as wear particle size and morphology are also critical factors in the evaluation of the potential for wear mediated osteolysis and associated aseptic implant loosening. Particle size and morphology were not evaluated as part of the testing.

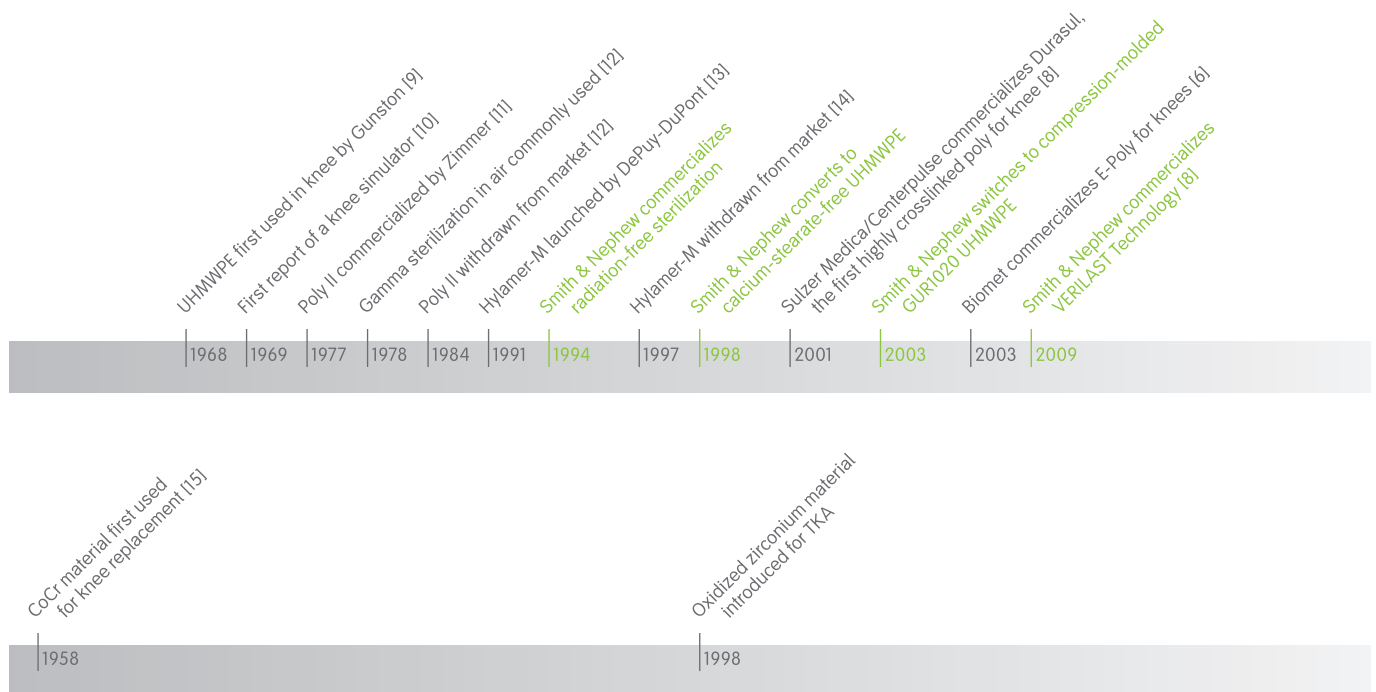
The Importance of Wear Resistance in TKA

Tibial component wear, attendant osteolysis and loosening have been identified as the primary causes of long-term failure in TKA [1–3]. In 1999 alone, 22,000 TKA revision procedures occurred in the United States at an estimated cost of over \$260 million [4]. In 2005, there were 38,300 revisions in the United States. This number is expected to grow to over 268,000 by 2030 [5]. In order to support optimal patient care and reduce accelerating healthcare costs, technologies must be introduced that support improved device longevity. Specifically, improved tibial and femoral bearing technologies could limit long-term revision risk in TKA, especially in relatively young and active patients.

Polyethylene and Wear Performance The History of UHMWPE

UHMWPE was first utilized in TKA in 1968, setting a standard for knee replacement that continues today (Figure 1) [6]. More than 40 years later, every TKA in the world still utilizes a UHMWPE tibial bearing. However, polyethylene wear remains a primary cause of long-term failure [3]. During normal articulation, millions of microscopic polyethylene wear particles are released into the tissues surrounding the knee joint. These particles can cause a cascade of biological responses leading to osteolysis, aseptic loosening, and eventual revision [7]. In order to address these risks many attempts have been made to improve polyethylene wear performance, including the unsuccessful introductions of Poly II in 1977 and Hylamer in 1991. In

Figure 1: TKA Milestone Timelines



‡Based on in-vitro wear simulation testing, the LEGION Primary Knee System with VERILAST technology is expected to provide wear performance sufficient for 30 years of actual use under typical conditions. The results of in-vitro wear simulation testing have not been proven to quantitatively predict clinical wear performance. Also, a reduction in total polyethylene wear volume or wear rate alone may not result in an improved clinical outcome as wear particle size and morphology are also critical factors in the evaluation of the potential for wear mediated osteolysis and associated aseptic implant loosening. Particle size and morphology were not evaluated as part of the testing.

contrast, crosslinked polyethylene has been used since 2001 and has been shown to be highly successful clinically [8].

The Development of Crosslinked UHMWPE

It is well established that the wear resistance of UHMWPE quickly improves with increased irradiation dose. However, this gain in wear resistance is attained at the expense of mechanical properties. If greater wear resistance is desired, the UHMWPE can be exposed to a higher radiation dose, but the mechanical properties will be further decreased. This balance is particularly important in TKA, where contact stresses are higher than in total hip arthroplasty (THA). Based on material and device testing, a highly cross-linked UHMWPE with a radiation dose of 7.5 Mrad (75 kGy) appears to result in an opti-

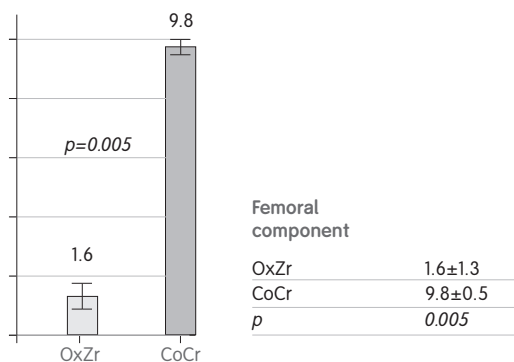
mal balance between wear performance and mechanical properties for TKA [16].

OXINIUM[®] Oxidized Zirconium in TKA

Cobalt chrome (CoCr) alloy has served as the standard material for femoral components in TKA for more than 40 years (Figure 1). However, the surfaces of retrieved CoCr femoral components have been shown to exhibit roughening that can significantly increase polyethylene wear [17–19]. This evidence suggests that a femoral bearing surface with improved wear performance could improve implant longevity.

In contrast to the UHMWPE milestones shown in Figure 1, the introduction of OXINIUM[®] (Smith & Nephew, Inc., Memphis, TN, USA) Oxidized Zirconium femoral components in 1998 was the first major TKA bearing advancement on the femoral side in 40 years. This material was developed to combine the observed wear benefits of ceramics with the toughness of metals. The resulting bearing surface is resistant to in-vivo roughening, is less abrasive than CoCr, and has enhanced biocompatibility, without any risk of catastrophic fracture [20–25]. Retrieval studies have shown that Oxidized Zirconium femoral components exhibit minimal scratching. A matched pair analysis performed at The Hospital for Special Surgery showed that in vivo femoral scratching was 12 times greater in the CoCr components compared to Oxidized Zirconium (Figure 2) [25, 26].

Figure 2: Comparison of wear grades (scratching, pitting, delaminations, striations) by visual score for OxZr and CoCr bearing surfaces.



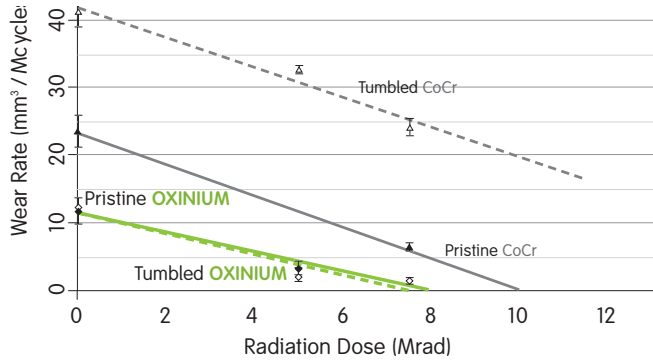
The total average score was significantly lower for the OxZr components (1.6±1.3 vs. 9.8±0.5, p=0.005) [26].

Wear Performance of CoCr and OXINIUM TKA Bearings

With a CoCr bearing, the only way to significantly improve wear performance is by increasing the irradiation dose of the polyethylene. However, as previously described, this improved wear performance must be balanced against unfavorable changes in mechanical properties. OXINIUM femoral components effectively alter the dynamic between irradiation dose, wear resistance and mechanical properties. Compared to CoCr, OXINIUM results in less UHMWPE wear at any given irradiation dose, without any sacrifice in mechanical properties

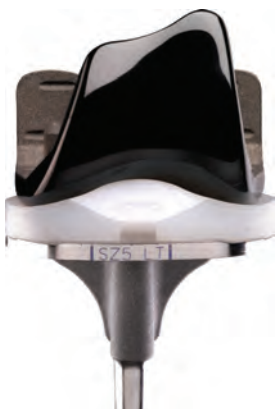
‡Based on in-vitro wear simulation testing, the LEGION Primary Knee System with VERILAST technology is expected to provide wear performance sufficient for 30 years of actual use under typical conditions. The results of in-vitro wear simulation testing have not been proven to quantitatively predict clinical wear performance. Also, a reduction in total polyethylene wear volume or wear rate alone may not result in an improved clinical outcome as wear particle size and morphology are also critical factors in the evaluation of the potential for wear mediated osteolysis and associated aseptic implant loosening. Particle size and morphology were not evaluated as part of the testing.

Figure 3: Plot of the mean wear rates



Plot of the mean wear rates (\pm standard deviations) in a knee simulator for UHMWPE crosslinked to various doses against either CoCr or OXINIUM femoral components in pristine (solid symbols and lines) and tumbled (open symbols and dashed lines) conditions.

Figure 4: LEGION® Primary Knee System



LEGION® Primary Knee System featuring VERILAST® technology (Smith & Nephew, Inc., Memphis, TN USA).

(Figure 3). For example, the wear rate of OXINIUM against a 7.5 Mrad crosslinked UHMWPE is approximately equivalent to that of CoCr against a 10 Mrad crosslinked UHMWPE with pristine, new components.

Utilizing an OXINIUM femoral component instead of CoCr provides a reduction in wear equivalent to an additional 3 Mrad irradiation dose. In the end, mechanical properties are improved because about 25% less radiation exposure is necessary to achieve the same wear resistance.

The previously described testing conditions represent an ideal situation with pristine, new components, featuring highly polished surfaces. However, the presence of third-body debris such as bone cement, bone chips, or debris shed from ingrowth surfaces can significantly diminish the gains in wear resistance provided by crosslinked UHMWPE [27]. Using an in-vitro tumbling protocol designed to simulate roughening from third-body debris [28], the polyethylene wear against tumbled OXINIUM components was compared to the wear produced by tumbled CoCr femoral components. Results indicated that the abrasion resistance of OXINIUM appears to prevent scratching by third-body debris, enabling improved wear resistance (Figure 3).

Muratoglu et al [29] examined the wear of conventional UHMWPE and highly crosslinked polyethylene on new and retrieved CoCr femoral components. Their data indicated that femoral scratching increases wear in both crosslinked and conventional polyethylene. The increase was over 800% for the crosslinked polyethylene, but only 266% for conventional UHMWPE [29]. Based on this data, the scratch-resistant properties of OXINIUM appear to be especially important in maintaining the wear resistance of crosslinked polyethylene.

Wear Performance of VERILAST®

The LEGION® Primary Knee System featuring VERILAST® technology (Smith & Nephew, Inc., Memphis, TN USA; Figure 4) is the first TKA device to combine the advanced wear properties of 7.5 Mrad highly crosslinked ultra-high molecular weight polyethylene (XLPE) tibial inserts with the superior abrasion resis-

†Based on in-vitro wear simulation testing, the LEGION Primary Knee System with VERILAST technology is expected to provide wear performance sufficient for 30 years of actual use under typical conditions. The results of in-vitro wear simulation testing have not been proven to quantitatively predict clinical wear performance. Also, a reduction in total polyethylene wear volume or wear rate alone may not result in an improved clinical outcome as wear particle size and morphology are also critical factors in the evaluation of the potential for wear mediated osteolysis and associated aseptic implant loosening. Particle size and morphology were not evaluated as part of the testing.

tance of OXINIUM femoral components. This advanced bearing couple could provide improved implant longevity in TKA.

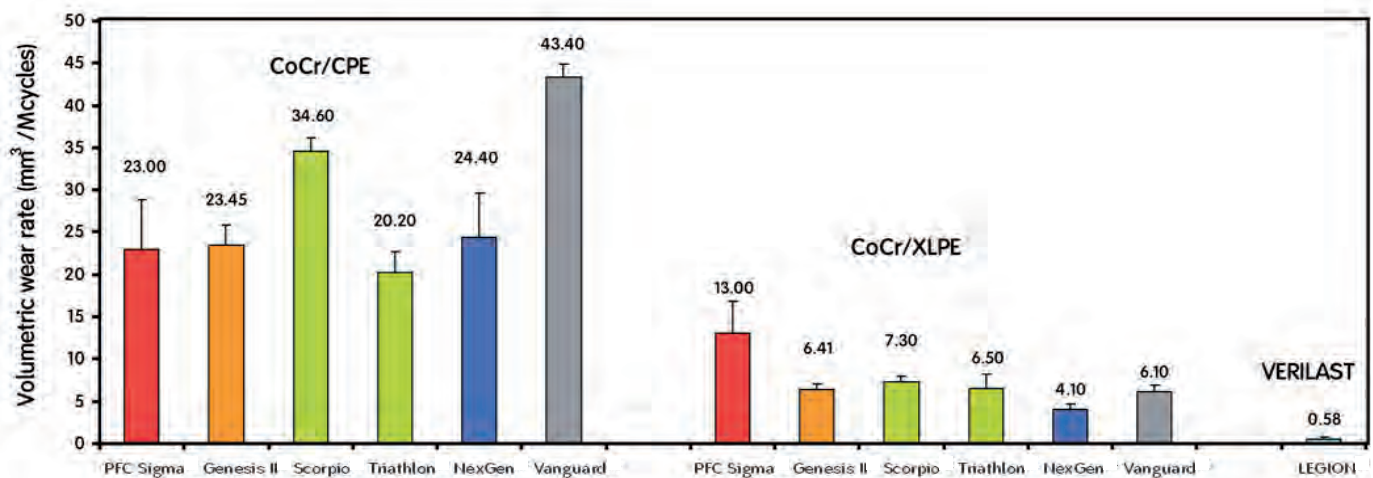
In order to evaluate bearing performance, wear rates from independent, published studies were compared to wear results for VERILAST (Figure 5). Volumetric wear rates for CoCr and conventional UHMWPE (CoCr/CPE) range from 20–43 mm³/Mcycles. The wear rates for CoCr and crosslinked UHMWPE (CoCr/XLPE) is significantly less, ranging from 4–13 mm³/Mcycles. In contrast, a wear rate of 0.58 mm³/Mcycles was observed for VERILAST in the 45 Mcycles test.

These results are especially impressive considering the testing protocols that were utilized. The VERILAST bearing was tested with the kinematically aggressive Leeds protocol [35]. Moreover, the bearing was tested for 45 Mcycles. Simulator tests reported in the literature are typically conducted for only 5 to 20 Mcycles [30–43].

Some specific examples of reported wear cycles include the following:

- Crosslinked polyethylene (Prolong) using NexGen CR (Zimmer, Warsaw, IN) TKR – 20 Mcycles (Popoola et al [39]).

Figure 5: Comparison of mean volumetric wear rates



Mean volumetric wear rates (+/- std. dev.) of CoCr against conventional polyethylene (CPE), CoCr against crosslinked polyethylene (XLPE) and OXINIUM against XLPE (VERILAST) [30-36].

‡Based on in-vitro wear simulation testing, the LEGION Primary Knee System with VERILAST technology is expected to provide wear performance sufficient for 30 years of actual use under typical conditions. The results of in-vitro wear simulation testing have not been proven to quantitatively predict clinical wear performance. Also, a reduction in total polyethylene wear volume or wear rate alone may not result in an improved clinical outcome as wear particle size and morphology are also critical factors in the evaluation of the potential for wear mediated osteolysis and associated aseptic implant loosening. Particle size and morphology were not evaluated as part of the testing.

- Crosslinked polyethylene (Durasul) using Natural Knee II (Zimmer, Warsaw, IN) TKR – 10 Mcycles (Muratoglu et al [40]).
- Insall-Burstein I (Zimmer, Warsaw, IN) and Kinematic (Howmedica, Rutherford, NJ) TKR – up to 11 million cycles (Walker et al [41]).
- Insall-Burstein II (Zimmer, Warsaw, IN) TKR – approx. 11 million cycles (Beaule et al [42])
- JOURNEY (Smith & Nephew, Memphis, TN) TKR – up to 10 million cycles (Ries et al [43])

Conclusion

The amount of volumetric wear observed per million cycles of testing suggests that the LEGION primary knee coupled with VERILAST bearing technology may remain viable in vivo for the equivalent of 30 years of normal use. Moreover, when tested under relatively extreme simulation conditions, this system demonstrated the lowest wear rate of any contemporary TKA device.

These wear results may be particularly relevant for younger patient populations. While the longevity of contemporary TKA implants has remained relatively unchanged, the typical patient has not. Initially, TKA was primarily performed in patients over the age of 65. However, today an ever increasing number of patients are having surgery in their 40's and 50's [44, 45]. An estimated device longevity of approximately 15 years may be sufficient for older populations, but the increased demands of younger patient groups require an additional 5–15 years of in-vivo use prior to revision TKA. This demographic shift suggests that advanced bearing technologies should be adopted to resolve an inevitable increase in long-term revision TKA rates.

‡Based on in-vitro wear simulation testing, the LEGION Primary Knee System with VERILAST technology is expected to provide wear performance sufficient for 30 years of actual use under typical conditions. The results of in-vitro wear simulation testing have not been proven to quantitatively predict clinical wear performance. Also, a reduction in total polyethylene wear volume or wear rate alone may not result in an improved clinical outcome as wear particle size and morphology are also critical factors in the evaluation of the potential for wear mediated osteolysis and associated aseptic implant loosening. Particle size and morphology were not evaluated as part of the testing.

References

1. **Australian Orthopaedic Association National Joint Replacement Registry.** Annual Report. Adelaide: AOA; 2010. Available at: <http://www.dmac.adelaide.edu.au/aoanjrr/publications.jsp>
2. **Paxton EW, Inacio M, Slipchenko T, et al.** The Kaiser Permanente National Total Joint Replacement Registry. *The Permanente Journal*; 12(3): 12–16, 2008.
3. **Sharkey PF, Hozack WJ, Rothman RH, et al.** Insall Award paper. Why are total knee arthroplasties failing today? *Clin Orthop Relat Res*; 404:7–13, 2002.
4. **Ingenix.** Data Analyst Group. Columbus, OH, Ingenix, 1999.
5. **Iorio R, et al.** Orthopaedic surgeon workforce and volume assessment for total hip and knee replacement in the United States: preparing for an epidemic. *J Bone Joint Surg Am*; 90(7):1598–1605, 2008.
6. **Gunston FH.** Polycentric knee arthroplasty: prosthetic simulation of normal knee movement. *J Bone Joint Surg Br*; 53(2):272–277, 1971.
7. **Archibeck MJ, Jacobs JJ, Roebuck KA, et al.** The basic science of periprosthetic osteolysis. *J Bone Joint Surg Am*; 82(10):1478–1489, 2001.
8. **Kurtz SM.** Compendium of highly crosslinked UHMWPEs. UHMWPE Biomaterials Handbook, Kurtz SM, Ed., Burlington, MA: Academic Press, 2009.
9. **Gunston FH.** Polycentric knee arthroplasty: Prosthetic simulation of normal knee movement. *J Bone Joint Surg Br*; 53(2):272–277, 1971.
10. **Freeman MAR, Swanson SAV, Heath JC.** Study of the wear of particles produced from cobalt-chromium-molybdenum-manganese total joint replacement prostheses. *Ann Rheum Dis*; 28(Suppl 5):29, 1969.
11. **Farling G.** Human body implant of graphitic carbon fiber reinforced ultra-high molecular weight polyethylene. U.S. Patent 4,055,862, 1977.
12. **Li S.** Ultra high molecular weight polyethylene: From Charnley to cross-linked. *Oper Techn Orthop*; 11(4):288–295, 2001.
13. **Kurtz SM, Muratoglu OK, Evans M, et al.** Advances in the processing, sterilization, and crosslinking of ultra-high molecular weight polyethylene for total joint arthroplasty. *Biomaterials*; 20:1659–1688, 1999.
14. **Bellare A, Kurtz SM.** High pressure crystallized UHMWPEs. UHMWPE Biomaterials Handbook, Kurtz SM, Ed., Burlington, MA: Academic Press, 2009.
15. **Jones GB.** Total knee replacement – The Walldius hinge. *Clin Orthop Relat Res*; 94:50–57, 1973.
16. **Asano T, Akagi M, Clarke IC, et al.** Dose effects of cross-linking polyethylene for total knee arthroplasty on wear performance and mechanical properties. *J Biomed Mater Res B*; 83B(2):615–622, 2007.
17. **Que L, Topoleski LDT, Parks NL.** Surface roughness of retrieved CoCrMo alloy femoral components from PCA artificial total knee joints. *J Biomed Mater Res B*; 53(1):111–118, 2000.
18. **Levesque M, Livingston BJ, Jones WM, et al.** Scratches on condyles in normal functioning total knee arthroplasty. *Orthop Res Soc, New Orleans, LA*; 247–241, 1998.
19. **Fisher J, Firkins P, Reeves EA, et al.** The influence of scratches to metallic counterfaces on the wear of ultra-high molecular weight polyethylene. *Proc Inst Mech Eng [H]*; 209(4):263–264, 1995.
20. **Poggie RA, Wert J, Mishra A, et al.** Friction and wear characterization of UHMWPE in reciprocating sliding contact with Co-Cr, Ti-6Al-4V, and zirconia implant bearing surfaces. *Wear and Friction of Elastomers*, Denton R and Keshavan MK, Eds., West Conshohocken, PA: ASTM International, 1992.
21. **Sebastian M, Roy ME, Whiteside LA, et al.** Roughness of retrieved CoCr versus OxZr femoral knee components. *Orthop Res Soc, San Francisco, CA*; 1778, 2008.
22. **Spector M, Ries M, Bourne RB, et al.** Wear performance of ultra-high molecular weight polyethylene on oxidized zirconium total knee femoral components. *J Bone Joint Surg Am*; 83(Suppl 2):80–86, 2001.
23. **DesJardins JD, Burnikel B, LaBerge M.** UHMWPE wear against roughened oxidized zirconium and CoCr femoral knee components during force-controlled simulation. *Wear*; 264(3–4):245–256, 2008.
24. **Nasser S, Mott MP, Wooley PH.** A prospective comparison of ceramic and oxinium: TKA femoral components in patients with metal hypersensitivity. *AAOS, San Diego, CA*; 437, 2007.
25. **Heyse T, Chen D, Kelly N, et al.** Matched Pair Total Knee Arthroplasty Retrieval Analysis: Oxidized Zirconium vs. CoCrMo. *The Knee [Epub ahead of print]*, 2010.
26. **Heyse T, Davis J, Haas SB, et al.** Retrieval analysis of Femoral Zirconium Components in TKA: Preliminary Results. *J Arthroplasty*. 26(3):445–450, 2011.
27. **Fisher J, McEwen HM, Tipper JL, et al.** Wear, debris, and biologic activity of cross-linked polyethylene in the knee: benefits and potential concerns. *Clin Orthop Relat Res*; 428:114–119, 2004.
28. **Widding W, Hines G, Hunter G, et al.** Knee simulator protocol for testing of oxidized zirconium and cobalt chrome femoral components under abrasive conditions. *Orthop Res Soc, Dallas, TX*; 1009, 2002.
29. **Muratoglu OK, Burroughs BR, Bragdon CR, et al.** Knee Simulator Wear of Polyethylene Tibias Articulating against Explanted Rough Femoral Components. *Clin Ortho Relat Res*; 428:108–113, 2004.
30. **McEwen HMJ, Barnett PI, Bell CJ, et al.** The influence of design, materials and kinematics on the in vitro wear of total knee replacements. *J Biomech*; 38(2):357–365, 2005.
31. **Parikh A, Morrison M, Jani S.** Wear testing of crosslinked and conventional UHMWPE against smooth and roughened femoral components. *Orthop Res Soc, San Diego, CA*; 0021, 2007.
32. **Essner AA, Herrera L, Yau SS, et al.** Sequentially crosslinked and annealed UHMWPE knee wear debris. *Orthop Res Soc, Washington D.C.*; 71, 2005.
33. **Herrera L, Sweetgall J, Essner A, et al.** Evaluation of sequentially crosslinked and annealed wear debris. *World Biomater Cong, Amsterdam*; 583, 2008.
34. **Schaerer C, Mimnaugh K, Popoola O, et al.** Wear of UHMWPE tibial inserts under simulated obese patient conditions. *Orthop Res Soc, New Orleans, LA*; 2329. 36. Biomet publication. FDA Cleared Claims for E1 Antioxidant Infused Technology. <http://www.biomet.com/orthopedics/getFile.cfm?id=2657&rt=inline>, 2010.
35. **Papannagari R, Hines G, Sprague J, et al.** Long-term wear performance of an advanced bearing knee technology. *ISTA, Dubai, UAE*, 2010.
36. **Barnett PI, Fisher J, Auger DD, et al.** Comparison of wear in a total knee replacement under different kinematic conditions. *J Mater Sci Mater Med*; 12(10–12):1039–1042, 2001.
37. **Haider H, Garvin K.** Rotating Platform versus Fixed-bearing Total Knees: An In Vitro Study of Wear. *Clin Orthop Relat Res*; 466(11):2677–2685, 2008.
38. **Muratoglu OK, Rubash HE, Bragdon CR, et al.** Simulated normal gait wear testing of a highly cross-linked polyethylene tibial insert. *J Arthroplasty*; 22(3):435–444, 2007.
39. **Popoola OO, Yao JQ, Johnson TS, et al.** Wear, delamination, and fatigue resistance of melt-annealed highly crosslinked UHMWPE cruciate-retaining knee inserts under activities of daily living. *J Orthop Res*; 28(9):1120–1126, 2010.
40. **Muratoglu OK, Bragdon CR, Jasty M, et al.** Knee-simulator testing of conventional and cross-linked polyethylene tibial inserts. *J Arthroplasty*; 19(7):887–897, 2004.
41. **Walker PS.** Methodology for long-term wear testing of total knee replacements. *Clin Orthop Relat Res*; 372:290–301, 2000.
42. **Beaule PE, Campbell PA, Walker PS, et al.** Polyethylene wear characteristics in vivo and in a knee simulator. *J Biomed Mater Res A*; 60(3):411–419, 2002.
43. **Ries M, Victor J, Bellemans J, et al.** Effect of guided knee motion and high flexion TKA on kinematics, implant stresses and wear. *AAOS, Chicago, IL*; SE33, 2006.
44. **D'Apuzzo MR, Hernandez-Polo VH, Sierra RJ.** National trends in primary total knee arthroplasty: A population-based study. *AAOS, New Orleans, LA*; 681, 2010.
45. **Dahl AW, Robertsson O, Lidgren L.** Surgical treatment for knee OA in younger patients. *AAOS, New Orleans, LA*; P126, 2010.

Great care has been taken to maintain the accuracy of the information contained in the publication. However, neither KLEOS, nor the authors can be held responsible for errors or any consequences arising from the use of the information contained in this publication. The statements or opinions contained in editorials and articles in this journal are solely those of the authors thereof and not of KLEOS. The products, procedures, and therapies described are only to be applied by certified and trained medical professionals in environments specially designed for such procedures. No suggested test or procedure should be carried out unless, in the reader's professional judgment, its risk is justified. Because of rapid advances in the medical sciences, we recommend that independent verification of diagnosis, drugs dosages, and operating methods should be made before any action is taken. Although all advertising material is expected to conform to ethical (medical) standards, inclusion in this publication does not constitute a guarantee or endorsement of the quality or value of such product or of the claims made of it by its manufacturer. Some of the products, names, instruments, treatments, logos, designs, etc. referred to in this journal are also protected by patents and trademarks or by other intellectual property protection laws even though specific reference to this fact is not always made in the text. Therefore, the appearance of a name, instrument, etc. without designation as proprietary is not to be construed as a representation by the publisher that it is in the public domain. This publication, including all parts thereof, is legally protected by copyright. Any use, exploitation or commercialization outside the narrow limits of copyrights legislation, without the publisher's consent, is illegal and liable to prosecution. This applies in particular to photostat reproduction, copying, scanning or duplication of any kind, translating, preparation of microfilms and electronic data processing and storage. Institutions' subscriptions allow to reproduce tables of content or prepare lists of articles including abstracts for internal circulation within the institutions concerned. Permission of the publisher is required for resale or distribution outside the institutions. Permission of the publisher is required for all other derivative works, including compilations and translations. Permission of the publisher is required to store or use electronically any material contained in this journal, including any article or part of an article. For inquiries contact the publisher at the address indicated.

US: Lit.No: 71281763 Rev 0.2
OUS: Lit.No. 2108-e / Ed. 11/10

Produced by the Research and Clinical Departments,
Smith & Nephew Inc.
Published by KLEOS, the medical education service
from Smith & Nephew

Published December 2010
Copyright © 2010 by Smith & Nephew Orthopaedics AG
KLEOS, Oberneuhofstrasse 10d, 6340 Baar, Switzerland
Phone +41 41 766 22 55
kleos@smith-nephew.com

Bone&JointScience is available on the KLEOS website,
www.kleos.md, within "Literature"

Come and visit us at www.kleos.md