

CARTIVA®

Synthetic Cartilage Implant



DON'T SKIP A STEP

Get Back to Life with Cartiva

Your toes' joints are uniquely designed for movement — especially the big toe, which provides most of the propulsive force needed for walking and running. Unlike fusion, which locks the joint in place, Cartiva allows your joint to move how it's supposed to.

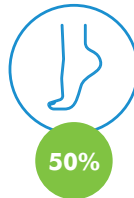
Cartiva is backed by the largest comprehensive study ever conducted for the treatment of osteoarthritis in the big toe joint.¹



**REDUCED
PAIN**



**Functional
Improvement**



**Improved
Range of Motion**



**Speedy
Recovery**

“Cartiva is an effective option for patients wishing to maintain their range of motion while getting significant pain relief.”

SELENE G. PAREKH, MD, MBA
Professor of Orthopedic Surgery, Duke University



“My husband and I can go on long walks. We can walk all day long. We have no restrictions.”

GAIL



FAQ

What is Cartiva made of?

The implant is composed of a biocompatible, durable, slippery organic polymer that functions similarly to natural cartilage.

What is Cartiva used to treat?

Cartiva treats painful arthritis in the joint of the big toe. This arthritis involves the wearing down of the cartilage tissue in the big toe joint.

How does recovery compare to fusion?

With Cartiva, your foot will be weight bearing immediately following surgery. You should begin exercises that move your joint immediately. Your doctor may instruct you in the exercises to undertake in order to regain movement of your toe. Fusion normally takes 6 weeks before your foot will be weight bearing.

For additional information about the Cartiva SCI,

Visit us at www.cartiva.net | Call 877-336-4616 | Email info@cartiva.net

TALK TO YOUR DOCTOR

to find out if Cartiva is right for you.

1 Baumhauer JF, Singh D, Glazebrook M, et al. Prospective, Randomized, Multi-centered Clinical Trial Assessing Safety and Efficacy of a Synthetic Cartilage Implant Versus First Metatarsophalangeal Arthrodesis in Advanced Hallux Rigidus. Foot Ankle Int. 2016;37(5):457-469.

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