

JAMES J. YUE
RUDOLF BERTAGNOLI
PAUL C. McAFEE
HOWARD S. AN

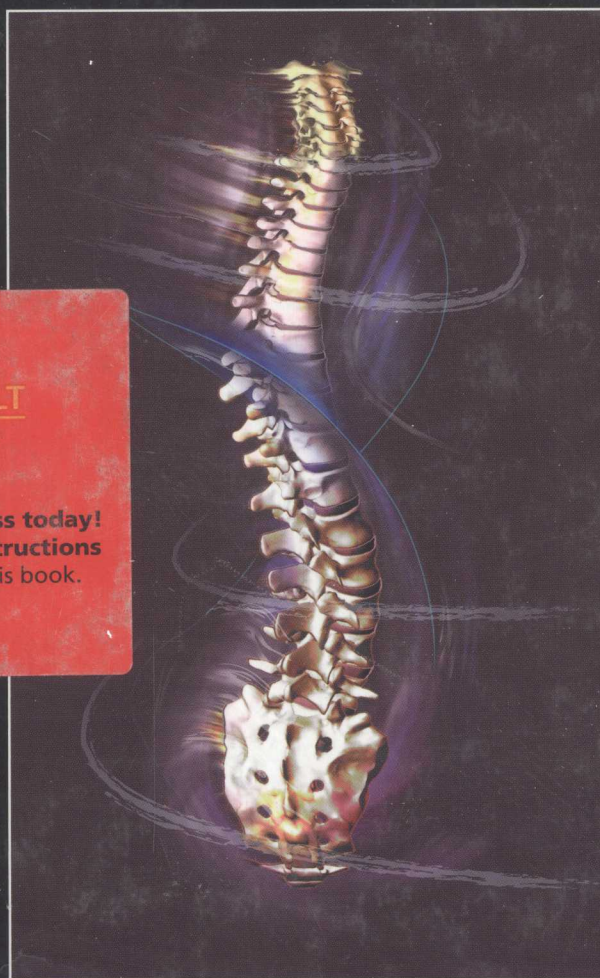


Motion Preservation Surgery of the Spine

ADVANCED TECHNIQUES AND CONTROVERSIES

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Motion Preservation Surgery of the Spine

Advanced Techniques and Controversies

James J. Yue

Associate Professor
Department of Orthopaedic Surgery
Co-Chief, Division of Spinal Surgery
Director, Yale Spine Fellowship
Yale University School of Medicine
New Haven, Connecticut

Rudolf Bertagnoli

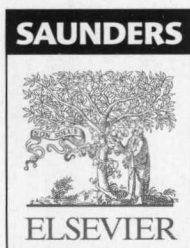
Chairman
First European Center for Spine Arthroplasty and
Associated Nonfusion Technologies (ECSA)
Elisabeth Krankenhaus Straubing
KKH Bogen, Germany

Paul C. McAfee

Chief, Spinal Reconstructive Surgery
Orthopaedic Associates
St. Joseph's Hospital
Towson, Maryland

Howard S. An

The Morton International Professor for Spine Research
Department of Orthopaedic Surgery
Rush Medical College
Chicago, Illinois



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1600 John F. Kennedy Blvd.
Ste 1800
Philadelphia, PA 19103-2899

MOTION PRESERVATION SURGERY OF THE SPINE:
ADVANCED TECHNIQUES AND CONTRVERSIES

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To my wife and children: Susan, Lauren, and Emily. My three 1 in a millions!

—JAMES J. YUE

To my mentors, friends, colleagues, and entrepreneurs of these techniques—especially those in the SAS society and those who promote motion preservation.

To my wife and children.

—RUDOLF BERTAGNOLI

I wish to acknowledge the most talented biomechanical engineers who have taught me enough to really make a positive impact in patient care—Manohar Panjabi, Fred Werner, Al Berstein, Helmut Link, and David Paul. I came into contact with each one of these internationally recognized giants at precisely the right time in my career, and I am grateful for their friendship.

—PAUL C. MCAFEE

The human axial skeleton is composed of 24 mobile segments, with three articulations at each level. Although motion is not identical in degree at each level, it is also not the same in each of the 6 degrees of motion. There are specific range and quality at each anatomical region. Therefore, the preservation of motion is a daunting challenge for the scientists and surgeons.

Years of study, testing, and experimentation have gone into enhancing our knowledge of spinal motion and complex technologies are emerging. Biomaterials are evolving to enable properties that are essential for compatibility, safety, and efficacy. Biomechanics are thoroughly tested to mimic physiologic motion as closely as possible, yet being certain durability and wear characteristics are carefully monitored.

Animal studies meeting the (high) regulatory standards are done when necessary for tissue compatibility and, in some cases, for efficacy. No animals are like the human so the ultimate trial is pilots (small), then when safe, proceed to larger efficacy randomized control studies. This is difficult as what is needed for regulatory clearance is not necessarily the best control trial. However,

diligent choices are often picked to get the best possible Level I studies and evidence.

Minimally invasive and yet maximally beneficial technologies are slowly coming to the fore. The biologics arena is abundant with theory, but with only early proof of concepts. What better motion preservation can there be than tissue engineering, with regenerative technologies, after early, appropriate diagnosis?

The editors have brought together between the covers of this first edition of *Motion Preservation Surgery of the Spine*, a comprehensive textbook covering the bulk of motion technologies. It includes (classic) contributions by several founding scientist surgeons. Even before this first edition has been completed, concepts and ideas for a second edition have been initiated by the editors due to the explosion of innovations in this area.

My congratulations to James J. Yue, Rudolf Bertagnoli, Paul C. McAfee, and Howard S. An for this huge task of love and dedication.

HANSEN A. YUAN, MD
PRESIDENT, SPINE ARTHROPLASTY SOCIETY

Vertebra, from Latin, from *vertere*, to turn

Some may say that current evolution of the treatment of degenerative disorders of the spine is, in many ways, a *revolution*. The essence of this apparent revolution is based on many factors including the realization that the pioneering work of Fernstrom and his advocates was not medical heresy but rather medical innovation. The eventual professional and personal persecution of these innovators that ensued was inappropriate and has predictably fueled today's scientific rapid development of motion-sparing technology. A first-hand account of the medical-socio-legal-political environment by Dr. Alvin McKenzie, a recipient of multi-level Fernstrom ball procedure, is meant to further elucidate the foundation of the recent evolving revolution in the treatment of spondylosis.

Whatever procedure a surgeon and his or her patient decide upon to remedy the debilitating effects of spondylosis, the choice should be based on the fundamental principal that the vertebrate spine is a "motion-protective" anatomical structure. An inherent duality exists in this motion-protective function. First, our spine is designed to allow positioning of our cranium and torso in our ever increasing multi-dimensional world, thereby permitting and enhancing our interactive and protective abilities and responsibilities. Coupled to this pro-motion functional adaptation is the intrinsic protection to the neural elements that our vertebrate spinal column provides. Herein lies the duality and balance of our motion-protective spinal column. Our vertebrate spinal column allows us to protect ourselves by allowing us to move and interact with our physical environment but it also protects the neurological elements that give our musculoskeletal and dermatomal systems the ability to perform these functions.

Motion Preservation Surgery of the Spine: Advanced Techniques and Controversies was written to provide a general understanding of the basic principles of nonfusion surgery as well as an advanced platform to approach the inevitable revision and/or additional procedures that may become necessary, as may occur with any surgical procedure. Inherent in each chapter are specific case examples that the authors have selflessly provided. In addition, clinical trial data are also provided to allow the reader to gain a sense of the

potential place for a given technology in their practice. As one can ascertain from a review of the author list, we have chosen contributors based on their expertise in a given technology. Often this expertise was obtained from many parts of the globe. This multi-cultural and multi-national perspective is unique and truly invaluable to the reader given the long-term perspective that countries such as Germany and France have had using nonfusion technology.

Shortly after production of *Motion Preservation Surgery of the Spine: Advanced Techniques and Controversies* began, the Spine Arthroplasty Society requested that the text be included as one of the core teaching texts of their organization. In order to fulfill this honored request, multiple chapters dedicated to the concept of how to study motion-sparing technologies, both in the clinical as well as the laboratory setting, have been included. Future editions, both English and translated, will bring additional materials, learning supplements, and teaching aids.

The preparation of this textbook would not have been possible without the inspiration and diligent work of our contributing authors. We are deeply indebted and grateful to them for their tireless patience and determination in completing their chapters. We have also been fortunate to have benefited from the pioneering work of our mentors, including Henry Bohlman, Karin Büttner-Janz, Jürgen Harms, John Kostuik, John P. O'Brien, Robbie Robinson, Arthur Steffe, and Hansen Yuan to name just a few. Our support from our publisher, Elsevier, has been unequalled. Specifically, we would like to thank our Development Editor, Adrienne Brigido. Without her efforts, this book would not have been possible. We also sincerely thank Ms. Kimberly Murphy, Publishing Director, Global Medicine Elsevier, for her invaluable guidance. We believe you will find this textbook informative and a comprehensive platform and foundation for learning about motion-sparing technology of the spine.

JAMES J. YUE
RUDOLF BERTAGNOLI
PAUL C. McAFEE
HOWARD S. AN

Jean-Jacques Abitbol, MD

Orthopaedic Spine Surgeon, California Spine Group,
San Diego, California
The CerviCore Cervical Intervertebral Disc Replacement

Michael Ahrens, MD

University of Luebeck, Neustadt, Germany
DASCOR

Todd F. Alamin, MD

Assistant Professor, Department of Orthopaedic Surgery,
Stanford University Medical Center, Stanford,
California
Invasive Diagnostic Tools

Todd J. Albert, MD

James Edwards Professor and Chairman of Orthopaedic
Surgery, Jefferson Medical College, Thomas Jefferson
University, Philadelphia, Pennsylvania
DISCOVER Artificial Cervical Disc

Jérôme Allain

Professor, University Paris XII, Paris, France
Professor, Hôpital Henri Dondor, Créteil, France
Mobidisc Disc Prosthesis

Marc Ameil, MD

Professor, Department of Orthopaedics,
Polyclinique Saint-André, Reims, France
Mobidisc Disc Prosthesis

Howard S. An

The Morton International Professor for Spine Research,
Department of Orthopaedic Surgery, Rush Medical College,
Chicago, Illinois
*Animal Models for Human Disc Degeneration; Growth Factors
for Intervertebral Disc Regeneration*

Ravi Ananthan

Theken Disc, LLC, Akron, Ohio
Theken eDisc: A Second-Generation Lumbar Artificial Disc

Paul A. Anderson, MD

Associate Professor of Orthopaedic Surgery, Department
of Orthopaedics, University of Wisconsin, Madison,
Madison, Wisconsin
*Preclinical Evaluation of Dynamic Spinal Stabilization: Animal
Models and Basic Scientific Methods*

S.A. Andrew

Scient'x IsoBar TTL Dynamic Rod Stabilization

Lucie Aubourg, PhD

Clinical Research Manager, LDR Medical, Troyes, France
Mobidisc Disc Prosthesis

Stephane Aunoble, MD

Unité de Pathologie, Centre Hospitalier Pellegrin,
Bordeaux, France
*Minimally Invasive Posterior Approaches to the
Lumbar Spine*

Jonathon R. Ball, BMed, BMedSC(Hons), FRACS

Neurosurgical Registrar, Royal North Shore Hospital,
New South Wales, Australia
Cervical Arthroplasty with Myelopathy

Qi-Bin Bao, PhD

Pioneer Surgical Technology, Marquette, Michigan
*Aquarelle Hydrogel Disc Nucleus; NUBAC Intradiscal
Arthroplasty*

Jacques Beaurain, MD

Department of Neurosurgery, University Hospital,
Dijon, France
Mobi-C; Mobidisc Disc Prosthesis

Marco Bérard, MD

Alice Hyde Orthopaedic and Sports Medicine Center,
Alice Hyde Medical Center, Malone, New York
Orthobiom: A Nonfusion Treatment for Pediatric Scoliosis

Ulrich Berelmann, MD

M.E. Müller Institute for Surgical Technology and Biomechanics, University of Bern, Bern, Switzerland
NuCore Injectable Nucleus: An In Situ Curing Nucleus Replacement

Pierre Bernard, MD

Centre Aquitain du Dos, Clinique Saint-Martin, Pessac, France
Mobi-C

Rudolf Bertagnoli, MD

Chairman, First European Center for Spine Arthroplasty and Associated Nonfusion Technologies (ECSA), Elisabeth Krankenhaus Straubing, KKH Bogen, Germany
Lateral Approaches to the Lumbar Spine: The Anterolateral Transposatic Approach; coflex Interspinous Implant for Stabilization of the Lumbar Spine; Hybrid Nonfusion Techniques; Autologous Chondrocyte Disc Transplant: Early Clinical Results; Multilevel Lumbar Disc Arthroplasty; Cervical Arthroplasty Adjacent to Fusion, Multiple-Level Cases, and Hybrid Applications

Robert S. Biscup, DO, MS, FAOAO

Chairman, Biscup Spine Institute, Fort Lauderdale, Florida
Satellite: Spherical Partial Disc Replacement

Jason D. Blain

Chief Technology Officer, Spinal Elements, Carlsbad, California
The Zyre Facet Replacement Device

Jon E. Block, PhD

President, Jon E. Block, PhD, Inc., San Francisco, California
The M6 Artificial Cervical Disc

Scott L. Blumenthal, MD

Orthopaedic Spine Surgeon, Texas Back Institute, Plano, Texas
CHARITÉ Artificial Disc; Simultaneous Lumbar Fusion and Total Disc Replacement

Nicholas R. Boeree, BSc, FRCS Orth, FRCS Ed

Consultant Orthopaedic Surgeon, Southampton University Hospital Trust, Southampton, United Kingdom
Wallis Dynamic Stabilization

Iohan Bogorin, MD

Service de Chirurgie Orthopédique, du Rachis et de Traumatologie du Sport, Hôpitaux Universitaires de Strasbourg, Strasbourg, France
Mobidisc Disc Prosthesis

David S. Bradford, MD

Professor, University of California San Francisco
 Professor and Chair Emeritus, University of California, San Francisco, California
History and Evolution of Motion Preservation

Jacob M. Buchowski, MD, MS

Assistant Professor of Orthopaedic and Neurologic Surgery, Washington University in St. Louis, St. Louis, Missouri
 Chief, Degenerative and Minimally Invasive Spine Surgery, Washington University in St. Louis, St. Louis, Missouri
Primary Indications and Disc Space Preparation for Cervical Disc Arthroplasty

Karin Büttner-Janz, MD, PhD

Professor, Charité Universitätsmedizin, Berlin; Director of Orthopedic Clinic, Vivantes Klinikum im Friedrichshain, Berlin, Germany
Classification of Spine Arthroplasty Devices

Andrew G. Cappuccino, MD

Orthopaedic Spine Surgeon, Buffalo Spine Surgery, Lockport, New York
Cervical Disc Replacement Revisions: Clinical and Biomechanical Considerations

Allen Carl, MD

Professor, Orthopaedic Surgery and Pediatrics, Albany Medical College, Albany, New York
 Attending Surgeon, Albany Medical Center, Albany, New York
Anatomic Facet Replacement System (AFRS)

Antonio E. Castellvi, MD

Spine Fellowship Director; Spine Surgeon, Florida Orthopaedic Institute, Tampa, Florida
Scient'x IsoBar TTL Dynamic Rod Stabilization

Joseph C. Cauthen, MD

Orthopaedic Spine Surgeon, Neurosurgical and Spine Associates, Gainesville, Florida
Repair and Reconstruction of the Annulus Fibrosus with the Inclose Surgical Mesh System

Hervé Chataigner, MD

Service de Chirurgie des Scolioses et Orthopédie Infantile, Hôpital St. Jacques, Besançon, France
Mobidisc Disc Prosthesis

Boyle C. Cheng, PhD

Assistant Professor, University of Pittsburgh, Pittsburgh, Pennsylvania
Biomechanics of Nonfusion Devices: Novel Testing Techniques, Standards, and Implications for Future Devices

Robert J. Chomiak, MD

Paradigm Spine, LLC, New York, New York
coflex Interspinous Implant for Stabilization of the Lumbar Spine; Orthobiom: A Nonfusion Treatment for Pediatric Scoliosis

Christine Coillard, MD

Research Centre, Sainte-Justine Hospital, Montreal,
Quebec, Canada
Orthobiom: A Nonfusion Treatment for Pediatric Scoliosis

Christopher Cole

Engineer, Theken Disc, LLC, Akron, Ohio
Theken eDisc: A Second-Generation Lumbar Artificial Disc

Dennis Colleran

Vice President, Research and Development, IlluminOss
Medical Inc., Tiverton, Rhode Island
Innovative Spinal Technologies Dynamic Stabilization Device

Domagoj Coric, MD

Chief of Neurosurgery, Carolinas Medical Center, Charlotte,
North Carolina
Carolina Neurosurgery and Spine Associates, Charlotte,
North Carolina
*Cervical Approaches: Anterior and Posterior; NUBAC Intradiscal
Arthroplasty*

G. Bryan Cornwall, PhD, PEng

Vice President, Research and Clinical Resources,
NuVasive, Inc., San Diego, California
*The NeoDisc Elastomeric Cervical Total Disc Replacement;
Cerpess Cervical Total Disc Replacement*

Etevaldo Coutinho, MD

Spine Surgeon, Santa Rita Hospital, São Paulo, Brazil
Lateral Lumbar Total Disc Replacement

Andrew H. Cragg, MD

Interventional Radiologist, Minnesota Vascular Clinic,
Suburban Radiologic Consultants, Edina, Minnesota
TranS1 Percutaneous Nucleus Replacement

Bryan W. Cunningham, MSc

Associate Professor, Department of Orthopaedic Surgery,
Johns Hopkins University, Baltimore, Maryland
Director, Spinal Research, St. Joseph Medical Center, Towson,
Maryland
*Preclinical Evaluation of Dynamic Spinal Stabilization: Animal
Models and Basic Scientific Methods; Cervical Disc Replacement
Revisions: Clinical and Biomechanical Considerations; Anatomic
Facet Replacement System (AFRS)*

David Cutter

NuVasive Inc., San Diego, California
Cerpess Cervical Total Disc Replacement

Frank Daday, MBBS, FANZCA

Visiting Medical Officer, Allamanda Private Hospital,
Gold Coast, Queensland, Australia
Overall Revision Strategies: Lumbar

Reginald J. Davis, MD

Assistant Professor, Neurosurgery, Johns Hospital Medical
Institute; Clinical Instructor, Neurosurgery, University of
Maryland Medical Center, Baltimore, Maryland
Division Head of Neurosurgery, Greater Baltimore Medical
Center, Towson, Maryland
*PDN-SOLO and HydraFlex Nucleus Replacement; Dynesys
Dynamic Stabilization System*

Rick B. Delamarter, MD

Associate Clinical Professor, University of California,
Los Angeles, Los Angeles, California;
Fellowship Director, The Spine Institute, Santa Monica,
California
*ProDisc-C Total Cervical Disc Replacement; ProDisc-L Total
Disc Replacement*

Joël Delécrin, MD, PhD

Associate Professor, Department of Orthopedic Surgery,
Nantes University, Nantes, France
Mobidisc Disc Prosthesis

Malan DeVilliers, BEng (Mech), MEng, PhD (Eng)

Managing Director, Southern Medical (PTY) LTD, Irene,
Centurion, South Africa
Kineflex

Roberto Díaz, MD

Assistant Professor, Department of Neurosurgery,
San Ignacio University Hospital, Javeriana School of
Medicine, Bogota, Columbia
*Cervical Disc Replacement Revisions: Clinical Biomechanical
Considerations; TranS1 Percutaneous Nucleus Replacement;
TOPS: Total Posterior Facet Replacement and Dynamic Motion
Segment Stabilization System*

Juan M. Dipp, MD

Chief, Orthopedic and Spine Surgery, Hospital del Prado,
Tijuana, Mexico
Chief Spine Surgeon, Hospital Angeles, Tijuana, Tijuana,
Mexico
The PercuDyn System

Gary A. Dix, MD, FRCS(C)

Medical Director of Spine Services, Anne Arundel Medical
Center, Annapolis, Maryland
Persistent Pain After Cervical Arthroplasty

Thomas B. Ducker, MD, FACS

Johns Hopkins Medical School, Baltimore, Maryland
Anne Arundel Medical Center, Annapolis, Maryland
Persistent Pain After Cervical Arthroplasty

Thierry Dufour, MD

Neurosurgeon, Centre Hospitalier Regional, Orléans, France
Mobi-C; Mobidisc Disc Prosthesis

Jacob Einhorn

Vice President, Research and Development, Intrinsic Therapeutics, Inc., Woburn, Massachusetts
The Intrinsic Therapeutics Barricaid Device

Lukas Eisermann, BS

Director of Advanced Technology Development, NuVasive, Inc., San Diego, California
The NeoDisc Elastomeric Cervical Total Disc Replacement; Cerpas Cervical Total Disc Replacement

Thomas J. Errico, MD

Chief, Division of Spine Surgery, Department of Orthopaedic Surgery, New York University—Hospital for Joint Diseases; Associate Professor of Orthopaedics and Neurosurgery, New York University School of Medicine, New York, New York
The FlexiCore Intervertebral Disc

Teddy Fagerstrom, MD

Department of Orthopedics, Huddinge University Hospital, Stockholm, Sweden
FENIX Facet Resurfacing Implant

Daniel R. Fassett, MD, MBA

Assistant Professor, Department of Neurosurgery, University of Illinois College of Medicine Peoria, Peoria, Illinois
Advanced Spinal Anatomy for Cervical and Lumbar Nonfusion Surgery

Jeffrey S. Fischgrund, MD

Orthopaedic Spine Surgeon, William Beaumont Hospital, Royal Oak, Michigan
The CerviCore Cervical Intervertebral Disc Replacement

Ricardo Flores, MD

Chief of Neurosurgery, Departments of Neurology and Neurosurgery, Hospital Almatier, Mexicali, Mexico
The PercuDyn System

Jean-Marc Fuentes, MD

Hôpital Pellegrin, Bordeaux, France
Mobi-C

Josue Gabriel, MD

Clinical Director, Biodynamics Laboratory, The Ohio State University, Columbus, Ohio
 Clinical Assistant Professor, Department of Orthopaedic Surgery, The Ohio State University, Columbus, Ohio
The Development of a Personalized Hybrid EMG-Assisted/Finite Element Biomechanical Model to Assess Surgical Options

Rolando García, MD, MPH

Spinal Surgeon, Orthopedic Care Center, Aventura, Florida
Activ-L Artificial Disc; Dynamic Pedicle-Screw Stabilization with Nucleus Replacement

Fred H. Geisler, MD, PhD

Founder, Illinois Neuro-Spine Center at Rush-Copley Medical Center, Aurora, Illinois
Statistical Outcome Interpretation of Randomized Clinical Trials; Simultaneous Lumbar Fusion and Total Disc Replacement

Ihab Gharzeddine, MD

Spine Surgeon, Santa Rita Hospital, São Paulo, Brazil
Cervical Disc Replacement Revisions: Clinical and Biomechanical Considerations; Lateral Lumbar Total Disc Replacement; Revision Strategies Following Lumbar Total Disc Replacement Complications

Vijay K. Goel, PhD

Endowed Chair and McMaster-Gardner Professor of Orthopaedic Bioengineering; Co-Director, Engineering Center for Orthopaedic Research Excellence (E-CORE), Departments of Bioengineering and Orthopaedic Surgery, Colleges of Engineering and Medicine, University of Toledo, Toledo, Ohio
Theken eDisc: A Second-Generation Lumbar Artificial Disc; Anatomic Facet Replacement System (AFRS)

Jeffrey A. Goldstein, MD

Assistant Professor of Orthopaedic Surgery, New York University School of Medicine, New York, New York
 Director of Spine Service, New York University—Hospital for Joint Diseases, New York, New York
Persistent Pain After Lumbar Total Disc Replacement

Matthew F. Gornet, MD

Staff Physician, The Orthopedic Center of St. Louis, St. Louis, Missouri
Maverick Total Disc Replacement

Steven L. Griffith, PhD

Vice President, Scientific Affairs, Anulex Technologies, Inc., Minnetonka, Minnesota
Repair and Reconstruction of the Annulus Fibrosus with the Inclose Surgical Mesh System

Geneste Guilhaume

Department of Orthopaedic Surgery, Clinique du Parc, Castelnau-le-Lez, France
Can Lumbar Disc Replacement Be Used Adjacent to a Scoliotic Deformity?

Giancarlo Guizzardi, MD

Neurosurgery Unit, Careggi Hospital, Florence, Tuscany, Italy
DIAM Spinal Stabilization System

Richard D. Guyer, MD

Spine Surgeon; Co-Director of the Spine Surgery Fellowship Program, Texas Back Institute, Plano, Texas
Socioeconomic Impact of Motion Preservation Technology

Nader M. Habela, MD

Orthopaedic Associates and Spine Center, St. Joseph Medical Center, Towson, Maryland
Indications and Contraindications for Cervical Nonfusion Surgery: Patient Selection

Ulrich Reinhard Hähnle, MD

Post-Graduate Studies, University of Witwatersrand, Johannesburg, Gauteng, South Africa
 Orthopedic Surgeon, Nedcare Linksfield Hospital, Johannesburg, Gauteng, South Africa
Kineflex

Horace Hale

CEO, GerraSpine, St. Gallen, Switzerland
FENIX Facet Resurfacing Implant

Nadim James Hallab, MS, PhD

Associate Professor, Department of Orthopedic Surgery, Rush University Medical Center, Chicago, Illinois
Material Properties and Wear Analysis

David Hannallah, MD, MS

Staff Physician, The Cardinal Orthopaedic Institute, Columbus, Ohio
Adjacent Segment Degeneration and Adjacent Segment Disease: Cervical and Lumbar

Matthew Hannibal, MD

Director of Spine Research; Associate Director, San Francisco Orthopedic Research Program, Department of Orthopedic Surgery, San Francisco, California
X-STOP Interspinous Process Decompression for Lumbar Spinal Stenosis

Victor M. Hayes, MD

Trinity Spine Center, Tampa, Florida
Lumbar Endoscopic Posterolateral (Transforaminal) Approach

Alan S. Hilibrand, MD

Department of Orthopaedic Surgery, Thomas Jefferson University, Philadelphia, Pennsylvania
Adjacent Segment Degeneration and Adjacent Segment Disease: Cervical and Lumbar

John A. Hipp, PhD

Director, Spine Research Laboratory, Orthopedic Surgery, Baylor College of Medicine, Houston, Texas
 Chief Scientist, Medical Metrics, Inc., Houston, Texas
Quantitative Motion Analysis (QMA) of Motion-Preserving and Fusion Technologies for the Spine

Stephen H. Hochschuler, MD

Spine Surgeon, Texas Back Institute, Plano, Texas
The Future of Motion Preservation

Gordon Neil Holen, DO

Spine Surgery, Department of Orthopedic Surgery, Mease Countryside Hospital, Safety Harbor, Florida
Total Facet Arthroplasty System (TFAS)

Istvan Hovorka, MD

Department of Orthopaedics and Sports Traumatology, University of Nice—Archet 2 Hospital, Nice, France
Mobi-C

Robert W. Hoy, MEng

Facet Solutions Inc., Logan, Utah
Anatomic Facet Replacement System (AFRS)

Kenneth Y. Hsu, MD

Co-Medical Director, Department of Orthopedics, St. Mary's Spine Center, San Francisco, California
X-STOP Interspinous Process Decompression for Lumbar Spinal Stenosis

Jean Huppert, MD

Clinique du Parc, Saint-Priest-en-Jarez, France
Mobi-C

Cary Idler, MD

Spine Fellow, St. Mary's Medical Center, San Francisco, California
X-STOP Interspinous Process Decompression for Lumbar Spinal Stenosis

Andre Jackowski, MD, FRCS

Department of Spinal Surgery, Royal Orthopaedic Hospital, Birmingham, United Kingdom
The NeoDisc Elastomeric Cervical Total Disc Replacement

Joshua J. Jacobs, MD

Associate Dean for Research Development, Department of Orthopaedic Surgery, Rush University Medical Center; Associate Dean for Academic Programs, Department of Orthopaedic Surgery, Rush University Medical Center; Inaugural Crown Family Professor of Orthopaedic Surgery, Department of Orthopaedic Surgery, Rush University Medical Center, Chicago, Illinois
Material Properties and Wear Analysis

Jorge Jaramillo, MD

Department of Orthopaedic Surgery and Rehabilitation, Yale University School of Medicine, New Haven, Connecticut
Disc Space Preparation Techniques for Lumbar Disc Arthroplasty

Shiveindra B. Jeyamohan, MD

Department of Neurosurgery, Thomas Jefferson University,
Philadelphia, Pennsylvania
*Advanced Spinal Anatomy for Cervical and Lumbar Nonfusion
Surgery*

James D. Kang, MD

Vice Chairman, Department of Orthopaedic Surgery; Professor,
Departments of Orthopaedic and Neurological Surgery; Director,
Ferguson Laboratory for Orthopaedic Spine Research, University
of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania
Professor, Departments of Orthopaedic Surgery and Neurological
Surgery, University of Pittsburgh Medical Center, Pittsburgh,
Pennsylvania
Gene Therapy for Intervertebral Disc Repair and Regeneration

Larry T. Khoo, MD

Assistant Professor, Department of Surgery, University of
California, Los Angeles, Los Angeles, California
*TransS1 Percutaneous Nucleus Replacement (PNR);
TOPS: Total Posterior Facet Replacement and Dynamic Motion
Segment Stabilization System*

Seok Woo Kim, MD, PhD

Associate Professor, Department of Orthopaedic Surgery;
Chief, Spine Services, Hallym University, Seoul, South Korea
Director, International Spine Center, Hangang Sacred Heart
Hospital, Hallym University Medical Center, Seoul, South Korea
Cervical Disc Replacement Combined with Cervical Laminoplasty

Scott H. Kitchel, MD

Orthopaedic Physician and Surgeon, Orthopaedic Spine
Associates LLC, Eugene, Oregon
*Cerpass Cervical Total Disc Replacement; The Zyre Facet
Replacement*

Gregory G. Knapik, MS

Senior Research Associate Engineer, The Ohio State
University Biodynamics Laboratory, Columbus, Ohio
*The Development of a Personalized Hybrid EMG-Assisted/Finite
Element Biomechanical Model to Assess Surgical Options*

Manoj Krishna, MCh(Orth), FRCS

Consultant Spinal Surgeon, University Hospital of North Tees,
Stockton-on-Tees, United Kingdom
Posterior Lumbar Arthroplasty

Greg Lambrecht

President and CEO, Intrinsic Therapeutics, Inc.,
Woburn, Massachusetts
The Intrinsic Therapeutics Barricald Device

Carl Laurysen, MD

Director, Research and Education, Olympia
Medical Center, Beverly Hills, California
The Zyre Facet Replacement Device

William Lavelle, MD

Fellow, Cleveland Clinic Spine Institute,
Cleveland Clinic, Cleveland, Ohio
Anatomic Facet Replacement System (AFRS)

James P. Lawrence, MD

Department of Orthopaedic Surgery and Rehabilitation,
Yale University, New Haven, Connecticut
*Indications and Contraindications for Lumbar
Nonfusion Surgery: Patient Selection*

Jean-Charles Le Huec, MD, PhD

Professor and Head, Orthopaedic Department; Chief,
Spine Unit; Director, Surgical Research Lab,
Bordeaux University Hospital, Bordeaux, France
*Minimally Invasive Posterior Approaches to the Lumbar Spine;
DASCOR*

Juliano Lhamby, MD

Orthopedic Spine Surgeon, Santa Rita Hospital, São
Paulo, Brazil
*Cervical Disc Replacement Revisions: Clinical and Biomechanical
Considerations; Lateral Lumbar Total Disc Replacement;
Revision Strategies Following Lumbar Total Disc Replacement
Complications*

Gary L. Lowery, MD, PhD

Executive Vice President, Research and Technology,
Paradigm Spine, LLC, New York, New York
*coflex Interspinous Implant for Stabilization of the Spine;
Orthobiom: A Nonfusion Treatment for Pediatric Scoliosis*

George Malcolmson

Aphatec Spine, Inc., Carlsbad, California
*The Stabilimax NZ Posterior Lumbar Dynamic
Stabilization System*

Thierry Marnay, MD

Department of Orthopaedic Surgery,
Clinique du Parc, Castelnau-le-Lez, France
*Can Lumbar Disc Replacement Be Used Adjacent to a
Scoliotic Deformity?*

William S. Marras, MS, PhD

Professor, College of Engineering; Professor, College of Medicine, The Ohio State University Biodynamics Laboratory, Columbus, Ohio

The Development of a Personalized Hybrid EMG-Assisted/Finite Element Biomechanical Model to Assess Surgical Options

Larry Martin, Jr., MD

Resident, Department of Orthopaedic Surgery, Indiana University School of Medicine, Indianapolis, Indiana

The Bryan Artificial Disc

Joseph M. Marzluff, MD

Neurosurgeon, Roper St. Francis Healthcare, Charleston, South Carolina

SECURE-C Cervical Artificial Disc

Koichi Masuda, MD

Professor, Department of Orthopedic Surgery and Biochemistry, Rush Medical College at Rush University Medical Center, Chicago, Illinois

Animal Models for Human Disc Degeneration; Growth Factors for Intervertebral Disc Regeneration

Paul C. McAfee, MD

Associate Professor of Orthopedic Surgery and Neurosurgery, Johns Hopkins Hospital, Baltimore, Maryland
Chief of Spinal Surgery, St. Joseph's Hospital, Baltimore, Maryland

Indications and Contraindications for Cervical Nonfusion Surgery: Patient Selection; Porous-Coated Motion (PCM) Cervical Arthroplasty; Complications of Anterior Cervical Approaches: Cervical Revision: Approach-Related Considerations; Cervical Disc Replacement Revisions: Clinical and Biomechanical Considerations; Cervical Disc Replacement Combined with Cervical Laminoplasty; Spinal Deformity in Motion-Sparing Technology

Jeffrey R. McConnell, MD

Clinical Assistant Professor of Surgery, Pennsylvania State University College of Medicine, Hershey, Pennsylvania

SECURE-C Cervical Artificial Disc

Alvin H. McKenzie, MD, MChOrth, FRCSC

Senior Active Staff, Department of Orthopaedic Surgery, Royal Alexandra Hospital Edmonton, Alberta, Canada

The Basis for Motion Preservation Surgery: Lessons Learned from the Past

Alan McLeod, PhD

Group Director Research and Development: Embroidery Technology, NuVasive (UK) Ltd., Taunton, United Kingdom

The NeoDisc Elastomeric Cervical Total Disc Replacement

Lionel N. Metz, MD

Medical Student Research Fellow, University of California, San Francisco, School of Medicine, San Francisco, California

History and Evolution of Motion Preservation

Richard Blondet Meyrat, MD

Chief Resident, Department of Neurosurgery, Baylor College of Medicine, Houston, Texas

Minimally Invasive Posterior Approaches to the Lumbar Spine

Scott Dean Miller, DO

Orthopaedic Surgeon, Crystal Clinic Orthopaedic Group, Akron, Ohio

Theken eDisc: A Second-Generation Lumbar Artificial Disc

Joji Mochida, MD, PhD

Professor, Tokai University School of Medicine, Isehara, Kanagawa, Japan

Professor and Chairman, Department of Orthopaedic Surgery, Tokai University Hospital, Isehara, Kanagawa, Japan

Cell Therapy for Intervertebral Disc Degeneration

Richard Navarro

Vice President, Research and Development, Theken Disc, LLC, Akron, Ohio

Theken eDisc: A Second-Generation Lumbar Artificial Disc

Hazem Nicola, MD

Orthopedics Spine Surgeon, Department of Biomechanics, Universidad Simón Bolívar, Caracas, Venezuela

Trans1 Percutaneous Nucleus Replacement (PNR)

Daniel M. Oberer, MD

Attending Neurosurgeon, Department of Neurosurgery, Carolinas Medical Center, Charlotte, North Carolina

Cervical Approaches: Anterior and Posterior

Donna D. Ohnmeiss, MD

President, Texas Back Institute Research Foundation, Plano, Texas

Socioeconomic Impact of Motion Preservation Technology;

Simultaneous Lumbar Fusion and Total Disc Replacement;

The Future of Motion Preservation

Carlos E. Oliveira, MD

Head of Spine Sector of Orthopedic Department, Hospital de Servidor Público Estadual, São Paulo, Brazil

Anatomic Facet Replacement System (AFRS)

Douglas G. Orndorff, MD

Resident, Department of Orthopaedic Surgery, University of Virginia Medical Center, Charlottesville, Virginia

DISCOVER Artificial Cervical Disc

Brett A. Osborn, DO

Orthopedic Care Center, Aventura, Florida
Dynamic Pedicle-Screw Stabilization with Nucleus Replacement

Corey A. Pacek, MD

Resident Physician, Department of Orthopaedic Surgery,
 University of Pittsburgh School of Medicine, Pittsburgh,
 Pennsylvania
 Resident Physician, Department of Orthopaedic Surgery,
 University of Pittsburgh Medical Center, Pittsburgh,
 Pennsylvania
Gene Therapy for Intervertebral Disc Repair and Regeneration

Charles Park, MD

Division Chief, Neurosurgery, Harbor Hospital,
 Baltimore, Maryland
Theken eDisc: A Second-Generation Lumbar Artificial Disc

Avinash G. Patwardhan, PhD

Professor, Department of Orthopaedic Surgery and
 Rehabilitation, Loyola University Stritch School of
 Medicine, Maywood, Illinois
 Director, Musculoskeletal Biomechanics Laboratory,
 Edward Hines, Jr. VA Hospital, Hines, Illinois
The M6 Artificial Cervical Disc

Carlos Fernando Arias Pesántez, MD

Neurospine Surgeon, Santa Rita Hospital, São Paulo, Brazil
Revision Strategies Following Lumbar Total Disc Replacement Complications

Piero Petrini, MD

Department of Orthopaedics, City Hospital, Castle, Italy
DIAM Spinal Stabilization System

Luiz Pimenta, MD, PhD

Associate Professor, University of California, San Diego,
 San Diego, California; Assistant Professor, Department of
 Neurosurgery, Federal University, São Paulo, Brazil; Assistant
 Professor, Department of Neurosurgery, Faculdade de Jundiaí,
 São Paulo, Brazil
 Chief of Spine Surgery, Hospital Santa Rita, São Paulo, Brazil
Cervical Disc Replacement Revisions: Clinical and Biomechanical Considerations; Lateral Lumbar Total Disc Replacement; Revision Strategies Following Lumbar Total Disc Replacement Complications; TranS1 Percutaneous Nucleus Replacement (PNR); NUBAC Intradiscal Arthroplasty; TOPS: Total Posterior Facet Replacement and Dynamic Motion Segment Stabilization System

Vinod K. Podichetty, MD, MS

Director, Division of Research, Cleveland Clinic Florida, Weston, Florida
Satellite: Spherical Partial Disc Replacement

Kornelis A. Poelstra, MD, PhD

Assistant Professor of Orthopaedics, University of Maryland
 Medical Center, Baltimore, Maryland
DISCOVER Artificial Cervical Disc

Ben B. Pradhan, MD, MSE

Director of Clinical Research, The Spine Institute, Santa Monica,
 California
ProDisc-C Total Cervical Disc Replacement; ProDisc-L Total Disc Replacement

Ann Prewett, PhD

President, Replication Medical, Inc., Cranbury, New Jersey
NeuDisc Artificial Lumbar Nucleus Replacement

James P. Price

Engineer, Theken Disc, LLC, Akron, Ohio
Theken eDisc: A Second-Generation Lumbar Artificial Disc

James Robert Rappaport, MD

Assistant Clinical Professor, University of Nevada, Reno, Reno,
 Nevada; Sierra Regional Spine Institute, St. Mary's Regional
 Medical Center, Reno, Nevada
Kineflex|C Cervical Artificial Disc

Christopher Reah, PhD

Manager of Embroidery Technology Development, NuVasive
 (UK) Ltd, Taunton, United Kingdom
The NeoDisc Elastomeric Cervical Total Disc Replacement

Alejandro A. Reyes-Sánchez, MD

Professor of Spine Surgery, Facultad de Medicina, Universidad
 Nacional Autónoma de México, Mexico, Distrito Federal, Head
 of Spinal Surgery Division, National Institute of Rehabilitation,
 Mexico, Distrito Federal
The M6 Artificial Cervical Disc

Souad Rhalmi, MSc

Department of Neurosurgery, Research Centre, Sainte-Justine
 Hospital, Montreal, Quebec, Canada
Orthobiom: A Nonfusion Treatment for Pediatric Scoliosis

K. Daniel Riew, MD

Professor, Washington University School of Medicine, St. Louis,
 Missouri
 Mildred B. Simon Distinguished Professor of Orthopaedic
 Surgery; Professor of Neurological Surgery, Barnes-Jewish
 Hospital, St. Louis, Missouri
Primary Indications and Disc Space Preparation for Cervical Disc Arthroplasty

Charles H. Rivard, MD

Department of Neurosurgery, Research Centre, Sainte-Justine
 Hospital, Montreal, Quebec, Canada
Orthobiom: A Nonfusion Treatment for Pediatric Scoliosis

German Rodríguez, MD

Attending Physician, Emergency Department, Hospital Del Prado, Tijuana, Mexico
The PercuDyn System

Thomas F. Roush, MD

Orthopaedic Surgeon, Southeastern Spine Institute, Mount Pleasant, South Carolina
Simultaneous Lumbar Fusion and Total Disc Replacement

Scott A. Rushton, MD

Assistant Professor, Department of Orthopedic Surgery, University of Pennsylvania, Philadelphia, Pennsylvania
SECURE-C Cervical Artificial Disc

Ashish Sahai, MD

Clinical Instructor, Stanford University Medical Center, Stanford, California
 Staff Orthopaedic Surgeon, VA Palo Alto Health Care System, Palo Alto, California
Invasive Diagnostic Tools

Samer Saiedy, MD

Department of Surgery, St. Joseph Hospital, Baltimore, Maryland
Lumbar Anterior Revision: Preoperative Preparation and Approach Considerations

Daisuke Sakai, MD, PhD

Assistant Professor, Tokai University School of Medicine, Isehara, Kanagawa, Japan
 Assistant Professor and Attending Surgeon, Department of Orthopaedic Surgery, Tokai University Hospital, Isehara, Kanagawa, Japan
Cell Therapy for Intervertebral Disc Degeneration

Rick Sasso, MD

Associate Professor; Chief of Spine Surgery—Clinical Orthopaedic Surgery, Indiana University School of Medicine, Indianapolis, Indiana
 Vice-Chairman, Department of Orthopaedic Surgery; Director, St. Vincent Spine Center, St. Vincent Hospital, Indianapolis, Indiana
The Bryan Artificial Disc; TranS1 Percutaneous Nucleus Replacement (PNR)

Thomas Schaffa, MD

General Surgeon, Santa Rita Hospital, São Paulo, Brazil
Lateral Lumbar Total Disc Replacement; Revision Strategies Following Lumbar Total Disc Replacement Complications

Othmar Schwarzenbach, MD

Spital Thun-Simmental AG, Thun, Switzerland
NuCore Injectable Nucleus: An In Situ Curing Nucleus Replacement

Matthew Scott-Young, MBBS, FRACS, FAOrthA

Associate Professor, Faculty of Health Sciences and Medicine, Bond University, Gold Coast, Queensland, Australia
 Visiting Medical Officer, Allamanda Private Hospital, Southport, Queensland, Australia
Overall Revision Strategies: Lumbar; Cervical Arthroplasty Adjacent to Fusion, Multiple-Level Cases, and Hybrid Applications

Lali H.S. Sekhon, MD, PhD, FRACS, FACS

Adjunct Associate Professor, Department of Physiology and Cell Biology, University of Nevada School of Medicine, Reno, Nevada
 Co-Director, SpineNevada, Reno, Nevada
Cervical Arthroplasty with Myelopathy

Dilip K. Sengupta, MD

Assistant Professor, Department of Orthopedics, Dartmouth College, Hanover, New Hampshire
 Assistant Professor, Department of Orthopedics, Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire
Dynamic Stabilization System

Rajiv K. Sethi, MD

Associate Spinal Surgeon, Department of Neurosurgery, Virginia Mason Medical Center, Group Health Spinal Surgery, Department of Neurosurgery, Seattle, Washington
History and Evolution of Motion Preservation

Farhan N. Siddiqi, MD

Trinity Spine Center, Tampa, Florida
Lumbar Endoscopic Posterolateral (Transforaminal) Approach

Kern Singh, MD

Assistant Professor, Department of Orthopedic Surgery, Rush University Medical Center, Chicago, Illinois
Animal Models for Human Disc Degeneration

Matthew N. Songer, MD

President and CEO, Pioneer Surgical Technology, Marquette, Michigan
NUBAC Intradiscal Arthroplasty

Gwendolyn A. Sowa, MD, PhD

Assistant Professor, Department of Physical Medicine and Rehabilitation; Assistant Professor, Department of Orthopaedic Surgery; Co-Director, Ferguson Laboratory for Orthopaedic Spine Research, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania
 Assistant Professor, Department of Physical Medicine and Rehabilitation; Assistant Professor, Department of Orthopaedic Surgery, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania
Gene Therapy of Intervertebral Disc Repair and Regeneration

Kristina Spate, MD

Department of Vascular Surgery, Yale University School of Medicine, New Haven, Connecticut
Management of Complications of the Anterior Exposure of the Lumbar Spine

Jean Stecken, MD

Neurosurgeon, Neurosurgical Department, Centre Hospitalier Regional, Orléans, France
Mobidisc Disc Prosthesis

Jean-Paul Steib, MD

Professor of Orthopaedic Surgery, Université Louis Pasteur, Faculté de Médecine, Strasbourg, France
 Surgeon, University Hospital, Department of Orthopaedic Surgery Spine Unit, Strasbourg, France
Mobi-C; Mobidisc Disc Prosthesis

Jonathan R. Steiber, MD

Fellow, Division of Spine Surgery, New York University—Hospital for Joint Diseases, New York, New York
The CerviCore Cervical Intervertebral Disc Replacement; The FlexiCore Intervertebral Disc; Persistent Pain After Lumbar Total Disc Replacement

Brian J. Sullivan, MD, FACS

Director of Brain Services, Anne Arundel Medical Center, Annapolis, Maryland
Persistent Pain After Cervical Arthroplasty

Bauer E. Sumpio, MD, PhD

Professor of Surgery and Radiology, Yale University School of Medicine, New Haven, Connecticut
 Chief, Vascular Surgery; Program Director, Vascular Surgery Fellowship Training Program, Yale-New Haven Medical Center, New Haven, Connecticut
Technique of Anterior Exposure of the Lumbar Spine; Management of Complications of the Anterior Exposure of the Lumbar Spine

Andelle L. Teng, MD

Fellow, Orthopaedic Spine Service, Orthopaedic Spine Surgery, UCLA Medical Center, Los Angeles, California
NFlex

Randall Theken, MS

Founder and CEO, The Theken Family of Companies, Akron, Ohio
Theken eDisc: A Second-Generation Lumbar Artificial Disc

Jens Peter Timm

Vice President, Research and Development, Aphatec Spine, Inc., Carlsbad, California
The Stabilimax NZ Posterior Lumbar Dynamic Stabilization System

P. Justin Tortolani, MD

Orthopaedic Spine Surgeon, Orthopaedic Associates, Towson, Maryland
Lumbar Anterior Revision: Preoperative Preparation and Approach Considerations

Vincent C. Traynelis, MD

Professor of Neurosurgery, University of Iowa, Iowa City, Iowa
The Prestige Cervical Disc

Patrick Tropiano, MD

Department of Orthopaedic Surgery, Hôpital CHU Nord, Marseille, France
Can Lumbar Disc Replacement Be Used Adjacent to a Scoliotic Deformity?

Anthony Tsantrizos, MSc, PhD

Disc Dynamics Inc., Eden Prairie, Minnesota
DASCOR

Alexander W.L. Turner, PhD

Research and Testing Associate Manager, NuVasive, Inc., San Diego, California
The NeoDisc Elastomeric Cervical Total Disc Replacement; Cerpas Cervical Total Disc Replacement

Alexander R. Vaccaro, MD

Professor, Department of Orthopaedic Surgery, Rothman Institute, Thomas Jefferson University, Philadelphia, Pennsylvania
Advanced Spinal Anatomy for Cervical and Lumbar Nonfusion Surgery

Jean-Marc Vital, MD

Spinal Disorders Unit, Bordeaux University Hospital, Unité des Pathologies Rachidiennes, Hôpital Pellegrin, Bordeaux, France
Mobi-C

Archibald von Strempel, MD, DEng

Professor, Medizinische Universität Junsbruck, Junsbruck, Austria
 Chief of the Orthopedic Department, Landeskrankenhaus, Feldkirch, Austria
Cosmic: Dynamic Stabilization of the Degenerated Lumbar Spine

Corey J. Wallach, MD

Spine Fellow, Orthopaedic and Neurosurgery, UCLA Comprehensive Spine Center, Los Angeles, California
NFlex

Jeffrey C. Wang, MD

Chief, Orthopaedic Spine Service; Associate Professor of Orthopaedic and Neurosurgery, UCLA Comprehensive Spine Center, Los Angeles, California
NFlex

Douglas Wardlaw, MB, ChB, ChM, FRCS(Edinburgh)

Honorary Senior Lecturer, University of Aberdeen,
Aberdeen, United Kingdom
Honorary Professor, The Robert Gordon University,
Aberdeen, United Kingdom
Consultant Orthopaedic Spinal Surgeon, NHS Grampian,
Aberdeen, United Kingdom
BioDisc Nucleus Pulposus Replacement

Scott A. Webb, DO

Surgical Director; Fellowship Director, Florida Spine Institute
Clearwater, Florida Spine Surgery; Department of Orthopedic
Surgery Mease Countryside Hospital, Safety Harbor, Florida
Total Facet Arthroplasty System (TFAS)

Ian R. Weinberg, MD

University of the Witwatersrand, Johannesburg, Gauteng,
South Africa
Kineflex

William C. Welch, MD

Chief, Department of Neurological Surgery, University of
Pittsburgh, Pittsburgh, Pennsylvania
*Biomechanics of Nonfusion Devices: Novel Testing Techniques,
Standards, and Implications for Future Devices*

Bradley J. Wessman

TranS1, Inc., Wilmington, North Carolina
TranS1 Percutaneous Nucleus Replacement (PNR)

Peter G. Whang, MD

Assistant Professor, Department of Orthopaedics, Yale
University School of Medicine, New Haven, Connecticut
*Advanced Spinal Anatomy for Cervical Lumbar Nonfusion
Surgery*

Nicholas D. Wharton, MS

Senior Engineer, Medical Metrics, Inc., Houston, Texas
*Quantitative Motion Analysis (QMA) of Motion-Preserving and
Fusion Technologies for the Spine*

Andrew P. White, MD

Instructor, Harvard Medical School, Boston, Massachusetts
Spinal Surgeon, Department of Orthopaedic Surgery, Beth Israel
Deaconess Medical Center, Boston, Massachusetts
*Adjacent Segment Degeneration and Adjacent Segment Disease:
Cervical and Lumbar*

Thomas Wilson

Spine Wave, Inc., Shelton, Connecticut
*NuCore Injectable Nucleus: An In Situ Curing Nucleus
Replacement*

Markus Wimmer, PhD

Director, Tribology and Human Motions Laboratories,
Department of Orthopaedic Surgery, Rush University Medical
Center, Chicago, Illinois
Material Properties and Wear Analysis

Oscar Yeh, PhD

Director, Research and Testing, Intrinsic Therapeutics, Inc.,
Woburn, Massachusetts
The Intrinsic Therapeutics Barricaid Device

Anthony T. Yeung, MD

Voluntary Clinical Instructor, University of California, San
Diego, Department of Orthopedic Surgery, La Jolla, California;
Desert Institute for Spine Care, Phoenix, Arizona; Executive
Director of Intradiscal Therapy Society (IITS), Belgium,
Wisconsin
*Lumbar Endoscopic Posterolateral (Transforaminal) Approach;
NeuDisc Artificial Lumbar Nucleus Replacement*

Christopher A. Yeung, MD

Voluntary Clinical Instructor, University of California,
San Diego, Department of Orthopedic Surgery, La Jolla,
California
Lumbar Endoscopic Posterolateral (Transforaminal) Approach

Hansen A. Yuan, MD

Professor, Department of Orthopaedic and Neurological
Surgery, SUNY Upstate Medical University, Syracuse,
New York
*Theken eDisc: A Second-Generation Lumbar Artificial Disc;
Aquarelle Hydrogel Disc Nucleus; NUBAC Intradiscal Arthroplasty*

James J. Yue, MD

Associate Professor, Department of Orthopaedic Surgery;
Co-Chief, Division of Spinal Surgery; Director, Yale Spine
Fellowship, Yale University School of Medicine, New Haven,
Connecticut
*Indications and Contraindications for Lumbar Nonfusion Surgery:
Patient Selection; Disc Space Preparation Techniques for Lumbar
Disc Arthroplasty; Activ-L Artificial Disc; NeuDisc Artificial
Lumbar Nucleus Replacement; The Stabilimax NZ Posterior
Lumbar Dynamic Stabilization System; Can Lumbar Disc
Replacement Be Used Adjacent to a Scoliotic Deformity?
Considerations for Spinal Arthroplasty in Elderly and
Osteoporotic Patients*

James F. Zucherman, MD

Associate Staff Surgeon, St. Mary's Hospital and
Medical Center, San Francisco, California
*X-STOP Interspinous Process Decompression for Lumbar Spinal
Stenosis*