

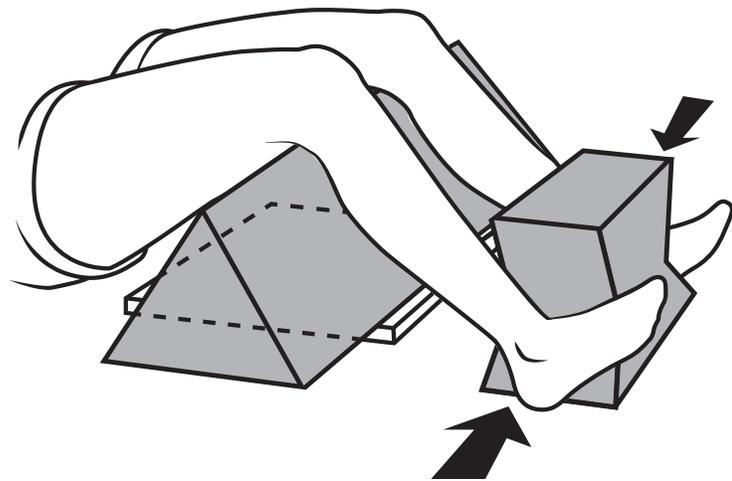
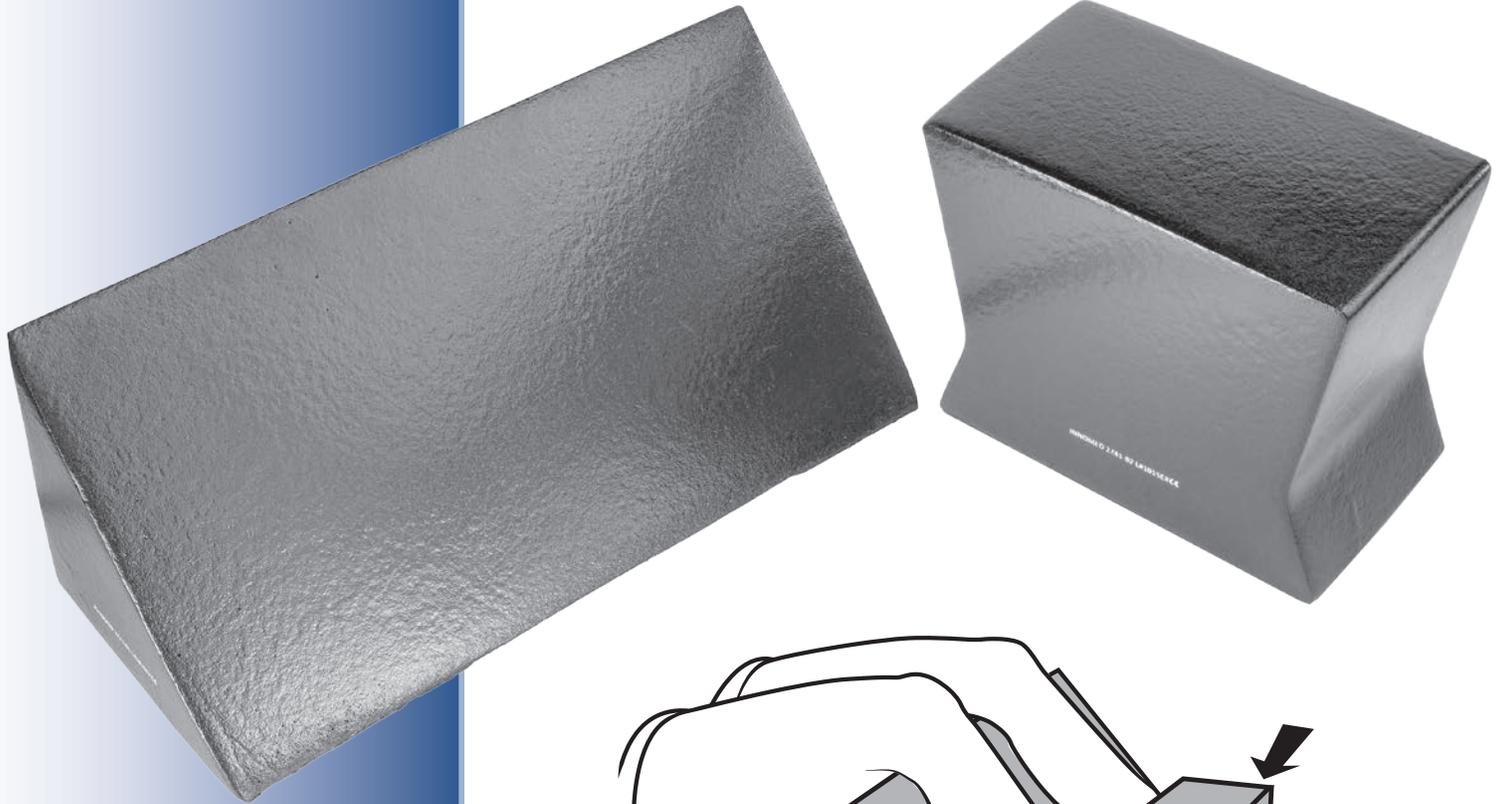
See reverse side for a guide on how to obtain the patient directed **valgus stress view**.

Patient Self Stress Assembly Set

Designed by Kyle Cook, RTR and David Mauerhan, MD

Designed to help position a patient for X-ray evaluation to help determine candidacy for Unicondylar Knee Arthroplasty

Used to help obtain a **valgus stress view** radiograph that will show a corrected medial compartment to test the functionality of the lateral compartment, with visualization of the patella in a true AP position and a flat tibial plateau.



Visit our website for a link to our YouTube Video Guide:

www.innomed.net/knee_positioners.htm

PRODUCT NO'S:
2741-00 [Set]
Individual Instruments:
2741-01 [Triangle Positioner] Dimensions: 24" x 9" x 9" (61 cm x 23 cm x 23 cm)
2741-02 [Contoured Cube] Dimensions: 11" x 9" x 6" (28 cm x 23 cm x 15,2 cm)



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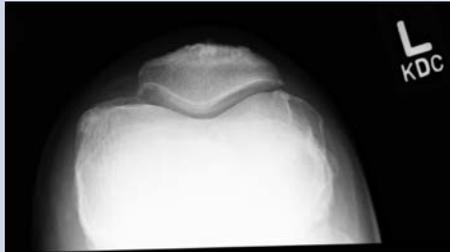
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In order to properly evaluate medial compartment osteoarthritis of the knee, the following radiographs should be obtained:

A bilateral standing AP,



a merchant or sunrise view of the affected side,



a true lateral of the affected side,



and a **valgus stress view** that is used to test the functionality of the lateral compartment.



The following is a guide on how to obtain the patient directed **valgus stress view**.

- 1 With the patient supine on the table, place the wedge under the bend of both knees.



- 2 Place the image receptor underneath the affected side.



- 3 Tube angles should be set to 7 degrees cephalad at a 40 inch SID.



- 4 Place the concaved portion of the contoured block closest to the table between both ankles.



- 5 Rotate the affected side to an AP position and ensure the patella is facing forward.



- 6 Center the x-ray beam to the inferior pole of the patella.



- 7 Ensure both ankles are in contact with the contoured wedge and verify knee rotation, then exit to the control area.



- 8 The patient is the direct to squeeze the block.



- 9 The technologist verifies the heels remain on the table and makes the exposure during the squeeze.



The resulting radiograph should show a corrected medial compartment with visualization of the patella in a true AP position and a flat tibial plateau.



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