



A module of the TL-HEX software version 2.3



HEX-ray Software User's Guide: A module of the TL-HEX software version 2.3

The applicable End User License Agreement can be found at: http://tlhex.com/policies/Eulapolicy.html

The applicable privacy policy can be found at: http://tlhex.com/policies/privacypolicy.html

Security Precautions:

User is advised to clear the browser history (temporary internet files, cookies, etc.) after logging out of the TL-HEX application.

Computer System Requirements

Display Settings:

Screen resolution of 1280 x 768 pixels or higher.

Supported Browsers:

Microsoft Internet Explorer® Version 11

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Safari® 12

Safari is trademark of Apple Inc., registered in the U.S. and other countries. HomeKit is a trademark of Apple Inc.

Google Chrome™ Browser 71 or higher

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Mobile Safari® 10.3, 11

Safari is trademark of Apple Inc., registered in the U.S. and other countries. HomeKit is a trademark of Apple Inc.

Other Requirements:

Web Graphics Library (WebGL) availability and minimum screen resolution are checked at login time in order to provide access to Hex-ray. NOTE: for an optimal navigation experience, the Annex A provides instruction on how to configure the browser.

Internet Connection:

Minimum required internet connectivity speed is of 512kbps.

Recommended internet connectivity speed is of 3mbps or higher.

My Username:	
My Password:	

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Getting Started with HEX-ray module

The HEX-ray module adds an optional support for the acquisition of the required TL-HEX deformity / fracture and mounting parameters using patient's x-rays.

TL-HEX software maintains the ability to directly input the required parameter values. Users may also access the HEX-ray module that supports the acquisition of parameter values from patient images already calibrated into the system and fill the values in the related parameters fields of the TL-HEX software. The user may switch from TL-HEX to the HEX-ray module way of working freely during any stage of planning or treatment.

Using either the inherent deformity or fracture displacement as a starting point, the TL-HEX software will calculate a comprehensive treatment plan for the operating surgeon's approval. Elements of the plan will include the frequency, direction and extent of adjustment for each strut.

NOTE: Although possible to mix HEX-ray and TL-HEX data, keeping a consistent singular input flow is recommended.

The formulation of the treatment plan is independent of the method of parameter input. The software is equally capable regardless of values being manually inputted or acquired automatically by the analysis of radiographs using HEX-ray.

The HEX-ray module introduces following features:

- Support of **Deformity** and **Fracture cases**
- Support of both preoperative and postoperative mounting stages
- It is optimized to work with the bone anatomical axis and TL-HEX hardware
- In both deformity and fracture cases, the translation values are automatically calculated relative to either the osteotomy level or fracture site
- To perform radiographic assessments of lower limb deformities, tools such as Line and the Goniometer are provided
- X-ray images uploaded and processed

 Upload of x-ray images, and application of basic image processing (flip, rotation, brightness, contrast and crop), to calibrate the images
- Deformity Analysis
 Deformity or trauma assessment and the acquisition of the related parameter values to be used for the TL-HEX treatment plan calculation
- Correction definition

 Desired **End Of Correction definition** and the acquisition of the related parameter values to be used for the TL-HEX treatment plan calculation
- Preplanning with TL-HEX hardware
 TL-HEX frame preplanning, closely to real surgical application, in order to provide initial recommended struts data set
- Mounting assessment of TL-HEX hardware
 Acquisition of the TL-HEX mounting parameter values to be used for TL-HEX treatment plan calculation.

Work Flow Overview

The following flow chart provides a sequential overview of the **6 case management steps** within HEX-ray software.

NOTE: It is recommended to follow sequentially the flow even if it is possible to go back and forth.

Step 1: HEX-Ray computer System requirements

- Supported Desktop Browsers: Microsoft Internet Explorer® 11, Safari® 12, Google Chrome™ Browser 71 or higher, Mobile Safari® 10.3, 11
- **Display Settings:** Screen resolution of 1280 x 768 pixels or higher.
- **NOTE:** Web Graphics Library (WebGL) availability and minimum screen resolution are checked at login time in order to provide access to HEX-ray.
- **NOTE:** For an optimal navigation experience, the Annex A provides instruction on how to configure the browser.

Step 2: X-ray Image requirements

For the HEX-ray module to be effective:



- The Reference Segment in the x-ray image must be perpendicular to the beam, in both views.
- Orthogonal (90°) x-ray images are required.
- Two x-ray images are required to be uploaded and calibrated in order to activate the working flow.

X-ray images must not contain any information that allows, directly or indirectly, the identification of a patient (e.g. name, birth date, address, email-address, phone number etc.). Refer to local image tools to ensure radiographs are appropriately stripped of patient identifiable data.

NOTE: It is the surgeon's responsibility to ensure that all the above requirements are met with equal consideration given to data protection as X-ray images must be anonymized before uploading in HEX-ray.

Step 3: Image Upload & Calibration Workflow

Load

User can upload the x-ray images in three ways: **Browsing from File System, Drag & Drop and Copy & Paste**.

Calibrate

When the user has successfully uploaded an x-ray image, the **workflow** will automatically start for both:

- 1. user will be asked to confirm or change the x-ray image orientation, by rotating it along its vertical axis (180°).
- 2. user will be asked to **calibrate with Line** or **Circle tool. The calibration step is critical**. The precision of HEX-ray measurements is highly effected by the accuracy of the calibration. To improve measurement accuracy it is recommended to use a marker and to accurately use the HEX-ray calibration tool.

- 3. According to the Case Type and Operative Phase user will be asked to:
 - Deformity Case, Preoperative Phase: Reference the images with the Reference Points.
 - <u>Deformity Case, Postoperative Phase</u>: Reference the images with the **Osteotomy.**

NOTE: Image referencing is critical; it allows HEX-ray to correlate the images in both views.



PREOPERATIVE: in Deformity Analysis tab to permit consistent coordination of the Osteotomy line between the views, the Reference Points should be at the same level on both views. For this reason, the reference points must be placed with care on the same point in both images.

POSTOPERATIVE: the **Osteotomy line** should be positioned as desired, paying attention to <u>match the bone cortices</u>, permitting HEX-ray to <u>suggest the axial</u> <u>bone length</u> to avoid segments impingement during treatment.



Step 4: Deformity or Fracture Analysis

Deformity Cases:

For Deformity cases, the APEX represents the point from which translations are calculated and corrections (angular and translational) applied.

Preoperative Case only:

The **Osteotomy line** should be positioned as desired, paying attention to <u>match the bone cortices</u>, permitting HEX-ray to <u>suggest the axial bone length</u> to avoid segments impingement during treatment. Any alteration of the Osteotomy position in one view will result in a coordinated move in the orthogonal plane in accordance with the Reference Points set in the Image Tools tab (step 3).

Fracture Cases:

For Fracture cases, the central point of the ending dashed line on the Reference axis is the point from which translations are measured and corrections (angular and translational) applied. Select the reference value for the Axial Translation and insert the clinical evaluation result of the Axial Rotation.



Step 5: End of Correction Analysis

The axial bone length suggested by HEX-ray to avoid segments impingement during the treatment considers: **Angular Deformity, Osteotomy length**, **inclination angle**, **distance from the APEX, Default EoC position.**

The suggested bone length value is calculated based on both AP/Dorsal and Lateral views, and the highest value is shown.

If the Osteotomy is not perfectly perpendicular to the bone axis, this value might be overestimated.



It is recommended to review the value with the End of Correction analysis before continuing.

Step 6: TL-HEX ring positioning

Postoperative assessment.

Since the Reference Ring movements are coordinated between the views, the task is to match the HEX-ray 3D ring model to the Reference Ring on the x-ray images simultaneously on both views.

In case the HEX-ray 3D model will not match perfectly the actual x-ray image on both views it is possible to overcome this situation allowing for independent movement of the Reference Rings models between both views.

Others

HEX-rays supports both Preoperative and Postoperative stages. Along the Postoperative Assessment the work done in the Preoperative Planning, if present, will be presented permitting a review and adjustment, if needed, of the tools positioning.

To simplify the HEX-ray user interaction only enabled tools provide visible and selectable handles, according with the working step. In addition, relevant user actions and selections are highlighted with a blue background.

TL-HEX and HEX-ray integration

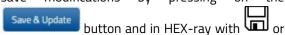
The diagram demonstrates the interaction between HEX-ray module and the TL-HEX software in acquiring anatomical, correction and mounting parameters from patient x-rays; the green represents the path for preoperative planning and yellow the path for postoperative assessment.

The software provides the flexibility to access the HEX-ray module at any point within the TL-HEX Deformity or Mounting tabs, depending on the x-ray images uploaded.

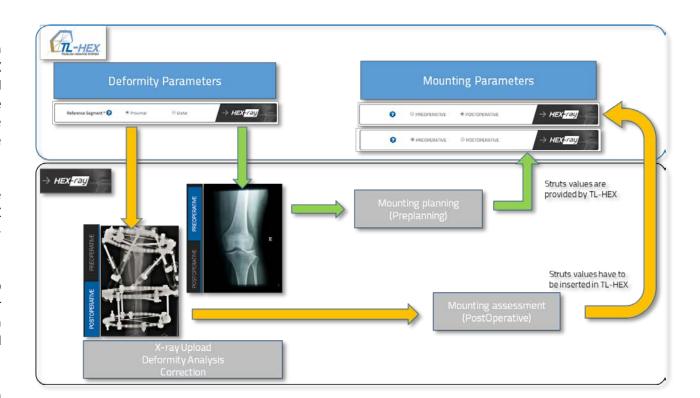
When accessing HEX-ray, the user is asked to indicate the x-ray image type as either preoperative or postoperative. This information opens the appropriate HEX-ray Mounting tools and logic for struts within the TL-HEX.

Along the case life cycle, the user can upload both preoperative and postoperative x-ray images. However, TL-HEX permits only one working dataset, therefore, the last activity performed in HEX-ray will overwrite any prior TL-HEX Deformity and Mounting parameters value.

Any updated value on TL-HEX or HEX-ray may be saved before continuing. In TL-HEX it possible to save modifications by pressing on the







First, be aware of how some selections in TL-HEX Case Data tab have an effect on HEX-ray setup. The table below describes the integration between TL-HEX and HEX-ray during a case management:

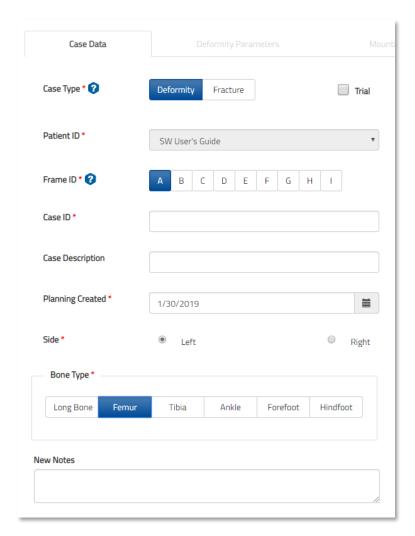
Case Type: Deformity or Fracture

The Case Type selection permits access to the appropriate HEX-ray tools and calculation options; it also eases cases organization.

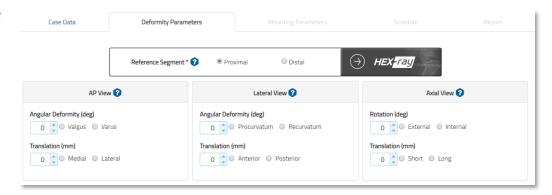
Bone Type:

The appropriate selection of the bone type setup the HEX-ray tools accordingly.

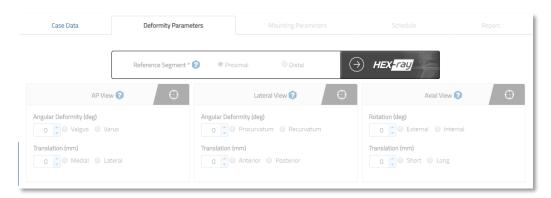
NOTE: Since these selections are crucial to perform the analysis in HEX-ray and might affect the correctness of the data, any subsequent saved changes to Case Type, Side or Bone Type resets any HEX-ray analysis already performed.



After selection of the Reference Segment, the Deformity Parameters page is refreshed with images and the HEX-ray icon is enabled.



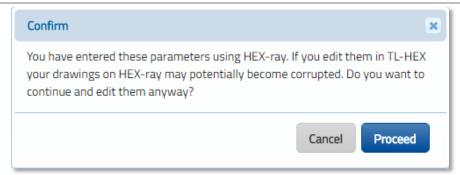
After returning to TL-HEX from HEX-ray, the parameters will be transferred and locked to avoid undesired modification.



You can unlock and make the TL-HEX parameters editable by clicking on them.

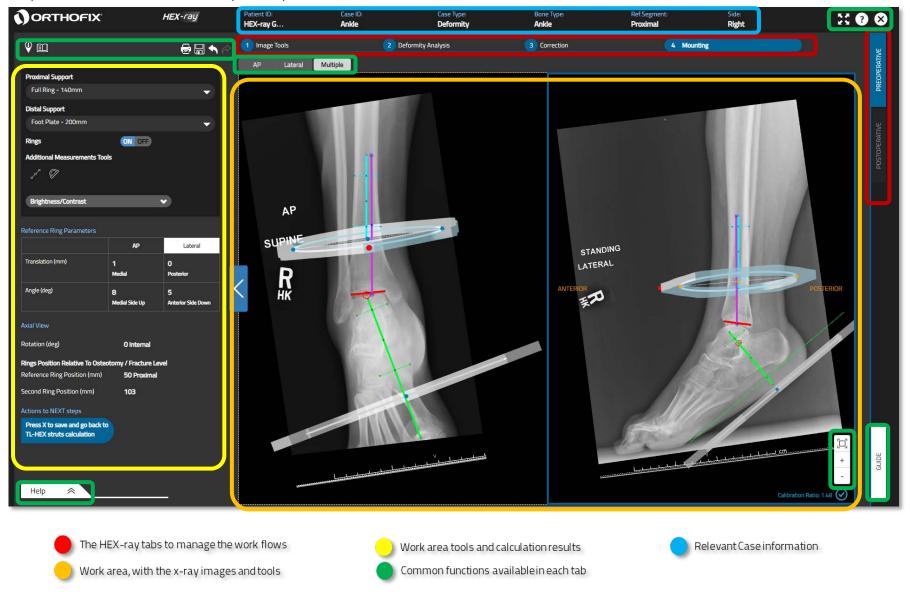
IDNOTE: Keeping a consistent singular input flow is recommended.

Although possible to mix data flows, the surgeon must be aware that any alteration in TL-HEX will have a potentially conflicting result in HEX-ray.



HEX-ray DESKTOP

The picture below shows the HEX-ray desktop:



Work Flow tabs

In accordance with the correction or trauma stage and the type of x-ray images uploaded, the tabs in the picture above permit the user to switch between Preoperative and Postoperative flow.

HEX-ray is organized into 4 main tabs (red areas):



Image Tools

In this tab the user may:

- upload x-ray images (preoperative and/or postoperative),
- apply basic image processing (flip, rotation, brightness, contrast and crop)
- calibrate the images
- (<u>Preoperative deformity</u>) place the reference points
- (<u>Postoperative deformity</u>) overlap osteotomy on the real one on the Xray images.

Deformity Analysis

In this tab the user may:

- assess the deformity or fracture characteristics
- acquire the related parameter values to be used for the TL-HEX treatment plan calculations
- (Preoperative deformity) place osteotomy to pre-plan their case.

Correction

In this tab, the user may:

- define the desired End Of Correction
- acquire the related parameter values to be used for TL-HEX treatment plan calculations.

Mounting

In this tab the user is provided with different options in relation to the treatment stage:

<u>Preoperative planning</u> with TL-HEX hardware

 The user may pre-plan surgery with the TL-HEX frame at a time, close to real surgical application

Postoperative assessment with TL-HEX hardware

 The user may acquire the TL-HEX mounting parameter values to be used for the TL-HEX Treatment plan calculations.

Common functions



SAVE & CLOSE HEX-ray

User can save the work completed so far and return to TL-HEX. All HEX-ray data are imported into TL-HEX.



HELP OVERLAY

User can see a contextual help explaining the meaning of the different on-screen options



FULL SCREEN

User can view the software using the entire screen.



UNDO - REDO

User can undo - redo actions performed after data was last saved.



ZOOM IN/OUT

X-ray image and tools are zoomed in or out.



GUIDE

Contextual guide where the user can find instructions related to the tab and case type.



SAVE

User can save the work completed so far.



GUIDED TOUR HELP

User can see a step by step help showing the basic operations to be performed to use the software



INSTRUCTION FOR USE

User can access the Instruction for Use section with all the documents and materials about TL-HEX product





User can print all data and the views of the tab.

NOTE: To prevent your summary from being cut off when you print it, print it in landscape format. See Annex B for more instructions.



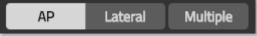
FIT TO VIEW

X-ray image and tools are zoomed to fit the view.



HELP

User is provided with information related to the tab and bone type being working on.



User can select which view to show or see them side by side using the Multiple option.

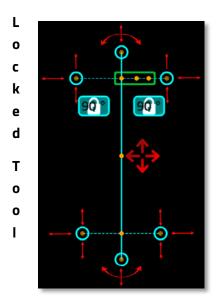
Tools interaction

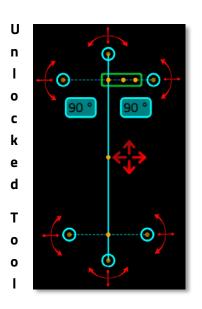
Below is a list of the tools that are available to use in the main working area:

Tool type / Name	Color	On screen label	On screen values
Calibration Line	Blue		
Calibration Circle	Blue		
Reference segment	Light Blue	Reference	Anatomical or user angles
Moving segment	Light Green	Moving	Anatomical or user angles
Osteotomy line	Red	Osteotomy	
Fracture line	Red	Fracture Level	
Free Line	Purple		Length value
Goniometer	Purple		Length and angle values
Crop area	Orange		
Reference Ring	Light Blue		
Second Ring	Gray		

Tool for Deformity/Fracture analysis

The image below demonstrates how to interact with a tool. The described interaction is applicable to all available desktop tools:





NOTE: According to the bone type, in
Lateral View the user will be able to switch the
tool axis position. Hovering the mouse over
the yellow dots (green area of the image), will
make the icons 1/2, 1/3, 1/5 pop up.
Pressing on them will change the axis position
of the tool.

- Hover the handle points to activate it and drag it to move the tool across the view. The mouse pointer will become
- Drag the **Center** point to move the whole tool inside the view.
- On the labels with angles, the label icon means that the angles are not modifiable and drag the handle points will keep them as they are. Click on the label to unlock

them: dragging the handles the angles will change accordingly. In order to **manually type** a different angle number: click again on the unlocked label: the icon will appear and user can input the value using the keyboard.

User can move the image in the view with left mouse button when the pointer changes to



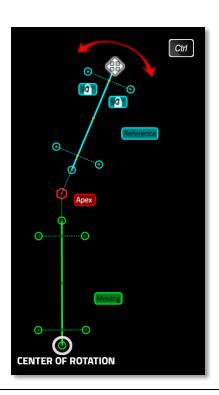
15

Synchronized movement of the axes

When in the Deformity Analysis tab, it is possible to rotate or translate simultaneously both the Axes tools, according to the selected axes tools handle.

ROTATE

Hold CRTL key and select with Left mouse button one of the axes tools extremities handles: the tools rotate on the opposite extreme handle.



TRANSLATE

- 1) Hold CTRL key and select with Left mouse button any handle apart from the axes tools extremities handles, the tools translate together in any direction.
- 2) Alternatively, select deformity apex with Left mouse button



X-ray Image Requirements

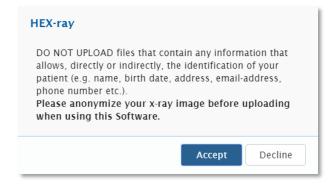
For the HEX-ray module to be effective:

- The Reference Segment in the x-ray image must be perpendicular to the beam, in both views
- Orthogonal (90°) x-ray images are required
- **Two x-ray images are required** to be uploaded and calibrated in order to activate the working flows.

NOTE: At this stage, the surgeon is reminded to ensure that no patient identifiable data is uploaded by use of local anonymization tools.

X-ray images **must** <u>not contain any information that allows, directly or indirectly, the identification of a patient</u> (e.g. name, birth date, address, email-address, phone number etc.). X-ray images must be anonymized before uploading in HEX-ray.

User is asked to confirm the x-ray image doesn't contain any personal information of the patient



When the disclaimer had accepted, the user may declare the x-ray images treatment stage either Preoperative or Postoperative.

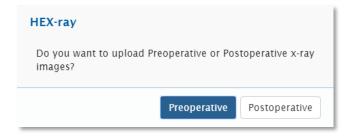


IMAGE TOOLS

Within Image Tools the HEX-ray module will enable the user to:

- Upload x-ray image
- Calibrate the uploaded image
- Apply basic processing like image crop, brightness and contrast fine tuning
- Review image orientation
- Delete or substitute an uploaded image
- PREOPERATIVE DEFORMITY: place reference points
- **POSTOPERATIVE DEFORMITY**: place osteotomy

Image loaded

IMAGE LOADED

User can see the uploaded image file name for reference



BROWSE FOLDER

User can browse folders to identify the x-ray image to be uploaded



DELETE IMAGE

User can delete the image in the active view



ROTATE

User can rotate the image in the active view in a desired orientation



CROP

User can crop the image in the active view for the desired size



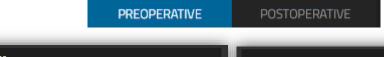
FLIP IMAGE HORIZONTALLY

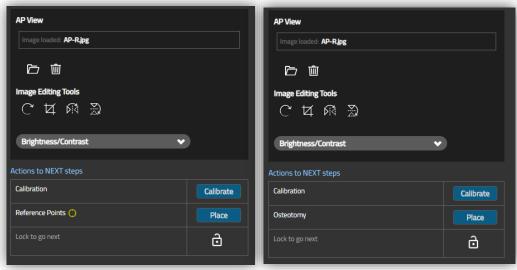
User can horizontally flip the image in the active view



FLIP IMAGE VERTICALLY

User can vertically flip the image in the active view







BRIGHTNESS

User can fine tune the brightness of the image in the active view



CONTRAST

User can fine tune the contrast of the image in the active view



CALIBRATION

User can calibrate the image in the active view with a linear or circular calibration tool



REFERENCE POINTS/OSTEOTOMY PLACEMENT

User can place reference points or osteotomy to correlate the images

Image Upload

The supported x-ray image formats are **JPG** and **PNG**, with <u>maximum file size of **5MB**</u>.

To start the image upload & calibration workflow:

- Select image from file with
- Copy and Paste (not available for Internet Explorer) using Ctrl+V
- Drag and Drop the image on a view

Upload and Calibration Workflow

To ease the process, the user is guided with a step-by-step workflow and an intuitive on-screen feedback of the progress of the mandatory activities needed to proceed to next steps.

The process is tailored on the type of program chosen:



Image Orientation

It is possible to review the image orientation and characteristics any time; it is recommended anyhow to review and confirm the image orientation just after the upload because following modifications could impact the work completed in the following HEX-ray steps.

AP/Dorsal x-ray image upload

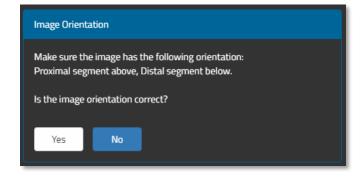
When the upload of the AP/Dorsal image has completed, the image is visible on the desktop and the **relevant anatomical labels** are shown to support the correct image orientation. In addition, the user is asked to review the proposed **orientation**.



Lateral x-ray image upload

When the upload of the Lateral image has completed, the image is visible on the desktop and the relevant anatomical labels are shown to support the correct image orientation.

In addition, the user is asked to review the proposed orientation.



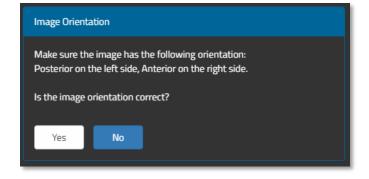


Image Calibration

X-ray image **calibration** can be performed with one of the two available tools: *line* or *circle*.

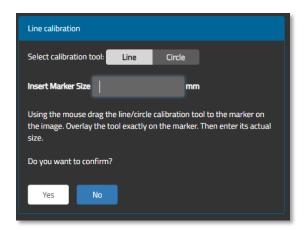


Select the preferred tool and it will appear inside the selected view

1. Position it on a object or scale marker of known dimension.

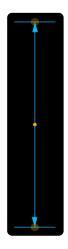
•• NOTE: To improve measurement precision it is recommended to use a marker and to accurately use the calibration tool.

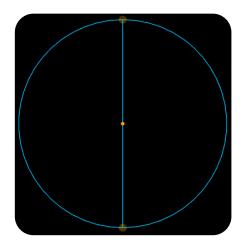
2. Insert the dimension value (mm) in the Insert Marker Size box



3. Confirm by pressing *Yes* when completed for calibration.

After this confirmation, all measurements will be scaled accordingly to the marker and value provided.





A reminder that calibration has been performed and the calibration ratio will be seen:

- On the workflow progress bar in the Image Tools screen
- In the bottom-right corner of the view in each screen.



NOTE: after calibration of both images, if the difference between values of the two ratios is greater than one, HEX-ray shows a pop up message highlighting the two ratios as in the example picture on the right. User may need to review and check the performed calibration.

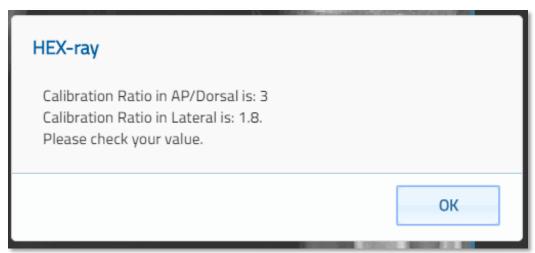


Image Referencing

Deformity case

In the workflow, after calibration of both images, HEX-ray shows the views side by side and prompts the user to place:

- Reference points for preoperative cases
- Osteotomy for postoperative cases

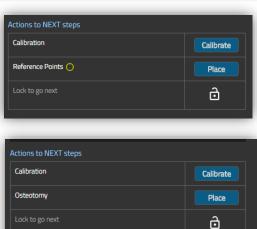
Alternatively, if user has not used the workflow or wants to place referencing tools again, user can press the Place button.

PREOPERATIVE: Reference Points can be placed everywhere in each view, but they should be at the same level on both views to permit consistent coordination.

POSTOPERATIVE: surgery has already been made and the Osteotomy Line is our "Reference Point" between the views.

In Image Tools, after calibration of both images, user must place **Osteotomy Line overlapping the real one in both**views, paying attention to match the bone cortexes, permitting HEX-ray to suggest the axial bone length to avoid segments impingement during treatment.

NOTE: To avoid any risk of misalignment and preventing accidental displacement of already placed reference points/osteotomy, the Image Editing Tools are switched off. User can always turn them on again, if needed, but they will be warned that this action will result in placing again the reference points/osteotomy.



Fracture case -Preoperative/Postoperative

For Fracture cases, the Fracture Level of the tools should be placed on each side of the fracture in Deformity Analysis, they will work as reference resulting in no need to place any reference object at this stage.

User will just need to calibrate and, when completed, press on the Lock icon to go to next tab, Deformity Analysis: the icon will

change to and the arrow to proceed will appear on the right.

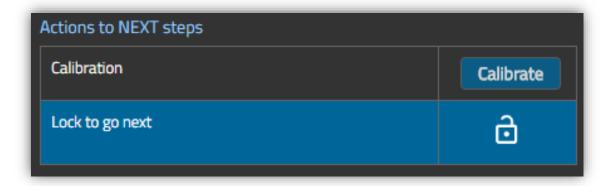


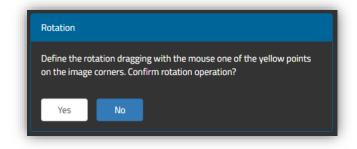
Image Editing Tools

Rotation and Flipping

Image Rotation and Horizontal/Vertical Flip are applicable in order to correctly orientate the image, according with Reference Segment position and on-screen desktop labels.

Horizontal and Vertical Flip buttons work directly on the image in the view, while the Rotation button starts a workflow permitting the user to review the image rotation and confirming it to complete the flow.



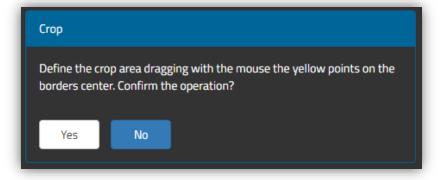


Crop and Brightness / Contrast

Image Crop and **Brightness / Contrast** review are applicable.

Brightness and Contrast controls work directly on the image in the view, while the Crop button starts a workflow permitting the user to review the image dimension and confirming it to complete the flow.





DEFORMITY ANALYSIS

There are two sets of tools depending on the Case Type selection present in the TL-HEX Case Data tab: **Deformity** or **Fracture**.

Deformity case

Within Deformity Analysis the HEX-ray module will enable the user to:

- Position the axes tools according to the deformity, on both views
 - > The HEX-ray identifies the **Deformity APEX** in the AP/Dorsal and Lateral views and provides numerical Angular Deformity values in the side table
- Insert clinical evaluation results of the Axial Rotation and Translation
- View the Suggested Bone Length
- **Declare completion of the deformity analysis** and data entry secondary to clinical evaluation.
- For Deformity Preoperative cases, **Position the Osteotomy line** on both views



NOTE: Any translation values inserted into TL-HEX prior to the setting of an osteotomy site will be recalculated by HEX-ray once the osteotomy site has been positioned and will be shown in the Deformity Analysis tab.

When considering Deformity cases HEX-ray will automatically calculate the secondary translation values resulting from the deformity apex and the osteotomy site.

HEX-ray will not provide a graphical reference of translation. On return to TL-HEX, the translation values will be recorded together with a pure graphic representation of the deformity.

Deformity Analysis tools and values areas for Deformity cases:

DOWELS SHOW / HIDE

DELETE SELECTED OBJECT

LINE

Angular

Deformity

GONIOMETER

BONE SEGMENT AXES SHOW / HIDE

User can hide or show the axes tools anytime

User can show or hide the TL-HEX dowels

A Line tool the user may use to evaluate lengths of interest. It is possible to

use up to 7 tools at the same time

A Goniometer tool the user may use to evaluate angles and lengths of interest.

It is possible to use up to 7 tools at the same time

When a Line or Goniometer is selected, Delete icon appears permitting to cancel the object from the active view

BRIGHTNESS/CONTRAST User can fine tune the brightness/contrast of the image in the active view

AP/DORSAL AND LATERAL ANGULAR DEFORMITY

AP/Dorsal and Lateral Angular Deformity (degrees) are automatically provided

by HEX-ray when the axis tools have been set in the views AP/DORSAL AND LATERAL TRANSLATION

AP/Dorsal and Lateral Translation (mm) are automatically provided by HEX-Translation

ray when the Osteotomy tool has been positioned in the views.

Suggested Bone SUGGESTED BONE LENGTH After the Osteotomy line has been positioned, the Suggested Bone Length is Length

automatically provided by HEX-ray to avoid bone segment impingement

during treatment

Axial Rotation (degrees) is manually inserted by the user to complete the set Rotation

of TL-HEX Deformity parameters required to describe the deformity. The rotation value is obtained by the surgeon secondary to clinical evaluation

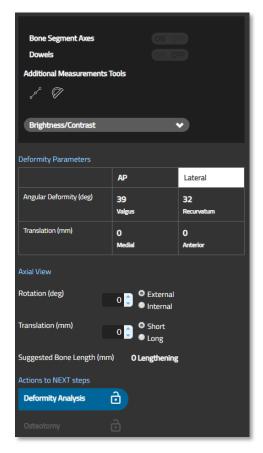
AXIAL TRANSLATION

AXIAL ROTATION

Axial Translation (mm) is manually inserted by the user to complete the set of **Translation**

TL-HEX Deformity parameters required to describe the deformity. The

translation value is obtained by the surgeon secondary to clinical evaluation.



DEFORMITY ANALYSIS LOCKED / UNLOCKED

Locking the Deformity Analysis declares completion of the analysis and data entry secondary to clinical evaluation.

(Preoperative only) OSTEOTOMY LOCKED / UNLOCKED

Locking the Osteotomy declares completion of the preplanning of the osteotomy.

When one (Postoperative) or both (Preoperative) are locked the user can access the Correction tab





Axis tool description

The table below provides additional information about the Axis tool:

The Axis tool has **9 handle points** for manipulation as described in the section

Tools interaction.

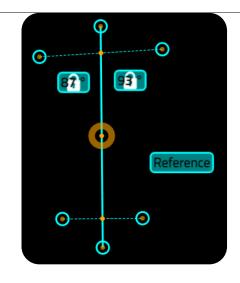
The *light blue* is the **Reference axis** tool to be placed on the Reference Segment and the *green* is the **Moving axis** tool to be placed on the Moving Segment. A <u>label identifies the axis tool type</u> (Reference or Moving).

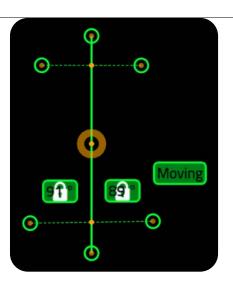
Axis Toc

For **Femur** and **Tibia** bone types, the Axis tool <u>is set with the typical anatomical angles</u> of the axis with the corresponding joint line in AP and Lateral views (e.g. in the images Left Tibia Lateral anatomical angles are shown).

The Axis tools may be **positioned** either by <u>moving the solid central line</u> or <u>by adjusting the dashed lines</u> to correspond with the relevant outer cortex.

NOTE: by pressing the CRTL key or dragging the deformity apex, it is possible to translate or rotate simultaneously both the Axes tools





Dashed line behaviour	If anatomical angles are unlocked, any of the six handles along the dashed lines can be selected and dragged in all directions. If anatomical angles are locked (is present on the labels), the handles at the ends of the dashed lines will just extend or reduce the length of the related dashed segment keeping the anatomical angles as they are. The second dashed segment where no angles are identified by labels will be kept orthogonal to the main solid axis line. If anatomical angles are unlocked, handles at the ends of the dashed lines extend or reduce the length of related dashed segment allowing modifying the anatomical angles. The axis line automatically moves to always be in the center of the related dashed segments for ½ option. In Lateral views, for applicable bone types, also the option 1/3 and 1/5 are available and, when selected, divide the dashed line respectively to 1/3 and 1/5 of the total length. Central Handle in the dashed line translates the dashed line along the main solid axis line.	Reference
APEX of the Deformity	The intersection point of the bone segments axis is highlighted with a RED hexagon and the APEX label. The APEX represents the point from which translations are calculated and corrections (angular and translational) applied.	Reference

Axis tool interaction

Long Bone – Femur - Tibia

In metaphyseal deformities the Axis tool will assess the relevant joint orientation angles for the:

- Knee joint
- Ankle joint
- Proximal femur mechanic and anatomic axis.

In cases of metaphyseal and juxta-articular deformities, a middiaphyseal line can be drawn on the diaphyseal side of the APEX but not always on the articular side. Joint line referencing maybe helpful in this case. The dashed line should be placed across the relevant joint line.

For Femur and Tibia bone types, the Axis tool is set with the typical Anatomical angles of the anatomical axis with the corresponding joint line to support Axis tool positioning (e.g. in the images Right Tibia Anatomical angles are shown).

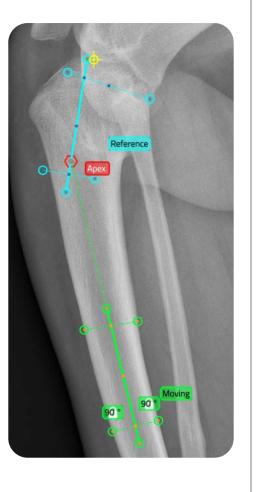
See images:

The corresponding AP and Lateral views demonstrate how the proximal dashed line of the proximal Axis tool is placed across the tibial plateau. In this case, the axis line of the juxta-articular segment is referenced from the tibial plateau.

The distal Axis tool (green) has been positioned with the extremities of the dashed lines aligned with the bone cortices.



AP View



Lateral View

The Diaphyseal deformity is identified by the anatomic axes intersection.

In cases of diaphyseal deformity, the anatomic axes are defined by drawing mid-diaphyseal lines with the Axis tools as shown in HEX-ray views.

Please observe in the images the positioning of matched reference points on the tibial plateau in orthogonal views.





Lateral View

Ankle

AP View Lateral View For Ankle cases, the suggested Axis tools are described in the image. STANDING A suggested method for ATERAL proximal referencing is the use of a fixed AP and lateral Reference marker of a set length in both views from the midpoint of the articular surface of the talus proximally. It should be in line with the reference Axis tool and is represented in the adjacent diagrams in purple. 90°

Foot

DORSAL View Lateral View For Foot cases, the suggested Axis tools are described in the 90° image. Please observe in the images the positioning of matched reference points in orthogonal views. Foot

Fracture case

Within Deformity Analysis the HEX-ray module will enable the user to:

- **Position the axes tools** according to the bone fragments on both views
 - > The HEX-ray provides numerical Angular Deformity and Translation values in the side table
- Insert clinical evaluation result of the Axial Rotation
- **Declare completion of the fracture analysis** and data entry secondary to clinical evaluation.

Deformity Analysis tools and values areas for Fracture cases:



BONE SEGMENT AXES SHOW / HIDE

User can hide or show the axes tools anytime

AXES DOWELS SHOW / HIDE

User can show or hide representation of the TL-HEX sticks overlapped on the bone segments axes



LINE

The Line tool allows the user to evaluate lengths of interest. It is possible to use up to 7 tools at the same time



GONIOMETER

The Goniometer tool allows the user to evaluate angles and lengths of interest. It is possible to use up to 7 tools at the same time



DELETE SELECTED OBJECT

When a Line or Goniometer is selected, a Delete icon appears permitting the user to cancel the object from the active view



BRIGHTNESS/CONTRAST

User can fine tune the brightness/contrast of the image in the active view



Angular Deformity AP/Dorsal and Lateral Angular Deformity (degrees) are automatically provided by

HEX-ray when the axis tools have been set in the views

AP/DORSAL AND LATERAL TRANSLATION

Translation AP/Dorsal and Lateral Translation (mm) are automatically provided by HEX-ray

when the axis tools have been set in the views





AXIAL TRANSLATION

AP/Dorsal and Lateral Translation (mm) are automatically provided by HEX-ray when the axis tools have been set in the views.

AXIAL ROTATION

Axial Rotation (degree) is manually inserted by the user to complete the Rotation

set of TL-HEX Deformity parameters required to describe the deformity. The rotation value is obtained by the surgeon secondary to

clinical evaluation.

REFERENCE MEASURE FOR AXIAL TRANSLATION Reference

User must select the reference measure/view for Axial Translation value to be considered



Measure

Axial

Translation

DEFORMITY ANALYSIS LOCKED / UNLOCKED

Locking the Deformity Analysis declares completion of the fracture analysis and data entry secondary to clinical evaluation. When Reference Measure selected and locked the user can access the Correction tab

Axis tool description

Fracture Axis tool

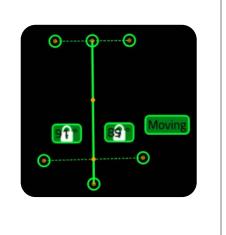
bottom (for proximal) and top (for distal) by the use of dashed lines to mimic the ends of the bone segments.

The Fracture Axis tool has 8 handle points to manage and are fully described in the section

For a Fracture case the axis tools have been modified in order to permit using the

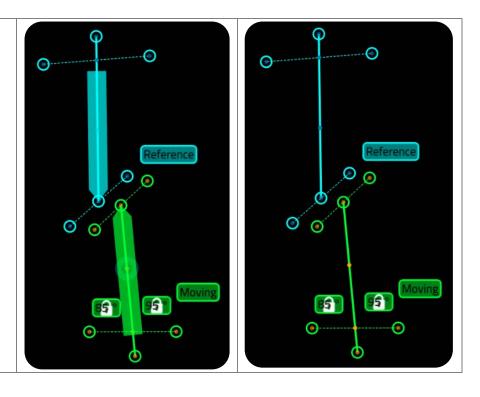
Tools interaction.





The Dowels control overlaps to each axis the related dowel describing bone fragments representation as in the TL-HEX software.

The ending point of the Dowel on the Reference axis is the point from which translations are measured and corrections (angular and translational) applied.



Axis tool interaction

Axis tools Dowels

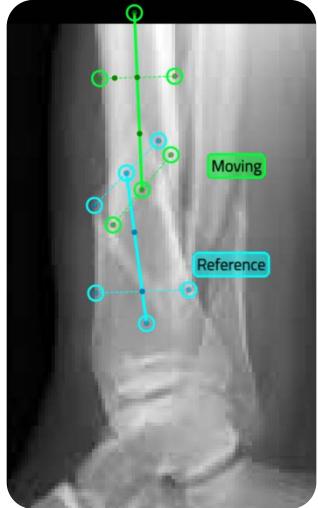
AP View	Lateral View
---------	--------------

By positioning a dashed line across corresponding fracture ends, the axis line will automatically centralize the Axis tool. With the positioning of the second dashed line at either end of the cortex as described above, HEX-ray will then calculate all the angulation and translation parameters values.

The anatomic axis is defined by drawing mid-diaphyseal lines.

In reference to the supplied screen grab, the top dashed line of the Reference axis tool mimics the distal part of the fracture, where the bottom dashed line of the Moving axis tool mimics the proximal part of the fracture.





Line and Goniometer tools

Within the Deformity Analysis, Correction and Mounting tabs the Line and Goniometer tools are available.

The **Line** provides the length (mm) measurement while the **Goniometer** provides both angle (degrees) and length (mm) measurements.

These tools can be used freely and as required in each view.

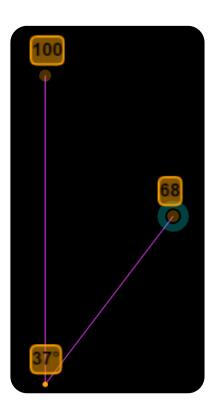
NOTE: Use of the tools will not affect the definitive case analyses performed on HEX-ray.

The Line and Goniometer tools <u>have three handles to translate, rotate and shrink/enlarge the tool.</u>

It is possible to insert multiple (up to a maximum of seven) lines and goniometers.

To **delete a line or goniometer** select the tool and press on the Delete icon or use the "Canc" key.





CORRECTION

Deformity Case

Within Correction analysis the HEX-ray module will enable the user to:

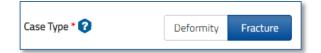
- Review and fine tune the proposed Correction to the desired End Of Correction
- Insert the Axial Rotation after clinical evaluation
- Apply the Suggested Bone Length calculated to avoid bone fragments impingement
- Fine tune the Bone Length to the desired value
- **Declare completion** of the correction analysis and data entry secondary to clinical evaluation.

Fracture Case

Within Correction analysis the HEX-ray module will enable the user to:

- Review and fine tune the proposed Correction to the desired End Of Correction
- Insert the Axial Rotation after clinical evaluation
- Fine tune the Bone Length to the desired value
- **Declare completion** of the correction analysis and data entry secondary to clinical evaluation.





Dowels Osteotomy Line

EOC Analysis

s Ø

Brightness/Contrast

End of Correction Parameters

Over Angulation (deg)

Over Translation (mm)

Axial View

Rotation (deg)

Suggested Bone

Lock to go next

Length (mm)

Additional Measurements Tools

Correction Analysis tools and values areas:

AXES DOWELS SHOW / HIDE

User can show or hide representation of the TL-HEX sticks overlapped on the bone segments axes



OSTEOTOMY LINE SHOW / HIDE

User can hide or show the osteotomy line anytime. Available only for Deformity cases.

CORRECTION ANALYSIS ON / OFF

User can assess and fine-tune the desired End of Correction.



RESET CORRECTION

User can reset the moving area position to the last saved values



LINE/ GONIOMETER

A Line or Goniometer tool the user may use to evaluate lengths and angles of interest. It is possible to use up to 7 tools at the same time.



DELETE SELECTED OBJECT

When a Line or Goniometer is selected, Delete icon appears permitting to cancel the object from the active view



BRIGHTNESS/CONTRAST

User can fine tune the brightness and the contrast of the image in the active view

OVER ANGULATION

Over Angulation

AP/Dorsal and Lateral Over Angular (degrees) are 0 by default (Lateral is 37° for Foot cases) and are automatically provided by HEX-ray when the desired End of Correction

has been fine-tuned **OVER TRANSLATION**

Over Translation

AP/Dorsal and Lateral Over Translation (mm) are 0 by default and are automatically provided by HEX-ray when the desired End of Correction has been fine-tuned



Rotation

Axial Rotation (degree) is manually inserted by the user to complete the set of TL-HEX Deformity parameters required to describe the deformity. The rotation value is obtained by the surgeon secondary to clinical evaluation

SUGGESTED BONE LENGTH (Deformity Cases only)

Suggested Bone Length

After the Osteotomy line has been positioned, the suggested Bone Length is automatically provided by HEX-ray to avoid bone segment impingement during treatment.



SUGGESTED BONE LENGTH COPY (Deformity Cases

AP

14 Lengthening

5

Lateral

only)

The automatically provided Suggested Bone Length value may be copied by the user into the Bone Length field

Bone Length

BONE LENGTH

Lengthening

a

Bone Length to be used in the TL-HEX treatment calculation



BONE LENGTH LOCKED / UNLOCKED

Locking the Bone Length declares completion of the correction analysis. After locking, the user will gain access to the Mounting tab.



Angular AP/DORSAL AND LATERAL ANGULAR DEFORMITY

Deformity

AP/Dorsal and Lateral Angular Deformity (degrees) are provided by HEX-ray

in the Deformity Analysis and reported here for reference.

AP/DORSAL AND LATERAL TRANSLATION

<u>Deformity Case</u>: AP/Dorsal and Lateral Translation (mm) are automatically

provided by HEX-ray when the Osteotomy tool has been positioned in the

Translation views.

 $\underline{\text{Fracture Case}}: \ \text{AP/Dorsal}$ and Lateral Translation (mm) are provided by

HEX-ray in the Deformity Analysis and reported here for reference.

AXIAL ROTATION

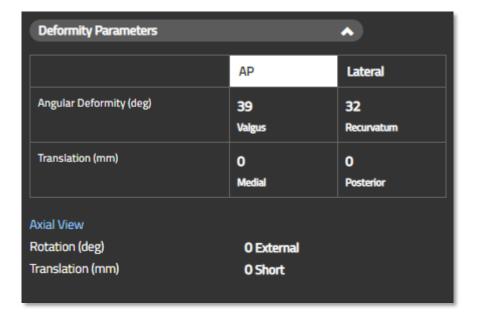
Rotation Axial Rotation (degree) is defined in the Deformity Analysis and reported

here for reference.

AXIAL TRANSLATION

Axial Translation (mm) is defined in the Deformity Analysis and reported

Translation here for reference.



Deformity case interaction

Suggested Bone Length in Deformity Analysis tab is a result of the placement of Osteotomy line in:

- Preoperative: Deformity Analysis tab

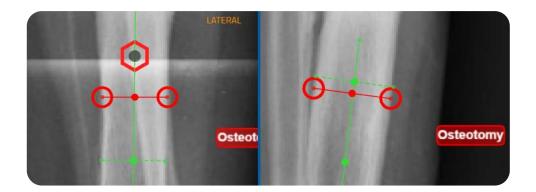
Postoperative: Image Tools tab



In both cases, the Osteotomy line should be positioned respectively in the desired position or on the real one on the images, paying attention to match the bone cortexes, permitting HEX-ray to suggest the axial bone length to avoid segments impingement during treatment.

Moreover, in Preoperative cases, any alteration of the Osteotomy position in one view will result in a coordinated move in the orthogonal plane in accordance with the Reference Points set in the Image Tools tab.





The axial bone length suggested by HEX-ray to avoid segments impingement during treatment considers the following:

- Angular Deformity
- Osteotomy length, inclination angle, distance from the APEX
- Default EoC position

The suggested bone length <u>value</u> is <u>calculated based on both AP/Dorsal</u> and Lateral views and the highest value is shown.

NOTE: It is recommended to review the value with the End of Correction analysis before continuing.

If the Osteotomy is not perfectly perpendicular to the bone axis, this value might be overestimated.



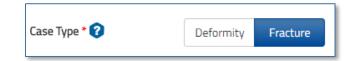
It is possible to *copy the Suggested Bone Length* value found inside the Bone Length field any time by clicking on the icon. The Bone Length may be manually fine-tuned.

It is possible to review the Osteotomy Line placement going back to the Image Tools or Deformity Analysis tab, in accordance with the chosen stage of correction, Suggested Bone Length will be recalculated accordingly. Unlocking this tab and changing these parameters may result in a reset of the Correction analysis already done on HEX-ray.

If the Correction Analysis has been completed (see Correction Analysis) and Axial Rotation has been clinically evaluated and entered, clicking on the

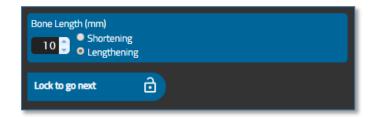
If the Correction Analysis has been completed (see Correction Analysis) and Axial Rotation has been clinically evaluated and entered, clicking on the declare activity completion and permit HEX-ray to move forward in the flow (blue arrow).

Fracture case interaction



The **Fracture Level line (red)** is positioned on the Moving Axis tool as shown in the screen grab.

If the Correction Analysis has been completed (see Correction Analysis) and Axial Rotation has been clinically evaluated and entered, clicking on the icon will declare activity completion and permit HEX-ray to move forward in the flow (blue arrow).



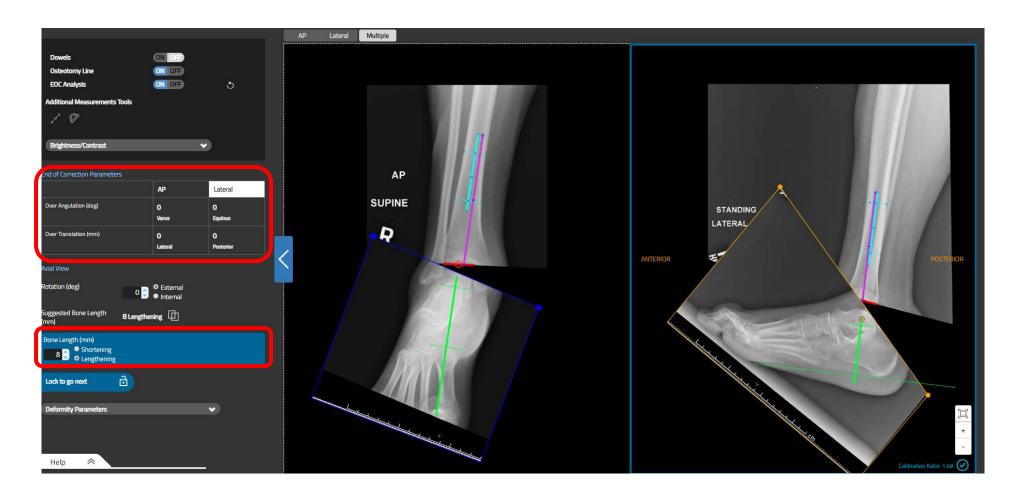


Correction Analysis

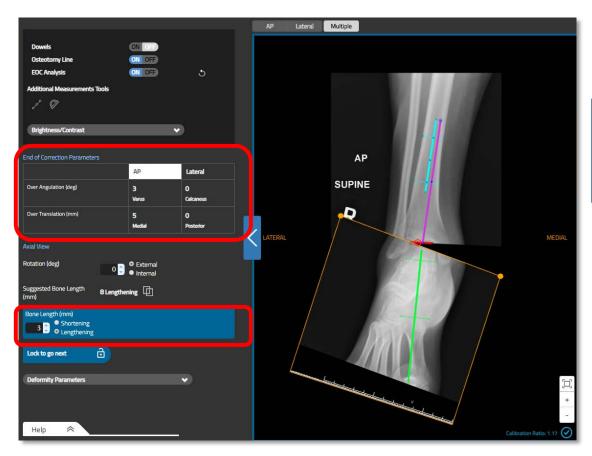
Hex-ray enables by default on both views simultaneously, the option to visualize and review the End Of Correction.

EOC Analysis ON OFF

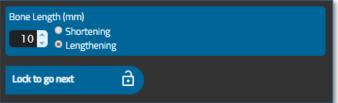
The moving area of the x-ray image is automatically defined by HEX-ray as the portion of the image where the moving segment lies. HEX-ray will automatically apply, on both views, the translation and angulation required to achieve the End of Correction and Bone Length (parameters in the red boxes in the image below).



Using whole moving area to translate (mouse pointer becomes) or the yellow handles on the corner to rotate (mouse pointer becomes), it is possible to manually adjust the End Of Correction. The corresponding angulation and translations values are updated accordingly in the related fields (red highlighted fields).



When the desired End of Correction has been set in both views, click on the icon to declare activity completion and permit HEX-ray to move forward in the flow (blue arrow).



NOTE: The End Of Correction analysis is active only when the lock icon is unlocked ().

Correction review reset

Any time during the End Of Correction review, pressing the icon, will **reset the moving area position to the last saved values**.

MOUNTING

Preoperative Planning

PREOPERATIVE

Within Mounting in Preoperative Planning the HEX-ray module will enable the user to:

- Select Proximal and Distal supports
- **Position the Proximal and Distal supports along the relative axis**
 - > The HEX-ray provides the appropriate support position relative to the Osteotomy / Fracture Level
- Angulate and / or Translate the Reference Ring (blue) at the desired value
 - > The HEX-ray provides the support Angle and/or Translation values relative to the Reference axis.

Mounting tools and value areas for Preoperative Planning:

Proximal and PROXIMAL AND DISTAL SUPPORT

Distal Support User can select the TL-HEX proximal and distal supports as required



RINGS SHOW / HIDE

User can hide or show the supports 3D model at anytime



LINE

A Line tool the user may use to evaluate lengths of interest. It is possible to use up to 7 tools at the same time



GONIOMETER

A Goniometer tool the user may use to evaluate angles and lengths of interest. It is possible to use up to 7 tools at the same time



DELETE SELECTED OBJECT

When a Line or Goniometer is selected, Delete icon appears permitting to cancel the object from the active view



BRIGHTNESS/ CONTRAST

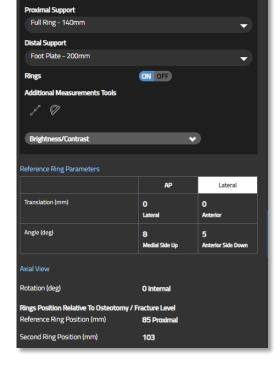
User can fine tune the brightness/contrast of the image in the active view



REFERENCE RING TRANSLATION

Translation Reference Ring Translation (mm) is automatically provided by HEX-ray relative to the

Reference axis



REFERENCE RING ANGLE Angle

Reference Ring Angle (deg) is automatically provided by

HEX-ray relative to the Reference axis

REFERENCE RING ROTATION Rotation

Reference Ring Rotation (deg) is automatically provided by

HEX-ray relative to the selected supports

REFERENCE RING POSITION Reference

Reference Ring position is automatically provided by HEX-Ring Position

ray relative to the Osteotomy / Fracture Level

Second Ring **SECOND RING POSITION**

Position Second Ring position is automatically provided by HEX-ray

relative to the Osteotomy / Fracture Level

Postoperative Assessment

Within Mounting Postoperative Assessment the HEX-ray module will enable the user to:

- Select Proximal and Distal supports
- Position the Reference Ring (blue) along the relative axis
 - ➤ The HEX-ray identifies the appropriate support position relative to the Osteotomy / Fracture Level
- Angulate and / or translate the Reference Ring (blue) at the desired value
 - > The HEX-ray identifies the support Angle and/or Translation values relative to the Reference axis
- Rotate the Reference Ring (blue) at the desired value
- Manipulate Position and Rotation of the Reference Ring with uncoordinated views (in situations where there is a mismatch between the ring model and acquired x-rays secondary that do not match the x-ray requirements)
 - The HEX-ray uses the value from the selected view.

Mounting tools and value areas for Postoperative Assessment:

Proximal PROXIMAL SUPPORT

Support User can select the TL-HEX proximal support

Distal DISTAL SUPPORT

Support User can select the TL-HEX distal support



RINGS SHOW / HIDE

User can hide or show the 3D model supports at anytime

SYNC RINGS ON / OFF

User can un-sync or re-sync the Reference Ring and its coordinated values at anytime



BRIGHTNESS/ CONTRAST

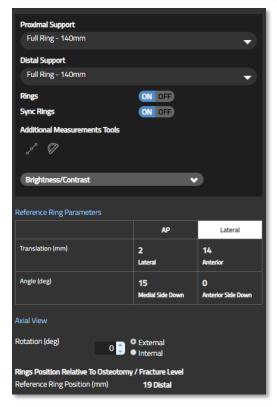
User can fine tune the brightness/contrast of the image in the active view

REFERENCE RING TRANSLATION

Translation Reference Ring Translation (mm) is automatically provided by HEX-ray relative to the

Reference axis





REFERENCE RING ANGLE

Reference Ring Angle (deg) is automatically provided by HEX-

ray relative to the Reference axis

REFERENCE RING ROTATION

Rotation Reference Ring Rotation (deg) is automatically provided by

HEX-ray relative to the selected supports and the user may

manually fine-tune

Reference REFERENCE RING POSITION

Angle

Ring Reference Ring position is automatically provided by HEX-ray

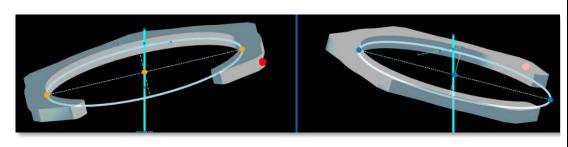
Position relative to the Osteotomy / Fracture Level

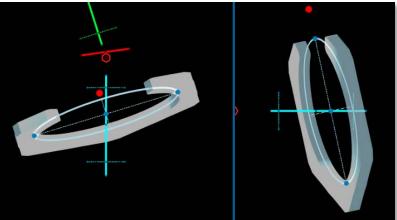
General interaction

Any movement of the Reference Ring is coordinated across all views. For example, fine-tuning the position or angulation of a support is automatically represented with a coordinated change in other view.

HEX-ray provides a consistent frame mounting representation with TL-HEX. In particular:

- 1. For **Long Bone / Femur / Tibia and Ankle bone types** the Reference Segments are placed parallel to each other in both the views
- 2. For **Forefoot and Hindfoot** the Reference Segment is placed orthogonal to each other.

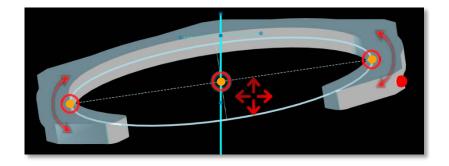




The support 3D model handles are identified by orange dots.

The image shows the handle location (red circles) and the Ring Orientation Tab (red dot). The supports angulation, translation and position may be changed interacting with the support model handles on the selected view.

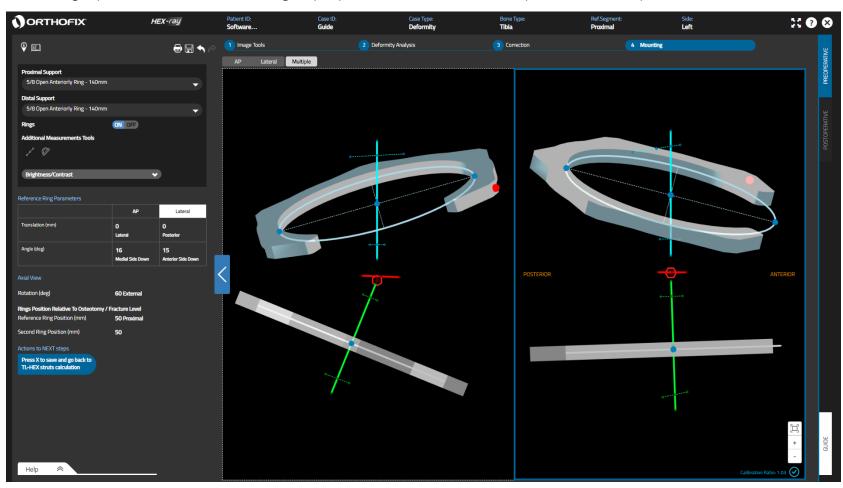
The Ring Orientation Tab position depends on the supports configuration selected. **NOTE:** It is possible to translate the support by clicking anywhere on its 3D model.



Preoperative Planning

HEX-ray provides a consistent frame mounting representation and rules with TL-HEX.

In addition to the General Interaction information, during the Preplanning stage both selected supports are visible, however, only the Reference Ring may be angulated and translated. In considering any modifications to the Second Ring, only its position relative to the Osteotomy / Fracture level may be fine tuned.



Postoperative Assessment

HEX-ray provides a consistent frame mounting representation and rules with TL-HEX.

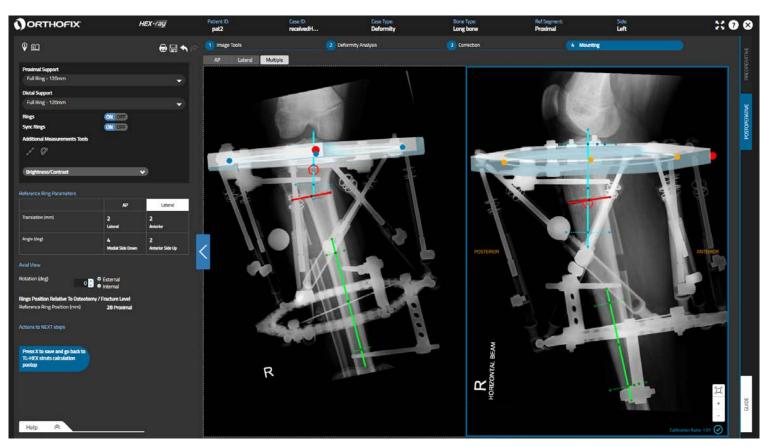
In addition to the General Interaction information, during the Postoperative stage only the selected Reference Ring is visible in the views and may be angulated, translated and rotated. The Rotation is fine tuned using the spinner on the side table (or manually inserting a value in the input field).

Since the Reference Ring movements are coordinated between the views, the task is to match the ring model to the Reference Ring on the x-ray images simultaneously in both the views.

HEX-ray provides the angulation and translations values in relation to the Reference Segment to be used for the TL-HEX treatment calculation.

When Postoperative assessment has been completed, click the

icon to exit HEX-ray, save and import the data in the TL-HEX software.



Reference Ring model not matching perfectly the actual x-ray images

X-ray images should be taken in accordance with the following instructions:

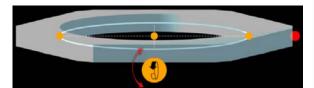
- The Reference Segment in the x-ray image must be perpendicular to the beam, in both views
- Orthogonal (90°) x-ray images are required

In case these instructions are not followed, the HEX-ray Reference Ring model will not match perfectly the actual x-ray image on both views.

To overcome this situation HEX-ray allows for independent movement of the Reference Rings models between both views.

To activate this feature, **switch OFF the Sync Rings** option SyncRings option permitting the user to alter the desired Reference Ring position to match the actual x-ray image in either view independently.

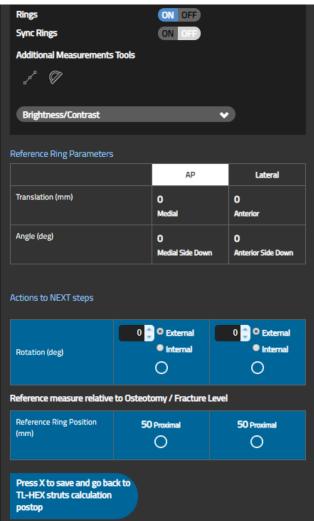
With the icon present on the 3D ring model, it is possible to tilt the Reference Ring on the Coronal (Frontal) and Sagittal planes independently to better match the x-ray images.

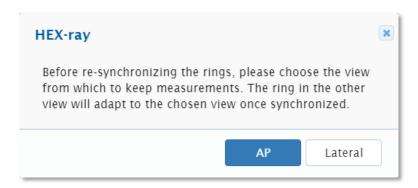


When Reference Ring matching is completed, select from which view the Rotation and Reference Ring Position has to be taken and imported by the TL-HEX software for completion of the treatment calculation.

When Postoperative assessment has been completed, click the data in the TL-HEX software.

icon to exit HEX-ray, save and import the

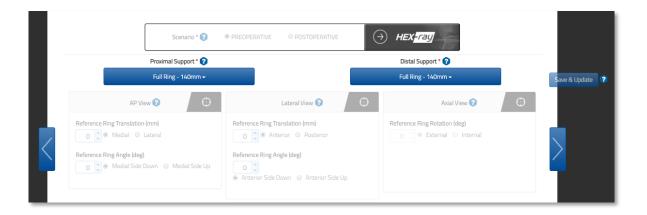




Re-Sync the Reference Rings models

In case of uncoordinated Reference rings models, it is possible to **make them coordinated again moving the Sync Rings control to ON.** The user is asked to choose the reference view to refresh the side table accordingly. After the reference view selection, HEX-ray works as described before.

Now complete the TL-HEX Mounting Parameters by inserting the struts values and press button. After data saving, HEX-ray becomes available in the TL-HEX Mounting tab.



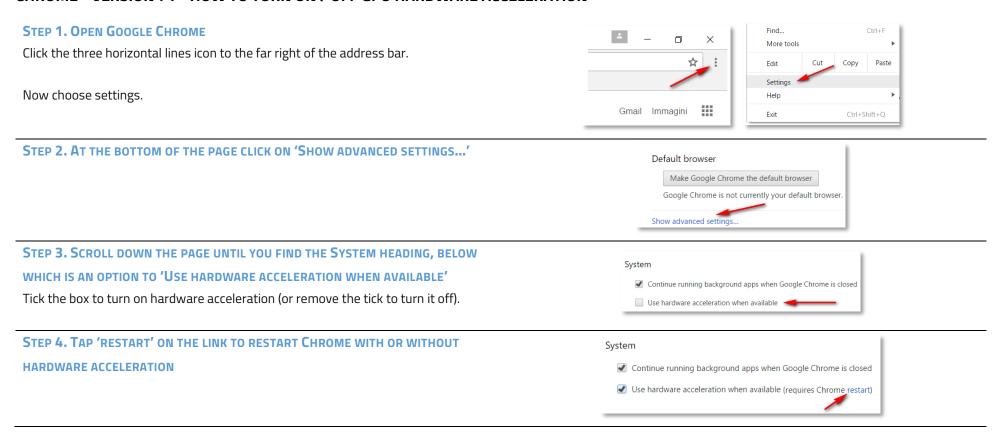
Annex A - HARDWARE ACCELERATION ON BROWSERS

SUMMARY

Hardware acceleration is a feature that lets the Browser move all graphics and text rendering from the CPU to the Graphics Processing Unit (GPU).

For the HEX-ray enabling the hardware acceleration will allow some functions to perform more efficiently.

CHROME® VERSION 71 - HOW TO TURN ON / OFF GPU HARDWARE ACCELERATION



INTERNET EXPLORER® VERSION 11 - HOW TO TURN ON / OFF GPU HARDWARE ACCELERATION

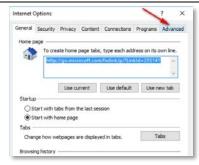
STEP 1. OPEN INTERNET EXPLORER

Click on the gear icon at the top right corner of the window. Then select Internet options.



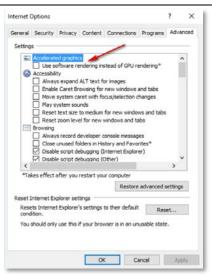


STEP 2. ON THE INTERNET OPTIONS WINDOW CLICK THE 'ADVANCED' TAB



STEP 3. SCROLL DOWN THE SETTINGS MENU UNTIL THE 'ACCELERATED GRAPHICS' HEADING, WHICH IS AN OPTION TO 'USER SOFTWARE RENDERING INSTEAD OF GPU'

Tick the box to turn off hardware acceleration (or remove the tick to turn it on).



SAFARI® VERSION 12 - HOW TO TURN ON / OFF GPU HARDWARE ACCELERATION

STEP 1. OPEN SAFARI

Bring up Safari's Preferences window.



STEP 2. SELECT THE 'SECURITY' TAB AND ENABLE THE 'ALLOW WEBGL' SETTINGS



STEP 3. CLICK 'WEBGL SETTINGS...' TO SEE WHICH WEBSITES IN YOUR HISTORY USE WEBGL AND SET POLICIES FOR WEBGL

- Ask: When you visit the website, Safari displays a dialog asking whether you
 want to trust the website's use of WebGL. See "If a website has WebGL
 graphics" on support Apple site.
- *Block*: When you visit the website, Safari tells the website WebGL is not supported.
- Allow: Safari lets the website use WebGL, unless WebGL presents a security risk on your computer.
- Allow Always: Safari lets the website use WebGL, even if WebGL presents a critical security risk on your computer. Choosing Allow Always may present a security risk, so only select this option for websites you trust.

Select the *Allow* option for the HEX-Ray website, if not already done.



MORE INFORMATION

If your current video card or video driver does not support GPU hardware acceleration, download the latest video driver that supports hardware acceleration.

To do this, you can look for a driver on the manufacturer's website. You can usually find driver updates in the support section of the website.

If you find an updated driver, follow the installation instructions on the website; most drivers are self-installing.

Annex B – LANDSCAPE PRINTING CONFIGURATION

Different printers may yield different results, and the printing dialog box may contain different options, depending upon the specific printer and browser you are using, but generally, you should follow these steps:

PC Users

Internet Explorer 11

- 1. Click the **Gear** icon in the upper right-hand corner of the browser.
- 2. Click **Print > Page Setup**.
- 3. Under Paper Options, select "Landscape".
- 4. Place a check next to the "Enable Shrink-to-Fit" option.
- 5. Click **OK**.
- 6. Print your case summary

Chrome 71+ for Windows

- 1. Open the page, image, or file you want to print.
- 2. At the top right, click **More** Print... or use a keyboard shortcut: **Ctrl + p**.
- 3. In the window that appears, select the destination printer and change **Layout** print settings: "Horizontal".
- 4. When ready, click **Print**.

MAC Users

Safari 12

- 1. Click File > Print.
- 2. Click Show Details.
- 3. Next to Orientation, click on the second icon of a man standing sideways.
- 4. Click on **Print**.

Chrome 71+ for MAC

- 1. Open the page, image, or file you want to print.
- 2. At the top right, click **More** Print... or use a keyboard shortcut: # + p
- 3. In the window that appears, select the destination printer and change **Layout** print settings: "Horizontal".
- 4. When ready, click **Print**.





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www.tlhex.com www.orthofix.com

TH-1902-PL-EO A 02/19



Instructions for Use: See actual package insert for Instructions for Use.

Caution: Federal law (USA) restricts this device to sale by or on the order of a physician.Proper surgical procedure is the responsibility of the medical professional. Operative techniques are furnished as an informative guideline. Each surgeon must evaluate the appropriateness of a technique based on his or her personal medical credentials and experience. Please refer to the "Instructions for Use" supplied with the product for specific information on indications for use, contraindications, warnings, precautions, adverse reactions and sterilization.

