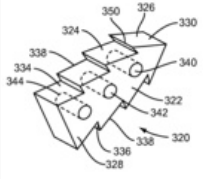
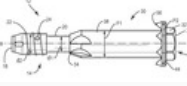
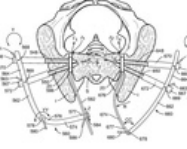
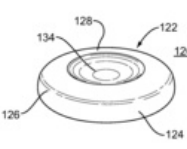
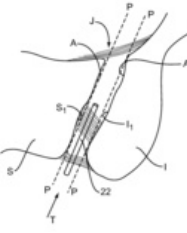
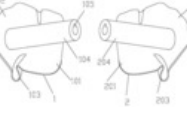
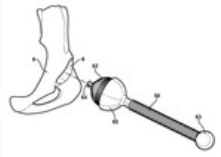
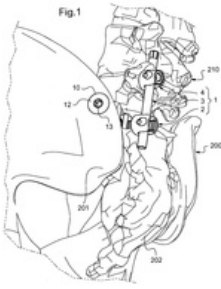
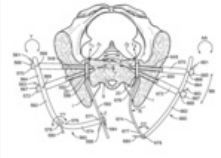
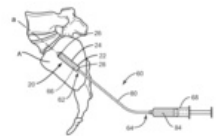
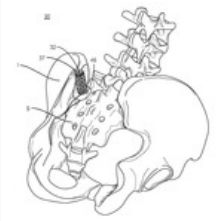
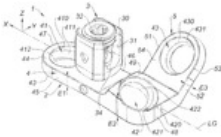
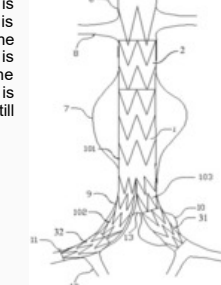
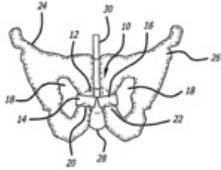
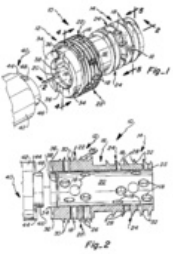
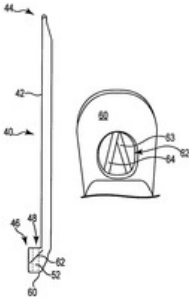
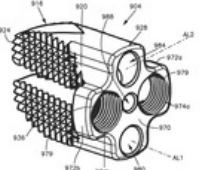
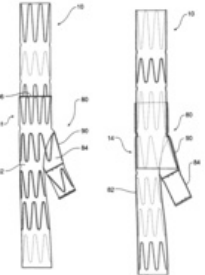
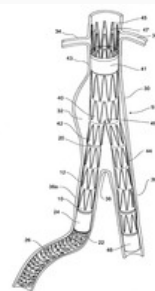
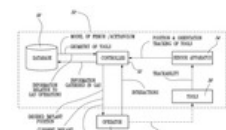
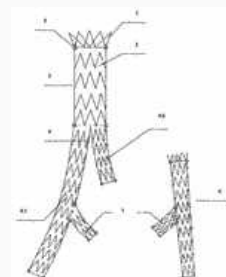
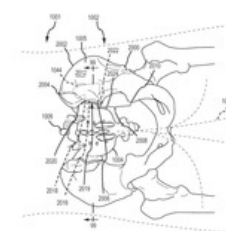


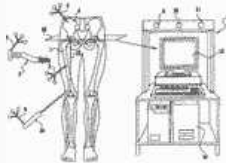
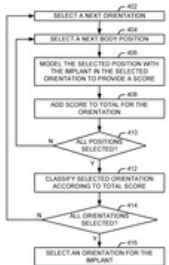
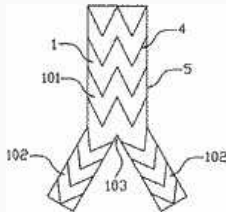
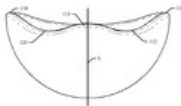
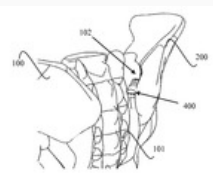
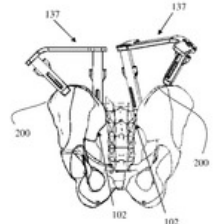
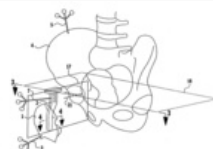
Patent families - 1419 results					
#	 Title	Publication number	Publ. date	Applicant/Assignee	
1.	Sacro-iliac joint implant	WO2011/091349	2011-07-28	WARSAW ORTHOPEDIC	100 %
A sacro-iliac implant includes at least one wedge-shaped body. The body defines an outer surface configured to engage at least one articular surface of a sacro-iliac joint. Systems and methods employing the sacro-iliac implant are disclosed. 					
2.	Sacro-iliac joint implant system	EP3315085	2018-05-02	WARSAW ORTHOPEDIC	100 %
A sacro-iliac implant includes a body having a proximal portion and a distal tip. The proximal portion includes an inner surface and a uniform diameter. The inner surface includes a first mating surface engageable with a first instrument surface and a second mating surface engageable with a second instrument surface. Systems, constructs, instruments and methods are disclosed. 					
3.	Sacro-iliac joint implant system and method	WO2014/018240	2014-01-30	WARSAW ORTHOPEDIC WASAW ORTHOPEDIC	100 %
A sacro-iliac implant includes an inner member having an inner surface and an outer surface. The inner member extends between a first end and a second end configured for penetrating a sacrum. An outer member extends between a first end including a flange and being configured to engage an outer non-articular surface of an ilium and a second end. The inner member is rotatable relative to the outer member such that the outer surface of the inner member adjacent its first end engages the outer member to cause axial translation of the inner member relative to the outer member in a configuration such that separated articular surfaces of the sacrum and the ilium are drawn into fixation. Systems and methods of use are disclosed. 					
4.	Sacro-iliac joint implant system, method and instrument	US20110184519	2011-07-28	WARSAW ORTHOPEDIC	100 %
A sacro-iliac implant delivery instrument includes a first arm connected to a first cannula. The first cannula is rotatable relative to the first arm and is configured for support of a fastening element. A second arm is connected to the first arm. The second arm is rotatable relative to the first arm and is configured for detachable connection to a sacro-iliac implant. The second arm and the first cannula are configured for rotation relative to the first arm to a preset orientation such that the second arm is disposed along a first predetermined trajectory for delivering the sacro-iliac implant and the first cannula is disposed along a second predetermined trajectory for delivering the fastening element in alignment with the sacro-iliac implant for transarticular fixation. Methods of use are disclosed. 					
5.	Sacro-iliac joint implant system and method	WO2011/066053	2011-06-03	WARSAW ORTHOPEDIC	100 %
An orthopedic implant includes at least one circular body. The at least one circular body defining an outer surface configured to engage at least one articular surface of a sacro-iliac joint along a plane substantially parallel to the articular surface. 					
6.	Sacro-iliac joint implant system and method	WO2011/056690	2011-05-12	WARSAW ORTHOPEDIC	100 %
An orthopedic implant includes at least one elongated body. The body defines an outer surface. The outer surface is configured to engage an articular surface of a sacro-iliac joint along a plane substantially parallel to the articular surface. 					
7.	Sacro-iliac implant system, method and apparatus	US20110230966	2011-09-22	WARSAW ORTHOPEDIC	100 %
A sacro-iliac implant system includes at least one implant including a body defining an outer surface and being disposed to space apart opposing articular surfaces of a sacro-iliac joint. The body is engageable with the opposing articular surfaces and the outer surface is compliant to a configuration of the opposing articular surfaces such that the body facilitates relative movement of the opposing articular surfaces. Methods of use are disclosed. 					
8.	Second sacral alar-iliac screw implant guide system	CN110478026	2019-11-22	AFFILIATED HOSPITAL OF SOUTHWEST MEDICAL UNIVERSITY	100 %
The invention discloses a second sacral alar-iliac screw implant guide system. The system comprises a left sacral bone posterior iliac screw guide plate and a right sacral bone posterior iliac screw guide plate, wherein the left sacral bone posterior iliac screw guide plate and the right sacral bone posterior iliac screw guide plate are of a split symmetric structure; the left sacral bone posterior iliac screw guide plate is of an integrated sheet structure composed of an intermediate sacral crest sheet covering the intermediate sacral crest and a median sacral crest sheet of the median sacral crest, the side of the left sacral bone posterior iliac screw guide plate is provided with a left clamping arc-shaped surface fitting an inlet surface of a sacral foramina, the intermediate sacral crest sheet of the intermediate sacral crest is provided with a left boring guide tube oblique to the median sacral crest, and the left boring guide tube is communicated with the left sacral bone posterior iliac screw guide plate. The system comprises the split left sacral bone posterior iliac screw guide plate and right sacral bone posterior iliac screw guide plate, the requirement for the scope of the operation field is reduced, and sacral bone spinous processes and surrounding ligament structures cannot be damaged; the system can be stably fixed on the sacral bone, the split structure of the left sacral bone posterior iliac screw guide plate and right sacral bone posterior iliac screw guide plate of the system has a smaller volume, and the difficulty of 3D printing is reduced. 					

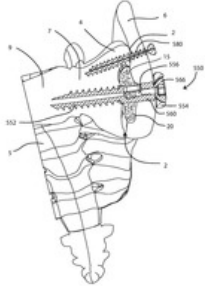
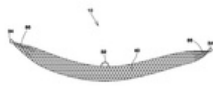
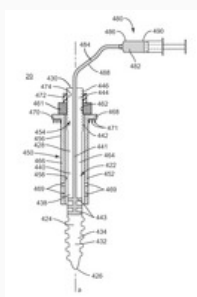
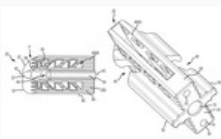
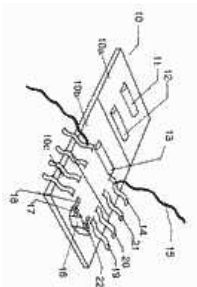
9.	Hip socket with assembleable male ball shape having integrally formed ligament and female receiver and installation kit	WO2011/081670	2011-07-07	LINARES MEDICAL DEVICES	100 %	
A hip implant assembly including a spherical shaped ball and an elongated stem. An annular defining rim separates the ball from the stem and abuts, in a maximum inserting condition, over an exterior reconditioned surface of the femur and upon inserting the stem within an interior passageway formed within the femur. A cup shaped support seats the ball in a universally articulating permitting fashion via a flexible and resilient ligament which extends from the ball and is received within a recess passageway of the cup. The cup also includes a mounting surface with a central projecting portion which is in turn resistively fitted within an undercut defined recess formed in the ilium bone in communication with a base surface of the reconditioned acetabulum socket. A corresponding installation kit assists the preparation of the femur and ilium bones defining the hip joint, as well as the installation of the implant body into the upper conditioned femur end and the cup shaped and outer socket support to a reconditioned acetabulum defined in the ilium bone.						
10.	Iliosacral implant for connection to a spinal osteosynthesis system	EP2858584	2015-04-15	EUROS	100 %	
The invention relates to an iliosacral implant (2) for a spinal osteosynthesis system, comprising a connection element (100) having: a collar (110) with a continuous axial hole (111) through which an anchoring element (10) is intended to pass, and a continuous transverse hole (112) which opens into the axial hole, a receptacle (130) which is secured to the collar and has a receiving seat (131) for a connection rod (3) of the spinal osteosynthesis system, and a retainer (150) which is intended to block the anchoring element in the axial hole of the collar. According to the invention, the retainer has a body (151) which is mounted so as to be movable through the transverse hole of the collar, and a manoeuvring part which is accessible by way of the receiving seat of the receptacle and which allows the body to be moved from a first position, in which it leaves the anchoring element free to move through the axial hole of the collar, to a second position, in which it blocks the anchoring element in the axial hole of the collar.						
11.	Sacro- iliac joint implant system and method	US20110238181	2011-09-29	WARSAW ORTHOPEDIC	100 %	
A sacro-iliac implant system includes an implant including a body defining an outer surface. The outer surface is configured to engage and space apart opposing articular surfaces of a sacro-iliac joint. The body has at least one cavity. At least one fastening element is configured for disposal in the at least one cavity of the body and fixation with the articular surfaces. Methods of use are disclosed.						
12.	Sacro- iliac joint implant , method and apparatus	US20110184520	2011-07-28	WARSAW ORTHOPEDIC	100 %	
A sacro-iliac implant system includes at least one implant including a body defining an outer surface and being expandable in at least one dimension. The body is configured to expand in the at least one dimension from a first orientation to a second orientation such that the outer surface engages and spaces apart opposing articular surfaces of a sacro-iliac joint to fix the body with the articular surfaces. Methods of use are disclosed.						
13.	Sacro- iliac joint implant system	EP2869775	2015-05-13	WARSAW ORTHOPEDIC	100 %	
A method for treating a sacro-iliac joint comprises the steps of: identifying a target of a posterior superior iliac spine of a body; determining a selected trajectory that includes the target and at least a portion of a sacrum of the body; creating a pathway in the body along the selected trajectory from a posterior approach to the body; and delivering an implant along the pathway such that the implant is disposed for fixation with an ilium of the body and the sacrum. Systems for treating a sacro-iliac joint are disclosed. (From US2018199970 A1)						
14.	Sacroiliac fixation implant for an intervertebral linking rod	WO2017/006028	2017-01-12	ORTHOPAEDIC & SPINE DEVELOPMENT	100 %	
Sacroiliac fixation implant (1) for an intervertebral linking rod, comprising a one-piece anchoring component, which supports a connection element (3) for the linking rod, and provided with three orifices for the passage of anchoring screws (61, 62, 63), wherein the anchoring component comprises: - an elongate main wall (4) in which two orifices are formed, wherein the connection element is interposed between the two orifices; and - a secondary wall (5) protruding from the main wall at one end, so that the anchoring component has the general shape of an L, a third orifice being formed on said secondary wall; wherein each orifice is delimited internally by a bearing face which is in the shape of a portion of a sphere and is continued by a flared frustoconical face, which are centred on a central axis, and wherein the orientations of the central axes and the cone angles of the flared faces are configured to allow the screwing axes of the three anchoring screws to be arranged in a tri-orthogonal trihedron.						
15.	Modular abdominal aorta tectorial membrane support	CN205215447	2016-05-11	HUANG LIANJUN LIU BING SUN LIZHONG XU SHANGDONG	100 %	
The utility model provides a modular abdominal aorta tectorial membrane support, include: the main part is applicable to abdominal aorta, including the main tributary that is located the near -end that is that " people " font arranges and a pair of ilium that is located the distal end, the aorta extension is applicable to the aorta, and the configuration is in the near -end of the main tributary of main part, the common iliac artery extension is applicable to the common iliac artery, and the configuration is in the distal end that the ilium propped up, aforementioned a pair of ilium is including the right ilium that is applicable to right side common iliac artery or abdominal aorta and the left ilium that is applicable to the left side common iliac artery, and the length of right ilium is greater than left ilium, near -end by left ilium and right ilium forms the main part branching in the distal end department of main tributary, is in under the state that releases completely at modular abdominal aorta tectorial membrane support, and the main part branching is close with the abdominal aorta branching that abdominal aorta has. This kind of modular abdominal aorta tectorial membrane support's release process is simple relatively, still is favorable to improving the suitability of tectorial membrane support and abdominal aorta tumour simultaneously.						

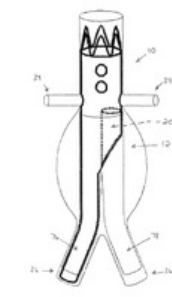
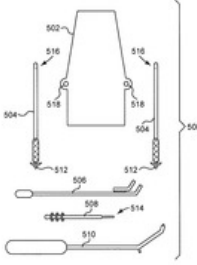
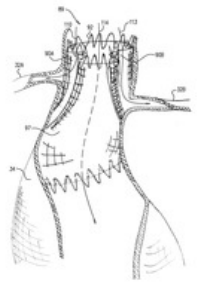
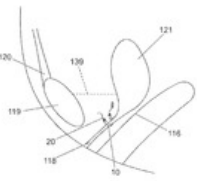
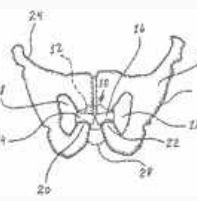
16.	Implantable sling for the treatment of incontinence and method of using the same	EP1879519	2008-01-23	COLOPLAST CALDERA MEDICAL	100 %	
An implantable sling for the treatment of male or female incontinence and method of implementing the same. The sling comprises a urethral support portion and at least one anchoring portion extending therefrom. The anchoring portion is operatively positioned through the obturator foramen and about at least one ramus portion of the pelvis such that the support portion of the implant is operatively positioned at or distal to the bulbar urethra (male) or mid-urethral region (female) to treat urinary incontinence. In a preferred embodiment, the implant will have first and second anchoring portions extending from the support portion with each respective one of said anchoring portions being operative to be secured about dedicated ones of the patient's pubic ramus. The implants may further be fabricated from tissues, synthetic materials or combinations thereof.						
17.	Sacro-iliac implant	EP1029519	2000-08-23	MICHAEL R. MOORE	100 %	
An implant is provided which facilitates enhanced structural stability across a joint to be immobilized. The sacroiliac implant is an elongate structure having two cylindrical sections of differing diameters. The implant further has like-handed, but dissimilar pitched threaded sections at the proximal and distal ends thereof to produce compressive forces across the joint. A hollow core traverses the length of the implant. A plurality of apertures or openings are formed through the implant transversely to the longitudinal axis and communicate with the hollow core. Bone graft or a BMP-soaked carrier fill the hollow core. The openings or apertures provide a conductive path of healing for bony ingrowth. Means are provided on the proximal end of the implant for engagement with a tool to drive the implant.						
18.	Implants, tools, and methods for treatment of pelvic conditions	EP2704665	2014-03-12	BOSTON SCIENTIFIC BOSTON SCIENTIFIC SCIMED AMS RESEARCH	100 %	
An adjusting and cutting tool comprising a distal end engageable with an elongate portion of an implantable article to facilitate manipulation of the elongate portion relative to a support portion of the implantable article and to facilitate cutting of the elongate portion. Also included is method of treating vaginal prolapse, the method including the steps of providing a multi-piece implantable article having at least one extension portion piece and a support portion piece, placing the support portion piece in contact with vaginal tissue, placing at least one extension portion piece in contact with tissue of a component of sacral anatomy, adjusting a position of the at least one extension portion piece relative to the support portion piece using a adjusting and cutting tool, and cutting the at least one extension portion with the adjusting and cutting tool.						
19.	Interbody interference implant and instrumentation	EP2916777	2015-09-16	DEPUY SYNTHES	100 %	
An implant includes an implant body sized and shaped for insertion into a sacro-iliac joint, the implant including a first bone fixation element receiving channel extending through a portion thereof along a first central axis oriented so that, when the implant body is received within the sacro-iliac joint in a desired configuration, a bone fixation element inserted into the first bone fixation element receiving channel will extend into a first one of the bones forming the joint.						
20.	Stent graft extension	EP2068761	2009-06-17	COOK MEDICAL TECHNOLOGIES COOK WILLIAM A COOK AUSTRALIA	100 %	
A leg extension (10) for a stent grafting system to connect between an aortic graft (120) and an iliac graft (180). The leg extension is a tubular body (12) of a biocompatible graft material with self-expanding stents (15) connected along the length of the tubular body and the tubular body having a distal end (24) with a connection region (14). The connection region has a flared stent (16) defining an external frusto-conical surface to provide a connection arrangement to engage within an internally flared portion (90) of an iliac graft.						

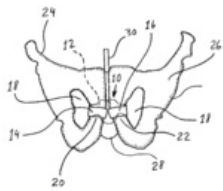
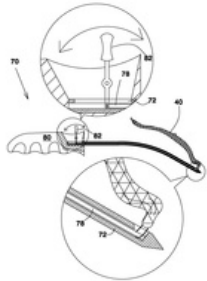
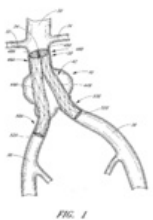
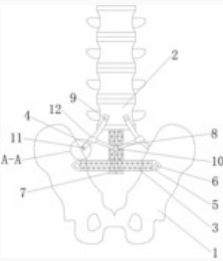
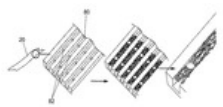
21.	Method for mandibular bone grafting	RU2523353	2014-07-20	SAMARA STATE MEDICAL UNIVERSITY	100 %
FIELD: medicine. SUBSTANCE: implant consisting of a reconstructive mandibular plate embraced through a thickness of the mandibular bone tissue with a nonwoven titanium material of through porosity within the boundaries, at 1-4 cm from an edge of the reconstructive plate; the material is implanted into a spongy portion of the ilium by applying the implant on the pre-decoricated iliac crest at the length of the reconstructive plate followed by a growth procedure for 3-8 weeks. After the bone tissue saturation of the implant, the prepared implant is removed from the ilium and placed within the mandibular bone defect with a pre-created receiving bed. A surgical area is processed. Under general anaesthesia, the lower jaw is resected, and fragments are reduced. After removal from the ilium, the prepared implant with the saturated bone tissue is intraoperatively secondarily embraced with the nonwoven titanium material with through porosity to fill a deficient volume of the soft tissue within the lower jaw thereby forming a damper pad. The damper pad is uniformly coated with a suspension of autologous multipotent mesenchymal stromal cells with bone chips prepared by removing the implant from the ilium. The plate ends are fixed to the lower jaw with fixing screws. The wound is closed in layers. An orthopaedic treatment is performed 2-4 months after the operation. EFFECT: by the high regenerative potential of the autologous multipotent mesenchymal stromal cells and reinforcing the bone tissue with the nonwoven titanium material with through porosity, the method enables filling the defect of a complex of soft tissues within the lower jaw, reducing the injuries of the method, reducing the resorption processes of the implant and the lower jaw. 4 dwg, 2 ex					
22.	Sacroiliac joint implant system	EP2720628	2014-04-23	JCBD	100 %
Accordingly, a broad object of the invention can be to provide an inventive implant to facilitate stabilization while allowing an amount of motion of a sacroiliac joint. Embodiments of the sacroiliac joint implant can provide an elongate body, which can further include at least one fixation member, or a pair of fixation members which extend a distance outward from the longitudinal axis of the implant body adapted for non-transverse placement between the articular surfaces of the sacroiliac joint, and as to certain embodiments can further provide a third fixation member and additionally a fourth fixation member each adapted to extend a distance outward from the elongate body into the bone of the sacrum or the ilium.					
23.	Integrated abdominal aorta-internal and external iliac arteries intracavity implant system	CN201200646	2009-03-04	SECOND MILITARY MEDICAL UNIVERSITY	100 %
The utility model relates to an intracavitary transplantation system of the integral abdominal aorta and/or the external-internal iliac artery, which is composed of a wire bracket (1) and a tube-shaped fabric (2) fixed in the wire bracket (1); the intracavitary transplantation system is divided into a straight cylinder part (3) and a branch part (4); the first circle of a Z-shaped bracket ring at the upper end of the straight cylinder part (3) is not shaded by fabric, and the lower end of the straight cylinder part (3) is the branch part (4) which comprises a long branch (4.1) and a short branch (4.2), the positions of which are corresponding to the two-sided external iliac artery; a lengthened branch (6) can be sleeved in the short branch (4.2); and the relative part of the wire bracket (1) is provided with a metal marker (5) so that the wire bracket (1) can be accurately delivered to the diseased part with a conveyer under the X ray. The intracavitary transplantation system is characterized in that an internal iliac artery branch (7) can be arranged on the long branch (4.1), and the internal iliac artery branch (7) can also be arranged on the lengthened branch (6) sleeved in the short branch (4.2). The utility model has simple structure and convenient operation, can effectively isolate the arterial diseased blood vessel section in the abdominal aorta and/or the external-internal iliac artery from the blood stream, ensure the smooth blood circulation in the internal iliac artery, and eliminate the hidden trouble of pelvic cavity ischemia, and has high success rate of operation.					
24.	Computer-assisted hip replacement surgery	EP1545368	2005-06-29	ORTHOSOFT ULC ORTHO SOFT ORTHOSOFT ORTHOSOFT HOLDINGS	100 %
A CAS system and method for guiding an operator in inserting a femoral implant in a femur as a function of a limb length and orientation of the femoral implant with respect to the femur, comprising a reference tool for the femur, a registration tool, a bone altering tool and a sensing apparatus. A controller is connected to the sensing apparatus to: i) register a frame of reference of the femur by calculating surface information provided by the registration tool as a function of the position and orientation of the registration tool provided by the sensing apparatus, and/or retrieving in a database a model of the femur; ii) calculate a desired implant position with respect to the frame of reference as a function of the limb length; and iii) calculate a current implant position and orientation in relation to the desired implant position with respect to alterations being performed in the femur with the bone altering tool, as a function of the position and orientation of the bone altering tool provided by the sensing apparatus and of a digital model of a femoral implant provided by the database. The database is connected to the controller for the controller to store and retrieve information relating to an operation of the controller. The computer-assisted system may be used to guide an operator in inserting a pelvic implant in an acetabulum as a function of an orientation of the pelvic implant with respect to the pelvis.					
25.	iliac leg extension stent graft	EP1998715	2008-12-10	CLEVELAND CLINIC COOK MEDICAL TECHNOLOGIES COOK	100 %
A stent graft leg extension (10) to extend from a bifurcated aortic stent graft into an iliac artery. The stent graft has a tubular body, (12) of a biocompatible graft material and a plurality of self-expanding stents (14) joined to and supporting the tubular body. An uncovered tubular self-expanding stent assembly (26) extends from a first end of the tubular body and is fastened thereto. The uncovered tubular self-expanding stent assembly (26) provides a smooth transition from the leg extension into the iliac artery to reduce the chance of kinks causing problems in the leg extension.					
26.	Implants and methods for cosmetic surgery	WO2018/022138	2018-02-01	BIOCOEN BACON ENERGY OSTY MEDITECH	100 %
An implant for attachment to a human pelvic bone for cosmetic purposes. The implant is attachable to the iliac crest. A silicone cover is attachable to the implant. Implant plates may be attached to the humeral bone, the tibia, and the femur, and silicone may be attached to the plates.					



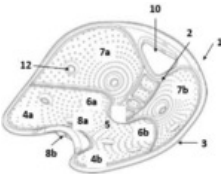
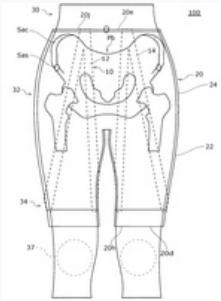
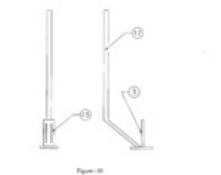
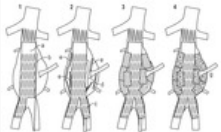
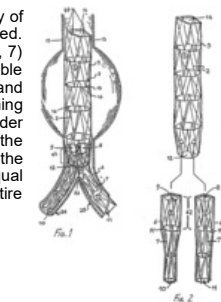
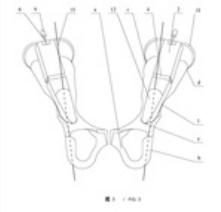
27.	Device for displaying the position/orientation of a tool for preparing a femur for an implant comprises a data-processing system programmed so that it shows the joint ball in a transversal plane of the femur	DE202005001127	2005-06-02	AESCULAP	100 %	
Device for displaying the position and orientation of a tool for preparing a femur (1) for an implant engaging with a joint ball in the acetabulum of the pelvis or in a joint socket inserted in the pelvis or a similar femur implant relative to the femur and the central point of the joint ball comprises a navigation system (8) with marking elements (3, 5, 7) assigned to the femur, pelvis and tool or femur implant for determining the position of these parts, and a data-processing system (12) activating a display (13). The data-processing system is programmed so that on the display it shows the joint ball in a transversal plane (16) of the femur at the height of the central point of the joint ball and an intersection line of the transversal plane of the femur and an instrument plane passing through the central point of the joint ball. (From DE202005001127 U1)						
28.	Model-based surgical planning and implant placement	EP3551135	2019-10-16	CLEVELAND CLINIC	100 %	
Systems and methods are provided for model-based surgical planning. A surgical planning system can include a prescreening tool configured to provide an initial classification of a set of patients according to a pelvic tilt, measured as a position of a pelvis of the patient relative to the position of a spine of the patient, in a plurality of body positions. A model constructor is configured to construct a model of a pelvis of the patient according to the initial classification of the patient. A finite element modeling component is configured to simulate relative motion of the model of the pelvis and a model of an implant. A patient classifier is configured to select at least one of a position of the implant and an orientation of the implant for the patient according to the simulated relative motion.						
29.	Endovascular stent for abdominal aorta	CN202179610	2012-04-04	HUANG LIANJUN SUN LIZHONG XU SHANGDONG	99 %	
The utility model provides an endovascular stent for the abdominal aorta, which comprises a body, an aorta extension portion and iliac artery extension portions. The body is in a Y-shaped tee structure and consists of a main branch and two iliac branches the same in length, the distal end of the aorta extension portion is connected with the main branch in a sleeved manner, and the proximal ends of the iliac artery extension portions are connected with the iliac branches in a sleeved manner. By the aid of the endovascular stent for the abdominal aorta, the process of length measurement of the abdominal aorta and the iliac artery thereof during operation can be omitted. Since the fork of the main branch is close to that of the abdominal aorta, stability of the endovascular stent is enhanced and displacement thereof can be avoided.						
30.	Hip resurfacing	EP2367496	2011-09-28	IP2IPO INNOVATIONS IMPERIAL INNOVATIONS	99 %	
A method of locating an acetabular cup implant (100) in a pelvis comprises locating a plurality of reference points on the pelvis, defining a target location of the implant relative to the reference points, and placing the implant at the target location. A method of locating a femoral head implant (102) is also disclosed, together with associated guidance systems.						
31.	Method and implant system for sacroiliac joint fixation and fusion	US20150250612	2015-09-10	ORTHOCISION	99 %	
An improved method of fusing the sacroiliac joint and tools for accomplishing the same is disclosed. In one embodiment, the present invention is a method that uses an intra-articular joint fusion device for connecting the sacrum and ilium that includes creating a first incision in the patient's skin proximal to the patient's sacroiliac joint, inserting a surgical channel tool into the incision from the patient's posterior, creating a void in the sacroiliac joint, inserting a fusion implant into the void, the fusion implant having at least one fixation element for engagement with bone tissue in the articular surfaces of the sacrum and the ilium, and driving the fusion implant into the void such that the at least one fixation element engages with bone tissue in an articular surface of at least one of the sacrum and ilium, and the fusion implant fixes relative positions of the sacrum and ilium.						
32.	Method and implant system for sacroiliac joint fixation and fusion	US20150250611	2015-09-10	ORTHOCISION	99 %	
An improved method of fusing the sacroiliac joint and tools for accomplishing the same is disclosed. In one embodiment, the present invention is a method that uses an intra-articular joint fusion device for connecting the sacrum and ilium that includes creating a first incision in the patient's skin proximal to the patient's sacroiliac joint, inserting a surgical channel tool into the incision from the patient's posterior, creating a void in the sacroiliac joint, inserting a fusion implant into the void, the fusion implant having at least one fixation element for engagement with bone tissue in the articular surfaces of the sacrum and the ilium, and driving the fusion implant into the void such that the at least one fixation element engages with bone tissue in an articular surface of at least one of the sacrum and ilium, and the fusion implant fixes relative positions of the sacrum and ilium.						
33.	Device for display of the position and orientation of a rasp/surgical tool or of a femoral implant	EP1845881	2007-10-24	AESCULAP	99 %	
According to the invention, an easily understood and operator-guiding representation relative to the femur and the mid-point of the ball joint on positioning of the tool may be provided in a method for display of the position and orientation of a tool for the preparation of a femur for a femur implant engaging with a ball joint in the acetabulum of the pelvis, or in a joint socket, inserted in the pelvis or similar, whereby, in a transverse plane of the femur (16) at the level of the mid-point (M) of the ball joint (20), the above and an intersection line (21) of said transverse plane and an instrument plane (17) are represented, which pass through the midpoint of the ball joint (20). A device for carrying out said method is also disclosed.						

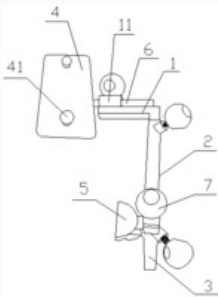
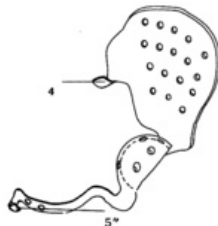
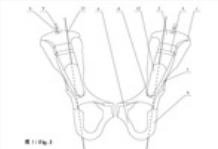
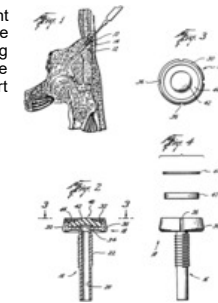
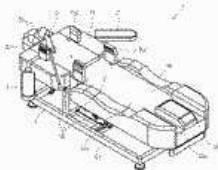
34.	Joint fusion implants, instruments, and methods	EP3448272	2019-03-06	IMDS MAYO FOUNDATION FOR MEDICAL EDUCATION & RESEARCH HAYEM DEE ES LIABILITY MAYO FOUND MEDICAL EDUCATION & RESEARCH	99 %
Systems and methods for joint preparation and fusion are disclosed. The system includes a cutting device having a handle, and rigid blade member. The blade member may include cutting edges on first and second sides, and may be curved in one or more planes. The blade member may be deployed to project outside of an outer tube, and the cutting device may be rotated to create a circular cavity. In a method of use, a cannula provides access to a procedure site such as a joint. A pathway to the joint is created, and the cutting device is inserted and deployed to undercut a cavity in the joint. A fusion device may be implanted across the joint to provide compression and fuse the joint. The system may also include instrumentation for creating access to a joint, bone graft insertion and implant insertion.					
					
35.	Leg alignment for surgical parameter measurement in hip replacement surgery	EP3372161	2018-09-12	ORTHOSOFT ORTHOSOFT ULC	99 %
A method of determining surgical parameters in computer-assisted surgery system is provided. The surgical parameters are for guiding an operator in inserting a hip joint implant in a femur. The method comprises the steps of: i) digitizing a frame of reference of the pelvis, the frame of reference of the pelvis being trackable in space for position and orientation; ii) digitizing a first frame of reference of the femur as a function of the frame of reference of the pelvis; iii) obtaining a reference orientation for the frame of reference of the femur with respect to the frame of reference of the pelvis; iv) digitizing a second frame of reference of the femur with respect to said reference orientation as a function of the frame of reference of the pelvis, after initiation of implant reduction; whereby surgical parameters associating the femur to the pelvis are determined as a difference between the first and second frames of reference of the femur.					
					
36.	An implant for supporting the pelvic floor	EP2476391	2012-07-18	ILANA NEUMAN NEUMAN ILANA	99 %
In one aspect, the present invention is directed to an implant (10) for supporting the pelvic floor, the implant (10) consisting essentially of (Figs. 1 , 12 , 16 , 18): one or more straps (40, 48A, 48B, 48C) having a width of less than 25 millimeter, for anchoring the ends (86) thereof to a pelvis, thereby providing a low-mass implant (10) to avoid mesh related adverse effects.					
					
37.	Implant system and method for stabilization of a sacro-iliac joint	US20120191191	2012-07-26	WARSAW ORTHOPEDIC	99 %
A sacro-iliac implant includes a body extending from a first portion having an outer surface configured for fixation with a sacrum to a second portion having an outer surface being spaced apart and non-continuous with the outer surface of the first portion. A sleeve is disposed about the body and configured for implantation within at least an ilium. The sleeve extends from a first portion to a second portion having an inner surface and a flange disposed to engage an outer non-articular surface of the ilium. The inner surface of the second portion of the sleeve is engageable with the outer surface of the second portion of the body to cause axial translation of the body relative to the sleeve such that naturally separated articular surfaces of the sacrum and ilium are drawn into fixation to immobilize the SI joint. Methods of use are disclosed.					
					
38.	Method for elimination of combined extensive defects of face lower zone	RU94031397	1996-11-10	TSENTRAL NYJ NAUCHNO ISSLEDOVATEL SKIJ INSTITUT STOMATOLOGII	99 %
FIELD: medicine; surgical stomatology. SUBSTANCE: method for elimination of combined extensive defects of face lower zone is accomplished with use of plasty in the region of body of mandible with revascularized crest of iliac bone and implant. Novelty in the method is additional use of biocompatible resolvable implant formed on the base of copolymer of N-vinylpyrrolidone with methyl methacrylate whose filler includes copolymer of N-vinylpyrrolidone with butyl methacrylate. EFFECT: higher efficiency.					
39.	Methods of fusing a sacroiliac joint	US20160184105	2016-06-30	JCBD	99 %
Systems for and methods of fusing a sacroiliac joint are provided which may include an implant adapted to be inserted into the joint space defined by the bones of a sacrum and an ilium and a delivery tool for inserting the implant into the sacroiliac joint. The method may include delivering the implant into the SI joint in a first position and transitioning the implant from the first position to a second position in situ. The implant may be configured such that in the second position the implant generally mimics a shape of the joint space of the sacroiliac joint. The implant may further include an actuation mechanism configured to cause the implant to transition from the first position to the second position. The actuation mechanism may include a hydraulic, pneumatic, geared or screwed mechanical arrangement.					
					
40.	Extension implements for correcting the human body	KR200207128	2000-12-15	CHOE, BYONG-HUN	99 %
This invention relates to a pelvis and spine of the wrong and correct extension directly holding body exercise machine (extension) as, more specifically, contraction or shortening the extension of the potential of the human body to the normal backbone (轉位) and, through which the physiological function of each portion of the body to activate the recovery and thereby hold the pelvis and spine of the calibrating body shaping directly for extension movement in respect of reactor. In order to achieve the above object of the present invention relates to an extension movement of groups as a component thereof, can be divided into a body of the patient, the mat (10) (10a) of the upper support plate top, plate (10b) for supporting the back of the waist, the lower support plate (10c) to support the lower body, a head rest portion (11), a bearing portion (12), thoracic, pelvic bolster portion of the (13) pelvis belt (14) hanger, a hanger, the pelvis belt pull string (15), the sole of the foot (16), ankle support (17) secured to the ankle strap (18), gastrocnemius, tie (19), tie (20) femoral hip angle retaining strap (21) and the sole lashing string (22) are detected.					
					

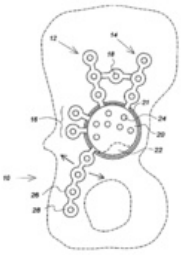
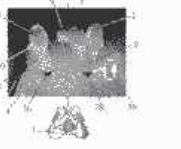
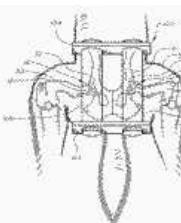
41.	Branched vessel prosthesis for repair of a failed stent graft	WO2015/061669	2015-04-30	CLEVELAND CLINIC	99 %	
One aspect of the present disclosure relates to a branched vessel prosthesis for repair of a failed stent graft. The branched vessel prosthesis can include a main stent graft body having a proximal end portion, a distal end portion, and a frusto-conical midsection that tapers to the distal end portion. The main stent graft body can include a tubular wall that defines a main lumen. The midsection can include a fenestration in the tubular wall and a collapsible internal limb that extends from the fenestration into the main lumen. The internal limb can be configured to receive an iliac limb extension .						
42.	Pelvic floor treatments and related tools and implants	EP2175783	2010-04-21	BOSTON SCIENTIFIC BOSTON SCIENTIFIC SCIMED AMS RESEARCH ROCHELEAU GARY A	99 %	
Described are implants, tools, and methods useful for treating pelvic conditions such as prolapse, by placing an implant to support pelvic tissue, the implants, tools, and methods involving one or more of adjusting engagements, specific implants and pieces of implants, placement of implants at locations within the pelvic region, and insertion, adjusting, and grommet management tools.						
43.	Vascular prosthesis for treating aneurysms	EP3434225	2019-01-30	ENDOSPAN	99 %	
Apparatus for use with a delivery catheter (30), the apparatus comprising an endovascular stent-graft (5), which is configured to initially be positioned in the delivery catheter (30) in a radially-compressed state, and to assume a radially-expanded state upon being deployed from the delivery catheter (30). The stent-graft (5) comprises: a structural member (10), which comprises a plurality of structural stent elements (15), at least a portion of which structural stent elements (15) define a stent body (8) when the stent-graft (5) assumes the radially-expanded state; and a fluid flow guide (16), which comprises at least one biologically-compatible substantially fluid-impervious flexible sheet, and which is coupled to the stent body (8). When the stent-graft (5) assumes the radially-expanded state, the fluid flow guide (16) is shaped so as to define radially-diverging and radially-converging portions (13, 19), which together define a bulge (20) that extends radially outward, which bulge (20) has a greatest cross-sectional area that is equal to at least 120% of a cross-sectional area of a narrowest portion (17) of the stent-graft (5) rostral to the bulge (20). Furthermore, when the stent-graft (5) assumes the radially-expanded state: a first subset (22) of the structural stent elements (15) of the stent body (8) are configured to cause the fluid flow guide (16) to define the bulge (20); a second subset (23) of the structural stent elements (15) of the stent body (8) are not configured to cause the fluid flow guide (16) to define the bulge (20); and the structural stent elements (15) of the first subset (22) at least partially overlap the structural stent elements (15) of the second subset (23) lengthwise along the stent body (8).						
44.	Artificial bone of an iliac bone spacer guide	JP5082412	1993-11-09	PENTAX	99 %	
Artificial bone wasted spacer [object] without, adapted for accurate ilium for the artificial bone implant and easily provide a guide for the spacers. PURPOSE: ilium FSHbeta to be inserted into the recess of the artificial bone shape substantially identical to the try of the spacer portion, and a support portion try, a suitable sample having the handle extending upward from the artificial bone spacer guide.						
45.	Caracroiliac joint board that resets	CN207323531	2018-05-08	GU HAILUN	99 %	
The utility model provides a caracroiliac joint board that resets, the board an organic whole that resets is made, the board that resets includes sacrum board and ilium board, sacrum board both sides are connected with ilium board, both sides respectively the ilium board is relative the sacrum board is buckled and is splayed, the ilium board is relative the sacrum board twists reverse, board and nearly caracroiliac joint's the sacrum and the space geometry form and the surface appearance phase -match of ilium contact surface reset, the fixed orifices has been seted up on the ilium board, the fixedorifices is used for cooperating with the mounting, the direction of putting into of mounting moves towards nearly caracroiliac joint's ilium slope. The utility model discloses an it is right the structure of fixed orifices is improved, so that the direction of putting into of mounting moves towards nearly caracroiliac joint's ilium slope. Make the direction of mounting change, can follow the arcuateline of human ilium and implant , can use the mounting of great structure, solve current mounting too short, control the not enough problem of power. Has fixed firm, the good advantage of stability.						
46.	Urinary incontinence treatment and devices	US20140039248	2014-02-06	COLOPLAST	99 %	
A surgical implant for treating urinary incontinence by providing support to a urethra of a patient includes a suburethral support portion formed of a mesh material, the suburethral support having a first end and a second end. The implant also includes first and second anchoring portions that are substantially arrow-head shaped, have apertures, and include a plurality of barbs. First and second folded portions connect the first and second anchoring portions to the first and second ends of the suburethral support.						
47.	Implantable sling for the treatment of incontinence and method of using the same	US20150335414	2015-11-26	COLOPLAST	99 %	
A method of treating urinary incontinence is disclosed including anchoring an incontinence treatment device in a patient by securing anchor portions of the incontinence treatment device relative to a first ramus associated with a first obturator foramen and a second ramus associated with a second obturator foramen of the patient.						

48.	Implantable sling for the treatment of male incontinence and method of using the same	US20070049791	2007-03-01	COLOPLAST	99 %
An implantable sling for the treatment of male incontinence and method of implementing the same. The sling comprises a urethral support portion and at least one anchoring portion extending therefrom. The anchoring portion is operatively positioned through the obturator foramen and about at least one ramus portion of the pelvis such that the support portion of the implant is operatively positioned at or distal to the bulbar urethra to treat urinary incontinence. In a preferred embodiment, the implant will have first and second anchoring portions extending from the support portion with each respective one of said anchoring portions being operative to be secured about dedicated ones of the patient's pubic ramus. The implants may further be fabricated from tissues, synthetic materials or combinations thereof.					
					
49.	Implant for supporting the pelvic floor	US20120108895	2012-05-03	NEUMAN, ILANA	99 %
In one aspect, the present invention is directed to an implant (10) for supporting the pelvic floor, the implant (10) consisting essentially of (FIGS. 1, 12, 16, 18): one or more straps (40, 48A, 48B, 48C) having a width of less than 25 millimeter, for anchoring the ends (86) thereof to a pelvis, thereby providing a low-mass implant (10) to avoid mesh related adverse effects.					
					
50.	Vascular graft and deployment system	EP1622541	2006-02-08	SEGUIN, JACQUES	99 %
Disclosed is a method and apparatus for treating bifurcations of the vascular system, such as abdominal aneurysms at the bifurcation of the aorta and iliac arteries. A tubular implant (42) having a proximal section (44A), a distal section (44B) and a hinged connection (54) therebetween is positioned across the bifurcation such that the proximal section extends into a first iliac and the distal section extends into the second iliac. The proximal and distal iliac sections are both advanced superiorly, causing the implant to fold at the hinge and advance across the aneurysm into the aorta. In one implementation, restraining sleeves (74A, 74B) are thereafter removed and the implant self expands to place aorta in fluid communication with the first and second iliacs, bypassing the bifurcation. Deployment catheters (70) are also disclosed.					
					
51.	Novel type of falling T titanium board complex body	CN206138193	2017-05-03	QIAN MING XIAO JIANRU	99 %
The utility model provides a novel type of falling T titanium board complex body relates to the medical instrument field. This novel type of falling T titanium board complex body, including T type titanium board and titanium stick, T type titanium board is located same water flat line's the equal fixedly connected with connector in both ends, and two connectors are all through the os pelvium fixed connection on set screw and the human body, vertebra fixed connection on T type titanium board vertically one end and the human body, the bottom of T type titanium board is provided with lag screw, level end that lag screw runs through T titanium board in proper order and perpendicular end and with vertebra fixed connection, the one end of titanium stick is provided with lumbar vertebrae nut screw. This novel type of falling T titanium board complex body, simple structure, convenient to use can merge as the bone grafting of lumbar vertebrae pelvis to implant and stabilize the complex body, has solved the difficult point that lumbar vertebra os pelvium merges to make lumbar vertebrae pelvis machinery rebuild the back, have enough stable bone grafting to merge the interface, further reach biology and rebuild.					
					
52.	Method of surgical treatment of colpoptosis and/or prolapse of vaginal walls in women after hysterectomy	RU2011154228	2012-04-27	SALIMOVA LEJLA JASHAR KYZY SHALAEV OLEG NIKOLAEVICH	99 %
FIELD: medicine. SUBSTANCE: invention relates to medicine, namely to operative gynecology. Vagina and underlying fascia are dissected from transvaginal access longitudinally in 2.5-3 cm from urethra orifice. Four sleeves of mesh implant are installed under urinary bladder. Sleeves from two sides are brought out on perineum through tendinous arch of pelvic fascia. Posterior wall of vagina and rectovaginal fascia are longitudinally dissected in 3-4 cm from cut. Submucous tunnel is formed between cuts. Implant is passed on wall of rectum through tunnel. Proximal sleeves of implant are passed through medial parts of sacrospinous ligaments onto perineum by means of guides. Distal sleeves are passed onto perineum behind anus-lifting muscle. Implant isthmus is fixed to sacro-uterine ligaments. Ends of anterior part of implant are sewn to each other without tension above obturating membrane. EFFECT: method ensures reconstruction of neofascia as a result of selection of the strongest structures of pelvis minor for implant fixation. 2 dwg, 4 ex					
					
53.	Device for the rear stabilization of the osseous pelvis	ATA96897	1998-10-15	HELMREICH MANFRED DR	99 %
System for the rear stabilization of the osseous pelvis consisting of implant metal, comprising two 3-hole plates A made in a T-shaped manner, one or two threaded rods B, two bone screws C and two or four nuts D. Two 3-hole T plates A are fitted on both sides to the outer rear part of the ilium in such a way that the longitudinal bar of the T of the plates A points forwards. Through the holes in the transverse bar of the plate A, one or two threaded rods B of such a type are passed through the bone in such a way that they come to lie behind the sacrum and join the two plates or sacra, in order to permit them to be fastened by nuts D. Through the hole in the longitudinal bar of the T plate A, a bone screw C is inserted in such a way that it comes to lie in the sacrum KG. System for the rear stabilization of the osseous pelvis in cases of ring fractures on one or two sides, which can be used alone or in combination with methods used from the front. The system comprises two plates, two threaded rods, the associated nuts and two bone screws. By contrast with conventional methods, a very high degree of stability can be achieved, which allows early mobilization and early full loading by the patient. <IMAGE>					
54.	Apparatus for treating female urinary incontinence	EP1324705	2003-07-09	COLOPLAST BROWNING HEALTHCARE GYNE IDEAS	99 %
The present invention provides a surgical implant and method for supporting the urethra (118), the implant comprising: a suburethral support (10) suspended between two soft tissue anchors (30) that do not penetrate the lower abdominal wall and are attached at either side of the suburethral support (10). The soft tissue anchors (30) retain each anchor in soft tissue, suspending each side of the suburethral support (10). The suburethral support (10) passes under the urethra (118) to support the urethra (118). The implant has uses including treating urinary incontinence and uterovaginal prolapse.					
					

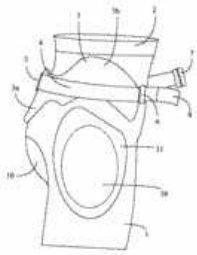
55.	Method for surgical therapy of urinary bladder's cancer	RU2294156	2007-02-27	SERGEEV ALEKSEJ VJACHESLAVOVICH	99 %
FIELD: medicine, oncology. SUBSTANCE: the present innovation deals with orthotopic plasty of urinary bladder after cystectomy. It is necessary to carry out cystectomy, cut a flap out of gastric body due to resecting greater curvature, suture in gastric defect, transpose the flap obtained into small pelvis to form an urinary reservoir and implant ureters into it; then the reservoir should be anastomosed with urethra, moreover, the flap should be cut out by resecting greater curvature of stomach together with adjacent departments of its anterior and posterior wall from cardial gastric department up to pyloric one at about 5-7 cm against pyloric sphincter. Flap's length corresponds to 20 cm, not less. Transplant should be descended into small pelvis so, that greater curvature to be the posterior wall of the reservoir formed. It is important to fix reservoir's mesentery towards parietal peritoneum., Inferior third of the flap should be folded upwards to suture its edges with those of the middle third of the transplant. One should finish the formation of closed reservoir of spherical shape due to suturing in the remained defect so, that all the lines of sutures to be at anterior wall of the reservoir developed being as an "inverted" letter "Y". In distal part of the cupula of the developed reservoir one should form a separate foramen being beyond the area of sutures to use it for applying reservoir-urethral anastomosis. The innovation enables to develop spherical low-pressure urinary reservoir that decreases the risk of vesico-ureteral reflux, frequency of urination and enuresis. EFFECT: higher efficiency of therapy. 4 dwg, 1 ex					
56.	Method of simultaneous two-level correction of enterocele by laparovaginal access (variants)	RU2016147570	2017-03-02	TARASENKO JULIJA NAIILEVNA	99 %
FIELD: medicine.SUBSTANCE: group of inventions refers to medicine and can be used for simultaneous two-level correction of enterocele by laparovaginal access. Through the extraperitoneal tunnel, the prepared first mesh implant is made by vaginal access with a width of up to 3 cm and a length up to 16 cm, the proximal end of which is fixed with one, two non-resorbable endosutures for the longitudinal ligament of the spine at the level of the sacropromontory, the distal end of the first implant is fixed by the non-absorbable ligature to the vaginal vault. In the process of using a ready-made or prepared the second mesh implant, which is cut from a piece of sterile mesh according to individual cutting, depending on the size of the patient's pelvis, the size of the enterocele, the second implant in shape is close to the rectangle, its longitudinal side has a variable width: from the middle to the bottom, the implant is narrowed to a width of 0.5–1.0 cm, in addition, the second implant is made with at least two arms, two of which are located on the sides of the longitudinal part of the implant, closer to the middle, and directed to the sides, mainly symmetrically to the median longitudinal line of the implant, with the help of the conductors, the arms of the second implant are fixed to the sacrosplinal ligaments on both sides 2 cm medial to the sciatic spines, the wide upper edge of the second implant is sutured to the vaginal vault, to the pelvic fascia and to the first implant by separate long-absorbable ligatures, the distal narrow part of the second implant is placed on the front wall of the rectum and sutured to the rectovaginal fascia.EFFECT: group of inventions can reduce the risk of relapse.13 cl, 2 ex					
57.	3d customized implant for long bones of the limbs using 3d printing	KR10-2040453	2019-11-27	MEDYSSEY	99 %
Disclosed is a customizable patient-specific implant to be inserted in a bone defect site. The customizable patient-specific implant comprises: a body part having an outer shape corresponding to the bone defect site; a first fixing part configured to fix the body part to a first defect end formed at one end of the bone defect site; and a second fixing part configured to fix the body part to a second defect end formed at the other end of the bone defect site. According to the present invention, as the implant having a size and shape corresponding to the bone defect site is stably inserted and fixed to replace the bone defect site, the patient's discomfort can be minimized. Furthermore, the implant can be customized to be fitted to the bone defect site within a short time, and thus can reduce operating times, thereby minimizing risks of complications such as bleeding and infections.					
58.	Pelvic implant and delivery system	EP2344065	2011-07-20	BOSTON SCIENTIFIC SCIMED AMS RESEARCH EEMUESU RESEARCH	99 %
Described and depicted are pelvic sling implant and delivery systems. The sling implants can be used in treating stress incontinence and other pelvic floor disorders. The sling systems can include a mesh extension or support portion and one or more tip anchors. A delivery tool can include a handle (61), a needle (62) and a sheath (70), with the sheath having an elongate shaft portion slidable along at least a portion of the needle. The sheath can further include a distal hood portion having opposed flared portions (78) defining interior pleat channels adapted to selectively seat tine ends of the anchors.					
59.	Artificial si joint	WO2013/134682	2013-09-12	SI BONE	99 %
An artificial SI-Joint includes a sacrum component and an ilium component. The sacrum component may include a ridge, foundation, perimeter surface and a fitting member. The ilium component may include a polybearing, edge, foundation, perimeter surface, and a ridge or sockets. The fitting member of the sacrum component may engage the polybearing of the ilium component to restore normal movement of the SI-Joint. The artificial SI- Joint may be implanted as a single unit or as separate pieces that are coupled together.					
60.	Threaded implant	EP2827789	2015-01-28	SI BONE	99 %
A threaded implant includes a body, exterior surface, interior surface, fenestrations, and threads. The body may be a hollow tubular structure. Alternatively, the body may be solid and cannulated. The surface of the threaded implant may have mesh configuration, beaded configuration, trabecular configuration, holes or any surface conducive to bony in-growth, on- growth and/or through-growth. The threads may be barbed and may allow for easy insertion through the bone. The threaded implant may be tapped into place. A method for fusing bone may involve inserting the implant laterally through the ilium, through the sacral-iliac joint, and into the sacrum.					
61.	Sacral fixation system	EP3142578	2017-03-22	DEPUY SYNTHES	99 %
Sacral fixation implants can include first and second implant segments. One of the first and second implant segments is received in the other of the first and second implant segments, and the first and segments can be fixed with respect to movement toward and away from each other, thereby stabilizing a sacral fracture.					

62.	Cushion device	CN209499232	2019-10-18	SEETTEK	99 %
The utility model relates to a cushion device. The cushion device comprises a device body, wherein a front saddle bridge part and a front end part suitable for accommodating thighs of a user are arranged on the device body; wherein the front end part comprises a first region and a second region; the front saddle bridge part is located between the first area and the second area so as to guide thighs of a user to be located on the first area and the second area respectively; according to the cushion device, the front saddle bridge part is arranged to guide the thighs of a user to be located on the first area and the second area respectively, and it is guaranteed that the user sits on the cushion device in a correct sitting posture; the cushion device also has a cup suction effect; according to the hip joint rehabilitation device, the pelvis and the thigh can be supported, the gluteal muscle extension of a user can be limited, after the user sits down completely, the ischial nodule of the user can be lifted and suspended, the minimum pressure can be applied to the spine, joints, ligaments and muscles are kept in a relaxed state, and the effect of relieving back pain by improving the posture is achieved.					
					
63.	Waist mount	JP3225086	2020-02-06	SATO SEIJI	99 %
PROBLEM TO BE SOLVED: Anterior superior iliac spine connected to the abutment force of the flexor muscle group to provide a mounting fixture which is capable of providing the waist. SOLUTION: Waist fitting 100 is, attached to the body when 30 in contact with the predetermined portion of the elastic strip of 10 and, strip 10 of the holding portion for holding a predetermined site 20 and, is provided. A strip section 10 is, waist 32 in the transverse direction of the front body 30. As center of the flow between the anterior superior iliac spine, the lower leg to the direction of extension extended beyond the groin, the anterior superior iliac spine is connected to the abutment force of the flexor muscle group can be provided. SELECTED DRAWING: Fig. 1					
					
64.	A comprehensive torso flexion calibration test rig for the crash test dummies	IN0751/MUM/2009	2010-12-03	TATA MOTORS	99 %
A comprehensive torso flexion calibration test rig for the crash test dummies A comprehensive torso flexion calibration test rig for the crash test dummies comprises; a support platform for positioning of the dummy, said support platform comprising a vertical support member, a horizontal extension member for connecting the dummy pelvis, a spine extension member is connected to the dummy spine, load sensor with pair of cable members, rotary actuator for loading said dummy through said spine extension member, sliding arrangement for facilitating the loading angle for varieties of dummy, wherein said load sensor is attached to said spine extension member and the other end of the cable member is connected to said rotary actuator, said rotary actuator is operated manually by a handle, Said rotary actuator is attached to said sliding arrangement so that suitable loading angle can be adjusted for variety of dummies. Said support platform is also provided with caster wheels to facilitate its movement. Said apparatus is portable, simple in construction, cost effective and can also be used for variety of crash test dummies.					
					
65.	Vascular prosthesis for leak prevention during endovascular aneurysm repair	EP3595581	2020-01-22	SHAPE MEMORY MEDICAL TEXAS A & M UNIVERSITY	99 %
An embodiment includes a process for treating an abdominal aortic aneurysm (AAA) endoleak with a shape memory polymer (SMP) foam device. First, a bifurcated stent graft is placed within the aneurysm while a micro guidewire is positioned within the aneurysm for future catheter access. Second, after placing the iliac graft extension, a catheter is introduced over wire to deliver embolic foams. Third, embolic foams expand and conform to the aneurysm wall. Fourth, embolic foams create a stable thrombus to prevent endoleak formation by isolating peripheral vessels from the aneurysm volume.					
					
66.	Endovascular graft for repairing abdominal aortic aneurysms	EP0969778	2000-01-12	WILLIAM COOK EUROPE COOK KONSTANTINOS PAPAZOGLOU O WILLIAM COOK	99 %
This is regarding a type of device aimed at a simpler, in relation to already existing techniques, endovascular positioning of a stent-graft in the abdominal aorta for the therapy of aneurysms up to the point of its bifurcation (26). This device is comprised of a system of three cylinders: a "main" (1) centrally placed and two "limbs" (4, 5) peripherally placed. Each of these cylinders has a central (14, 9, 8) and a peripheral (12, 10, 11) orifice. The cylinders are comprised of a cylindrical metallic skeleton which is self-expanding (2, 7) and made out of stainless steel or nitinol and which is externally covered with a cylinder (3, 8) made out of thin-layered PTFE, Dacron or some other elastic biocompatible material, refolded (18) around the peripheral orifice (12) of the skeleton of the main cylinder. These cylinders can be compressed into small diameter tubules (23, 27, 38) and enter the vascular lumen. After their insertion into the desired position, they expand, regaining their original diameter. The main cylinder (1) is placed inside the aorta becoming more circular when it comes in contact with the healthy part of the aorta (13) central to the aneurysm at the center of the orifice (14). The peripheral orifice of the main cylinder sits upon the expanded aortic bifurcation (26). The two limbs have a central orifice (8, 9) with a diameter equal to or approximately about 2 mm smaller than the diameter of the peripheral orifice (12) of the main cylinder. The branching of the main cylinder is accomplished by the entrance of the main ends of the two limbs inside the peripheral end of the main cylinder. Both limbs are at the same height in such a manner that they compress each other at the center of the cylinder. Each limb exerts equal pressure, whereas equal pressure is also exerted on the internal surface of the main cylinder from their external surface (FIG. 5) and together they both occupy at the height of their orifices the entire perimeter of the main cylinder (43). Alternatively, as limbs (peripheral cylinders), tubes of different diameters and types of skeletons can be used (28, 27).					
					
67.	Screw implantation sighting device used for minimally invasive surgery	WO2014/190607	2014-12-04	THIRD HOSPITAL OF HEBEI MEDICAL UNIVERSITY	99 %
A screw implantation sighting device used for minimally invasive surgery, belonging to the field of orthopedic medical instruments. The sighting device comprises: a sighting device front section (1), a sighting device rear section (2), and at least one positioning fork (13) abutting against the anterior superior iliac spine (c) or the anterior inferior iliac spine (d); the rear part of the sighting device front section (1) and the front part of the sighting device rear section (2) are movably connected; the front part and bottom surface of the sighting device front section (1) and the pelvis minor brim (e) fit together; a plurality of positioning through-holes are provided on sighting device front section (1); When the front part and bottom surface of the sighting device front section (1) and the pelvis minor brim (e) join, the extension line of the positioning through-holes is located in the posterior wall of the acetabulum (b); one end of the positioning fork (13) is mounted on the rear part of the sighting device rear section (2); the other end of the positioning fork (13) is bent toward one side of the sighting device rear section (2). The screw implantation sighting device used for minimally invasive surgery has a simple structure and is low in cost; using multi-point positioning to fix the sighting device makes the device precise in positioning and convenient in operation.					
					
68.	An improvement formula flute profile bone knife that is used for ilium to get bone art	CN206403826	2017-08-15	XUZHOU CENTRAL HOSPITAL	99 %
The utility model provides an improvement formula flute profile bone knife that is used for ilium to get bone art, includes the handle, extension bar and tool bit, the one end of extension bar links to each other with the handle, and the other end of extension bar links to each other with the tool bit, the tool bit sets up to the tool bit of cross section for the concave groove cutting edge. This flute profile bone knife can get the bone piece of required shape by simple, swift, safe chisel, avoids having the ilium inner wall simultaneously, or directly with complete the taking out of the getting bone piece after utilizing the leverage sled to dial the bone piece, has avoided enlarging the operation incision, has saved operation time, has reduced related complications's emergence probability.					
					

69.	Multi -functional operation strutting arrangement	CN204744818	2015-11-11	NANJING CITY NO 2 HOSPITAL NANJING MEDICAL UNIVERSITY	99 %	
The utility model discloses a multi -functional operation strutting arrangement, including length adjustment support, main support and the altitude mixture control support that connects gradually, length adjustment support and main support are perpendicular, main support and altitude mixture control support are perpendicular, length adjustment support and main support place plane with main support and altitude mixture control support place plane are perpendicular, be equipped with direction can be adjusted freely's support frame on the length adjustment support, be equipped with on the altitude mixture control support and be used for fixing multi -functional operation strutting arrangement's clamping device. The utility model relates to a multi -functional operation strutting arrangement, this strutting arrangement can hold in the palm sole, shoulder, the ilium holds in the palm and the function of extension bed fuses and be in the same place, uses very convenience of installation to occupy less operating room space.						
70.	Artificial half pelvic prosthesis with support structure	CN102048598	2011-05-11	SHANGHAI NINTH PEOPLE S HOSPITAL AFFILIATED TO SHANGHAI JIAO TONG UNIVERSITY SCHOOL OF MEDICINE	99 %	
The patent refers to the field of 'filters implantable into blood vessels; prostheses or accessories'. The invention discloses an artificial half pelvic prosthesis with a support structure, comprising an ilium side prosthesis and an acetabulum side prosthesis which are provided with a plurality of bolt holes, and a hook-like support structure arranged at the sacrum part justly is arranged at the edge end of the ilium side prosthesis; the ilium side prosthesis is hemispherical, an extension arm is arranged inwards, and a hook-like support structure arranged below the public rami at the same side or the opposite side is arranged at the tail end below the arm. In the invention, by adopting the support structure, interfacial stress between the prosthesis and the residual pelvis is converted into pressure stress from shearing or tensile stress, so as to improve the stability of the prosthesis. Moreover, a special inserted support structure or an inserted intramedullary stem structure is adopted at the connecting part of the prosthesis and a horizontal ramus of pubis, more femoral blood vessels and nerves on the surface are not needed to be exposed in the operation, the inserted type support structure or the intramedullary stem is directly inserted in the stump of the horizontal ramus of pubis, so as to simplify the operation and reduce risks of bleeding and injuring vital nerves and blood vessels.						
71.	Screw implantation sighting device	WO2014/190606	2014-12-04	THIRD HOSPITAL OF HEBEI MEDICAL UNIVERSITY	99 %	
A screw implantation sighting device, comprising a sighting device front section (1) and sighting device rear section (2); the rear part of the sighting device front section (1) and the front part of the sighting device rear section (2) are movably connected; The front part and bottom surface of the sighting device front section (1) and the pelvis minor brim (d) fit together. The sighting device front section (1) is provided with a plurality of positioning through-holes; When the front part and bottom surface of the sighting device front section (1) and the pelvis minor brim (d) join, the extension line of the positioning through-holes is located in the posterior wall of the acetabulum (b). An arcuate limit plate (3) is disposed on the sighting device rear section (2); the arcuate limit plate (3) is formed by the rear part of the sighting device rear section (2) bending toward the bottom surface of the sighting device rear section (2); The inner arc of curvature of the arcuate limit plate (3) and the outer rim of the anterior superior iliac spine (c) fit together. The screw implantation sighting device is fixed by multi-point positioning; the device allows for precise positioning, is convenient in operation, has a simple structure, and is low in cost.						
72.	Intramedullary catheter.	EP0424387	1991-05-02	UNIVERSITY OF TEXAS SALT LAKE CITY THE BOARD OF REGENTS OF TEXAS SYSTEM	99 %	
An intramedullary catheter (10) is provided which is attached to a bone (12) to permit the infusion of drugs, fluids, or the like, directly into the bone marrow for subsequent dispersion to the vascular system. The present invention contemplates an intramedullary catheter, method of implanting such a catheter, and a method of fluid delivery to the vascular system through the bone marrow. The intramedullary catheter preferably includes a threaded conduit, a head attached to one end of the conduit, and a sealing membrane in the head overlying the conduit. The intramedullary catheter is implanted in a bone, such as the iliac crest, with the conduit threadingly engaging the bone and the surrounding skin (19) closed over the head and membrane. Fluids are delivered by inserting a needle through the membrane into communication with the conduit for transport to the bone marrow. The present invention is particularly appropriate for patients who require long-term administration of medications as an alternative to intravenous delivery.						
73.	Apparatus for cervical vertebrae and spinal cord therapy	KR20180002550	2018-08-24	VERY FOCUS	98 %	
The present invention relates to a cervical spine and calibrator, which are described in more detail below, a main body frame; mounted in series on the body frame and pelvic support and chest support; toward the pelvis support around the right side of the chest is turned to a vertical direction while rotating so as to be twisted torsion drive unit; inputted from the operation command to the drive unit driving the rotation control unit of the torsion; which comprises, the torsional drive unit is rotated, the shaft and attached to the pelvic support; mounted to the body frame and the end of the shaft is rotated and operably coupled to the torsion shaft holder; rotation motor; rotary motor coupled to the outlet end of the cam rotation; view showing the one end of said first and second ball joint connecting link 1 to rotate and; ball joint coupling the other end of the first connecting link 1 and a second rotation connecting hole 1, titanium of the shaft is rotatably coupled to the body and a second connecting hole 2 mounted on the frame of the slide groove of the supporting arm in two directions being fitted into the bearing rotatably coupled to the first connection hole 3 and is fastened to the rotary cam is converted into a rotational movement in two directions of the shaft and the second connecting link 2; the body frame 1 with a bevel gear mounted on the first; the other end of the shaft and the second connecting link 2 which is coupled to one receiving driving force from said first bevel gear 1 are meshed with the rotating shaft is rotated while allowing movement of the first torsion bevel gear 2; and second, the rotation motor may be the main body frame is due to the rotation of the drive unit rotating torsion swing left and right directions of the main body frame so as to not fixed at one side of the center of the preferred embodiment of the invention. In this way, the rotational movement of the left and right of the pelvis, the torsional motion or extension movement can be performed at the same time, the composite pelvic correction effect can be expected, the time required for the spine can be shortened, as well as, upon rotation of the rotation of the pelvic support depends on the torsional motion despite the rocking body frame firmly positioned without taking into account the following.						

74.	Modular acetabular reconstruction plate	US20020042654	2002-04-11	MEDIDEA ANN ARBOR MI AXCELIS TECHNOLOGIES MEDIDEA	98 %
Modular acetabular reconstruction apparatus includes a generally cup-shaped portion adapted for fixation within a human pelvis and one or malleable extension arms adjustable in multiple dimensions. Each arm preferably includes one or more apertured sections spaced apart from one another by a necked-down section enabling each arm to be manipulated in three dimensions for intimate physical conformity with surrounding bone. The back surface of the generally cup-shaped portion may be adapted for a cemented or a non-cemented interface within a human pelvis; as such, the back surface may be adapted for porous bone in-growth. According to a disclosed method, the step of bending each arm in multiple dimensions may be carried out a part of a trial joint reduction. Various bending tools and techniques are also set forth.					
75.	Method of relieving driver's fatigue symptoms caused by unbalanced use of left and right foot skeleton and muscles when driving vehicle with automatic transmission for long time	KR20180090965	2018-08-14	JEOUNG, Byungwoo	98 %
The present invention relates to left foot sporting equipment (2) which uses a driver's seat auxiliary mat (4) having fixing grooves (3L, 3R) for fixing left and right foot heels to left and right symmetrical points of a driver's pelvis center extension line (7), and a rotary switch (f) provided at an outside to allow a driver to select an appropriate motion mode of a left foot according to a driving environment if necessary, so as to allow the left foot of the driver disposed on a left foothold (a1) to naturally move up, down, left, and right similarly to movement of a right foot of the driver, or to massage the left foot of the driver by using a vibration function.					
76.	Underwear with pelvis correcting belt	JP2002263127	2002-09-17	YU	98 %
PROBLEM TO BE SOLVED: To provide underwear with a pelvis correcting belt for which the pelvis correcting belt demonstrates extension and contraction force required for correction. SOLUTION: This underwear is accompanied by the pelvis correcting belt 3 provided with an upper stage correction part 31 constituted of a material with the expansion and contraction force for mainly correcting the position of the left and right iliac bones 4 of a human body and a lower stage correction part 32 similarly constituted of the material with the expansion and contraction force for mainly correcting the position of a hip joint 5. The pelvis correcting belt 3 is attached inside a girdle main body 2 through a sacrum covering part 33 in the state of allowing the free expansion/contraction operation to the girdle main body 2 of the upper stage correction part 31 and the lower stage correction part 32. COPYRIGHT: (C)2002,JPO					
77.	Pelvic cavity of a small animal extension plate	JP6026819	1994-04-12	FUJIIHARA KOGYO	98 %
[Object] without causing positional deviation of the diameter of the pelvis stably can be extended by a pelvic extension plate of a small animal is provided. PURPOSE: Trendelenburg 2 expanded part is separated from the binding post, the isolated end 12,12 is mounted between a cat, pelvic of a small animal such as a dog extension plate, the isolation end 12,12 a plate member mounted between 1 and, the plate body 1 provided on both side edges of both the isolated end 12,12 outside of the double-sided 12a,12b cannot move in the engaging portion engages the catch 21 and, the plate body 1 Trendelenburg opened 2 isolated end of both 12,12 in fixing the fastening portion in the vicinity of the wire for 3 of hole portions 31... And at least one.					
78.	Method for assessing canine hip dysplasia	US5482055	1996-01-09	ANTECH DIAGNOSTICS SYNBIOTICS	98 %
A method for determining the hip joint laxity of a dog includes the steps of positioning the hip joints of the dog, in a coordinate system having three degrees of freedom, a first degree of freedom for flexion and extension of the hip joint, a second degree of freedom for adduction and abduction of the hip joint, and a third degree of freedom for internal and external rotation of the hip joint, where a neutral position is defined as positioning of an axis of the femur perpendicular to a plane defined by both ischiatic tuberosities and both cranial dorsal iliac spines and where both femoral condyles are perpendicular to the long axis of the pelvis, between 10 degrees of flexion and 30 degrees of extension, between about 10 and about 30 degrees of abduction, and from about zero degrees of rotation to about 10 degrees of external rotation; applying a lateral outward force on the femoral head, the magnitude of the force being sufficient to cause the hip to enter a high stiffness region and, while maintaining the lateral outward force on the femoral head, obtaining a radiographic image of the hip.					
79.	Method for rehabilitation treatment of patients suffering vertebral-spinal injury	RU2539164	2015-01-10	FEDERALNOE GOSUDARSTVENNOE BYUDZHETNOE UCHREZHDENIE NOVOKUZNETSKIJ NAUCHNO PRAKTICHESKIJ TSENTR MEDIKO SOTSIALNOJ EKSPERTIZY I REABILITATSII INVALIDOV MINISTERSTVA TRUDA I SOTSIALNOJ ZASHCHITY ROSSIJSKOJ FEDERATSII	98 %

FIELD: medicine.
SUBSTANCE: patient's body or major parts thereof are fixed in suspension loops of Exart corrective therapeutic apparatus, and while lying or sitting on a support or having the suspension loops lifter above the support patient does the exercises. After each exercise, the patients takes up the initial position (IP) again. In the initial position lying on his/her back: head, pelvic girdle, and legs are fixed in the suspension loops, holding the position; head rotations and bends; shoulder girdle motions; maximum **pelvis** lift up and rocking, spreading legs and bringing them together; alternative lift ups of the right and left parts of the **pelvis**; knee flexion and **extension**; bringing the elbow and opposite knee together alternatively. In the initial position sitting on the support with the elbows bent, and the forearms and hands fixed in the suspension loops; inclined body rotations and side bows. In the initial position sitting in the suspension loop above a couch, with hands resting against the patients behind, and stretched legs lying on the couch: **pelvis** lift ups with support of one arm; **pelvis** turnoffs; **pelvis** lift ups with lower back extensions and an increase of **pelvis** inclination, and lower back flexions with a decrease of **pelvis** inclination. In the initial position with the body upright, the forearms and hands fixed in the suspension loop at the chest level: spreading the hands and stretching the body; flexion and **extension** of the stretched hands, rotations of the shoulder joints inwards and outwards. In the initial position lying on the side, on the support with the lower forearm and upper hand, the **pelvis** fixed in the suspension loop at the shoulder level, the legs stretched on the support. Alternatively on each side with his/her upper leg in the suspension loop, the patients exhales and involves the buttocks, pectoral girdle and lifts the **pelvis** up.
EFFECT: method provides forming the positions and motions in the patients with an vertebral-spinal injury by generating random pectoral muscular contraction, propriospinal coordination, sitting and rotation functions in the complicated environment, physiological spinal curvatures, improving postural regulation, increasing the **extension** range in major joints, with the body included into a single biokinematic chain.
2 cl, 2 ex

80.	Padded undergarment for skaters	FR2776895	1999-10-08	SKIS ROSSIGNOL	98 %
The undergarment (1) is made from a resilient knitwear material in the form of high-waist pants with an elastic waistband (2). Below the waistband it has a strip (3) of padding with an adjustable belt (4) covering the pelvis and a rear extension over the coccyx and sacrum. Other pads (10,11) covering the buttocks and hips are inserted into pockets made from the same elastic material as the garment. The pads are made from a foam material that can be molded at a temperature below 100 deg C to the contours of the wearer's body. 					
81.	Universal fixator for external use	CN2279894	1998-04-29	WANG CAOHE	98 %
The utility model relates to an external fixator, which is suitable for diseases of limbs and spinal columns. The utility model is characterized in that a framework is composed of a flexible plate and a threaded rod, the flexible plate is a chain type frame which is connected by a plurality of small arc plates to form a semi-ring shape, a structural shape, a circular shape, etc., and the small arc plates are provided with hollow grooves used for arranging screw threads and steel needle fixing clamps. The utility model can be adjusted according to the sizes of the diameters of different positions of human body, and plays the external fixation of universal use. The utility model is suitable for the external fixation of diseases such as limbs pelvis spine fracture, limbs extension, cervical spondylopathy, periarthritis of shoulder, lumbar intervertebral disc herniation, etc.					
82.	Apparatus for evaluation hamstring tightness or flexibility and method thereof	KR20110017047	2011-02-21	INDUSTRY ACADEMIC COOPERATION FOUNDATION HANYANG UNIVERSITY YONSEI UNIVERSITY INDUSTRY ACADEMIC COOPERATION FOUNDATION	98 %
PURPOSE: An apparatus and a method for evaluating the tightness or flexibility of hamstring are provided to quantitatively measure the tightness and flexibility by electrically sensing the movement of pelvis. CONSTITUTION: An apparatus for evaluating the tightness or flexibility includes a base unit(100), a pelvis sliding unit(200), a knee angle measuring unit(400), and a controller(500). The base unit forms a frame by connecting a plurality of horizontal members and vertical members. The pelvis sliding unit is formed on the base unit. The pelvis of the user slides forward and backward on the pelvis sliding unit according to the extension of the hamstring. The knee angle measuring unit measures the angle of the knee. An AC motor(350) and an encoder(310) are installed on the knee angle measuring unit. A roller limit switch(330) is electrically connected to the AC motor through the controller. COPYRIGHT KIPO 2011					
83.	Through clear stone implement of rigid convection current negative pressure passage rubble of urethra ureter	CN207804329	2018-09-04	PANG GUANGFU	98 %
The utility model discloses a through clear stone implement of rigid convection current negative pressure passage rubble of urethra ureter relates to the medical instrument field, and it includes supporting leading -in mirror tube and the rubble nephroscope pipe that uses with ureter nephroscope, leading -in mirror tube or rubble kidney mirror tube are the metal hard pipe that homogeneous tube shape of cross section is equal with the size, outer sheath pipe is circular thin -walled metal hard tube, clearance between rubble nephroscope pipe and the outer sheath pipe forms an equal cross sectional area's exhalant canal, does the outer circumference fr outer sheath pipe k= rubble nephroscope of outer sheath pipe cross section manage the outside girth fr rubble nephroscope pipe of cross section, k=0.35 0.65 the utility model discloses can solving the leading -in operation position location of outer sheath pipe, inaccurate lead to the calculus to show the difficulty and operation channel loses, and make the operation failure, difficult freely adjusts and the pressure release control valve adjusts that nimble inadequately smoothly to lead to rubble and residue suction to clear away speedslow fast in the clear stone in -process renal pelvis internal pressure of rubble, makes the operation time extension, remains the calculus too much to reach the problem that the risk of performing the operation increases.					
84.	Pelvic and lumbar spine support	US20110078861	2011-04-07	COLONELLO DENNIS JOHN COLONELLO LORRAINE	98 %
A pelvic embracing support device (1) which permits a user to sit comfortably for prolonged periods of time with less fatigue and discomfort including a pair of spaced apart flexible cushioned members (4) dimensioned to engage the trochanteric region (2) of the user's pelvis and a double-ended length adjustable strap (6) affixed to the support members (4) and including left and right loops (10) and (11) which are looped around the respective knees of the user so as to selectively pressure the support (1) medially against the illi (5) of the user's pelvis to compress and support the sacro-iliac joints (3) of the pelvis and anteriorly into the pelvis to tilt the user's pelvis into extension and reflexly produce lordosis of the lumbar spine so as to reduce shear forces on the pelvis and compressive forces on the spinal soft tissues while permitting free motion of the lumbar spine.					
85.	Elliptical marking-time machine	CN201079655	2008-07-02	YU HUINAN	98 %
The utility model discloses an elliptical treadmill, which comprises a bottom seat frame and two treading parts; two whirling swinging rods that can swing back and forth are symmetrically arranged in front of the bottom seat frame with pivots; an interlocking and inertia-damping device is arranged at the middle part of the bottom seat frame, and the interlocking and inertia-damping device is provided with two opposite cranked rods; two rotating parts are arranged at the front part at the bottom of the treading parts with pivots, and the two rotating parts are respectively connected with the top end of the whirling swinging rod and the top of the cranked rods in a rotating way. Since the two rotating parts are respectively connected to the top ends of the whirling swinging rods and the top ends of the cranked rods in the rotating way, according to the kinematical principle of a mechanism, the treading parts not only can move back and forth for the user to take the treading exercise, but also can swing from right to left in whirling way for the user to take exercises such as the pelvis swinging, the waist twisting and the leg muscle extension, thereby achieving the best exercise effect.					
86.	Safety seat with apparatus for automatic fastening and removal of the belt	EP1398205	2004-03-17	AUTOFLUG EXAVIO SOFTWARE SITE APPLICATIONS LIABILITY	98 %
Safety seat fixed to floor and roof consists of seat part and backrest with tensioning belts, two pelvis and two shoulder belts. lock, activator and clamping belt The safety seat (10) , in a vehicle and consisting of a seat-part (11) and back-rest (12), is fixed between the floor and the underside of the roof by means of tensioning belts (13,14) above and below the seat part. The safety belt fittings consist of two pelvis-belts (15) fixed to one side of the seat-part and consisting of a lock (16) and an insertion tongue. Two shoulder-belts (18) leading from the pelvis belts have an activator (20) in an extension under the seat's access part. Between the shoulder belts and the two front tensioning belts is a clamping belt (21) for each					
87.	Unpowered hip joint energy storage walking aid exoskeleton	CN209548333	2019-10-29	CHEN HONGWEI	98 %
The utility model discloses an unpowered hip joint energy storage walking aid exoskeleton. The device comprises a shank support, a small supporting leg, a knee joint, a large supporting leg, a supporting leg assembly, a pelvis support assembly and a back plate assembly. The small supporting leg is fixed on the shank support through riveting; wherein the small supporting leg is connected with the large supporting leg through a knee joint, the upper end of the large supporting leg is connected with the supporting leg assembly through a bolt, the upper end of the supporting leg assembly is hinged to the pelvis support assembly, the supporting leg assembly can rotate around the pelvis support assembly, and the pelvis support assembly is fixedly connected with the back plate assembly through abolt. The energy storage element is arranged in the hip joint end cover connected with the pelvis support and the large supporting leg, energy generated by extension of the pelvis and the hip joint ofa patient with different injury conditions is stored by adjusting the pre-tightening force of the energy storage element and is released during bending movement, and energy consumption caused by forward movement of the gravity center of the patient is reduced.					
88.	Elastic local compression tourniquet for patient after iliac bone grafting	CN209332167	2019-09-03	GENERAL HOSPITAL OF NINGXIA MEDICAL UNIVERSITY	98 %
An elastic local compression tourniquet for a patient after ilium grafting belongs to the field of medical instruments and comprises a cloth cushion bag 1, a first wide elastic band 2, a second elastic band 4 and a compression block bag 6, the two wide elastic bands are sewn on the cloth cushion bag, the compression block bag 6 is arranged in the cloth cushion bag 1, and the compression block bagis made of salt. The two ends of the first wide elastic band 2 and the two ends of the second elastic band 4 are provided with hook-and-loop fasteners 3 and corresponding hook-and-loop fasteners 7 respectively. And the two wide elastic bands are sewed on the cloth padding bag 1 in parallel. And a bag opening sticking buckle for fixing the compression block bag is arranged on the cloth padding bag1. The compression hemostat is large in local compression area, large in compression force, uniform in compression force and good in hemostatic effect, and has a remarkable compression hemostatic effect on a patient after ilium taking and bone grafting operation.					
89.	Surgical implants and tools for treating pelvic conditions	EP2649961	2013-10-16	BOSTON SCIENTIFIC SCIMED AMS RESEARCH BOSTON SCIENTIFIC	98 %
A combination comprising a pelvic implant assembly (100)and an insertion tool (160), the implant comprising a support portion (128) and an extension portion (124), a self-fixating tip (120) connected to the extension portion, the self-fixating tip comprising a base (130) comprising a proximal base end (134) and a distal base end (132), the proximal base end being connected to the extension portion, the base comprising an internal channel extending from the proximal base end at least partially along a length of the base toward the distal base end, a fixed lateral extension (136) extending from the base, and the insertion tool comprising a handle (161) and a needle (162) extending from the handle, the needle comprising a proximal end attached to the handle and a distal end, the distal end comprising a tip that engages the self-fixating tip.					

90.	Acetabular roof reinforcement plate	EP2696810	2014-02-19	DEPUY SPINE DEPUY SYNTHES Resch, Herbert	98 %
An acetabular implant has (a) a body including a substantially convex exterior surface configured to be received within and engage an acetabulum and a substantially concave interior surface sized and shaped to receive a head portion of a femur; (b) a rim extending about a periphery of the body and including a plurality of first holes, each of the first holes being configured to lockingly receive a bone fixation element therethrough in an angularly stable configuration; and (c) a flange extending radially from the rim and including a plurality of second holes. Each of the second holes is configured to receive a bone fixation element therethrough in an angularly stable configuration.					
91.	Prone and lateral surgical table	EP3468473	2019-04-17	WARSAW ORTHOPEDIC	98 %
A surgical table for prone and lateral positioning of a patient, where the table includes a base and a patient support structure. The base may include a head and a foot end support structure. The patient support structure may include an upper body support structure cantilevered off of the head end support structure at a first end and a lower body support structure cantilevered off of the foot end support structure at a second end. The upper body support structure may include a chest pad. The lower body support structure may include a lower body translation and rotation structure and at least one pelvic pad supported thereon.					
92.	Minimally invasive implant	EP2323586	2011-05-25	BOSTON SCIENTIFIC BOSTON SCIENTIFIC SCIMED AMS RESEARCH	98 %
Apparatus and methods are provided for treating urinary incontinence, fecal incontinence, and other pelvic defects or dysfunctions, in both males and females, using one or more lateral implants to reinforce the supportive tissue of the urethra. The implants are configured to engage and pull (e.g., pull up) pelvic tissue to cause the lateral sub-urethral tissue, such as the endopelvic fascia, to tighten and provide slack reduction for improved support. As such, certain embodiments of the implants can be utilized to eliminate the need for mesh or other supportive structures under the urethra that is common with other incontinence slings.					
93.	Surgical implants for treating pelvic conditions	EP2029048	2009-03-04	BOSTON SCIENTIFIC BOSTON SCIENTIFIC SCIMED AMS RESEARCH	98 %
Described are pelvic implants (e.g., urinary incontinence sling, hammock, etc.) that provide treatment for pelvic floor disorders such as incontinence, stress urinary incontinence, prolapse (e.g., cystocele, enterocele, rectocele, vault prolapse), fecal incontinence, and the like, wherein the implant involves the ability to adjust dimensions of an implant before, during, or after implantation. In a preferred embodiment the implant (680) comprises a support portion piece (682) and an extension portion piece (688, 690) adjustably connected to the support portion piece through a frictional adjusting element (696) comprising an aperture through which a segment of extension portion extends.					
94.	Sacroiliac joint fixation system	CN105287056	2016-02-03	JCBD	98 %
A sacroiliac joint fixation fusion system that provides a method of fixation and fusion of the sacroiliac joint and a sacroiliac joint implant which upon placement within the articular region of the sacroiliac joint facilitates stability and fusion of the sacroiliac joint.					
95.	Stabilization system and implant for preventing relative motion between sections of tissue	EP3612113	2020-02-26	STRYKER STRYKER CORP	98 %
A stabilization system and implant for preventing relative motion between tissue sections of a patient, for example, an ilium and a sacrum defining a sacroiliac joint. The stabilization system comprises an implant comprising an elongate trunk, a proximal anchor configured to be positioned within the ilium, and a distal anchor configured to be positioned within the sacrum. The proximal anchor comprises a deformable feature configured to engage the ilium and the distal anchor comprises an expandable member configured to engage the sacrum. The stabilization system further comprises a tool removably coupled to the anchor to insert the implant in the patient and selectively engage the anchors with the respective bones. The implant is configured to be implanted through a minimally invasive incision.					
96.	Methods and apparatus for fai surgeries	CN105167888	2015-12-23	SMITH & NEPHEW	98 %
A partial rim implant for an acetabulum in a pelvic bone comprises a ridge, a bearing surface, and a fixation surface. The ridge is oriented to replace a labrum. The bearing surface is configured to align with the articulating surface of the acetabulum. The bearing surface extends from the ridge toward the apex of the acetabulum. The fixation surface is configured to fix the implant to a prepared bone surface of the pelvic bone.					
97.	Use of gpr119 receptor agonists for increasing bone mass and for treating osteoporosis, as well as combination therapy relating thereto	EP2253311	2010-11-24	ARENA PHARMACEUTICALS TAISHO PHARMACEUTICAL	98 %
The present invention relates to the use of GPR119 receptor agonists for treating or preventing a condition characterized by low bone mass, such as osteoporosis, and for increasing bone mass in an individual. The present invention further relates to the use of a GPR119 receptor agonist in combination with a dipeptidyl peptidase IV (DPP-IV) inhibitor for treating or preventing a condition characterized by low bone mass, such as osteoporosis, and for increasing bone mass in an individual. A GPR119 receptor agonist and the combination of a GPR119 receptor agonist and a DPP-IV inhibitor promote bone formation in an individual.					
98.	Long implant for sacroiliac joint fusion	WO2014/145772	2014-09-18	SI BONE	98 %
Systems, devices and methods for fusing both sacroiliac joints of a patient using a long implant are provided. The method can include inserting a guide pin through the first ilium and across the first SI-Joint, through the sacrum and above the SI foramen, across the second SI-Joint, and through the second ilium; forming a first rectilinear cavity through the first ilium and the first SI-Joint; forming a second rectilinear cavity through the second ilium and the second SI-Joint, wherein the first rectilinear cavity and the second rectilinear cavity are aligned; and inserting an implant through the first cavity, across the first SI-Joint, through the sacrum, across the second SI-Joint, and through the second cavity.					
99.	3d customized implant using 3d printing	KR10-2040454	2019-11-06	MEDYSSEY	97 %
Disclosed is a patient-customized implant. The patient-customized implant to be inserted and fixed to the pelvis includes a body portion having an appearance corresponding to a defect portion of the pelvis and a fixing portion configured to fix the body portion to the pelvis. According to the present invention, an implant of a shape corresponding to a bone defect is stably inserted and fixed to replace the bone defect, thereby minimizing discomfort of the patient.					
100.	Therapeutic combinations of (selective) estrogen receptor modulators (serm) and growth hormone secretagogues (ghs) for treating musculoskeletal frailty	EP1087764	2001-04-04	PFIZER PRODUCTS	97 %
This invention is directed to pharmaceutical combination compositions and methods containing (-)-cis-6-phenyl-5-(4-(2-pyrrolidin-1-yl-ethoxy)-phenyl)-5,6,7,8-tetrahydronaphthalene-2-ol or a pharmaceutically acceptable salt thereof and 2-amino-N-(2-(3a(R)-benzyl-2-methyl-3-oxo-2,3, 3a, 4,6,7-hexahydro-pyrazolo-[4,3-c]pyridin-5-yl)-1(R)-benzyloxymethyl-2-oxo-ethyl)-isobutyramide or a pharmaceutically acceptable salt thereof, methods of using such compositions and kits containing such compositions. The compositions are useful for treating musculoskeletal frailty, including osteoporosis, osteoporotic fracture, low bone mass, frailty and low muscle mass.					