2008 American Academy of Orthopaedic Surgeons
Welcome to the Smith & Nephew analyst meeting
March 5th 2008
Forward looking statements

This presentation contains certain "forward-looking statements" within the meaning of the US Private Securities Litigation Reform Act of 1995. In particular, statements regarding expected revenue growth and trading margins discussed under "Outlook" are forward-looking statements as are discussions of our product pipeline. These statements, as well as the phrases "aim", "plan", "intend", "anticipate", "well-placed", "believe", "estimate", "expect", "target", "consider" and similar expressions, are generally intended to identify forward-looking statements. Such forward-looking statements involve known and unknown risks, uncertainties and other important factors (including, but not limited to, the outcome of litigation, claims and regulatory approvals) that could cause the actual results, performance or achievements of Smith & Nephew, or industry results, to differ materially from any future results, performance or achievements expressed or implied by such forward-looking statements. Please refer to the documents that Smith & Nephew has filed with the U.S. Securities and Exchange Commission under the U.S. Securities Exchange Act of 1934, as amended, including Smith & Nephew's most recent annual report on Form 20F, for a discussion of certain of these factors.

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Continuum of care
Being part of the orthopaedic surgeon’s daily life
Repair, rebuild....restore
We give you advanced products for a continuum of patient care
Strategy for continued value growth

- **Customer and market focus**
  - Innovation to provide clinical benefits and value for healthcare systems
  - Focus on active informed patients

- **Value enhancing acquisitions**
  - Unique/additive technologies
  - Improved channels to market

- **Earnings improvement**
  - Aim for above market revenue growth
  - Continue to invest in R&D/innovation
  - Margin enhancement through EIP

sustainable profitable growth
Vision

Improving Lives through Innovative Arthroscopy
## Being part of the orthopedic surgeon’s daily life

<table>
<thead>
<tr>
<th>Disease</th>
<th>Treatment options</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACL Rupture with meniscal tear</td>
<td>Meniscal Suture</td>
<td>ULTRA FAST-FIX&lt;sup&gt;®&lt;/sup&gt; Meniscal Repair System</td>
</tr>
<tr>
<td></td>
<td>Arthroscopic ACL Repair</td>
<td>REBUILD ACUFEX&lt;sup&gt;®&lt;/sup&gt; Anatomic ACL Guide System</td>
</tr>
<tr>
<td></td>
<td></td>
<td>REBUILD CLANCY ANATOMIC CRUCIATE GUIDE Flexible Drill System</td>
</tr>
<tr>
<td></td>
<td></td>
<td>REBUILD ENDOBUTTON&lt;sup&gt;®&lt;/sup&gt; CL ULTRA Fixation Device</td>
</tr>
<tr>
<td></td>
<td></td>
<td>REBUILD BIORCI&lt;sup&gt;®&lt;/sup&gt; HA Screw System</td>
</tr>
<tr>
<td><strong>KNEE</strong></td>
<td><strong>KNEE</strong></td>
<td><strong>HIP</strong></td>
</tr>
<tr>
<td>---</td>
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</tr>
</tbody>
</table>
| **ENDOBUTTON™ DIRECT** Fixation Device  
An ideal solution for accommodating shorter femoral tunnels  
Utilizes standard flipping technique | **CLANCY ANATOMIC CRUCIATE GUIDE** Flexible Drill System  
For both single and double bundle anatomic ACL repair | **Hip Lateral Positioning System**  
Gently separates hip joint for optimal access to repair site;  
Enables surgeon to test range of motion |
| **ENDOBUTTON™ CL ULTRA** Fixation Device  
Strongest soft tissue femoral fixation available | **ACUFEX® ANATOMIC ACL Guide System**  
Restore the anatomic footprints of the AM and PL bundles | **BIORAPTOR® 2.3 PK** Suture Anchor  
Allows more fixation points  
Easy-to-maneuver delivery system for precision positioning |
| **ULTRA FAST-FIX™** Meniscal Repair System  
Easier sliding-knot and stronger ULTRABRAID™ Suture | | **DYONICS® EFLEX® RF Probes**  
Integrated cable design  
Ergonomic handle  
100° tip deflection |
2007 – portfolio innovation

**SHOULDER**

**KINSA° RC 5.5**
Rotator Cuff Suture Anchor
For any type of cuff tear, the result is a fast and reliable single-row or footprint repair
Adjustable suture tension without driving the anchor deeper
Low profile repair
Preloaded knot

**New ELITE° Instrumentation**
Graspers, scissors, suture relays, probes and knot manipulators

**BIORAPTOR° 2.3 PK**
Suture Anchor
*(For use in hip and shoulder)*

**VISUALIZATION**

**560 HD Camera System**
End-to-end professional broadcast quality High Definition for your OR
Increased depth of field
Multi-specialty capability

**ACCESS**

**CLEAR-TRAC° COMPLETE and FLEXIBLE** Cannula Systems
Suture management system
Triple seal system reduces fluid leakage
Smith & Nephew highlights for AAOS 2008
Booth # 4246
HIP

Lateral Hip Distractor
Greatest range of motion available for accessing hip joint
Simple design, easy to use, cost effective
30% of Hip arthroscopic procedures use lateral distraction

VISUALIZATION

HD Video Platform
- True HD 3CCD Head
- True HD Video Processor
- HD VideoArthoscopes
- HD Couplers
TRUE HD video integrity is maintained

DYONICS° D2
Next Gen Power Source
- Beta testing
- Early stages
Key Sports Medicine/Repair products at AAOS

KNEE
- ACUFEX® ANATOMIC ACL Guide System
- ULTRA FAST-FIX® Meniscal Repair System
- ENDOBUTTON® CL ULTRA Fixation Device
- TRUREPAIR®

SHOULDER
- TWINFIX FOOTPRINT PK Suture Anchor
- KINSA® RC 5.5 Rotator Cuff Suture Anchor
- BIORAPTOR® 2.3 PK Suture Anchor
- CLEAR-TRAC® COMPLETE and FLEXIBLE Cannula Systems

HIP
- BIORAPTOR® 2.3 PK Suture Anchor
- CROSSTRAC® Hip Guide
- ARTHROGARDE® Hip Cannulas
Company-to-surgeon connection

INVENTURES

Partnership for Rapid Product Development – connecting inventing surgeons with market-leading sports medicine company

Surgeon idea/concept submission pathway
  - from paper to prototype

A total business partnership

Prototyping, evaluation and testing

Commercialization analysis
Surgeon-to-surgeon connections

Anatomic Single-Double Bundle Hamstring ACL Recon
Charlie Brown, MD

Improvements in Access for Arthroscopic Hip Repair
Victor Ilizaliturri, MD

Innovations in Hip Arthroscopy with the DYONICS® GLIDER® Probe, DYONICS® EFLEX® Probes and the BIORAPTOR® 2.3 PK Suture Anchor
Marc Philippon, MD

New Approaches in Shoulder Arthroscopy
James Andrews, MD

Innovations in Rotator Cuff Repair using the FOOTPRINT PK Suture Anchor
Nikhil Verma, MD
2008 focus

Talent

Drive “Customer Intensity” culture

Invest in the key revenue drivers to help maintain and grow our market leadership position

Drive Innovation -- focused organic growth effort with a robust business development plan

Invest in Surgeon and Sales force education

Operational Excellence
Shoulder Arthroscopy: The State of the Science

Nikhil N. Verma, MD
Assistant Professor Orthopedic Surgery
Rush University Medical Center
Midwest Orthopedics at Rush
Education

- University of Pennsylvania School of Medicine
- Rush University Orthopedic Residency Program
- Fellowship: Hospital for Special Surgery Sports and Shoulder Service
Practice Profile

- Sports Medicine: Knee, Shoulder, Elbow
- Academic Practice
  - Fellowship
  - Residency
- 450 procedures/year
  - 70% Arthroscopic
Shoulder Arthroscopy and Rotator Cuff Repair

- Where have we been?
- Where are we now?
- Where are we going?
## “Scope” of the Problem*

<table>
<thead>
<tr>
<th>Procedure</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knee Arthroscopy</td>
<td>1,598,018</td>
<td>1,642,190</td>
<td>1,698,056</td>
<td>+6.2%</td>
</tr>
<tr>
<td>Shoulder Arthroscopy</td>
<td>723,308</td>
<td>804,097</td>
<td>873,802</td>
<td>+20.8%</td>
</tr>
<tr>
<td>Open Shoulder</td>
<td>261,835</td>
<td>237,586</td>
<td>215,349</td>
<td>-17.7%</td>
</tr>
</tbody>
</table>

* US procedure data

Solicient Inpatient & Outpatient procedure data, Thomson Healthcare
Where have we been?

- Traditional Open Surgery
  - Instability
  - Rotator Cuff Repair/SubAcromial Decompression/Distal Clavicle Excision
  - Arthroplasty
Where have we been?

- It works!!!
- But…..
  - Increased pain
  - Collateral damage
  - Increased Complications
  - Patient Preference
Shoulder Arthroscopy

- First described in 1930’s but popularized in 1980’s
- Enhanced Diagnostic view of the shoulder
  - SLAP Lesion
    - Andrews, 1985
- Advantages
  - Decreased morbidity
  - Identification of concomitant pathology
  - Patient Preference
Shoulder Arthroscopy: Progression

- Development of Suture Anchor
  - 1986
  - Allows development of arthroscopic repair techniques
- Bioabsorbable Material
  - Radiolucent
  - Reconstitution of bone
  - Revisable
Where are we now?

- Instability
- Rotator Cuff Repair / SubAcromial Decompression / Distal Clavicle Excision
- Arthroplasty
Rotator Cuff Repair
Results-Clinical

- Numerous studies demonstrating substantial improvement in pain, function
  - Gartsman
  - Nottage
  - Wolf
  - Burkhart
Results

Clinical
- Pain
- Function
- Satisfaction

≠

Cuff Integrity
- Radiographic Study to Determine Cuff Healing
Rotator Cuff Tears: Healing Rates

- Structural failure of RC repair most frequent complication
  - Open and arthroscopic
  - 13% to 90% at 6mos – 5 years post-op
Post-Op Cuff Integrity

- **Arthroscopic Techniques**
  - 30% of 1 and 2 tendon tears
  - 60-90% of massive tears

- **Results Appear Comparable to Open Techniques**
  - Tear Size
  - Muscle Atrophy/Fatty Infiltration
  - Host Factors (age, smoking)
What’s the problem? Biology...

Tendon Quality & Tendon to Bone healing...
**Mechanical** ➔ **Biological**

- Suture strength
- Multiple Sutures
- Suture configuration
- Suture anchors

**Prepare bone footprint**

- Acromioplasty?

**Growth Factors?**

*Tendon to Bone Healing*

**Double Row Fixation**

**Maximize Contact Area**

Anatomic Repair
Margin Convergence
Interval Slides
Mechanics of Repair

Summary

Single Row
- 275N-300N
- No footprint
- Gap formation

Double Row
- 300-350 N
- Footprint (50-90%)
- Minimal “gap formation”

TOE
- 350-400 N
- Footprint (100%)
- Resistance to shear
- Minimal “gap formation”
- Increased contact pressure
Footprint Repair: Anchors

- **TWINFIX™ FT (Fully Threaded) Suture Anchor**
  - Maximize pull out strength
  - Single step insertion
  - Less suture abrasion

- **TWINFIX™ Footprint PK Suture Anchor**
  - Independent anchor insertion and suture tensioning
  - Ease of insertion
Footprint Repair: Technique
Footprint Repair: Final Repair
Surgeon Benefits

- **Repair Standpoint**
  - Maximize repair strength
  - Maximize contact area
  - Maximize healing

- **Technique Standpoint**
  - Fast
  - Technically easy
Patient Benefits

- Maximize Healing
- Maximize Functional Outcome
- Minimize Morbidity
- Patient Preference
Double Row/TOE: Clinical Outcomes

- Clinical studies show high rates of healing
  - Lafosse et al (JBJS, 2007)
  - Huijsmans et al (JBJS, 2007)
  - Sugaya et al (JBJS, 2007)
    - Healed RC functioned better
- Healing rates of 83% to 89%
Where are we going?

- **Biology**
  - Chemical control of the healing cascade
  - Biologic augmentation of bone or soft-tissue healing
- **Five to Seven Years**
- **Remaining Issues**
  - Which factors?
  - When?
  - How do we get them there?
Thank you!
We are smith&nephew
### Being part of the orthopedic surgeon’s daily life

<table>
<thead>
<tr>
<th>Disease</th>
<th>Treatment options</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distal femoral fracture</td>
<td>Plating</td>
<td>PERI-LOCº</td>
</tr>
<tr>
<td></td>
<td>Intramedullary nailing</td>
<td>TRIGEN® META NAIL</td>
</tr>
<tr>
<td></td>
<td>External fixation</td>
<td>JET-X® BAR</td>
</tr>
<tr>
<td></td>
<td>Bone Stimulation</td>
<td>EXOGEN® 4000+</td>
</tr>
</tbody>
</table>

**Motorcycle accident**
Trauma and Clinical Therapies Success
Sustainable Societal, Health & Economic Factors

**Worldwide Markets**
- Aging population & active lifestyles
- Higher incidence of OA
- Increasing rates of osteoporosis

**Smith & Nephew’s Response**
- New products that will continue to drive growth
- Strong investment in R&D
- Continued margin improvements
- Successful channel specialization
TRIGEN® INTERTAN® hip fracture device

• Terrific successes and account conversions in US, Germany and Italy
• Potential to get patients walking again sooner and reduce costs

Innovative two-screw configuration secures nail in place after surgery and provides for greater stability and faster healing
Launched in January

Initial feedback has been very positive
– Fully disposable
– As much as 40% faster than centrifuge-based products with less contamination risk

Considerably more cost-efficient than BMP

CAPTION° concentrates platelets from patient’s own blood. The result is applied to the surgical site, where it helps jump start the body’s own healing cascade.
PERI-LOC™ Locked Plating System

• Significant growth in 2007
• Currently more than 20 plates in system for different anatomical locations
• Upper Extremity system roll-out began in 2006 and continued throughout 2007
• European roll-out exceeding expectations
• VLP system launched at end of 2007 and adds another 8 lower-extremity plates

Surgeons need low-profile, variable-angle locking plates (VLP) to provide support to B-type fractures
Please welcome

Cory Collinge, MD
Fellow of the American Academy of Orthopaedic Surgeons
Orthopaedic Specialty Associates
Harris Methodist Hospital
Fort Worth, Fort Worth, TX
PERI-LOC® VLP
Variable-Angle Locked Plating System

Why is this important?

Cory Collinge, MD
Director of Orthopedic Trauma
Harris Methodist Fort Worth Hospital
John Peter Smith Orthopedic Residency Program
Fort Worth, TX
Some Fractures Not Optimally Treated

AO/OTA Fracture Classification Type B \textit{ONLY}

Type A Fracture:
- No fracture extension into the joint (i.e. completely extra-articular in the proximal tibia).

Type B Fracture:
- \textit{Partial articular fracture}

Type C Fracture:
- Complete articular fracture
Design Rationale – Clinical Perspective

Fracture Treatment:
• Types A and C see more stresses:
  – Need a stronger plate

Biomechanics:
• Plate bears axial load
Design Rationale – Clinical Perspective

Fracture Treatment:
• Type B fractures: usually treated with a “buttress” plate

Biomechanics:
• Plate compresses bone into bone
• Prevents failure by shearing
Design Rationale – Clinical Perspective

VLP Concept:
• Plates are pre-bent and contourable.
• As the plate is applied to bone, the fracture is compressed.
• Acts as a spring to maintain compression
• Standard PERI-LOC° plates are too thick to offer this feature.
### Design Rationale – Market Perspective

#### OTA – Frequency of Fx Occurrences

<table>
<thead>
<tr>
<th>Proximal Tibia (41)</th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>1</td>
<td>6.0%</td>
<td>26.9%</td>
<td>7.1%</td>
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<tr>
<td>2</td>
<td>4.7%</td>
<td>12.8%</td>
<td>6.9%</td>
</tr>
<tr>
<td>3</td>
<td>3.1%</td>
<td>21.4%</td>
<td>11.0%</td>
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<tr>
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<td>13.9%</td>
<td>61.2%</td>
<td>25.0%</td>
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<table>
<thead>
<tr>
<th>Distal Tibia (43)</th>
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<th></th>
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<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>1</td>
<td>15.7%</td>
<td>16.9%</td>
<td>16.1%</td>
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<tr>
<td>2</td>
<td>11.7%</td>
<td>4.5%</td>
<td>9.8%</td>
</tr>
<tr>
<td>3</td>
<td>8.1%</td>
<td>6.7%</td>
<td>10.6%</td>
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<tr>
<td></td>
<td>35.5%</td>
<td>28.0%</td>
<td>36.4%</td>
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<table>
<thead>
<tr>
<th>Fibula/Malleolar Segment (44)</th>
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<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>1</td>
<td>3.0%</td>
<td>15.0%</td>
<td>9.0%</td>
</tr>
<tr>
<td>2</td>
<td>5.0%</td>
<td>28.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>3</td>
<td>6.0%</td>
<td>23.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td></td>
<td>14.0%</td>
<td>66.0%</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

* Data obtained from the Maurice E. Müller Foundation
VLP Advantages

Low profile
Most plates are 3.5-4.5 mm thick
Maximal strength for OTA A or C
Allow for locking technology

Bulky
Often prominent or painful
Soft-tissue problems
VLP Advantages

Low profile
VLP plates 2 mm thick

Plenty of strength for partial fractures (OTA B))
Buttress effect

≤2.0mm
VLP Advantages

Anatomically contoured
“Perfect” fit
Screw paths optimized
More screw holes available
VLP Advantages

Anatomically contoured
Many plates are straight
Useful in many regions

Must be bent to fit in surgery
Improper bend misaligns fracture
VLP Summary

Low profile
Anatomically contoured
Locking screw capabilities
VLP Advantages

Locking screw options
Mechanically stronger than traditional screws
Variable angle: surgeon’s choice of screw path
Osteoporotic bone, complex fractures
MT Tibial Plateau

56 yo woman
Fell off stepladder
MT Tibial Plateau

56 yo woman
Fell off stepladder
MT Tibial Plateau

56 yo woman
Fell off stepladder
BW Ankle

400 lb man
Diabetic
Sleep Apnea
Venous stasis
Injury films
ER in Charge

Reduced by ER Doc and splinted

“Post-reduction” Xray

...picked a bad day to get hurt...
Now its my turn....

The next AM....
Let's wait on this....

To OR ASAP for EX Fix
2 weeks later….

Soft tissues are back to their usual miserable state….
Plate in
EXOGEN™ is #1 in Long Bone Stimulation

EXOGEN 4000+™

Only stimulation product approved for the treatment of certain fresh fractures as well as nonunions

- Speeds healing of certain fresh fractures by 38%*
- Only ultrasound stimulation product
- Known mechanism of action
- New EXOGEN products in development
  - Prospective clinical studies; fresh fracture and spinal fusion
  - Cast applications
  - Hard to reach fractures (i.e., clavicle)

Joint Fluid Therapy products

SUPARTZ™ is #2 in US Joint Fluid Therapy

Q-MED’s DUROLANE®

• Only single-injection JFT available in world for knee and hip OA*
  – Fermented (non-avian sourced)
  – Low volume but high molecular weight

• Will appeal to a larger group of patients that may not want multiple knee injections

• 20M people in the US suffer from OA; JFT product have penetrated less than 10% of this opportunity

*Not FDA approved for use in the U.S.
Outpatient spine

- Currently working through upgrades to the IDET product line
- Launched SPINE-FIX° in October
  - Only cement available with hydroxyapatite
- Vertebroplasty market growing at 15%*; reimbursement established – and increasing

* Millennium Research Group
Continuum of care includes biologics

- $3.5B very fragmented, early stage market
- Sharpen strategic focus of research, regulatory, and BD
- Leveraging the unique York, UK campus
- Coordinate and commercialize the science
- Projects include:
  - Q-Med collaboration on OA
  - Polynovo
  - Regenerative Medicine Institute
  - Smart Tech
What to watch for in 2008

New Products that will drive growth
- PERI-LOC° VLP
- JET-X° Freedom and Quick Clamps
- CAPTION° Disposable Platelet Concentrator
- EXOGEN° line extensions
- SPINE-FIX° and outpatient spine business

Core products that drive sustainability
- TRIGEN° INTERTAN° and META°
- PERI-LOC° LE, UE
- Taylor Spatial Frame
- DUROLANE® single injection JFT treatment*

Continued margin improvements

Strong investment in R&D

* Not FDA approved for use in the U.S.
Orthopaedic Reconstruction
Joseph DeVivo, President
### Being part of the orthopedic surgeon’s daily life

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</thead>
<tbody>
<tr>
<td>Knee pain after knee replacement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee instability after total replacement</td>
<td>Revision Operation collateral ligaments affected</td>
<td>LEGION® REVISION KNEE RT-MODULAR SOLUTION</td>
</tr>
</tbody>
</table>

![Image of knee replacement and repair tools]
Active market
Active patient market segment

Total Primary Hip/Knee Procedures under 64*

Active patients driving growth

- Active, informed segment growing faster than the traditional market
- Resonates with surgeons
- Demographics will continue to support an increase in procedures

“These are active people, and they're unwilling to accept the restrictions that the previous generation had.”

Michael Ries, chief of the University of California-San Francisco Arthroplasty Service

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* Sources:
2007 Success and Update

- **BIRMINGHAM HIP**° Resurfacing System
- **JOURNEY° DEUCE**° Bi-Compartmental System

2008 Product Highlights

- **R3**° Acetabular System
- **PROMOS**° Shoulder
- **PiGALILEO**° Navigation System
- **VERILAST**° Advanced Bearings Technology

BHR™ system update

- Continuing to train surgeons
- Market experiencing growth and expansion
- Realizing pull through business in core hips and knees
- Birmingham Mid Head Resection (BMHR)
Australian Joint Replacement Registry
Hip Resurfacing Results

Dr. Michael Solomon
Important Points to note from Australian registry:

- The BHR system has follow-up from the inception of the registry in 1999 with over 6773 implantations.
- A revision rate of 0.8 per 100 component years (total number x cumulative years implanted / revisions).
- Corin has multiple resurfacing devices featured with different implant designs recognized since 1999.
- The BHR implant remains unchanged from 1997 to present day.
- The MITCHTM and Adept® resurfacing devices were introduced in 2005 and 2006 respectively and are distributed by Stryker in various countries globally.
- BHR data is similar to its US FDA PMA submission revision rate at 5 years = 1.5% (Number of Hips = 620)
- Alternately, FDA PMA submission revision rate for the Cormet 2000 was 7.9% at 24+months (N=302)
- The ASR, Durom and Cormet 2000 were all specifically cited in the report due to their revision rates.

*Trademark of Smith & Nephew. All Trademarks acknowledged.

* Source: Australian Registry 2007.
JOURNEY™ DEUCE™ surgeon perspective:
Dr James Bresch, Des Plaines, IL

- The JOURNEY DEUCE system is the only option for bi-compartmental OA that offers UKA benefits – normal feeling, motion and bone preservation – in a situation that would typically be treated with a traditional TKA

- ACL and PCL retaining

- 50% less bone removal than a traditional TKA

- Enough bone preserved to typically revise to a primary if necessary

- Utilizing the latest in wear reducing material technology, OXINUM® Oxidized Zirconium, the JOURNEY DEUCE knee system also addresses the issue of implant longevity

™Trademark of Smith & Nephew.
JOURNEY™ DEUCE™ clinical experience:

- New product to treat a common problem
- Retain cruciate ligaments
- Utilization of M.I.S.
- Quicker recovery, less pain
Active JOURNEY DEUCE Patient:
Chris Patterson-Duebner

“At this stage in life, I wasn’t going to be happy with just being able to walk. I’m going to be able to ski again, I can bike ride, I can garden, I can do deep-knee bends.”
Welcome to a R3volution in Motion

- Accommodates multiple bearing options
- Features STIKTITE™ porous coating designed to enhance fixation
- Optimized inserts accommodate larger head sizes
- Bearings provide foundation for wear reduction and achieves greater range of motion
- Single set of instruments for all bearings

The flexibility for surgeons gives them one way to think differently!
PROMOS™ Shoulder

Complete Shoulder System

- Addition from Plus provides a strong offering
- Primary cemented & cementless
- Reverse shoulder (Europe)
- Resurfacing / Shoulder Cap in development
- Advanced Glenoid options
- Fully modular system with in-situ anatomical reconstruction
- Ability to convert from a Standard to a Reverse type shoulder
- Supports continuum of care along with Endo’s leadership in shoulder repair

Despite obstacles in this market, growth will be largely driven by the reverse shoulder implant, a new technology that more surgeons are expected to offer in the coming years. Millenium Reserach Group, Sept 18, 2007

US Reverse Shoulder 2008 Market annual growth of 22%; Compared to Total Shoulder Market 12% growth iData Research Inc, Feb 2008
PiGALILEO™ Surgical Navigation

- Image free and optimized for orthopaedic surgery
- Dedicated to Smith & Nephew/Plus implants TKR, THR
- Best workflow in the industry: minimal additional OR time
- Strong interdisciplinary background

- 30,000 mini robot surgeries
- Marking leading technology
  - Robotics for the knee
  - Pinless fixation
  - Soft Tissue Balancing

- Quick setup and breakdown
- Small footprint
- Simple operation
- Built-in color printer
- Portable for multi-clinic use
- Reduced cost of goods

- Reduced weight (40kg)
- Reduced space requirements
- 100% upwards compatible
- 100% mobile
- Fit for the future (e.g. ultrasound)
VERILAST™ Advanced Bearings Technology

- VERILAST is the only TKR technology that provides dramatic reductions in wear.
- VERILAST technology marries two independent wear reducing technologies, namely OXINIUM femoral components and crosslinked UHMWPE tibial inserts.
- It is the only system-wide solution to wear in TKR.

Cobalt chromium on highly cross-linked polyethylene vs. VERILAST™ Technology

Wear rate shown in pristine and roughened bearing materials.
2008 Focus

New Products 2008
• R3° Acetabular Cup System (US, EU)
• LEGION° XLPE (US, EU, AUS)
• BHR° Mid Head Resection (EU, AUS)
• LEGION° Hinge (US, AUS, EU)

Core Products 2008
• JOURNEY° Active Knee Solutions
• LEGION° Revision Knee System
• ANTHOLOGY° Hip System

Visit us at Booths 4546 and 4246, Hall D