



BioBall® MaxiMotion™ Cup

Dr. med J. Singer

Proper treatment for gluteal insufficiency and pseudarthrosis with dislocation tendencies

We use the tripolar dual-mobility BioBall® MaxiMotion™ Cup in patients with increased risk of dislocation due to neuromuscular conditions or post-traumatic gluteal insufficiency. Recurrent dislocation represents another indication. In the present case, a 70-year-old female patient demonstrated significant gluteal insufficiency with pseudarthrosis following unsuccessful use of intramedullary-nail osteosynthesis to treat a per-/subtrochanteric comminuted fracture of the femur with weak-

ened muscular guidance of the hip and corresponding dislocation tendencies. The proximal femur was fibrous fixed. We performed transfemoral implantation of a cementless revision stem with distal force introduction and axis correction with varus entry. Compatibility with BioBall adapters offers a great deal of variability in terms of offset and leg length. I also appreciate the fact that the heads are already pressed into the polyethylene inlay. ••



Before surgery



Before surgery



After surgery



Dr. med. Joachim Singer

Chief Physician, Clinic for Trauma Surgery and Orthopaedics, Rems Murr Clinic Winnenden