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(19) **United States**(12) **Patent Application Publication****Fauth et al.**(10) **Pub. No.: US 2017/0065306 A1**(43) **Pub. Date: Mar. 9, 2017**(54) **FACET JOINT REPLACEMENT INSTRUMENTS AND METHODS**(71) Applicant: **GLOBUS MEDICAL, INC.**,  
AUDUBON, PA (US)(72) Inventors: **Andrew R. Fauth**, Providence, UT (US); **Daniel J. Triplett**, Providence, UT (US); **Joel R. Helgersen**, Erie, CO (US); **David M. Skinlo**, North Logan, UT (US); **Daniel E. Gerbec**, Nibley, UT (US)(21) Appl. No.: **15/275,919**(22) Filed: **Sep. 26, 2016****Related U.S. Application Data**

(60) Continuation of application No. 12/630,286, filed on Dec. 3, 2009, now Pat. No. 9,492,203, which is a continuation-in-part of application No. 12/240,320, filed on Sep. 29, 2008, now Pat. No. 8,906,063, which is a division of application No. 10/860,487, filed on Jun. 2, 2004, now Pat. No. 8,926,700, said application No. 12/630,286 is a continuation-in-part of application No. 12/201,046, filed on Aug. 29, 2008, now Pat. No. 8,308,768, which is a continuation-in-part of application No. 12/201,086, filed on Aug. 29, 2008, now Pat. No. 9,050,144, which is a continuation-in-part of application No. 12/201,128, filed on Aug. 29, 2008, now Pat. No. 8,252,027, which is a continuation-in-part of application No. 12/201,148, filed on Aug. 29, 2008, now Pat. No. 8,206,418, which is a continuation-in-part of application No. 12/201,198, filed on Aug. 29, 2008, now Pat. No. 8,211,147, said application No. 12/201,046 is a continuation-in-part of application No. 12/104,728, filed on Apr. 17, 2008, now Pat. No. 8,529,956, which is a continuation-in-part of application No. 12/104,855, filed on Apr. 17, 2008, now Pat. No. 8,333,789.

(60) Provisional application No. 60/545,101, filed on Feb. 17, 2004, provisional application No. 60/545,094, filed on Feb. 17, 2004, provisional application No. 61/023,927, filed on Jan. 28, 2008, provisional application No. 61/033,473, filed on Mar. 4, 2008, provisional application No. 61/040,041, filed on Mar. 27, 2008, provisional application No. 61/042,896, filed on Apr. 7, 2008, provisional application No. 61/045,526, filed on Apr. 16, 2008.

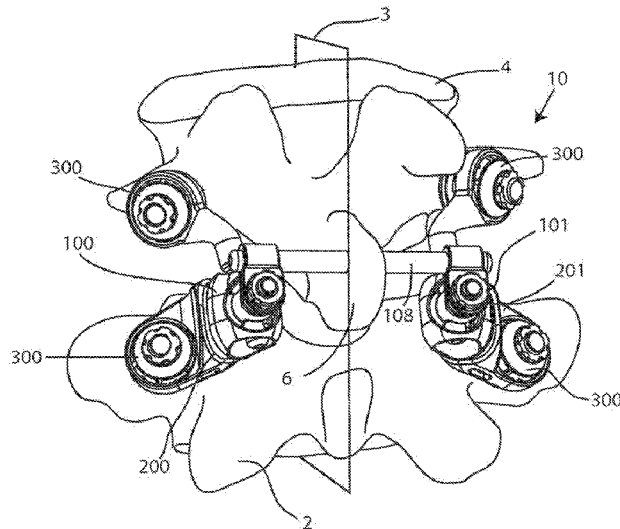
**Publication Classification**(51) **Int. Cl.***A61B 17/70* (2006.01)*A61F 2/44* (2006.01)*A61F 2/46* (2006.01)*A61B 17/86* (2006.01)(52) **U.S. Cl.**

CPC ..... *A61B 17/7064* (2013.01); *A61B 17/7034* (2013.01); *A61B 17/7049* (2013.01); *A61B 17/7067* (2013.01); *A61B 17/8685* (2013.01); *A61F 2/4405* (2013.01); *A61F 2/4611* (2013.01); *A61B 2017/8655* (2013.01); *A61F 2002/3085* (2013.01)

(57)

**ABSTRACT**

A facet joint replacement system includes an inferior implant with an inferior articular surface, a superior implant with a superior articular surface, and an optional crossbar. The inferior implant and the superior implant are each polyaxially adjustably connected to fixation elements which anchor the implants to adjacent vertebrae. The optional crossbar may be polyaxially adjustably connected to bilateral implants. The system components may be provided in kits which provide components of various sizes and shapes. A set of surgical instruments may facilitate implantation of the facet joint replacement system by providing tools for bone preparation, trialing, implant insertion, implant alignment, and lock-out of modular interconnections.



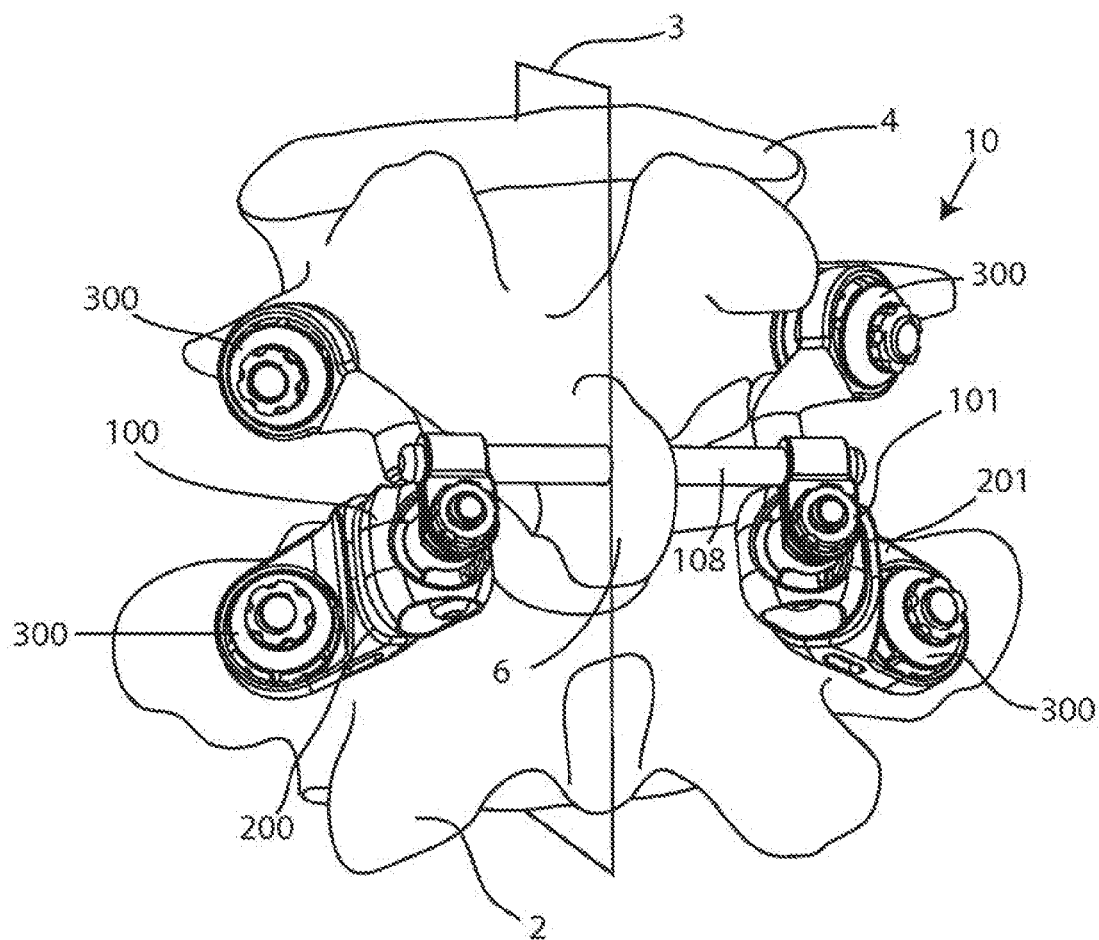


Fig. 1

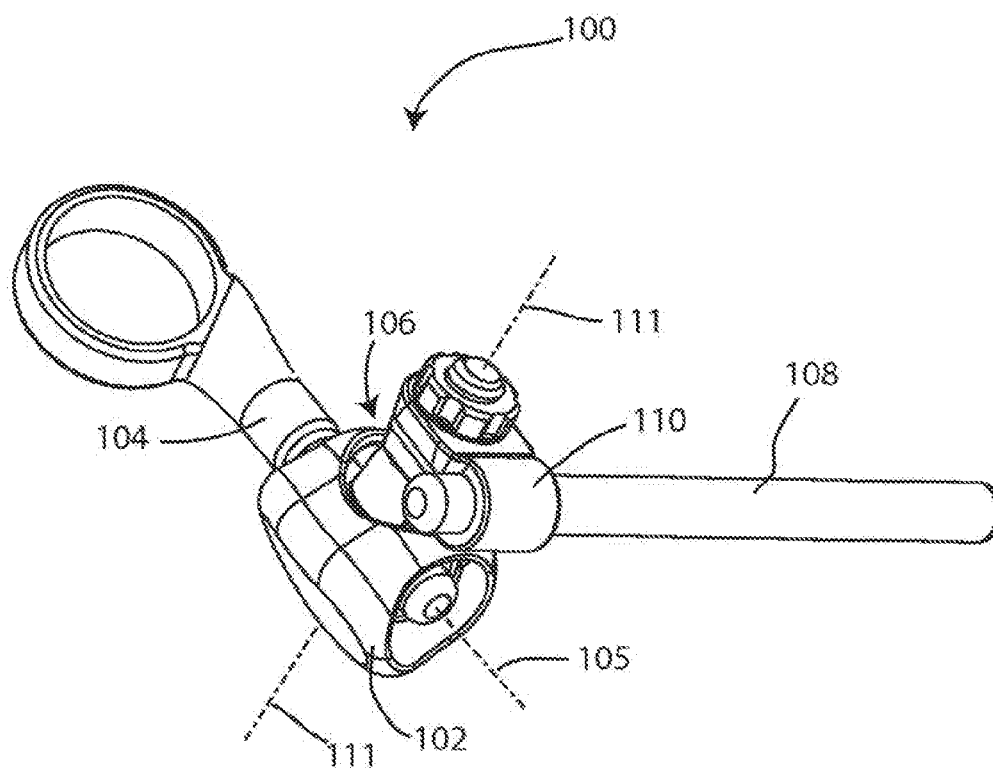


Fig. 2

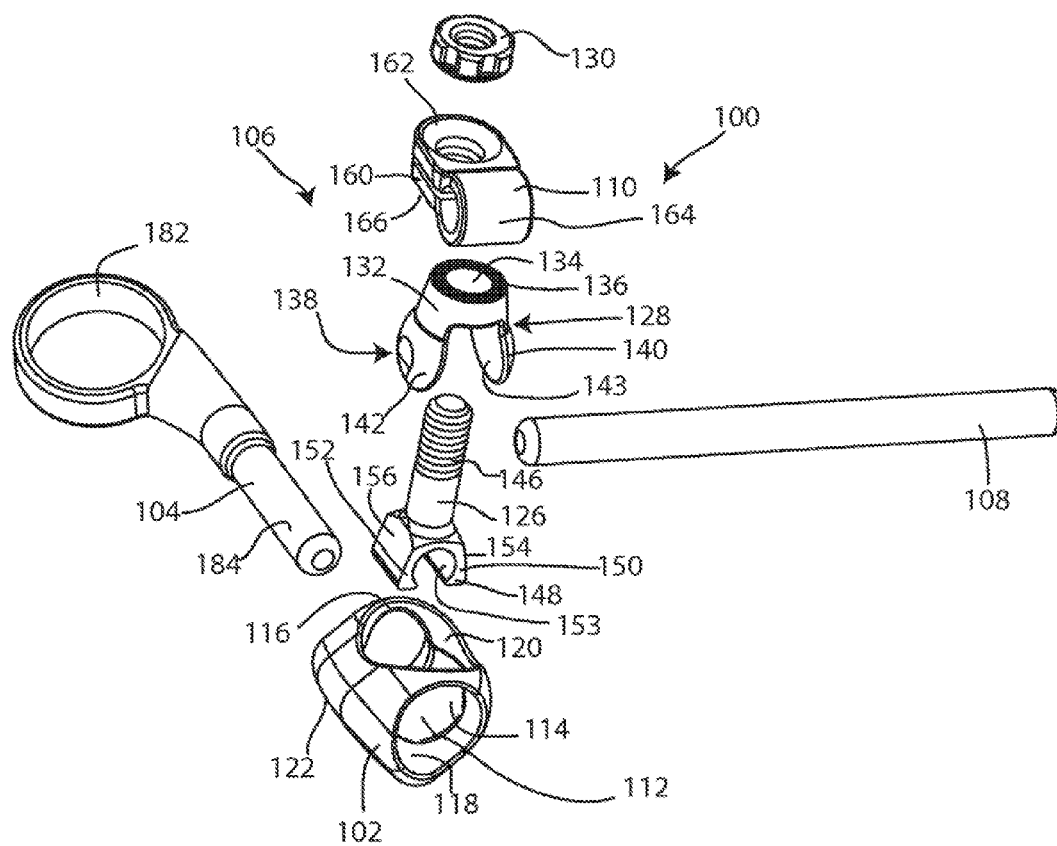


Fig. 3

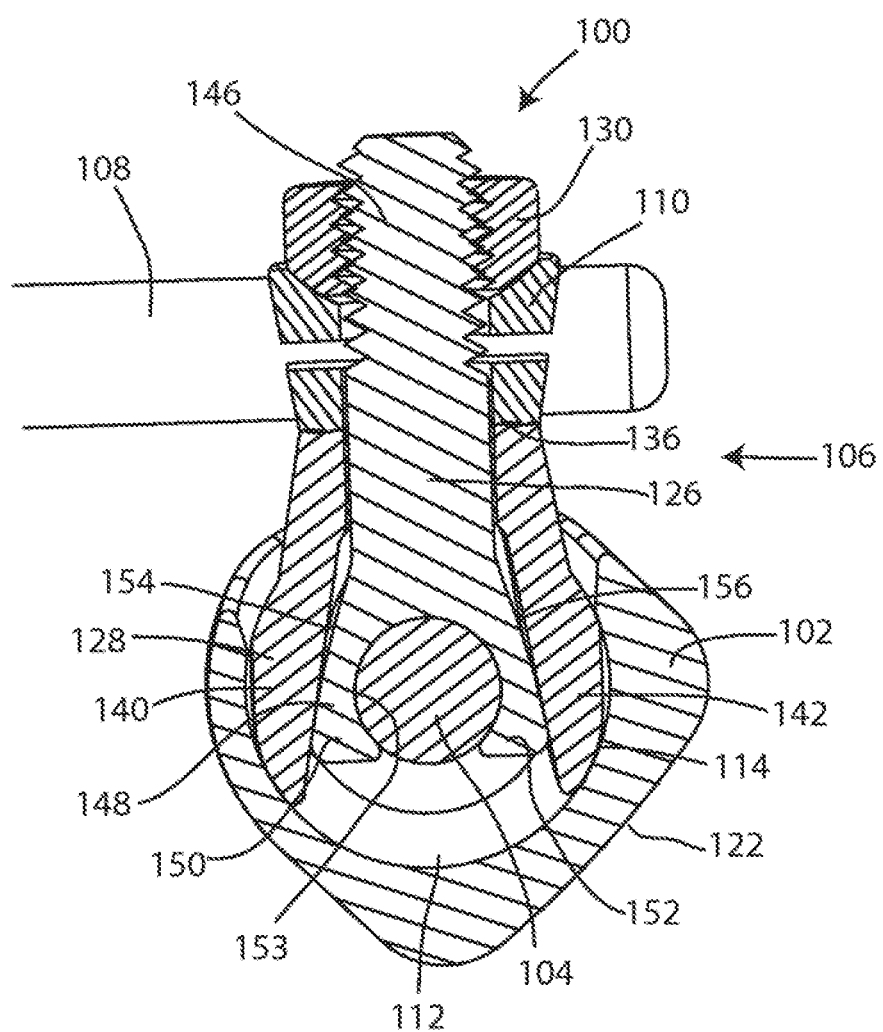


Fig. 4

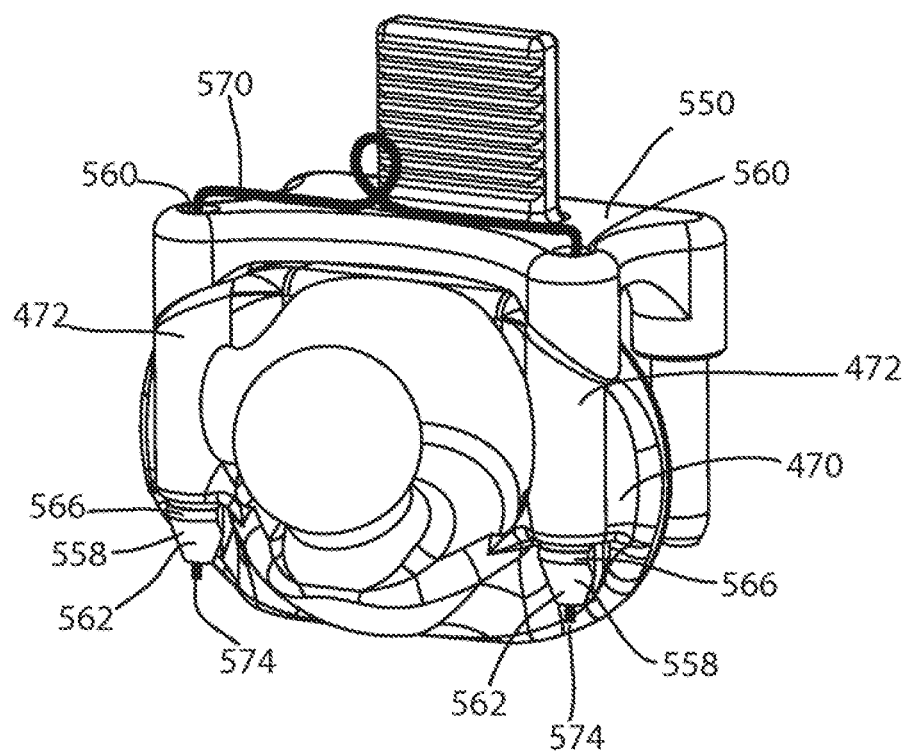


Fig. 5

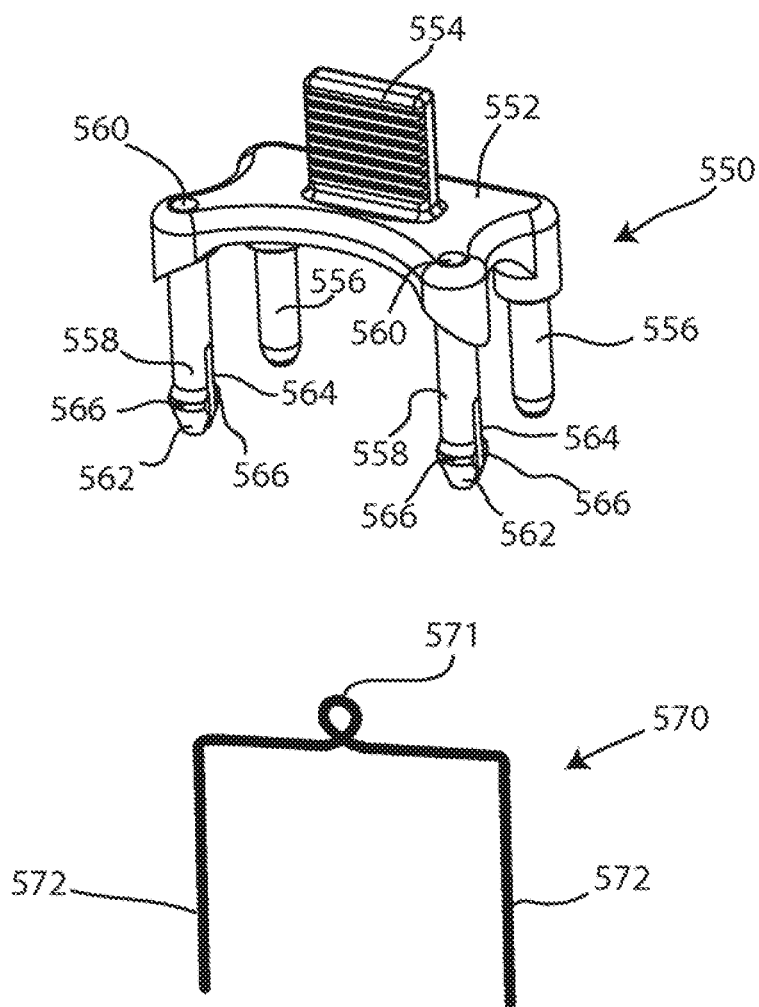


Fig. 6

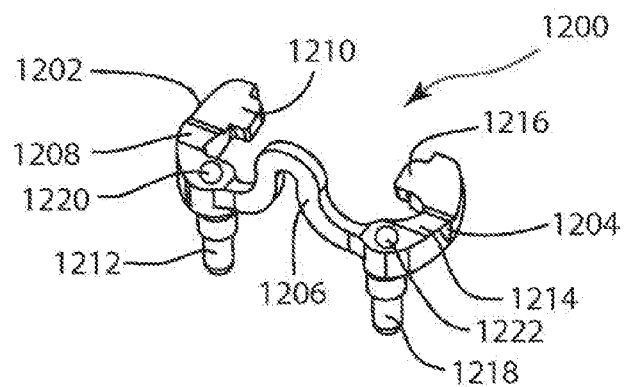


Fig. 7 A

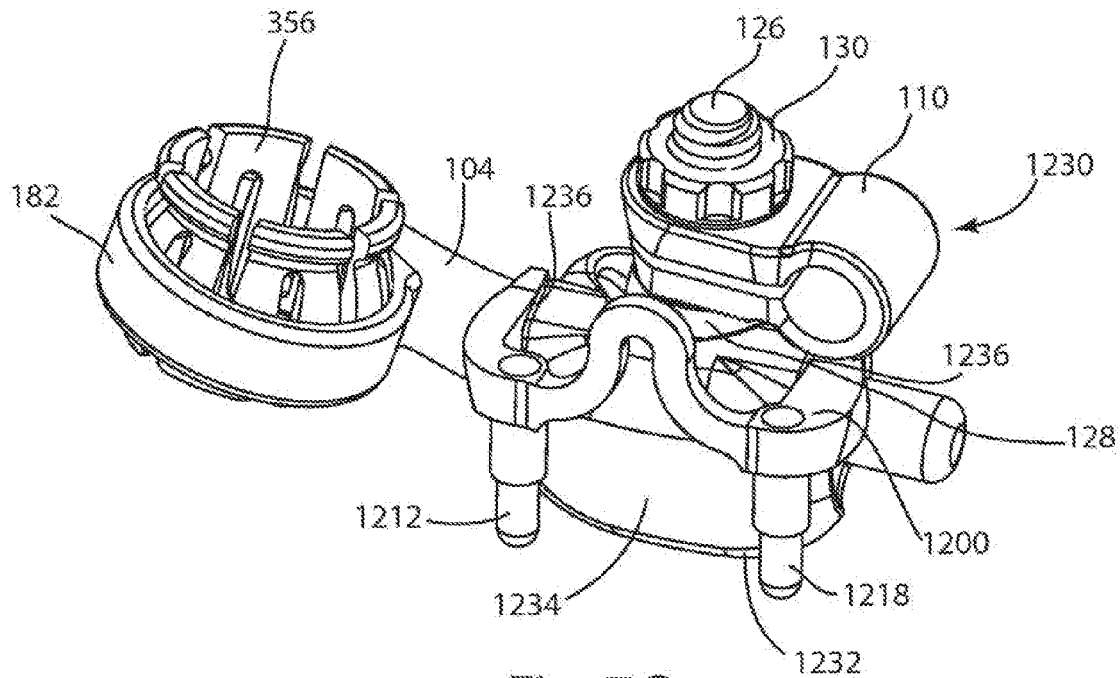


Fig. 7 B



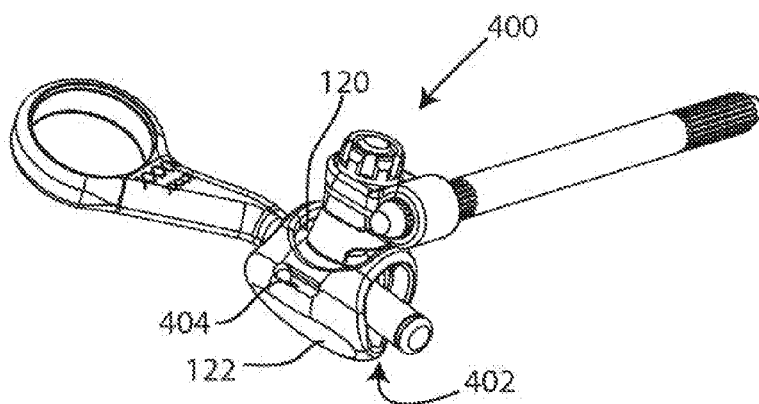


FIG. 8A

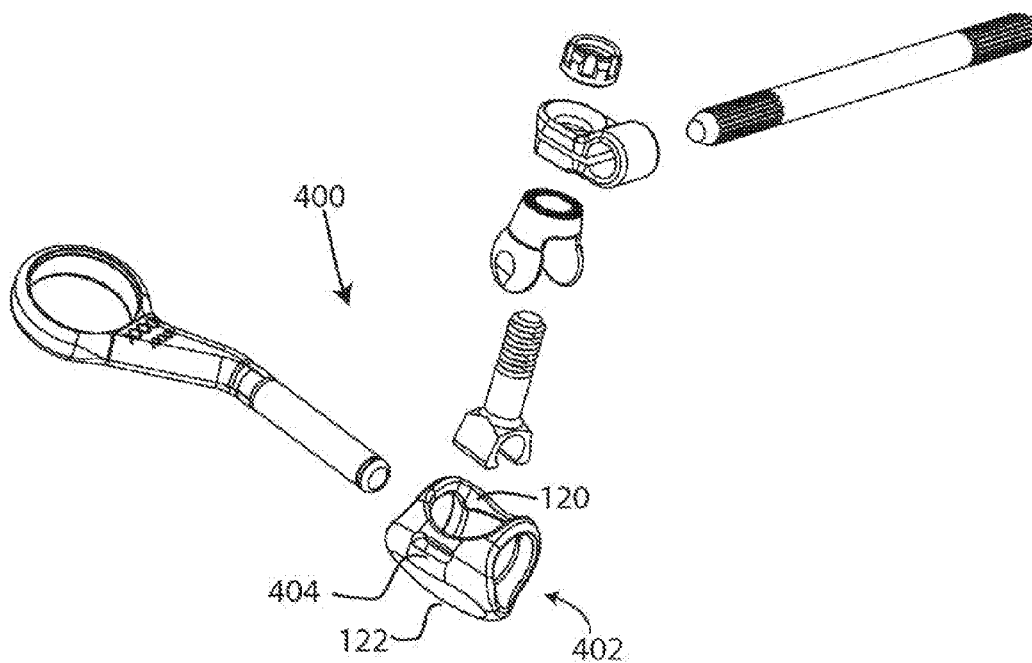
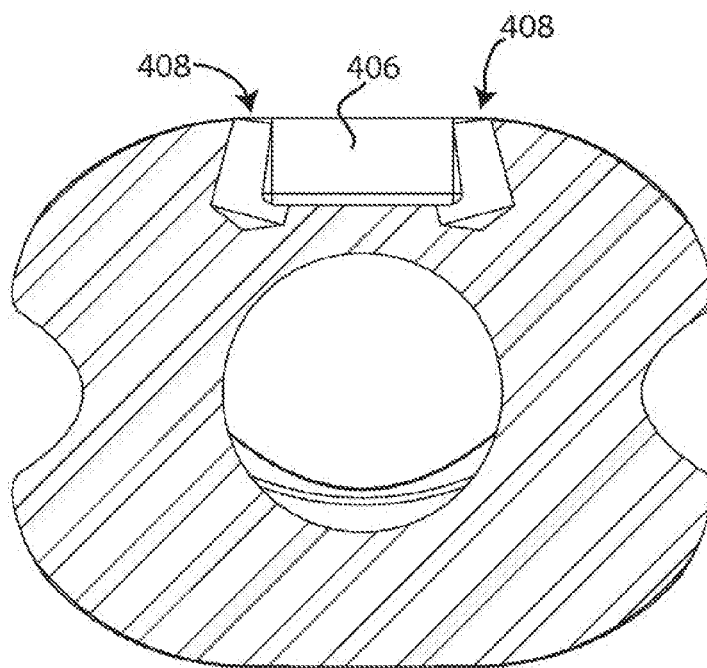
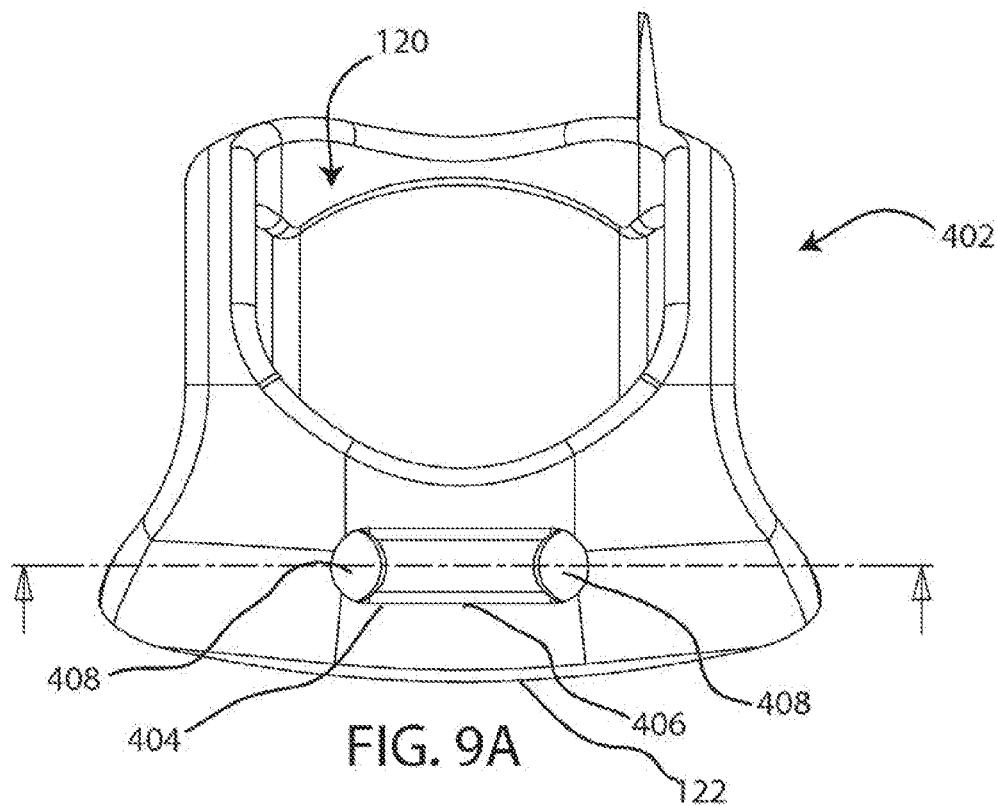


FIG. 8B



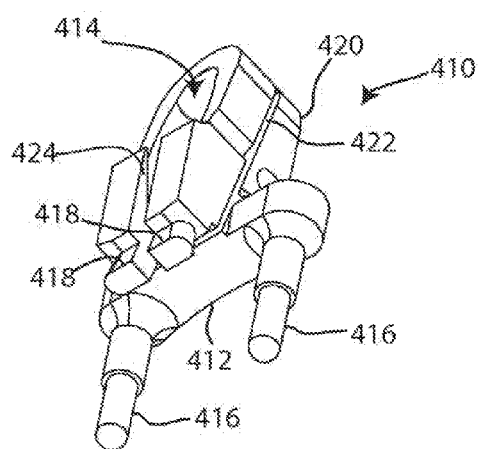


FIG. 10A

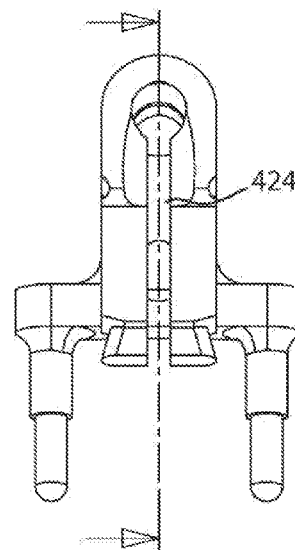


FIG. 10B

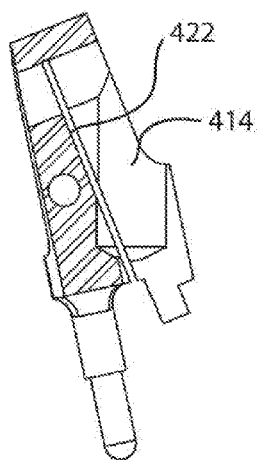


FIG. 10C

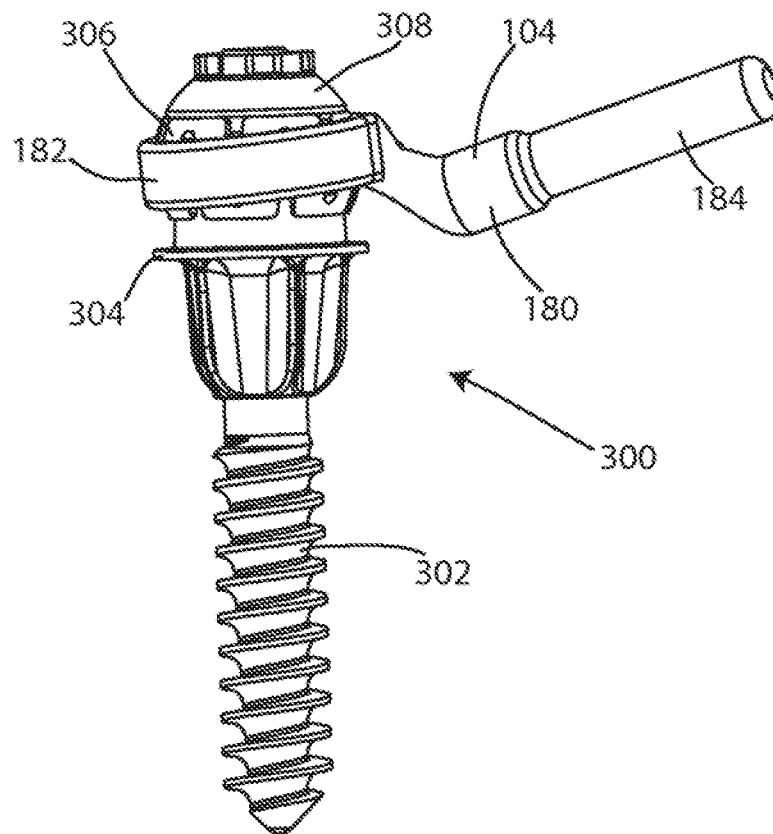


Fig. 11

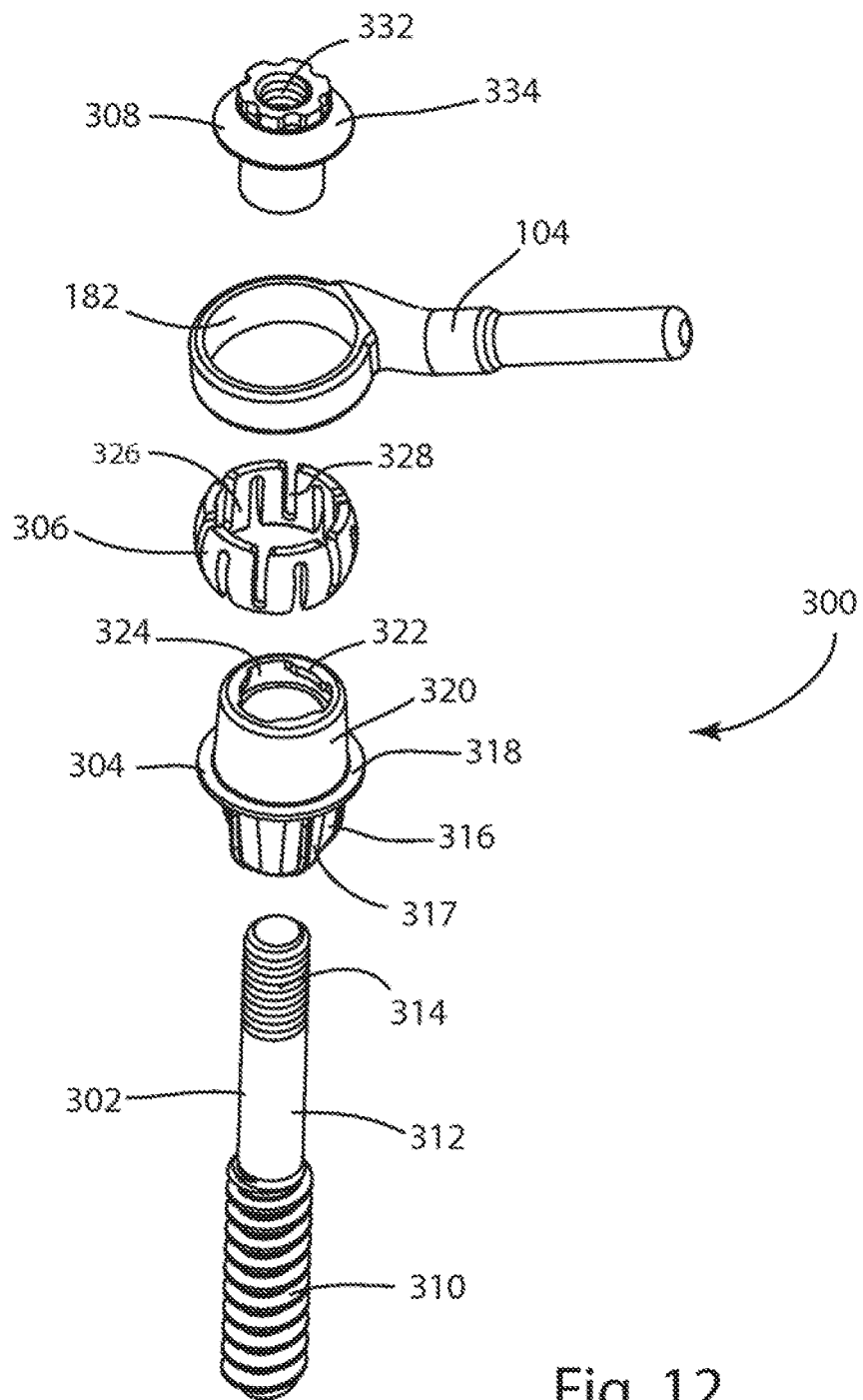


Fig. 12

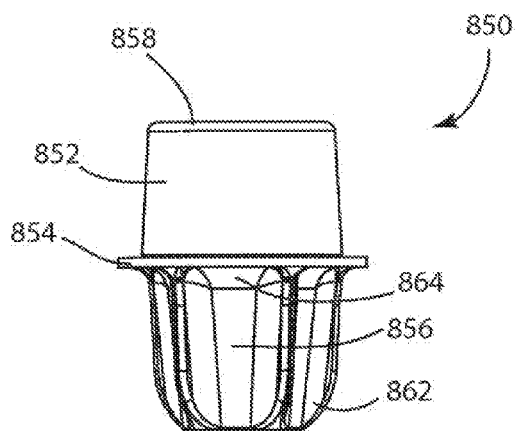


Fig. 13A

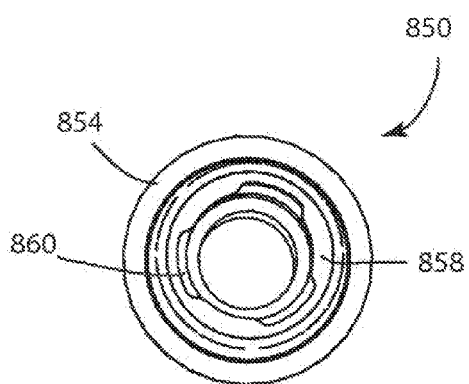


Fig. 13B

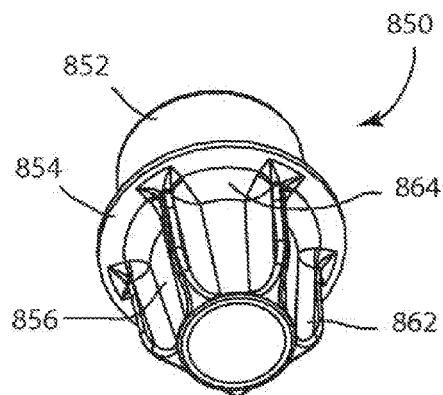


Fig. 13C

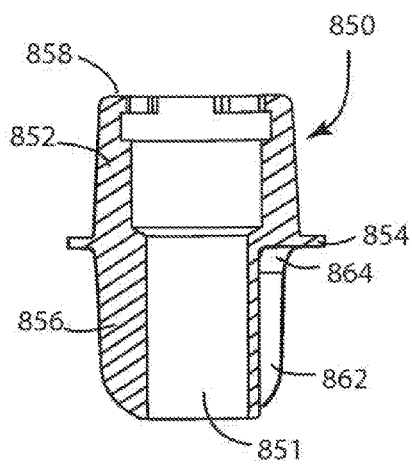
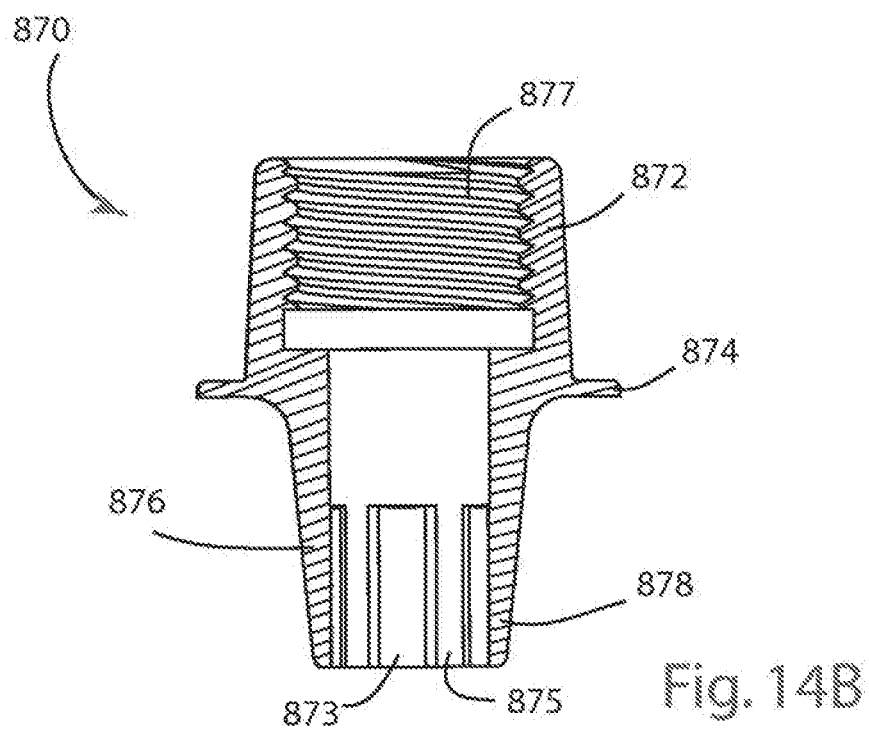
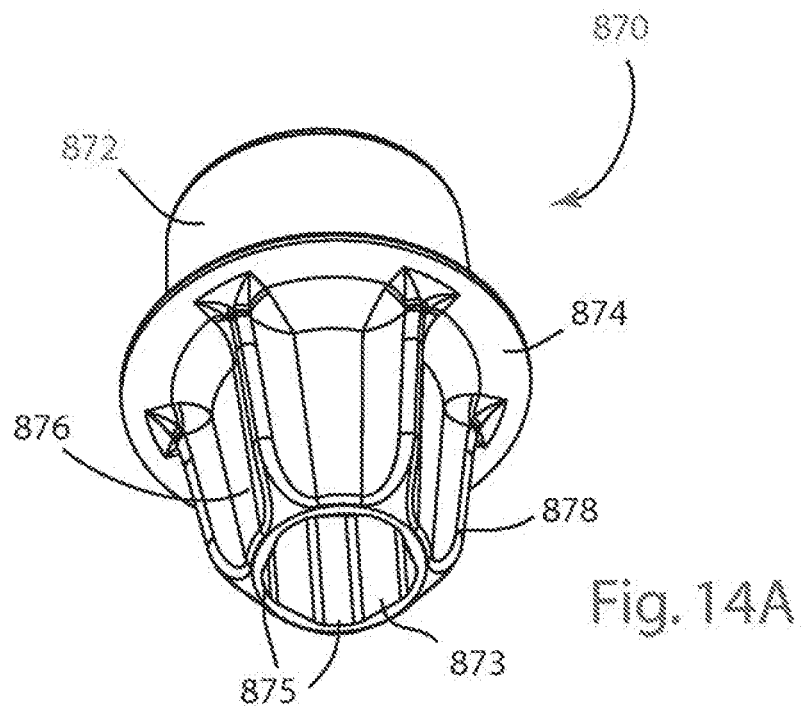


Fig. 13D



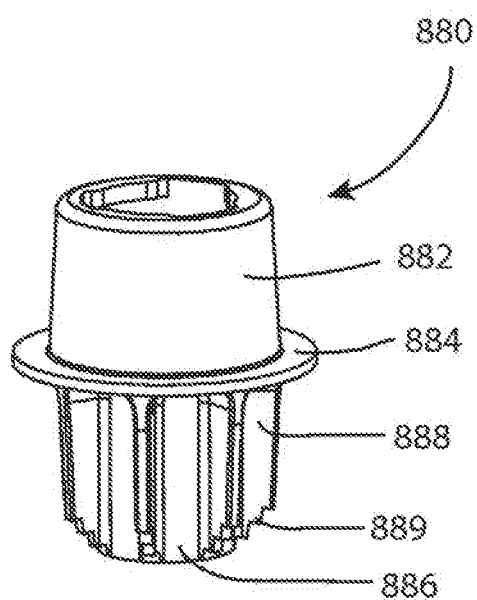


Fig. 15

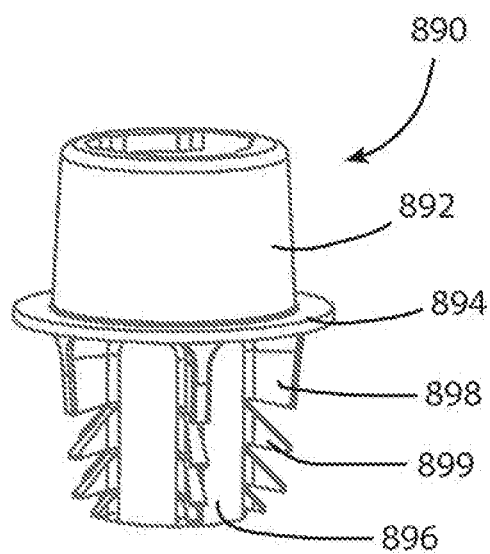


Fig. 16



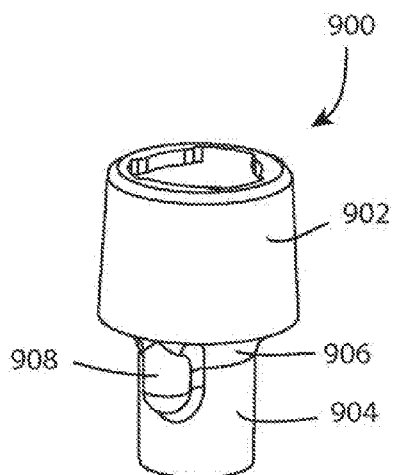


Fig. 17

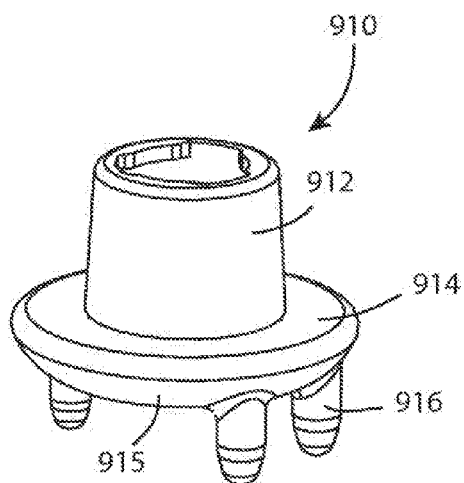


Fig. 18

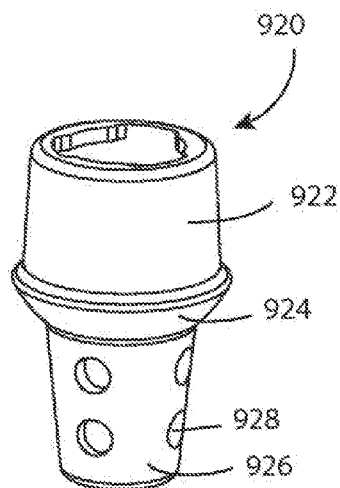


Fig. 19

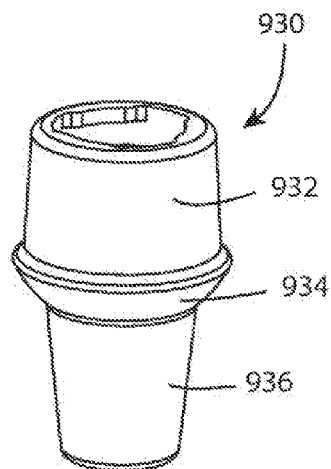


Fig. 20

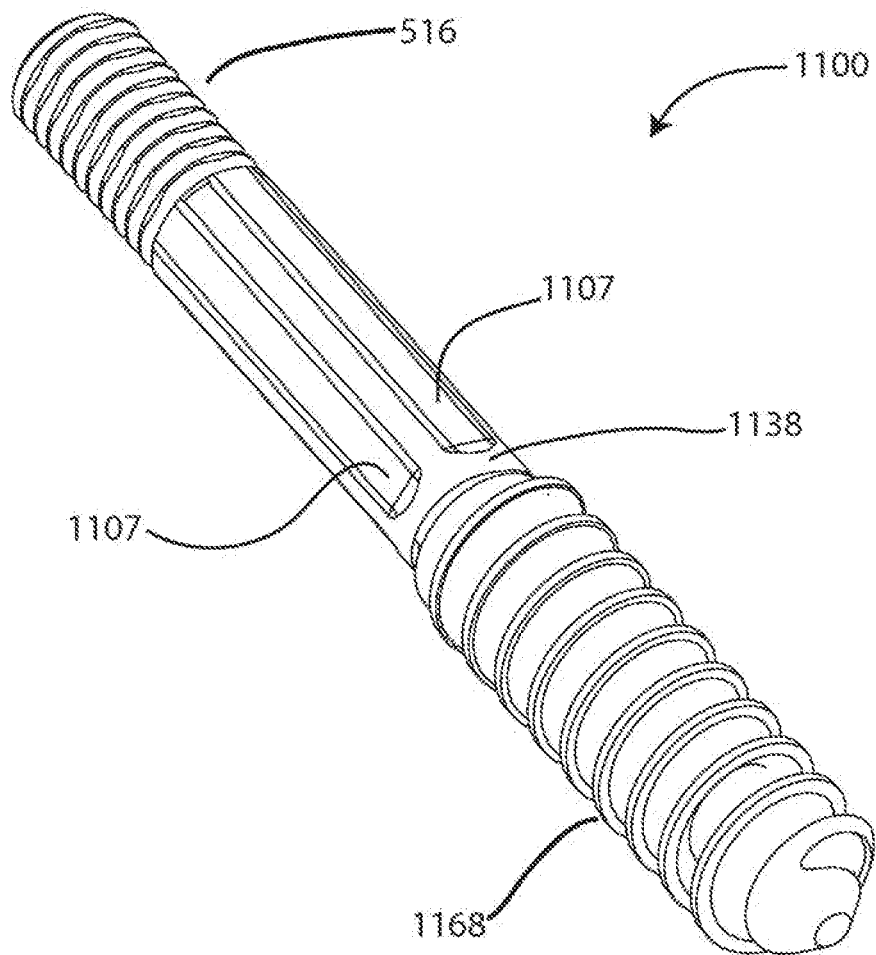


FIG. 21

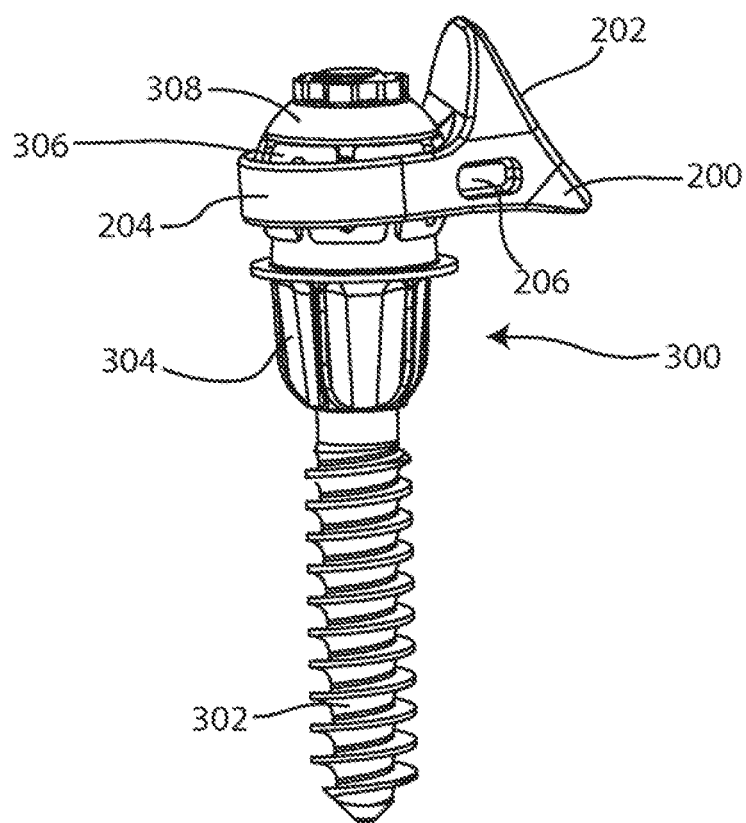


Fig. 22

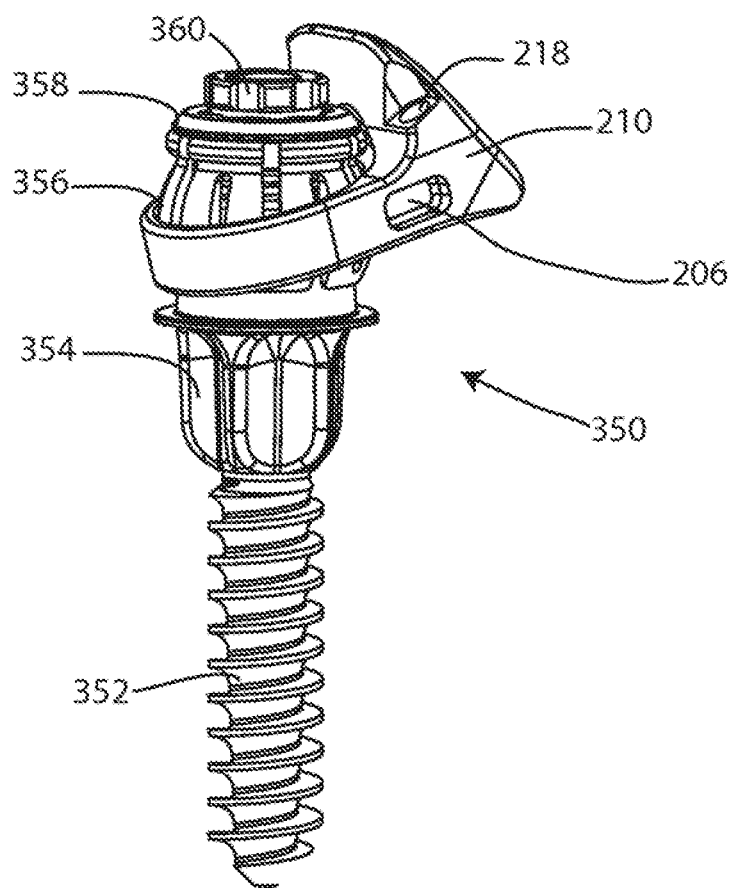


Fig. 23

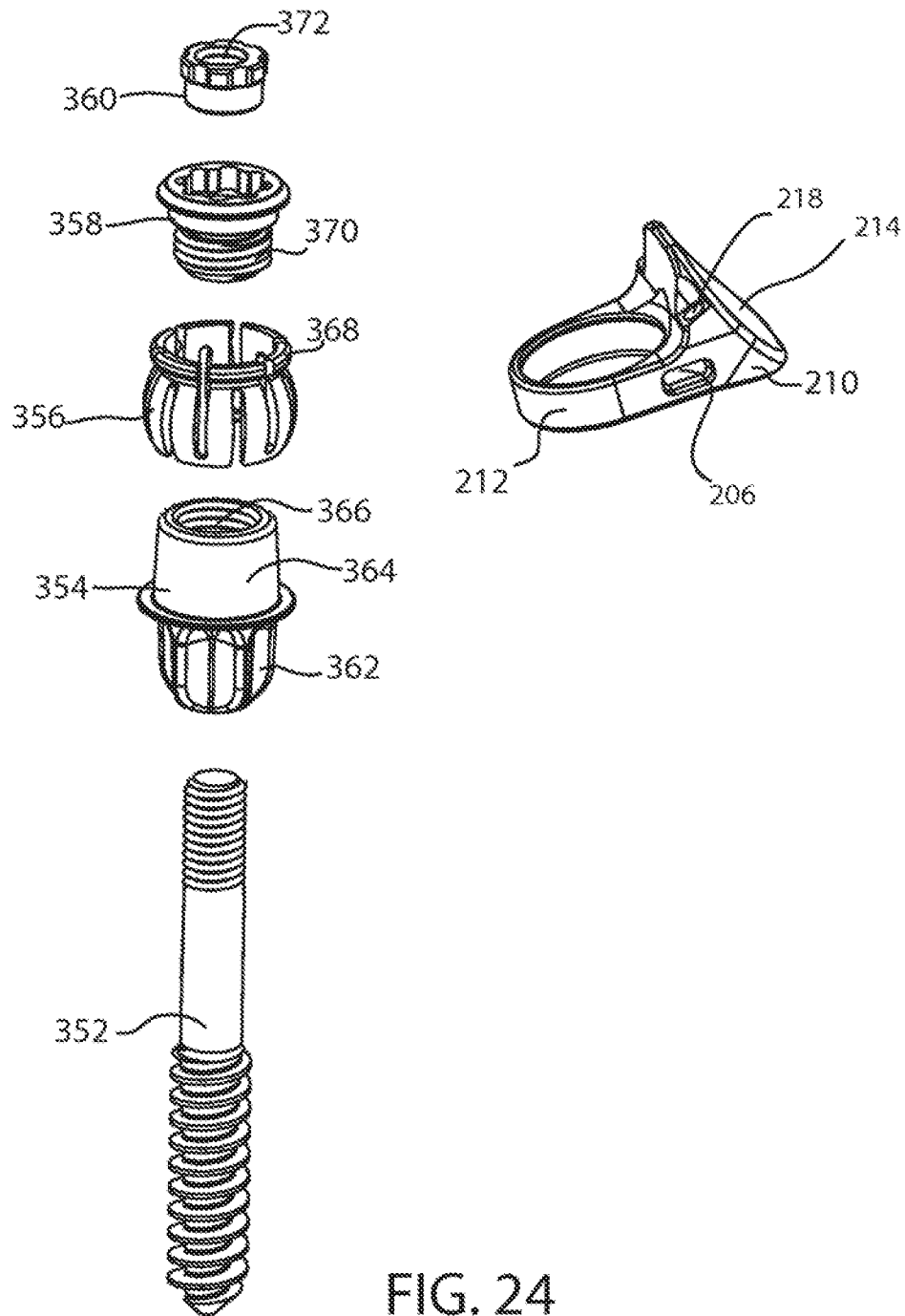


FIG. 24

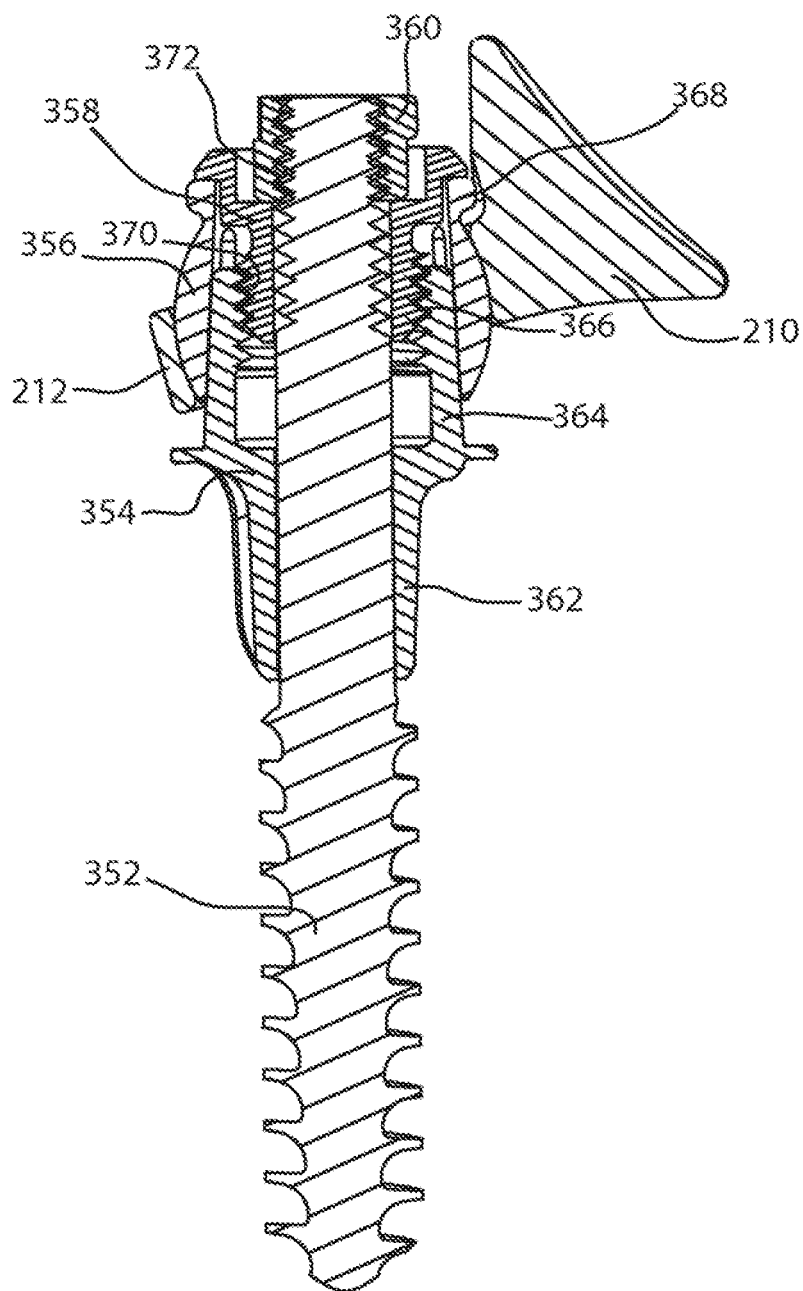


Fig. 25

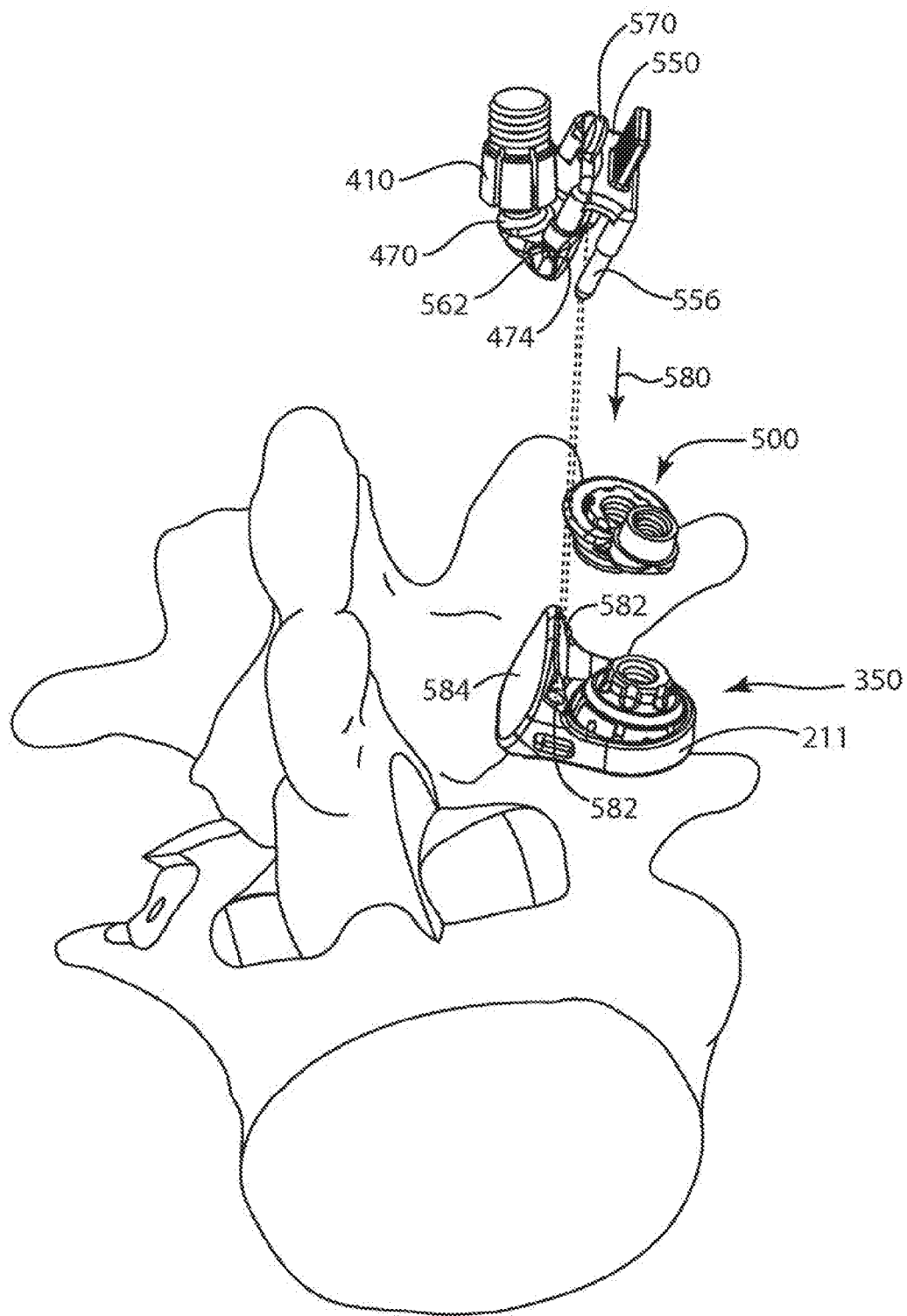


Fig 26

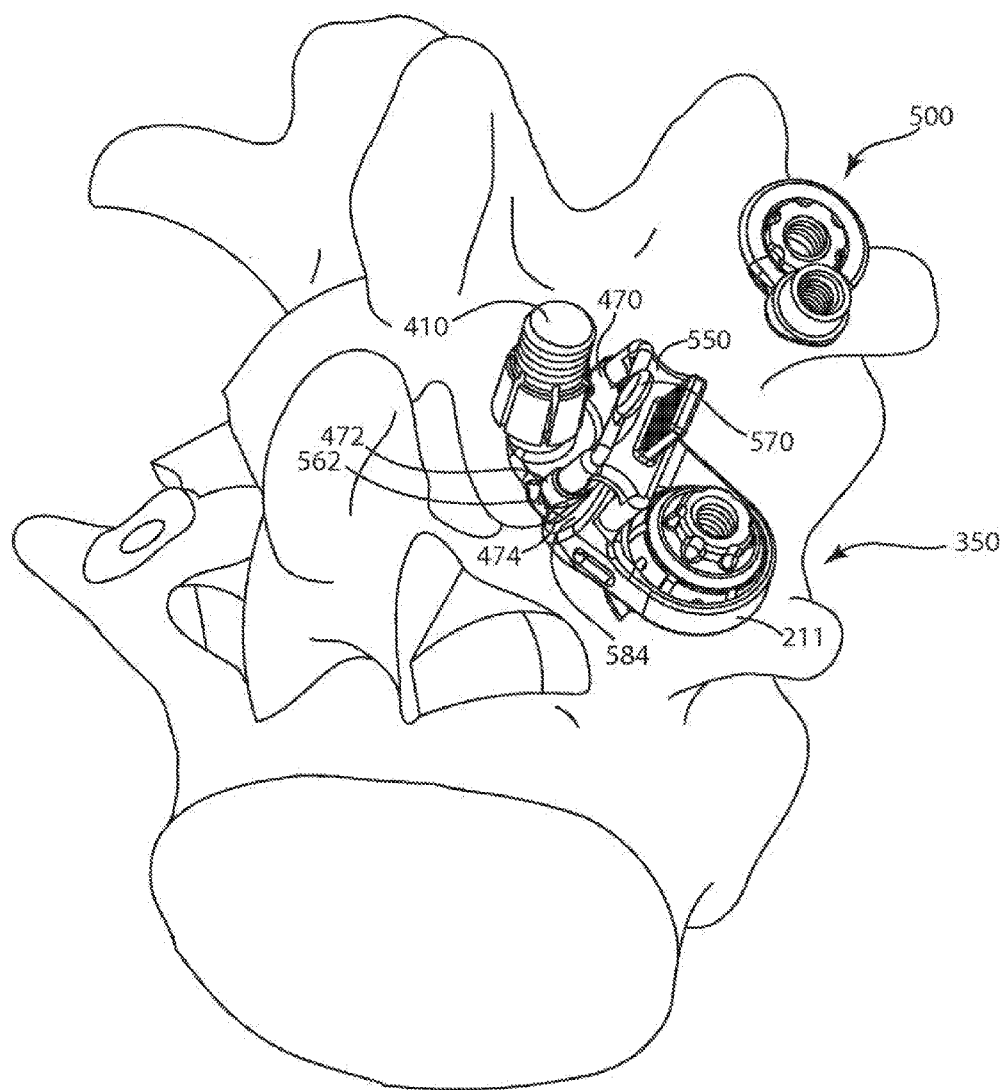


Fig. 27



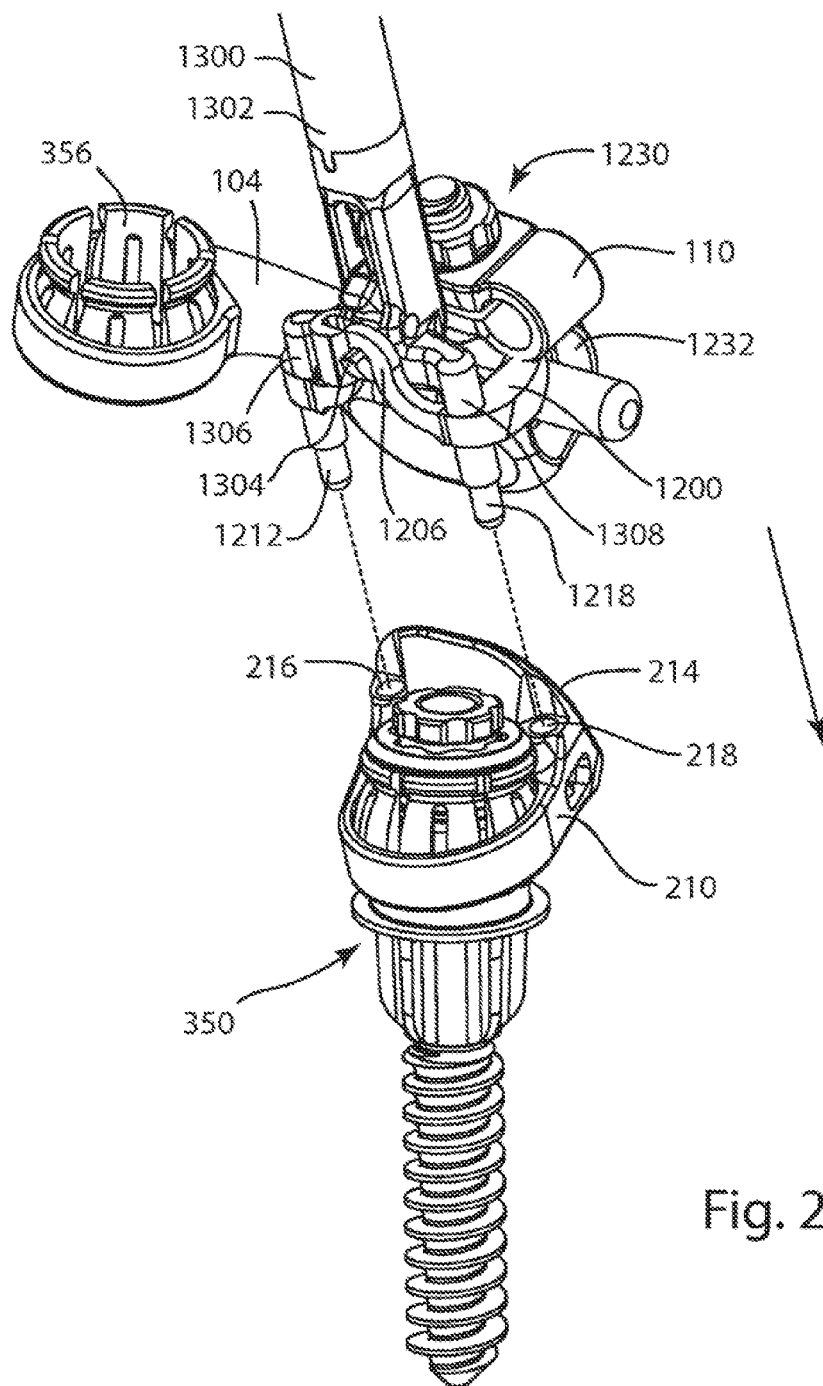


Fig. 28

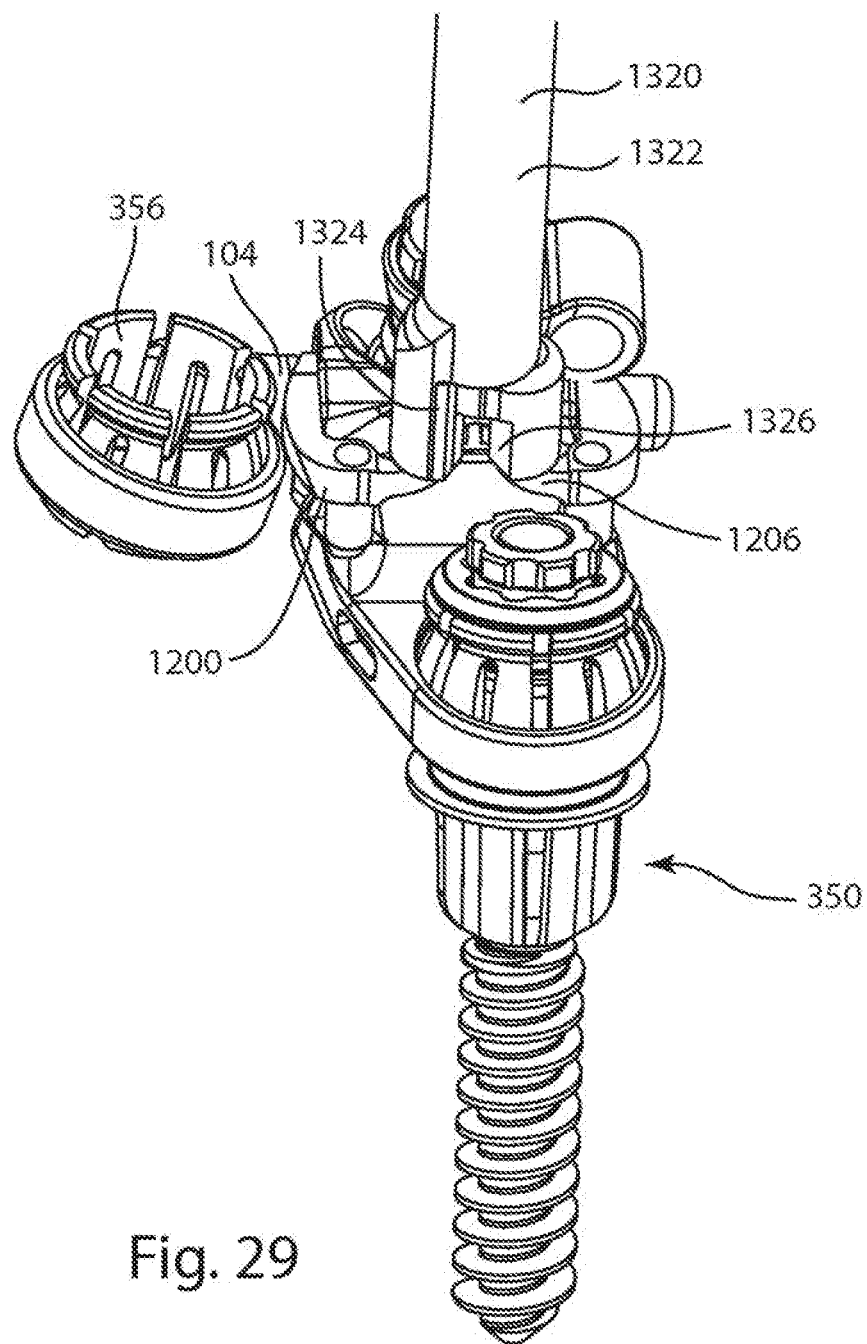
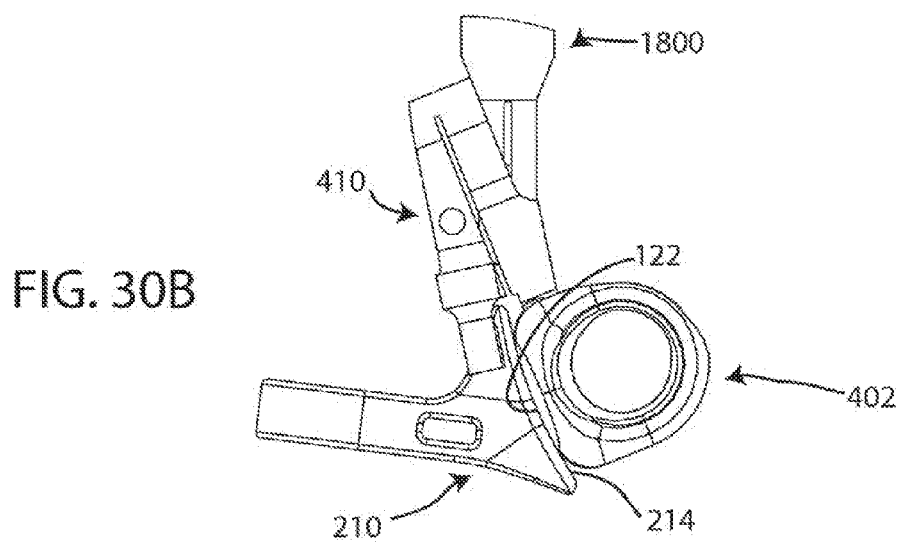
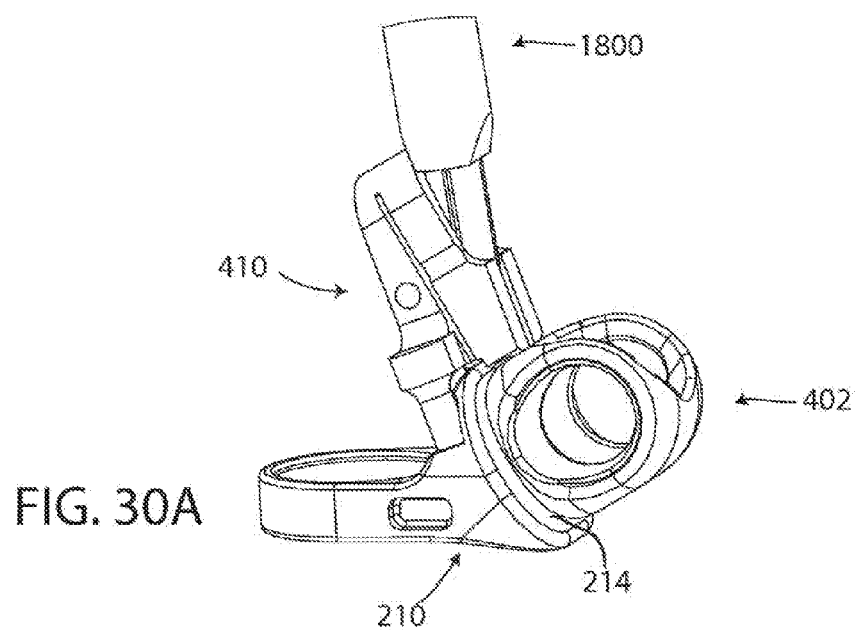


Fig. 29



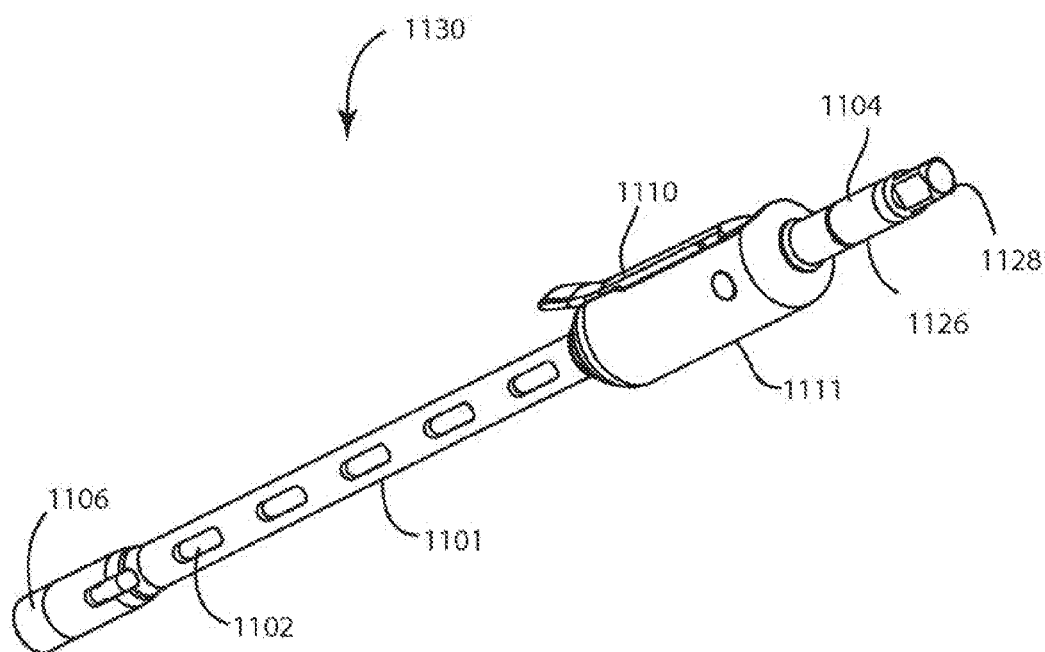


Fig. 31

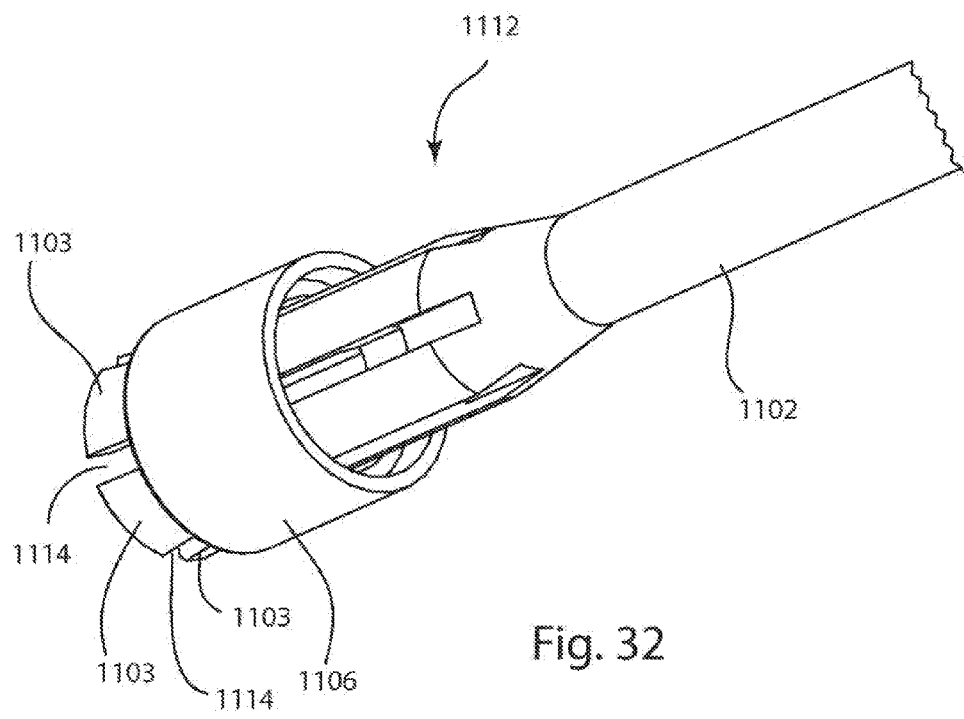


Fig. 32

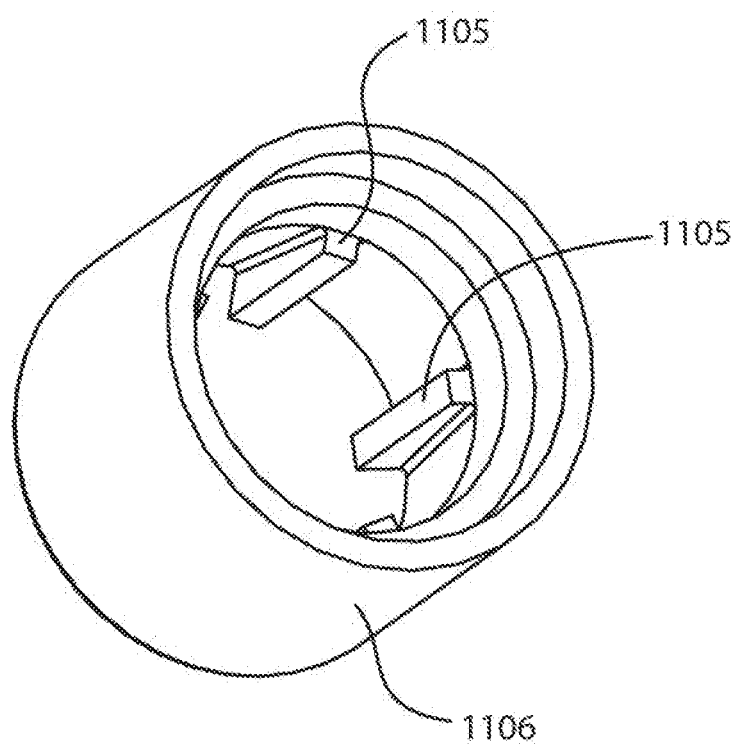


Fig. 33

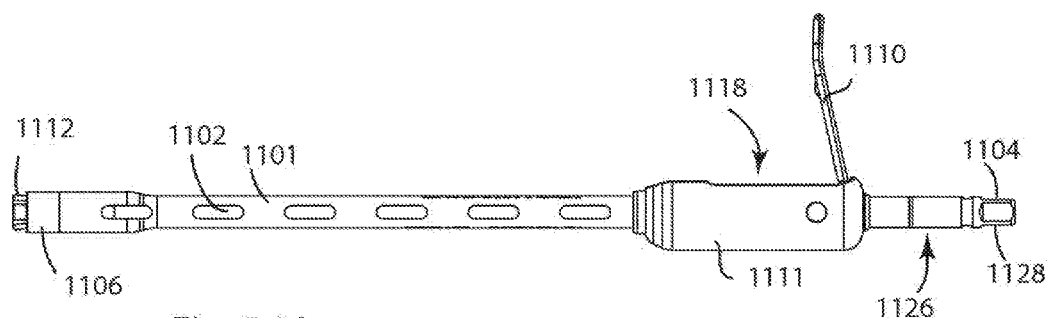


Fig. 34A

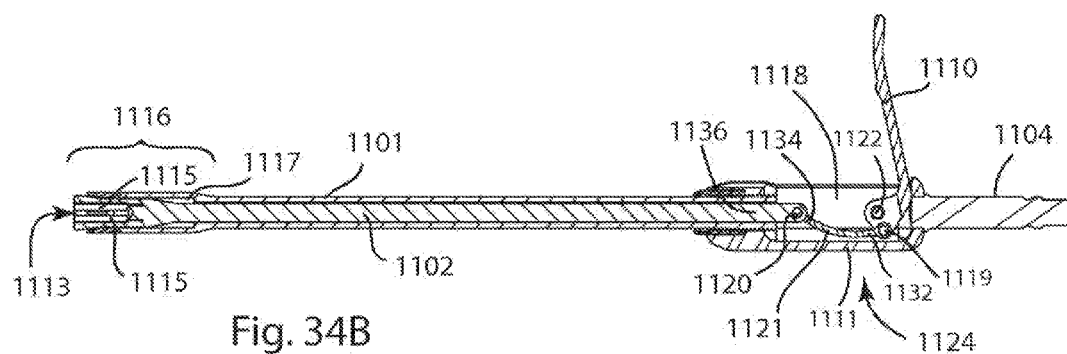


Fig. 34B

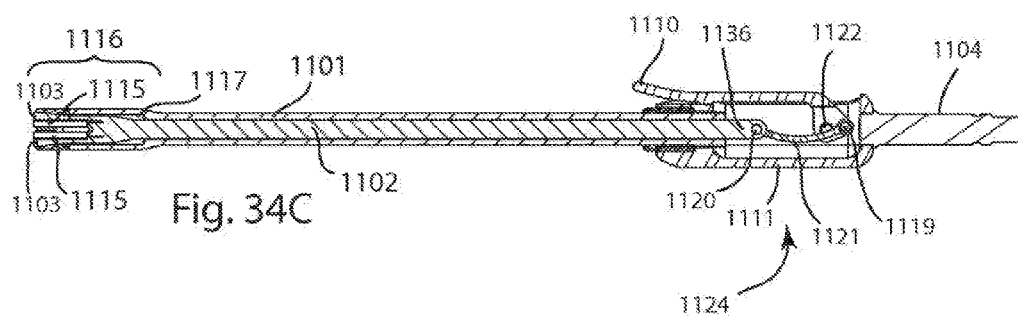


Fig. 34C

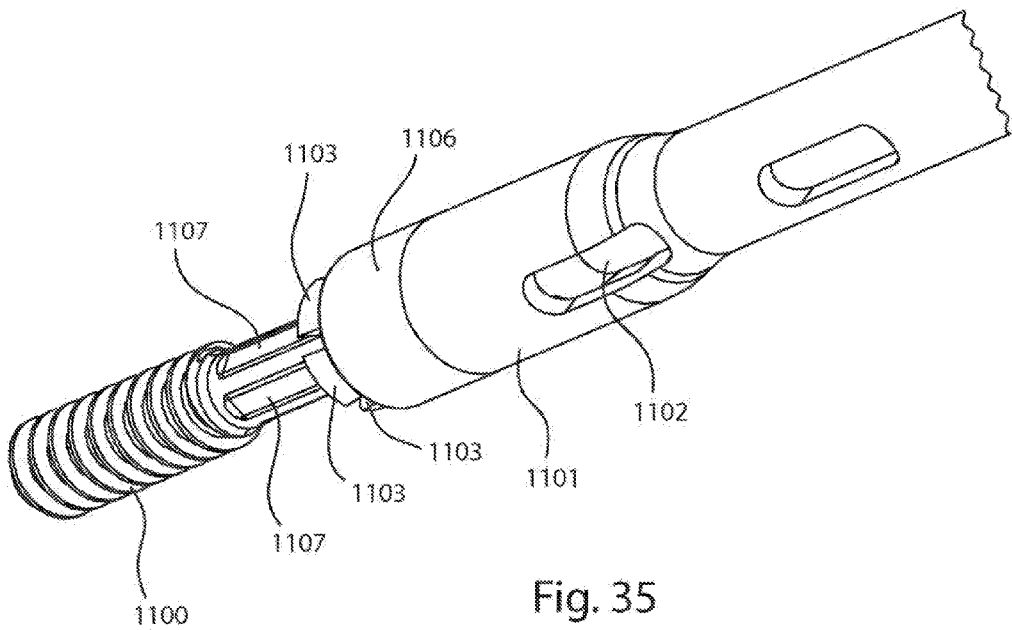




Fig. 36A

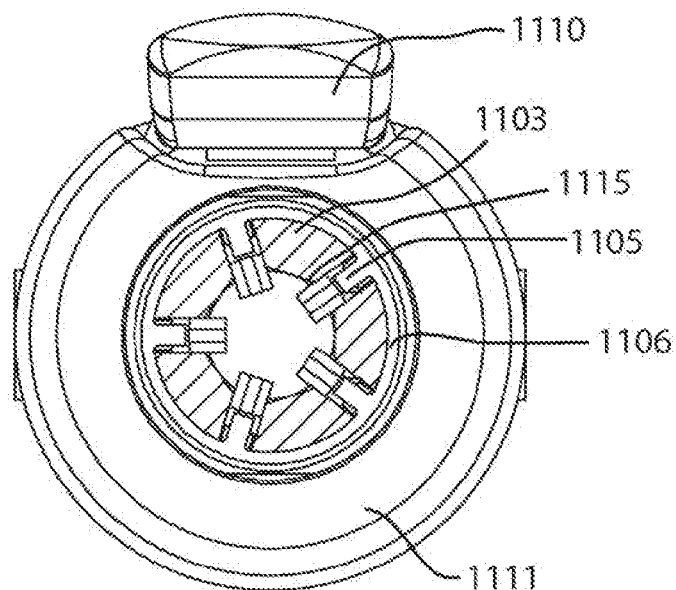
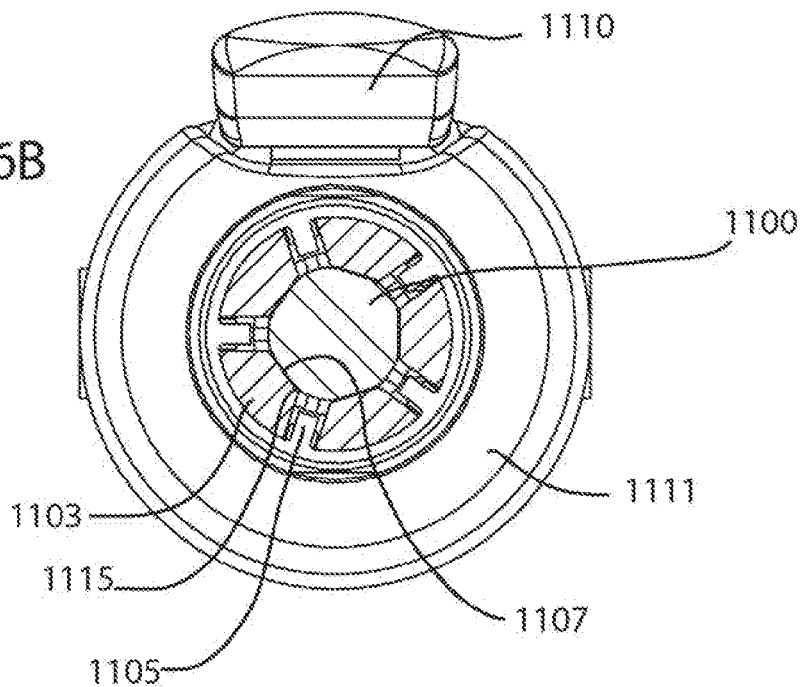
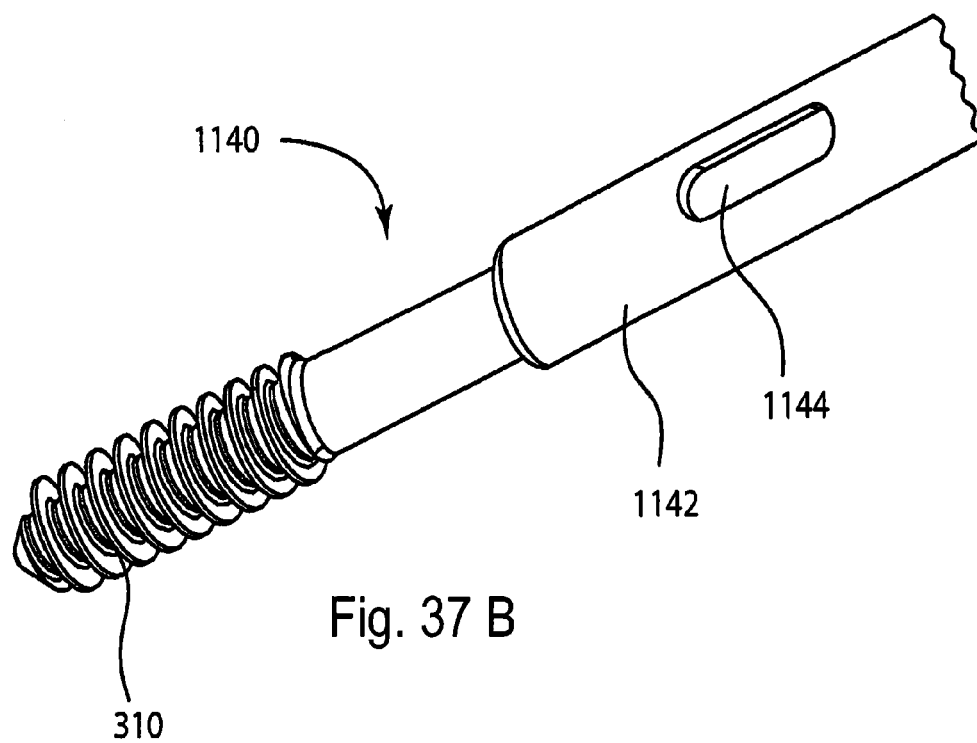
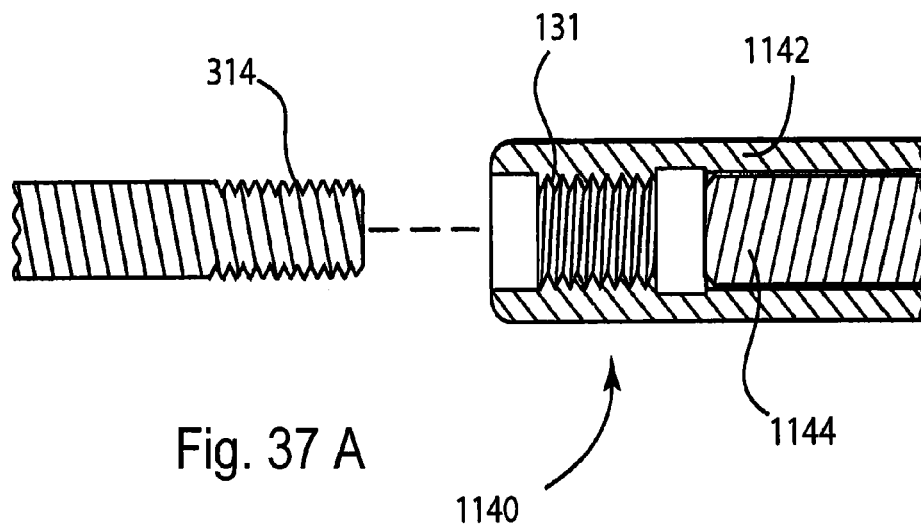
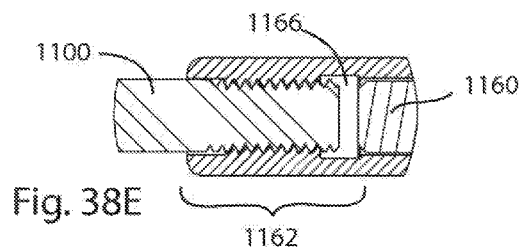
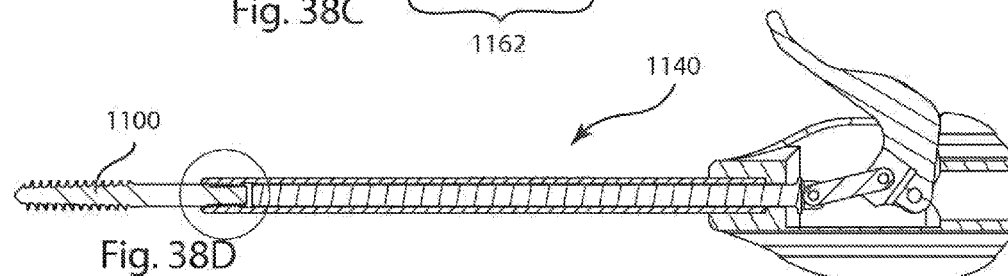
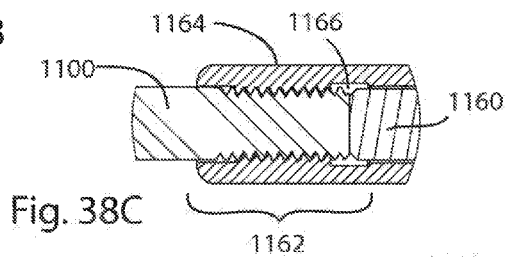
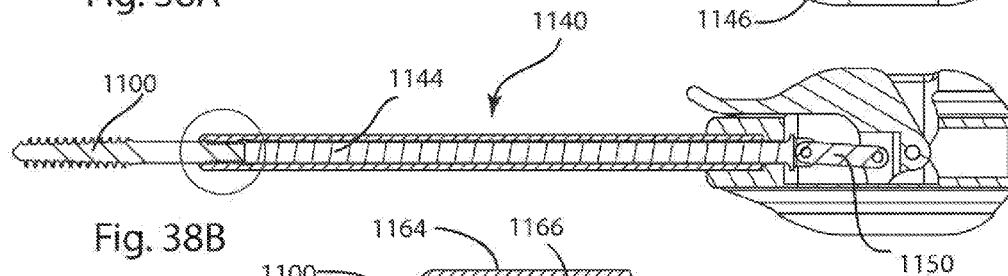
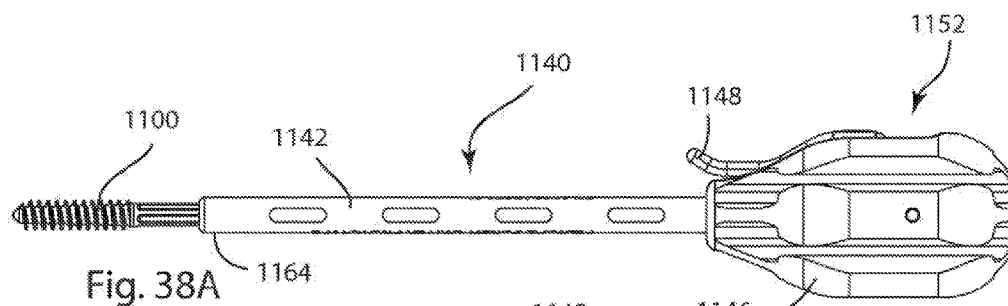
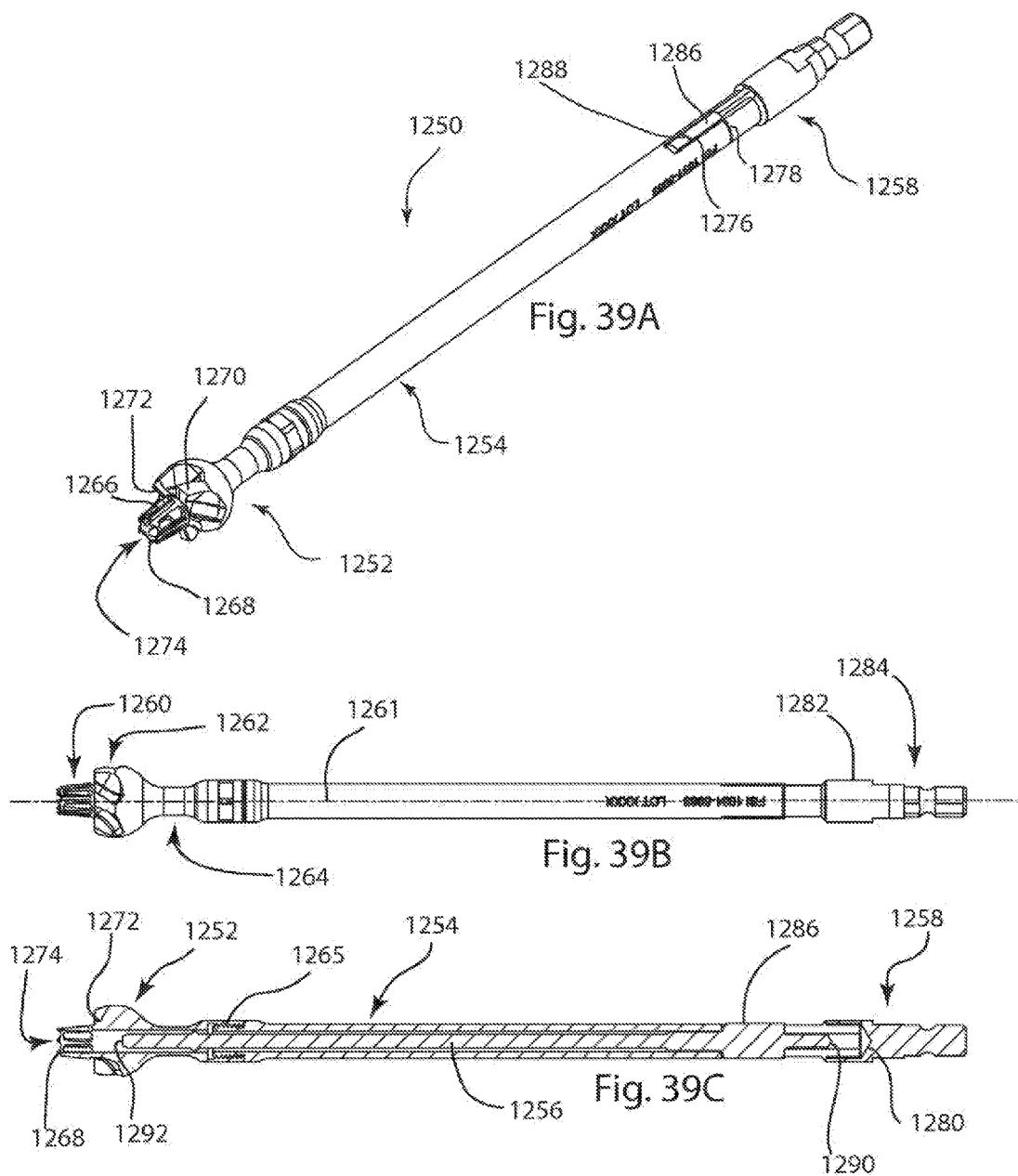


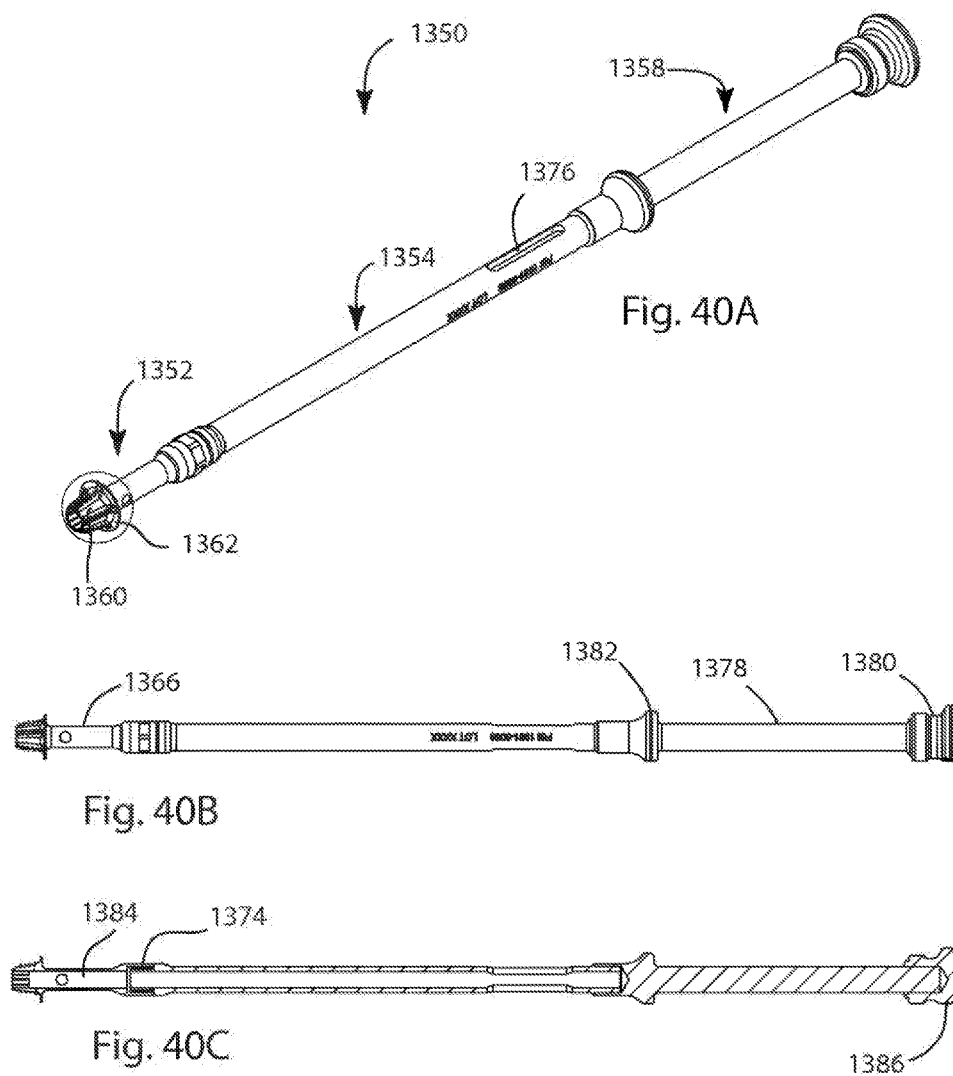
Fig. 36B











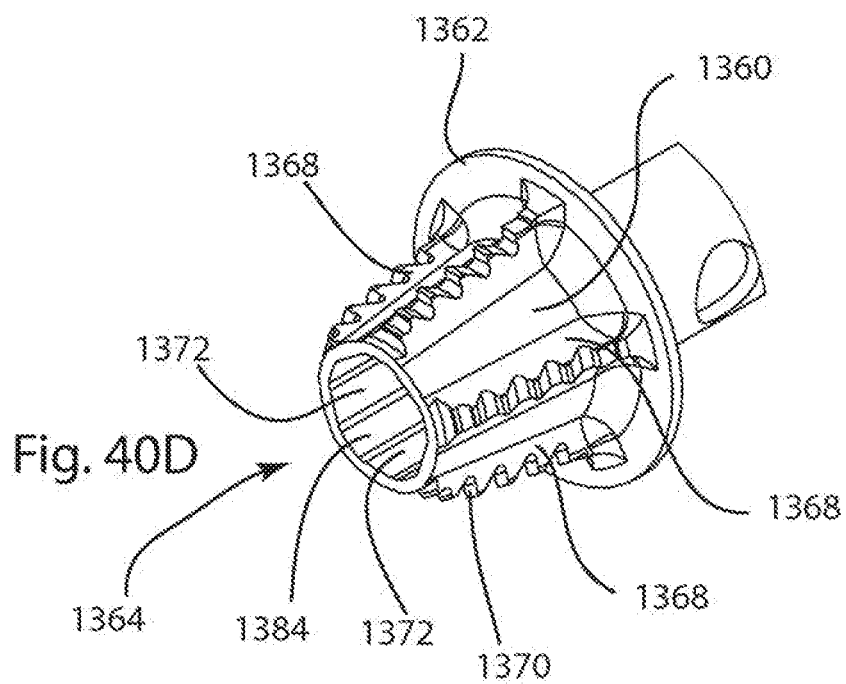
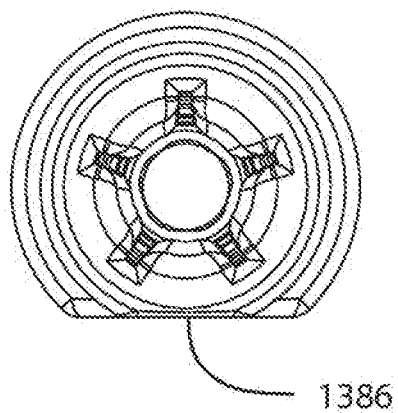


Fig. 40E



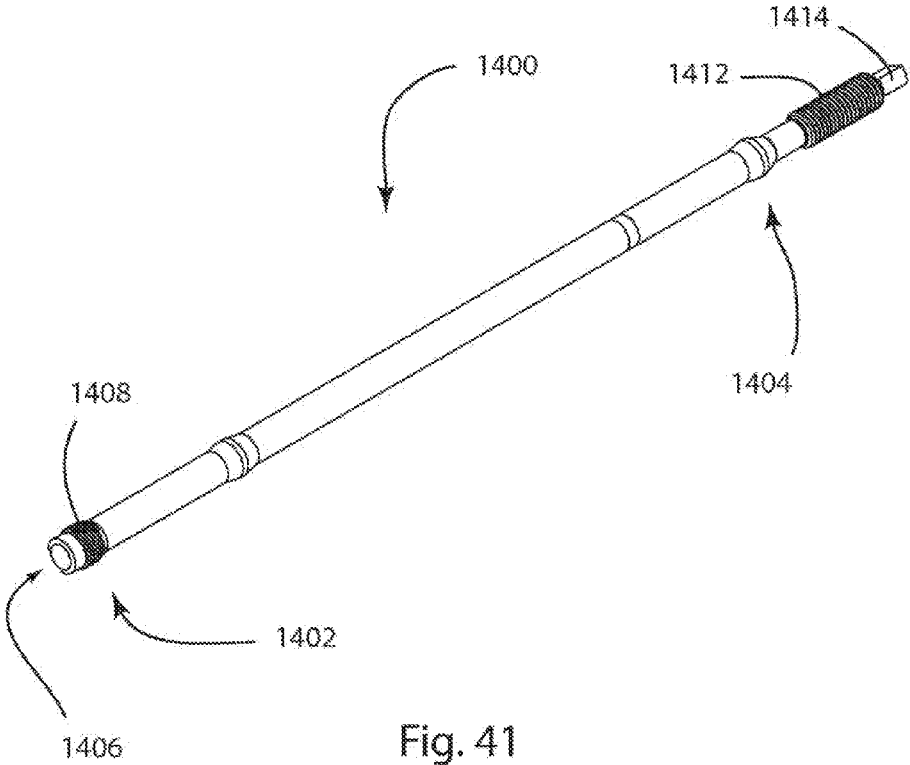


Fig. 41

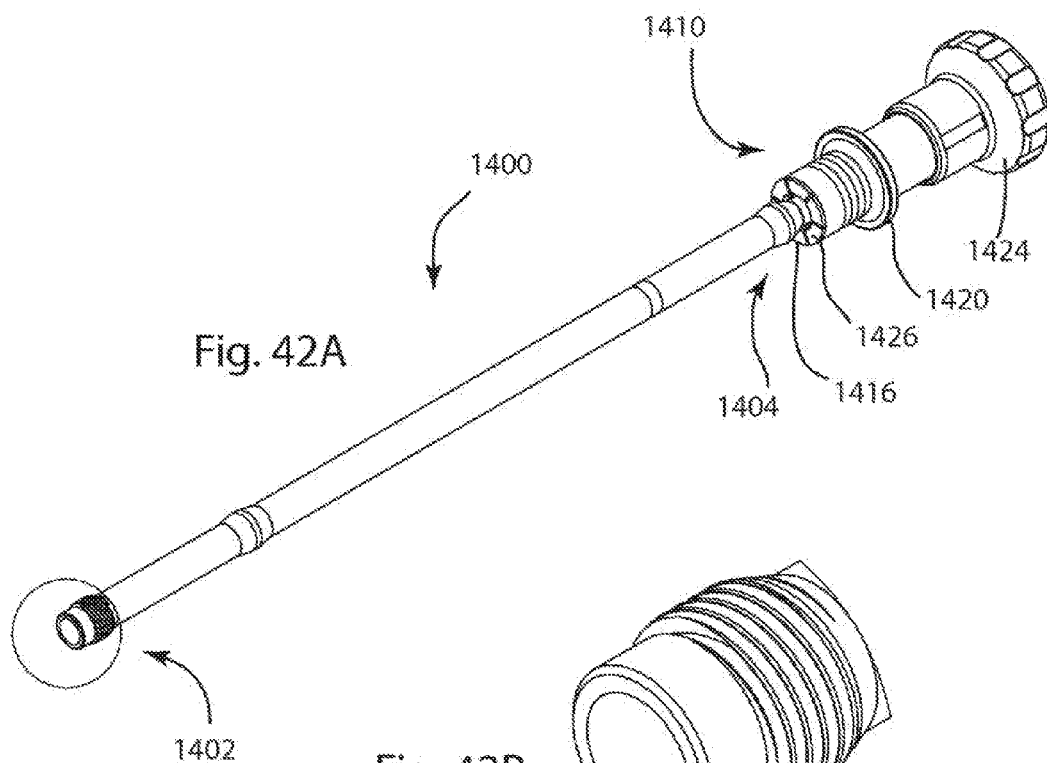
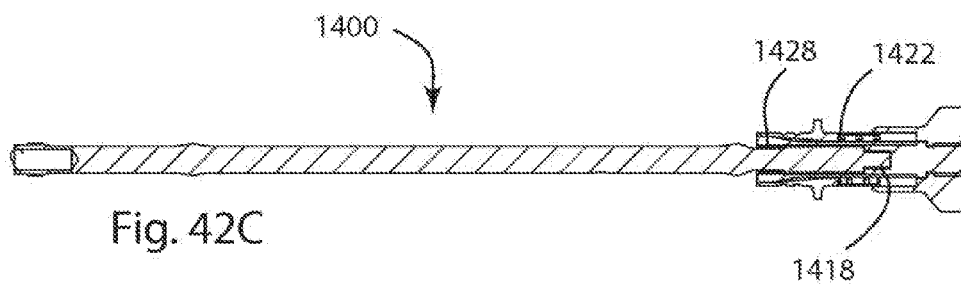
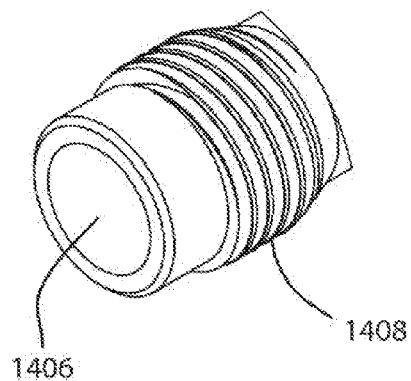


Fig. 42B





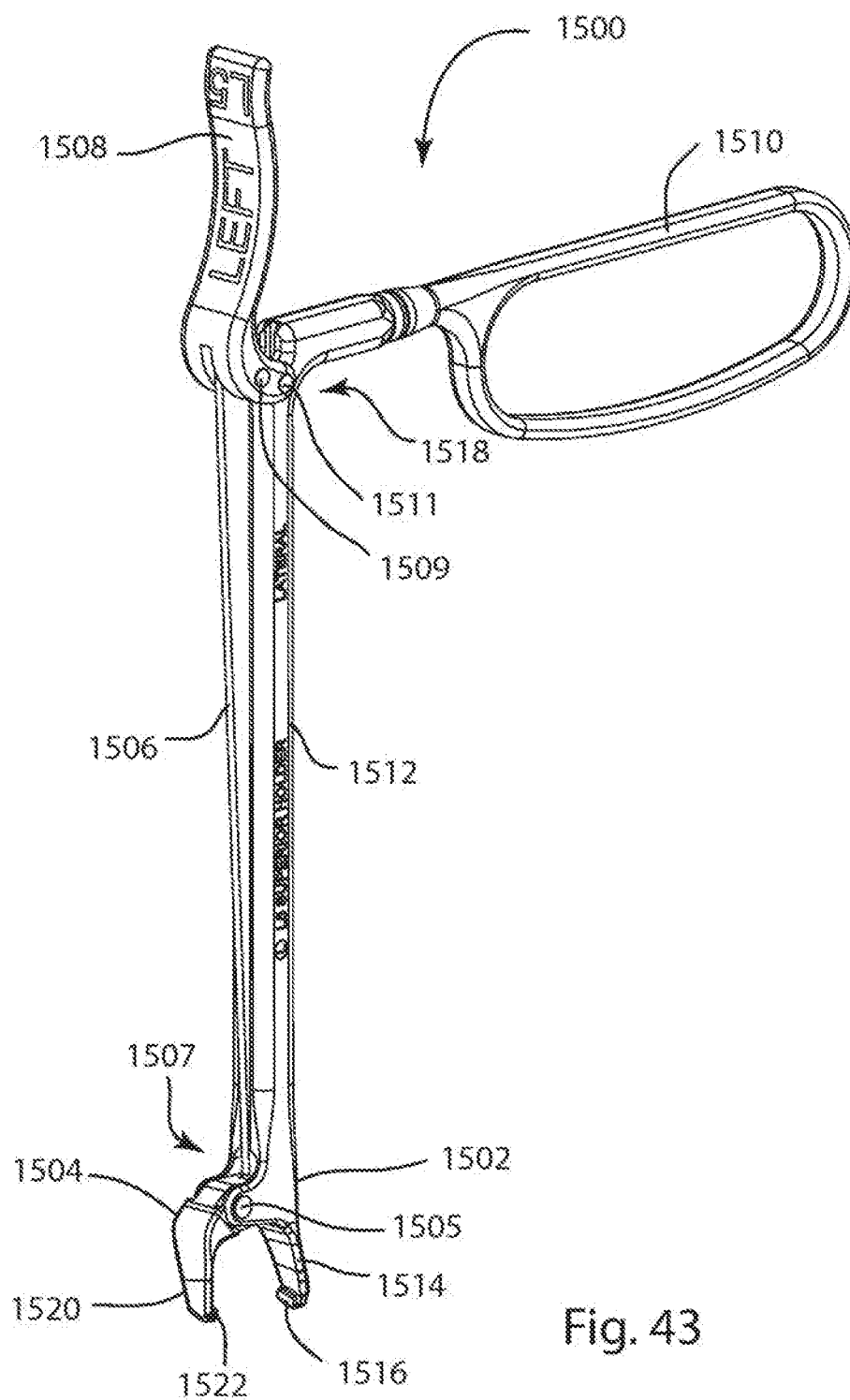


Fig. 43

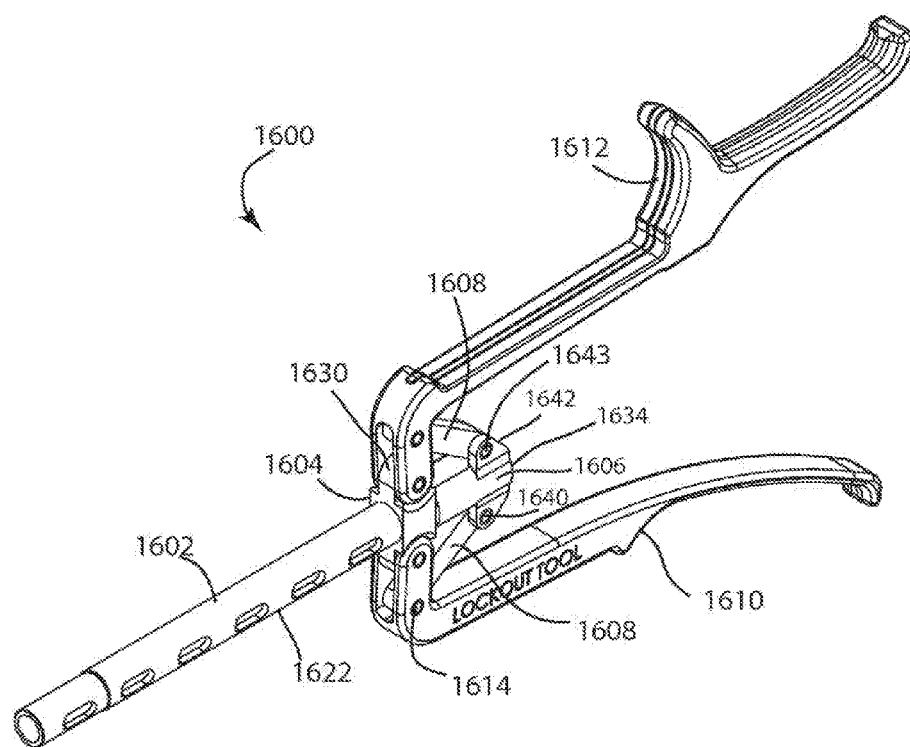


Fig. 44A

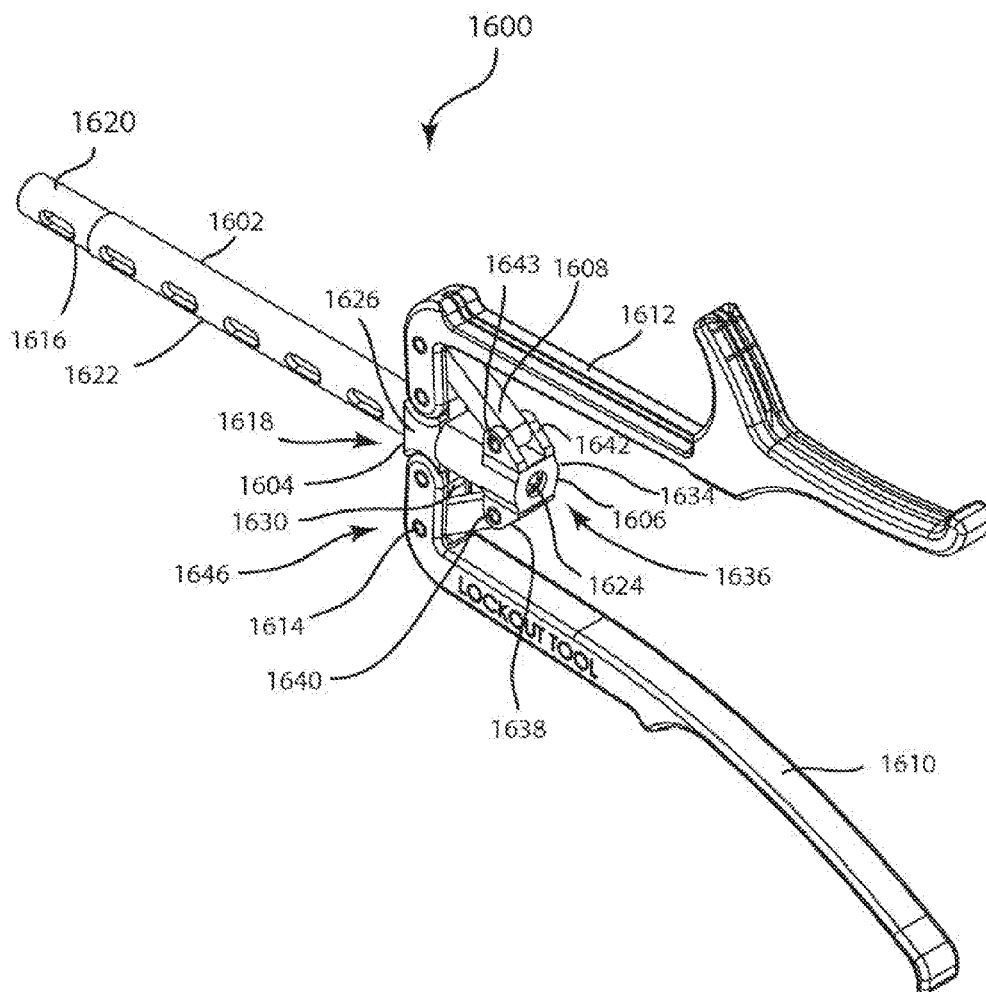


Fig. 44B

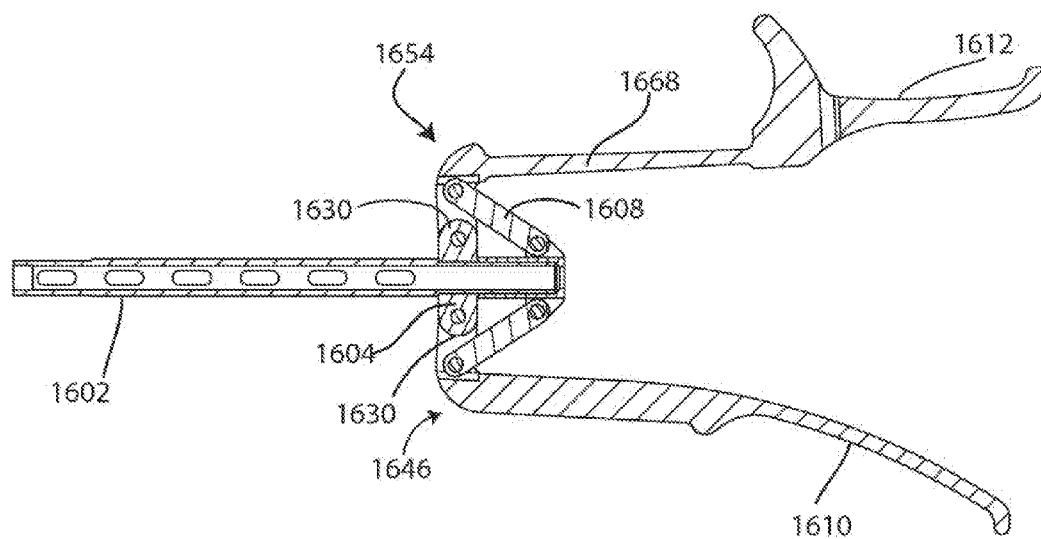
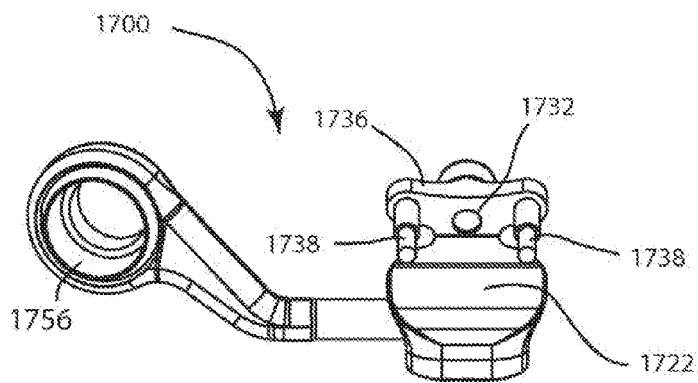
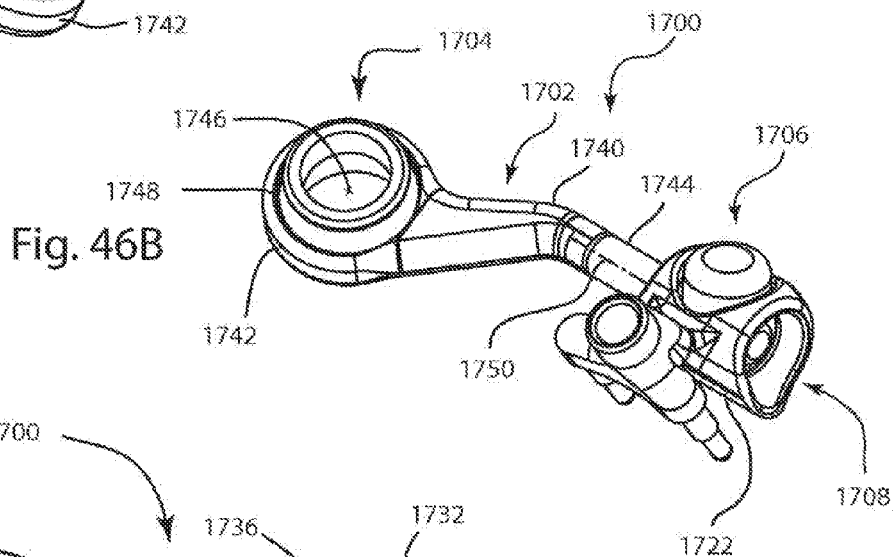
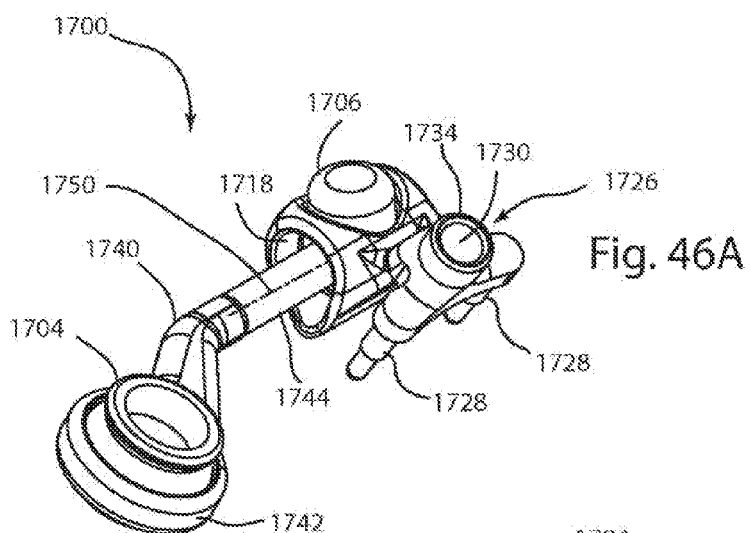


FIG. 45



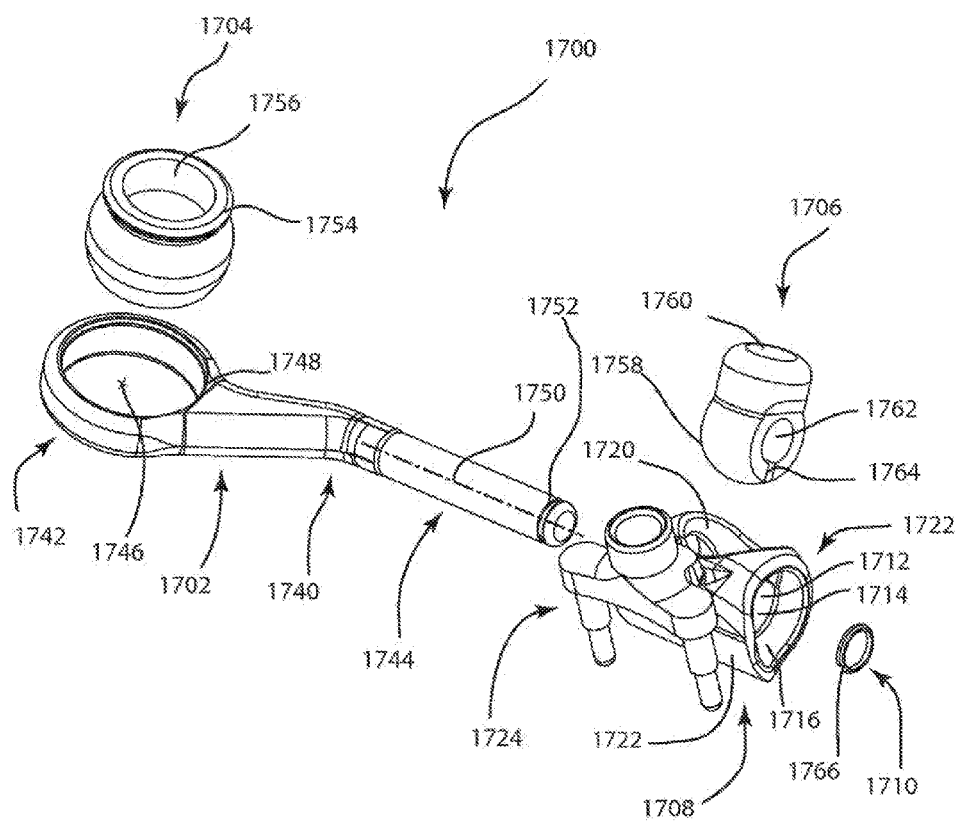
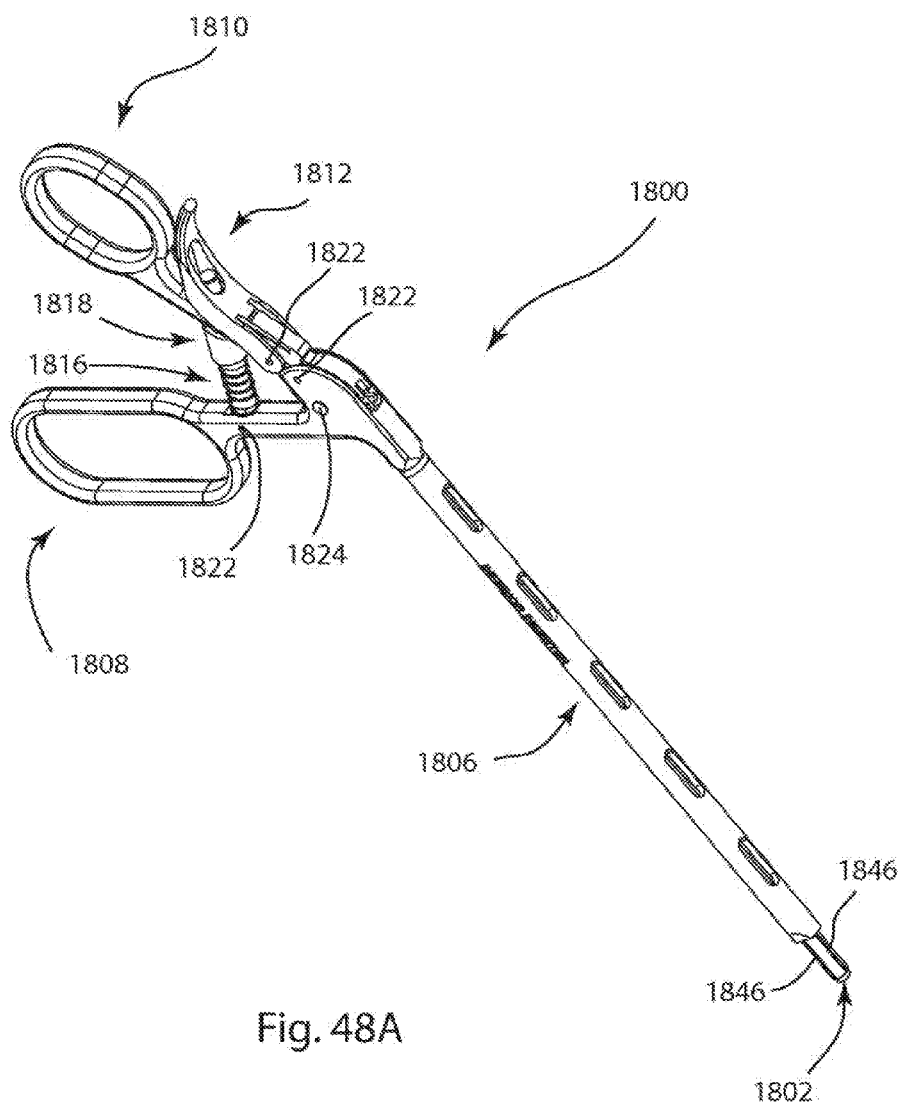
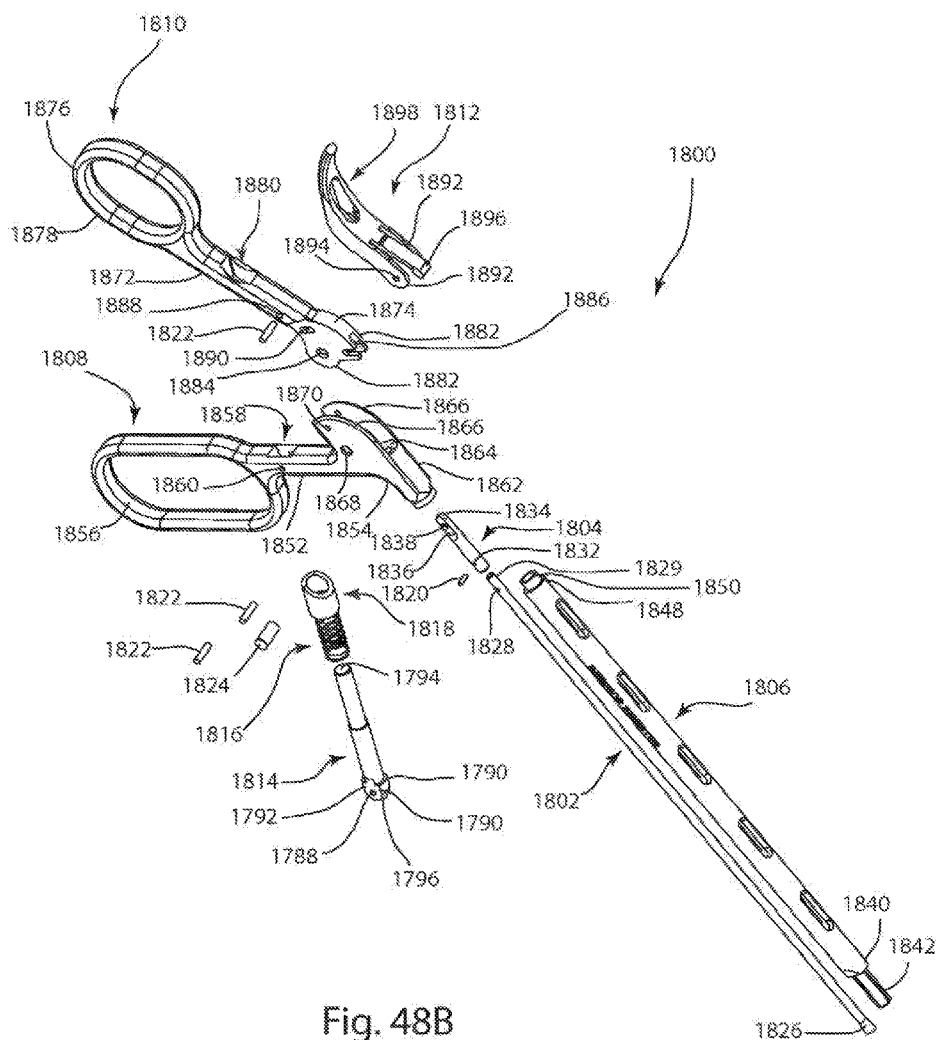


Fig. 47







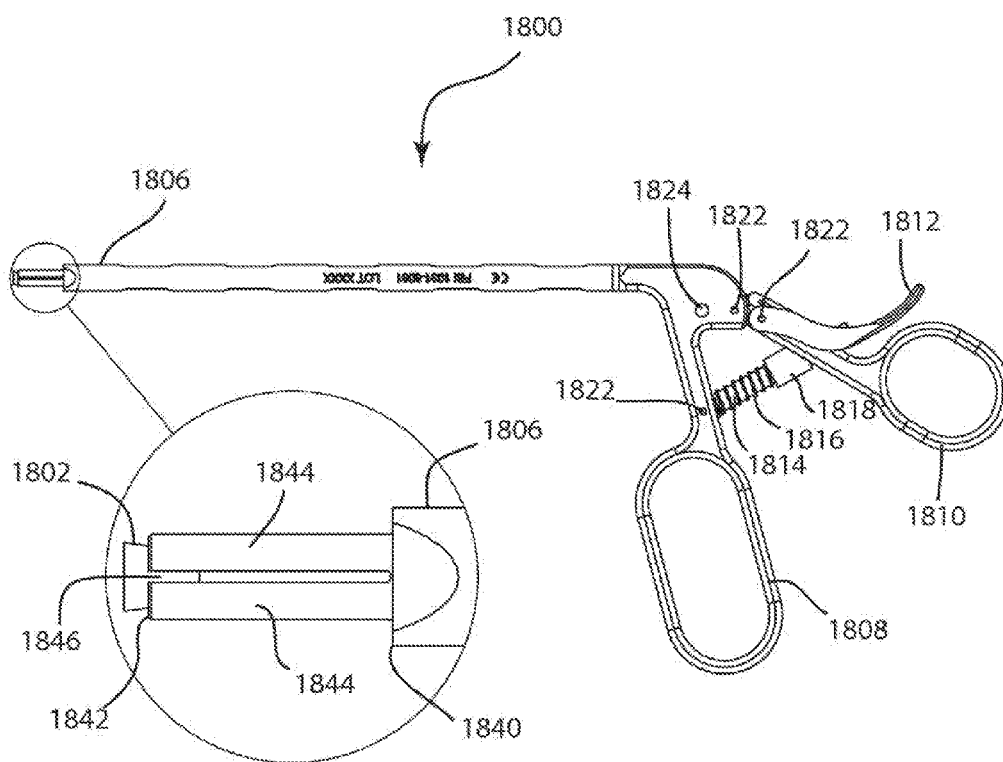


Fig. 49A

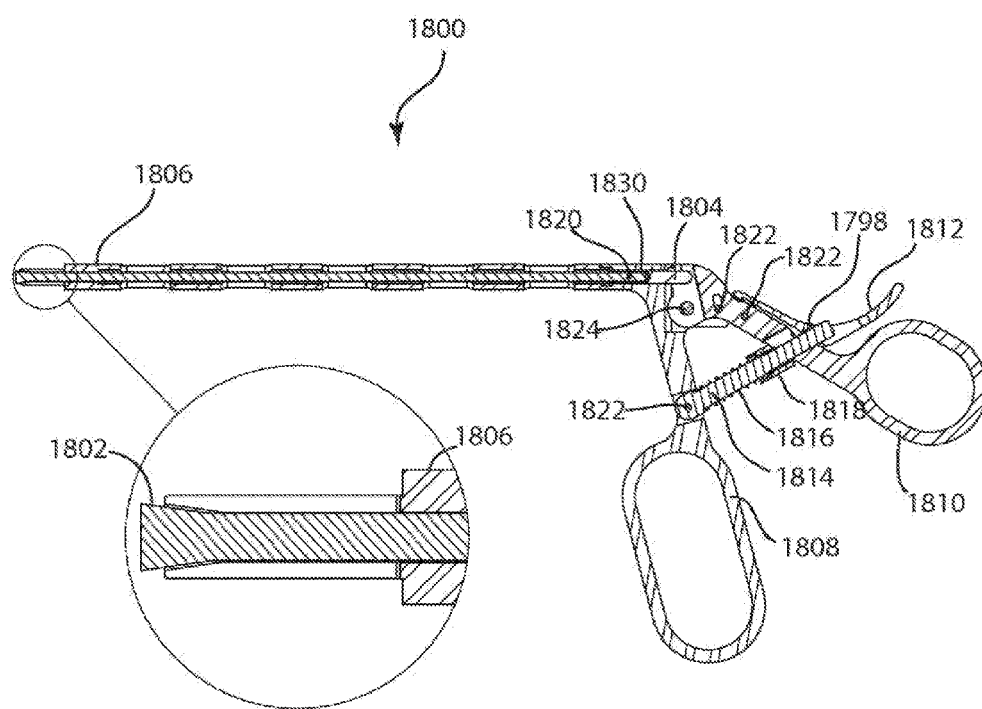


Fig. 49B

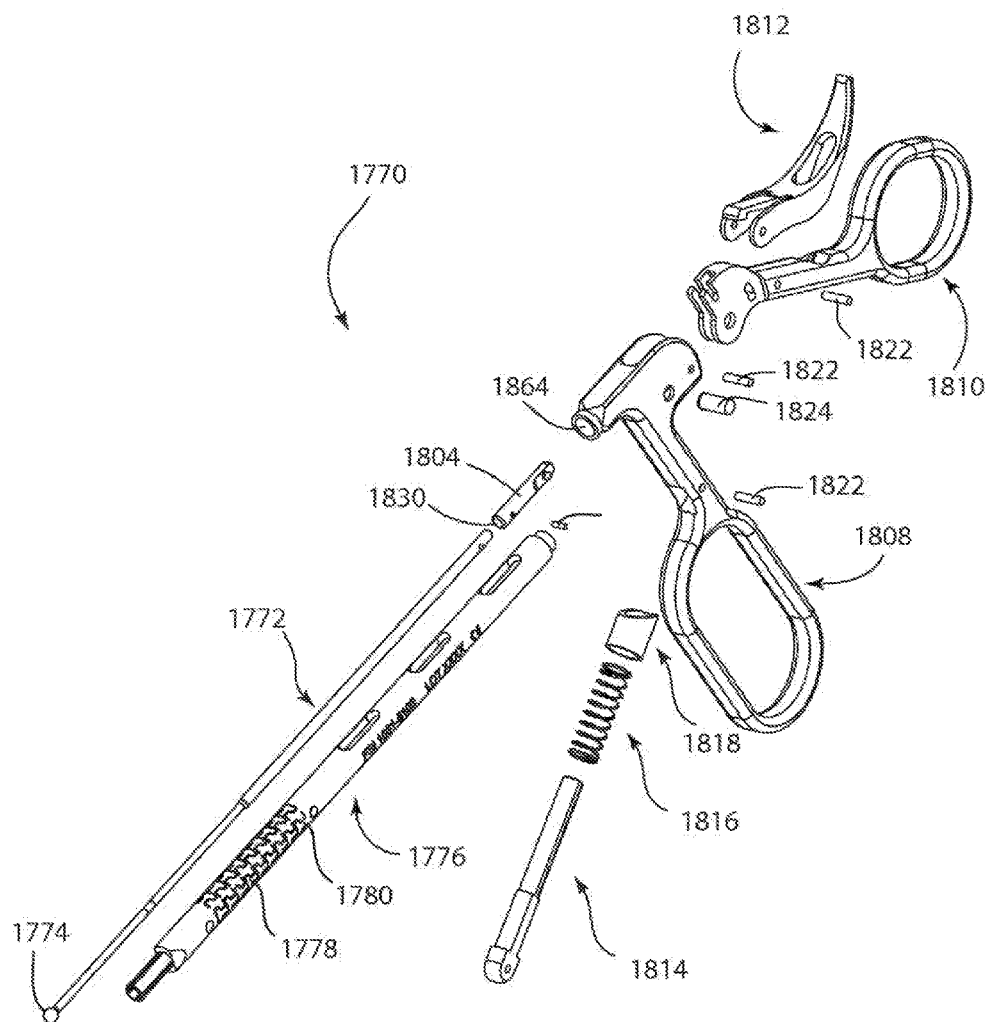


Fig. 50

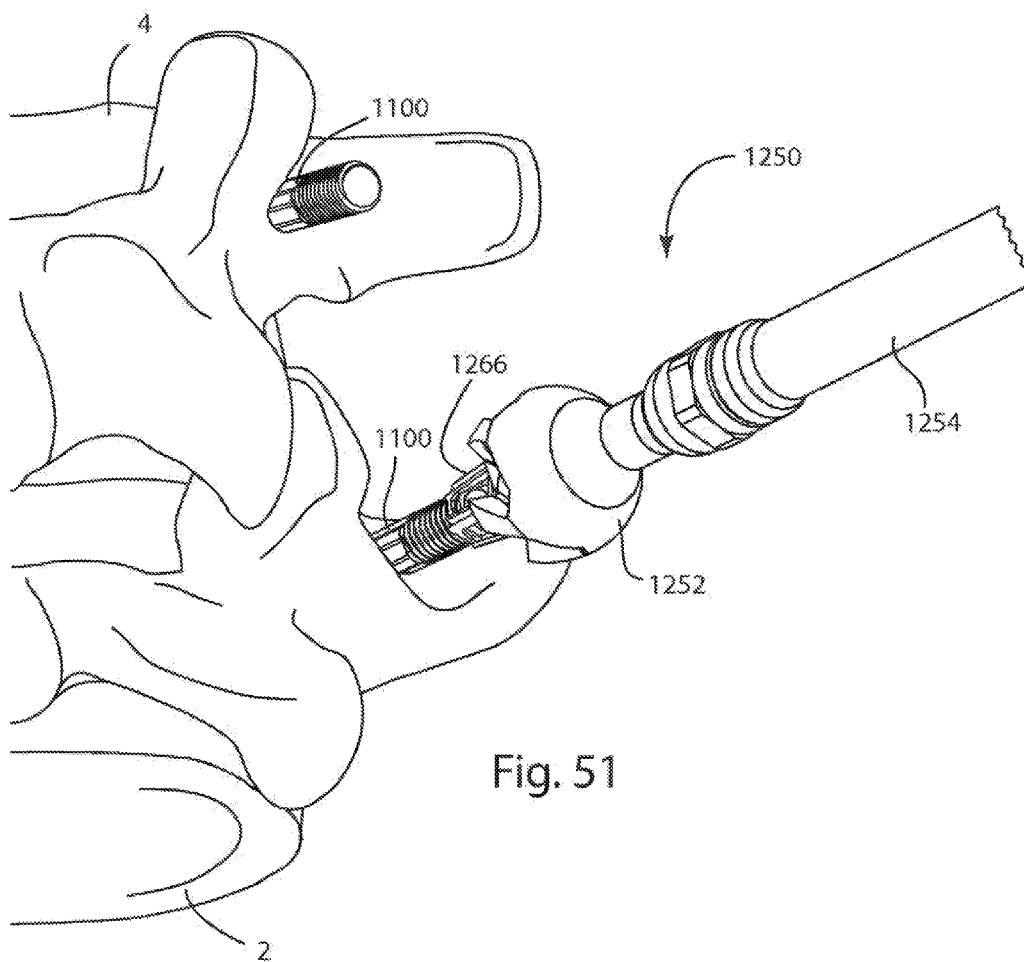


Fig. 51

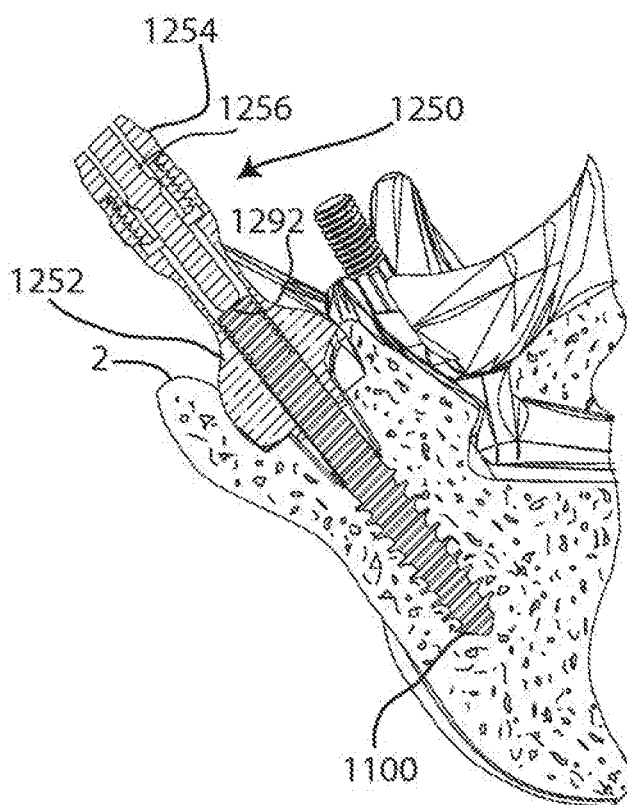
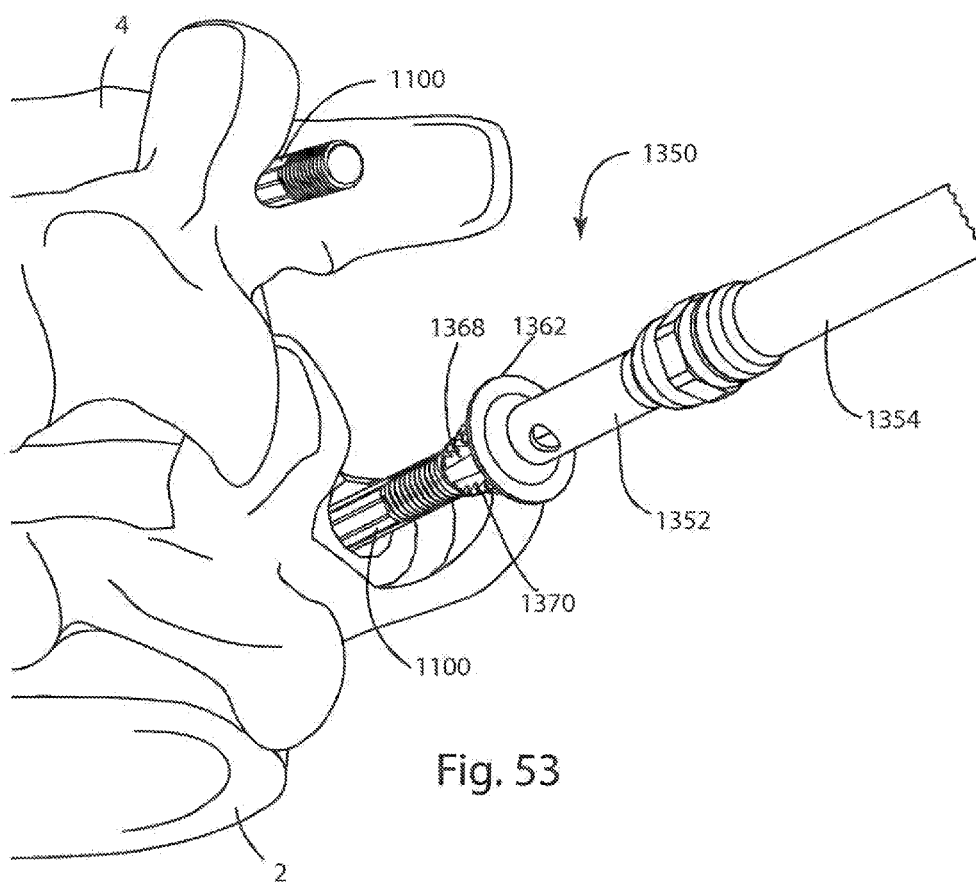


FIG. 52



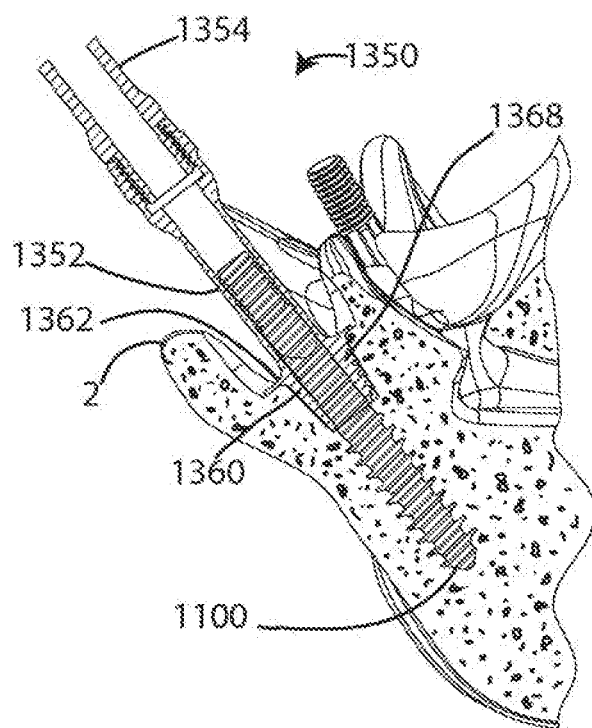
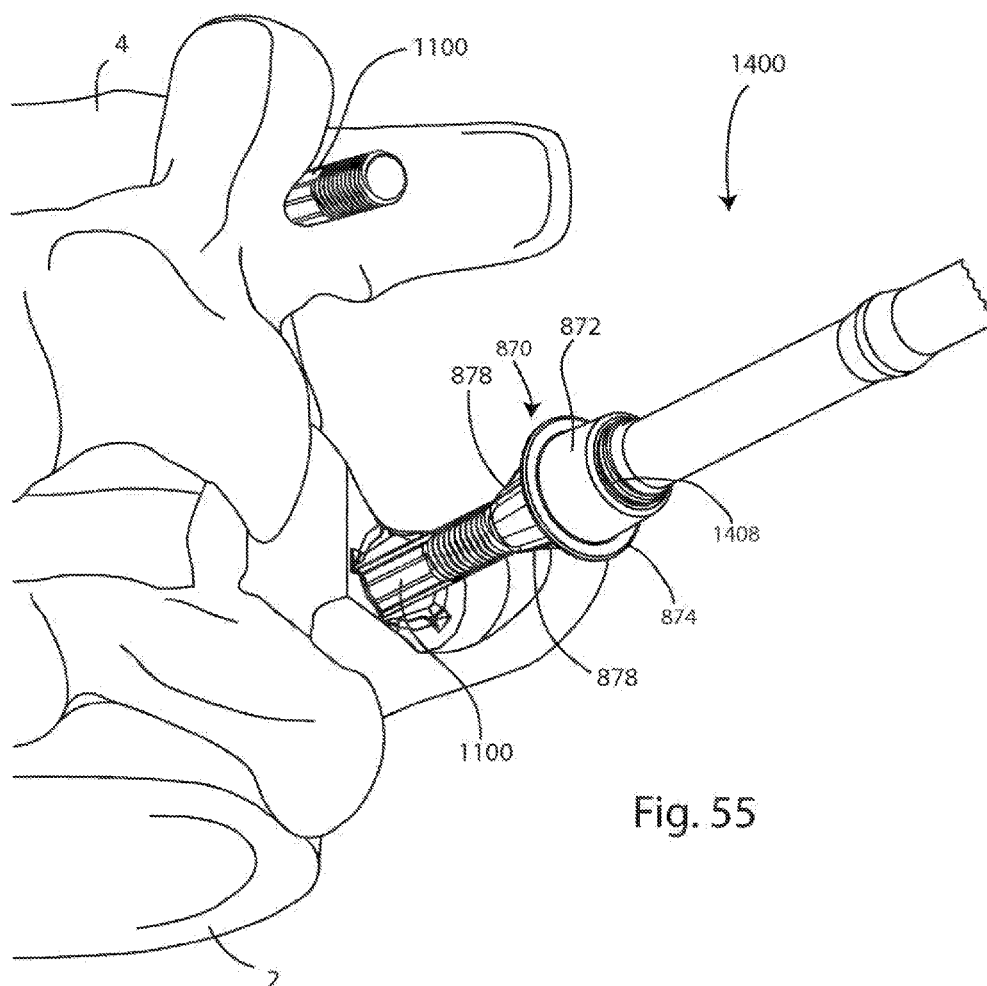


FIG. 54





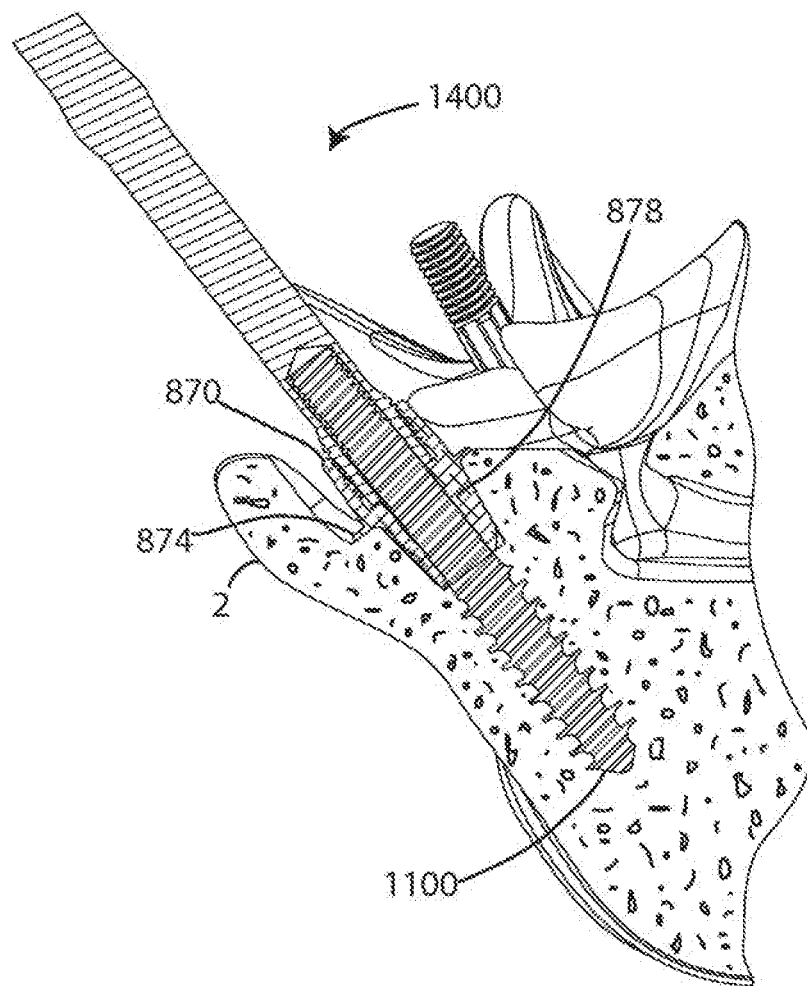


FIG. 56

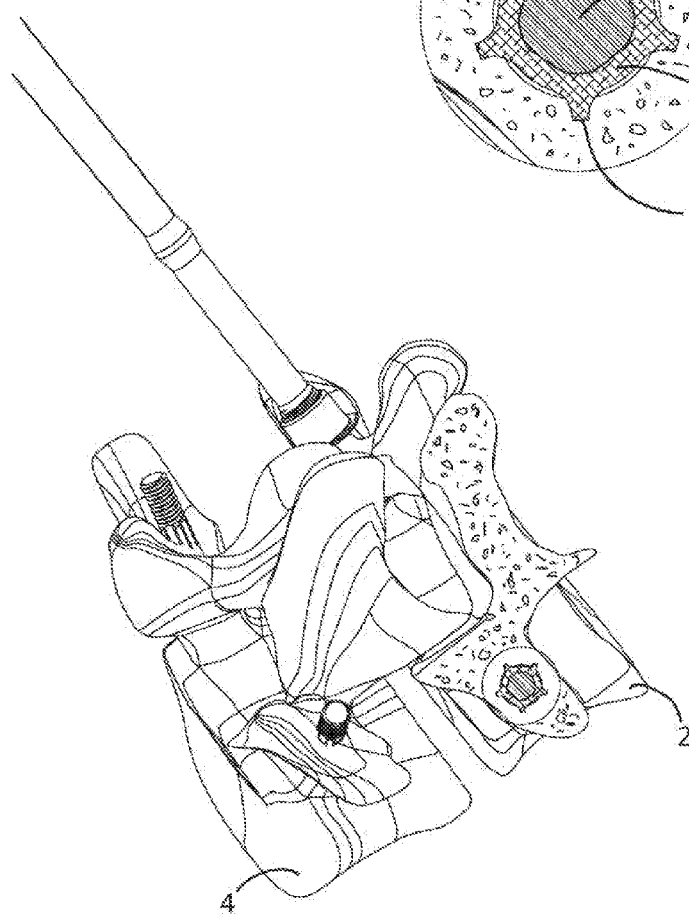
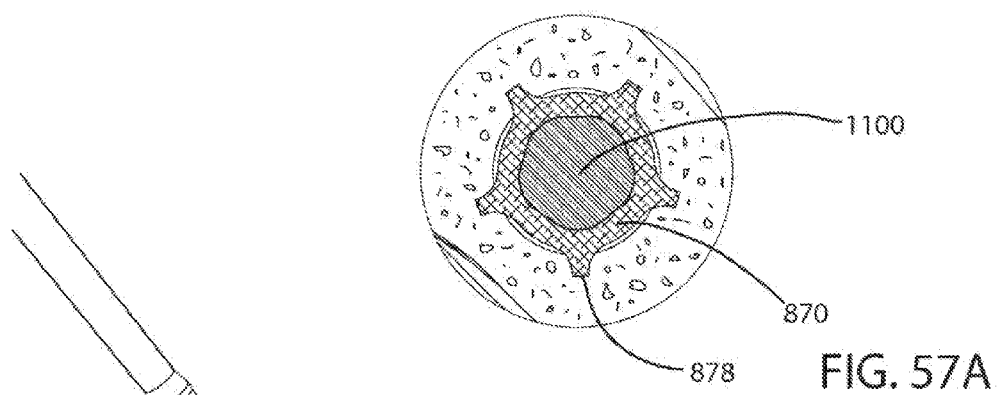


FIG. 57B

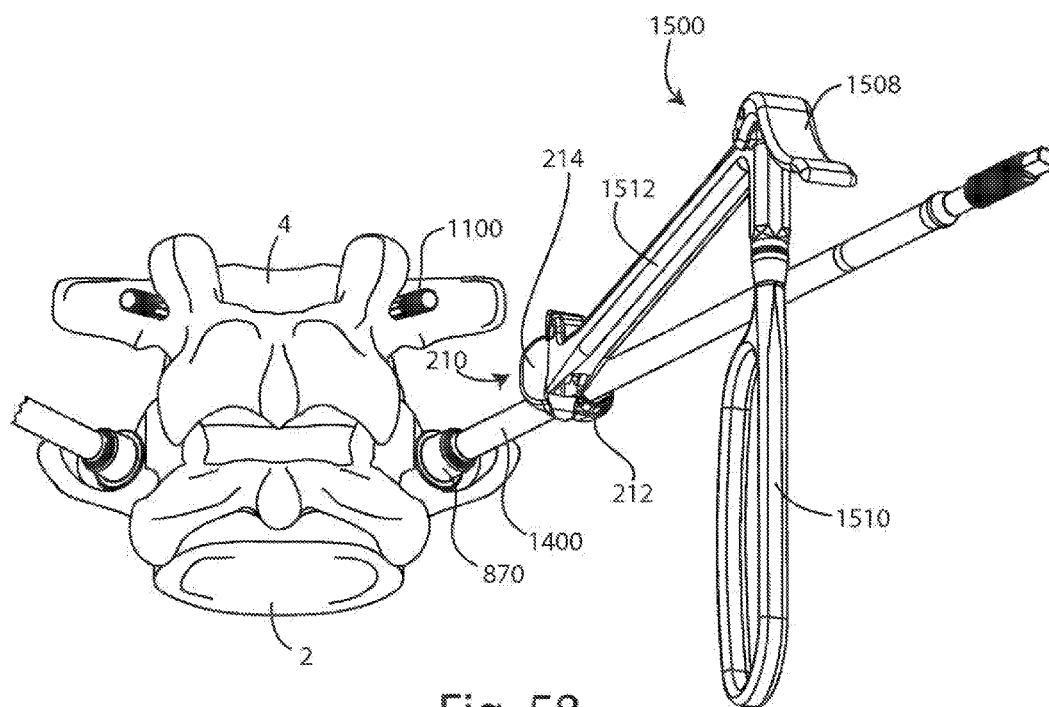


Fig. 58

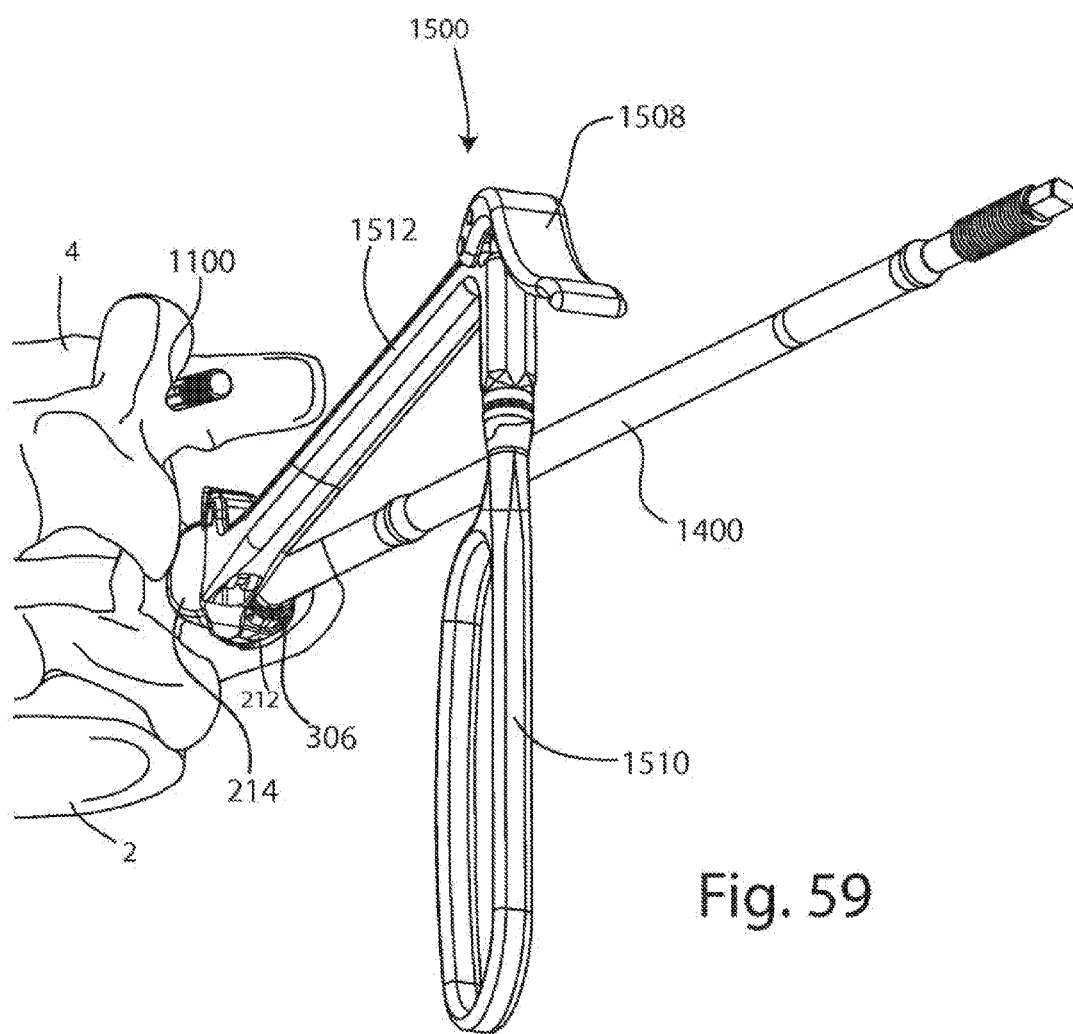
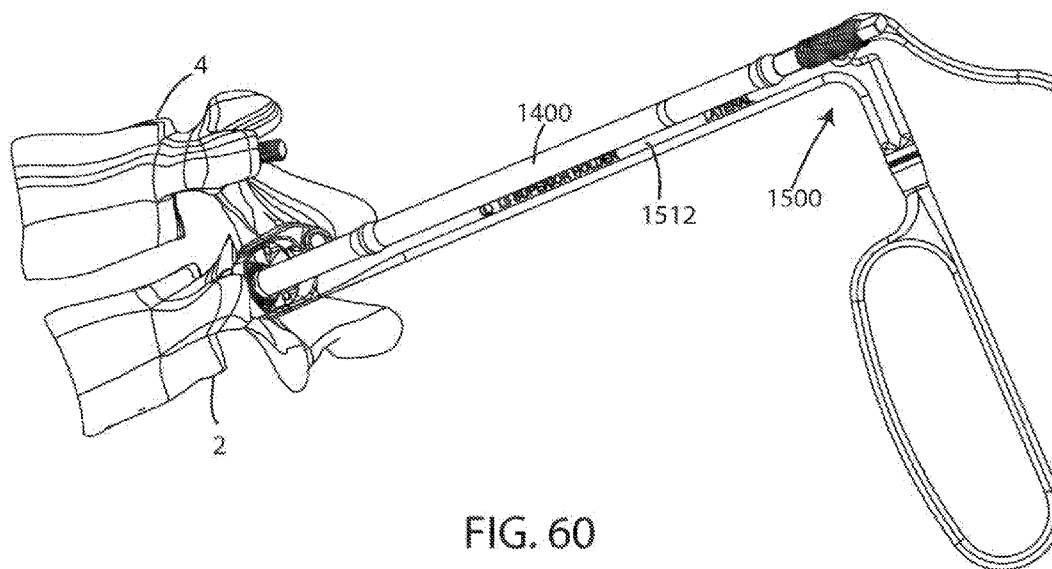


Fig. 59



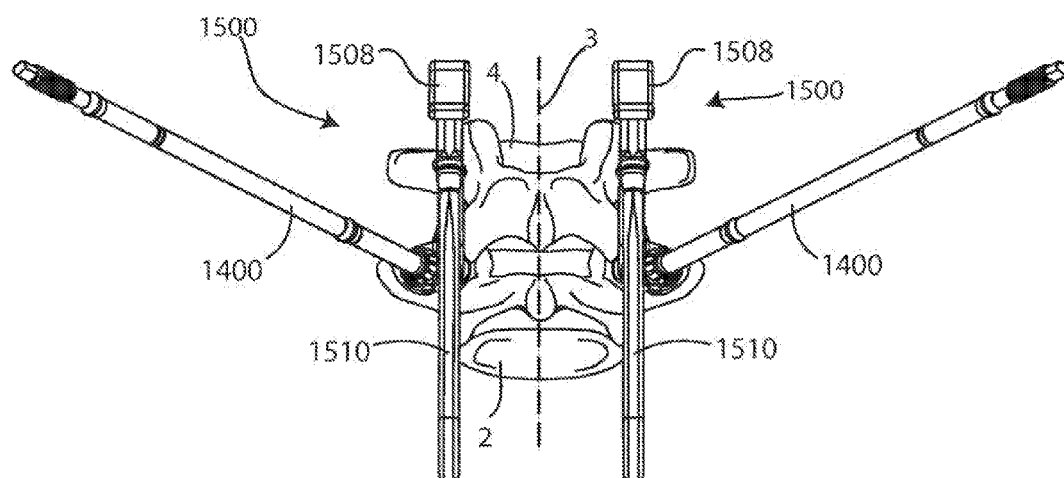
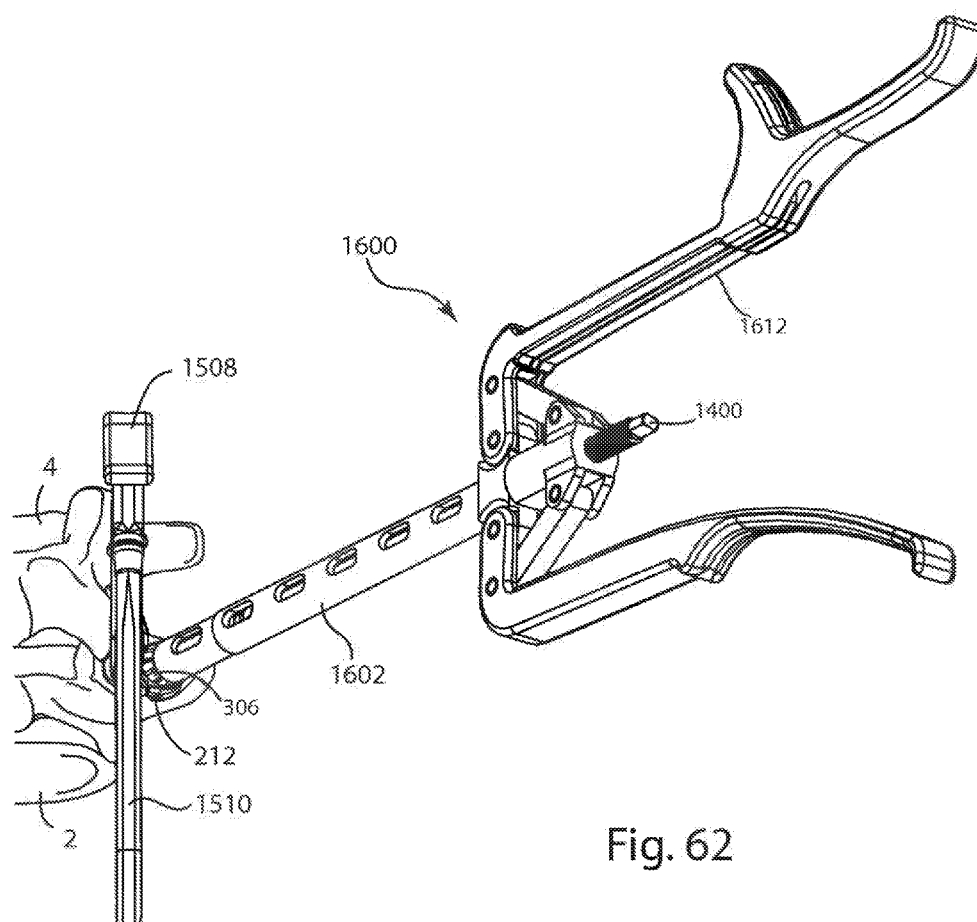
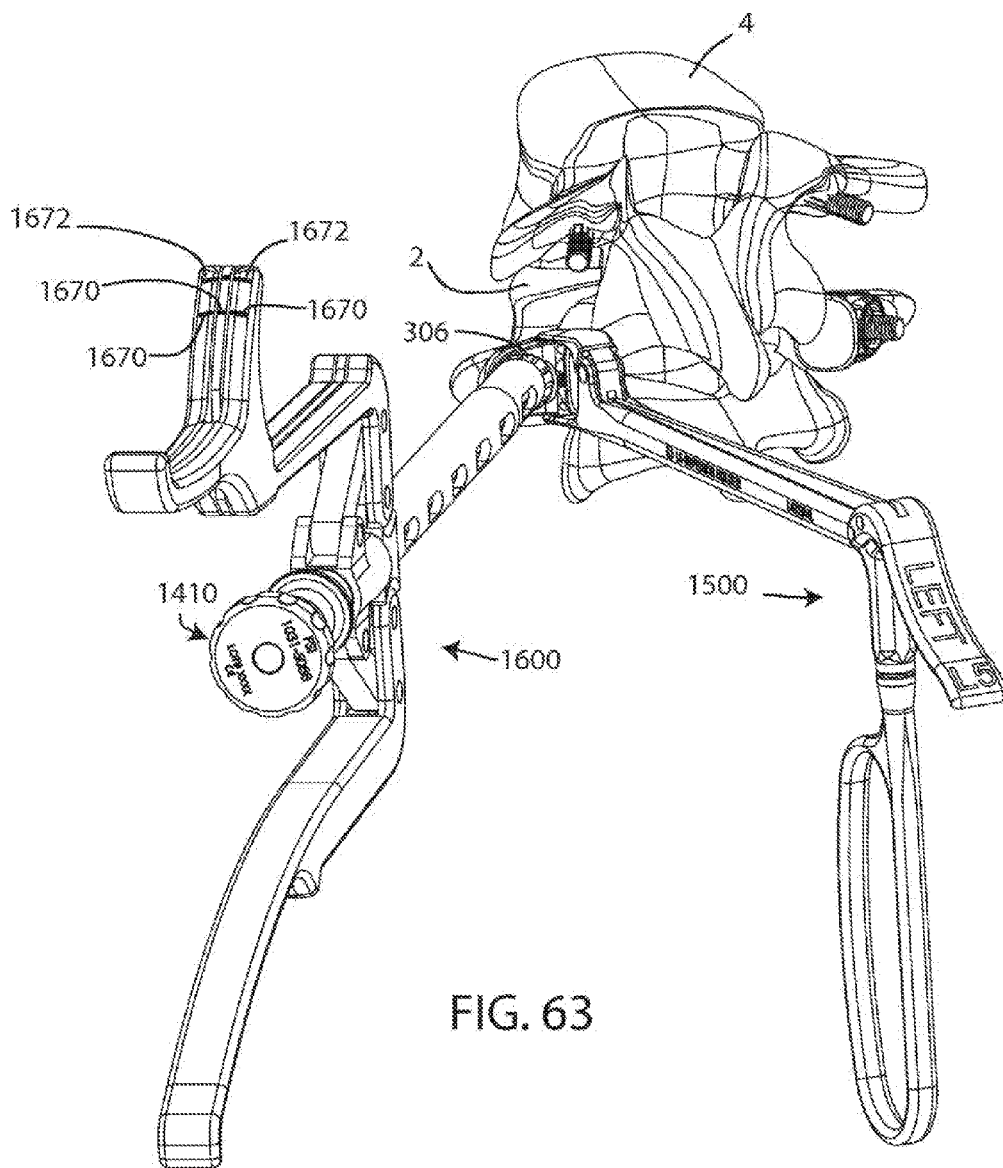
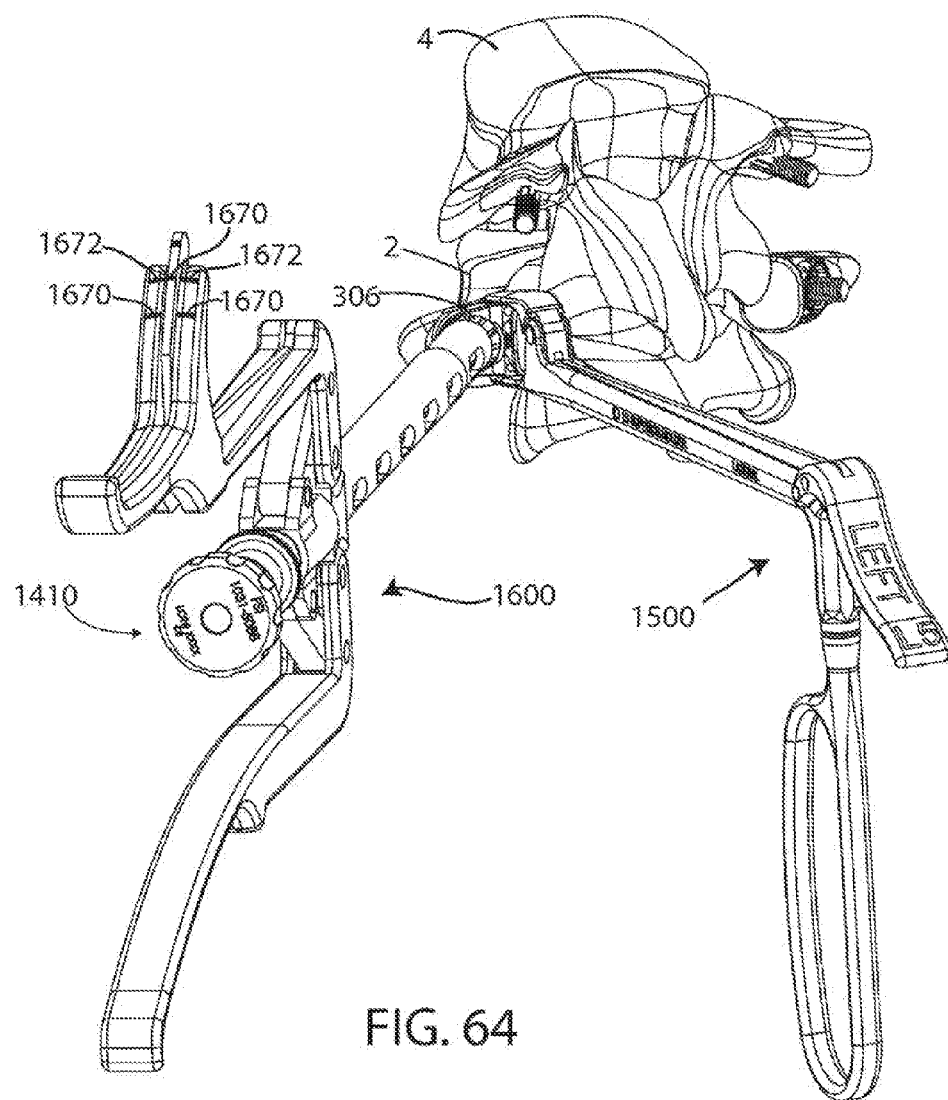


Fig. 61









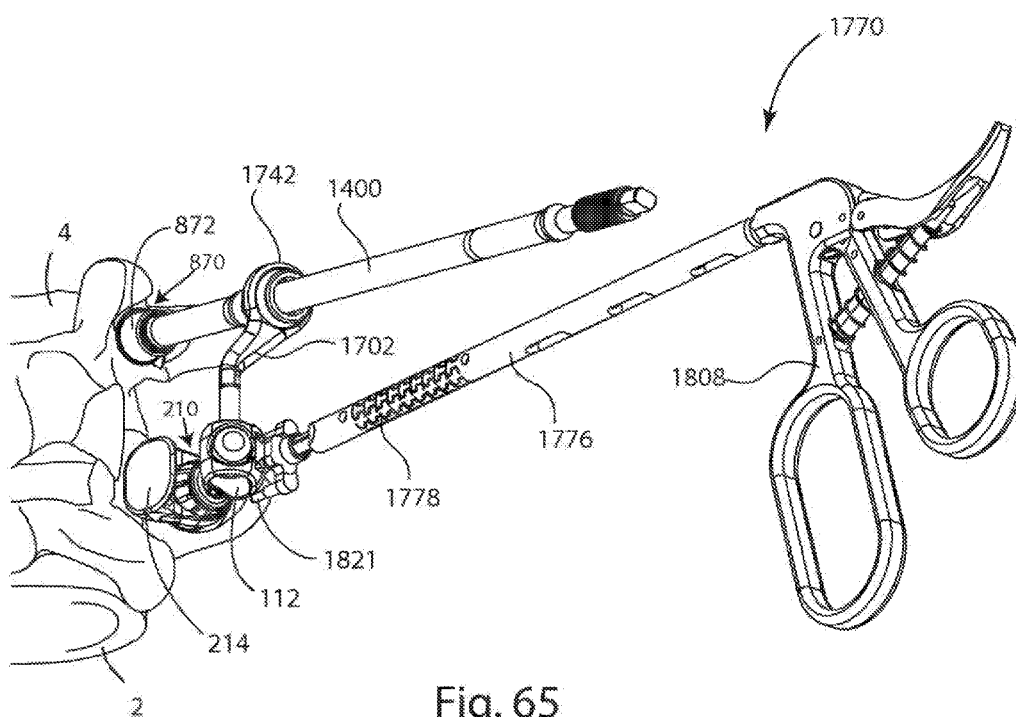


Fig. 65

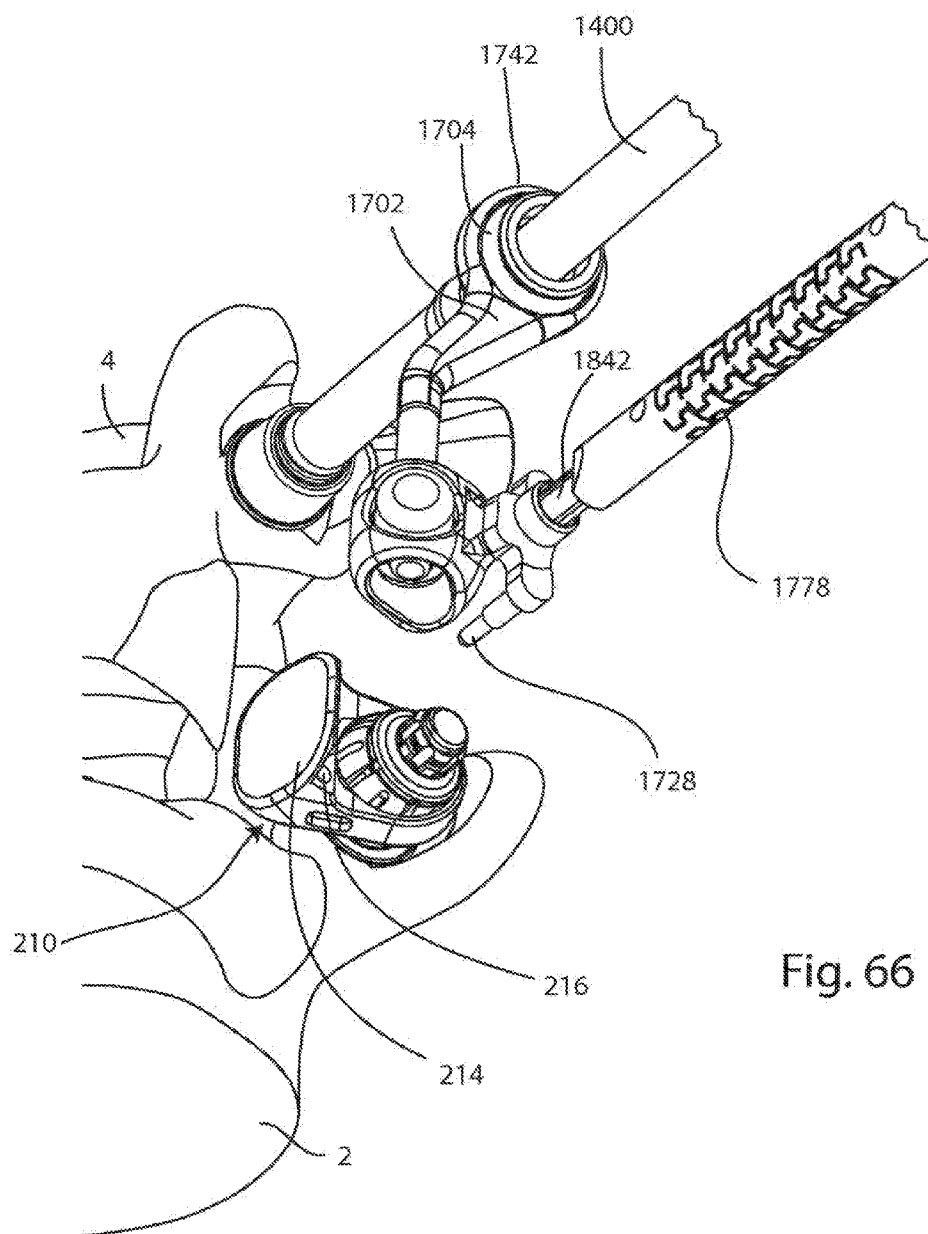


Fig. 66

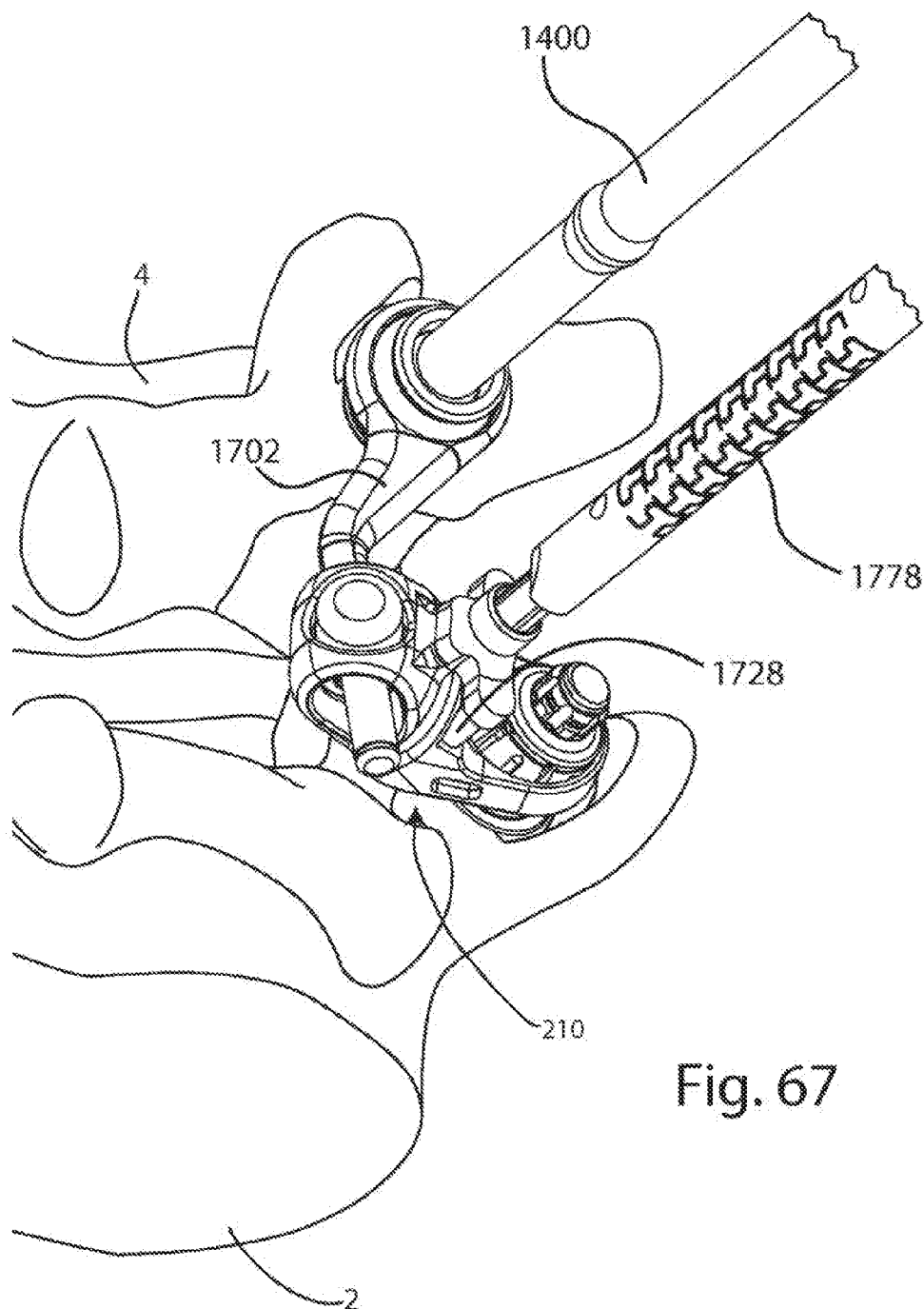


Fig. 67

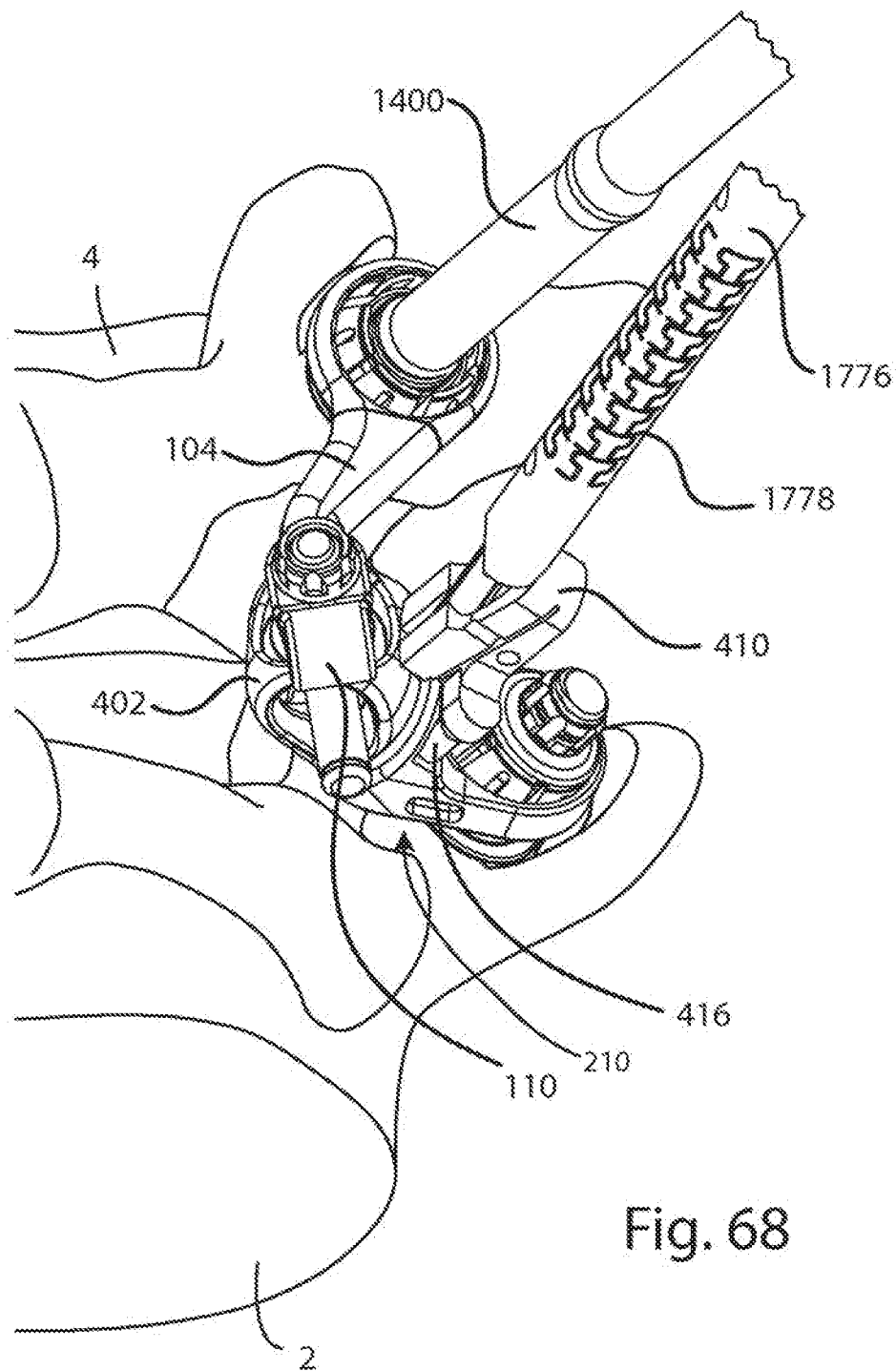


Fig. 68

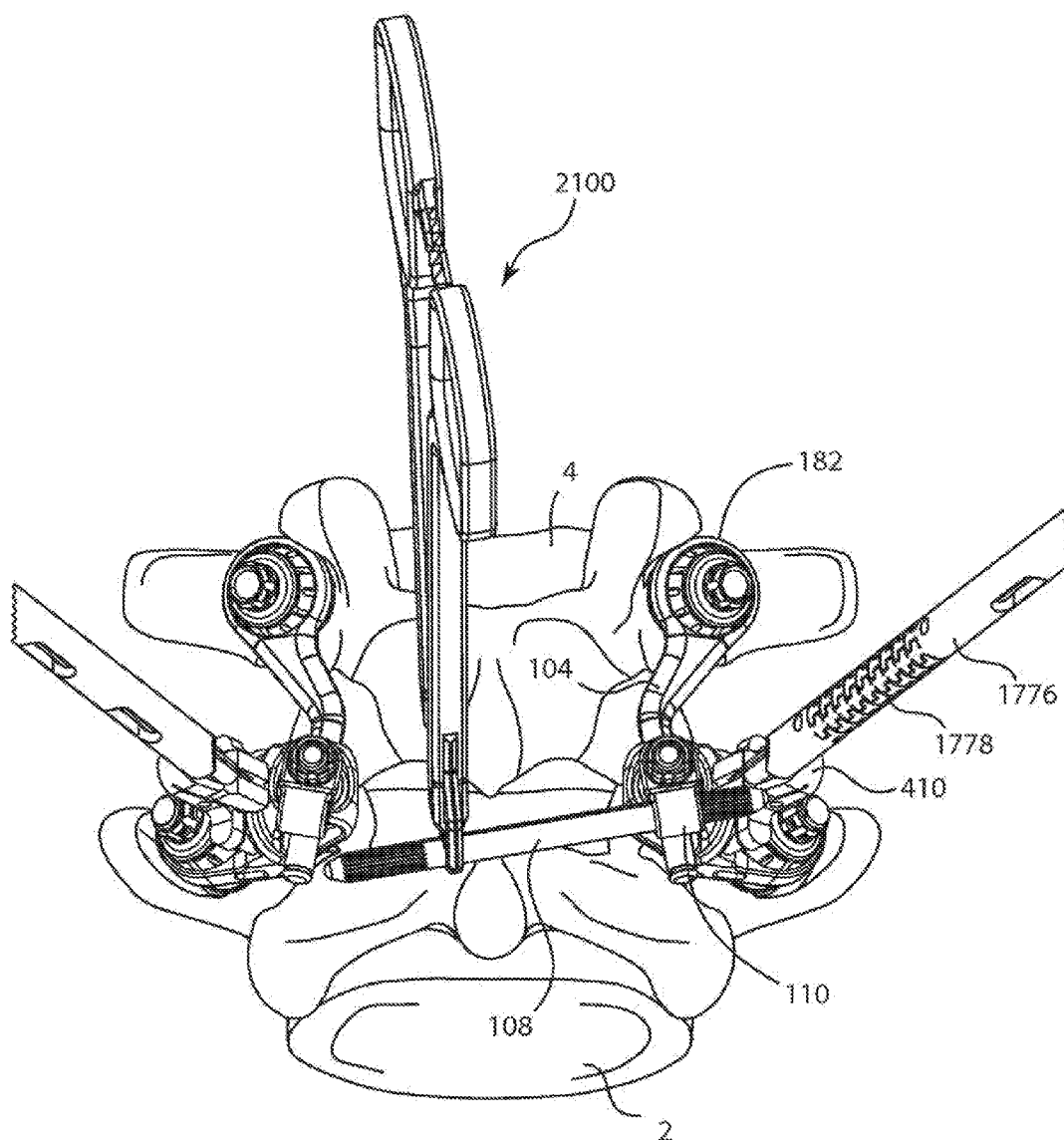


Fig. 69

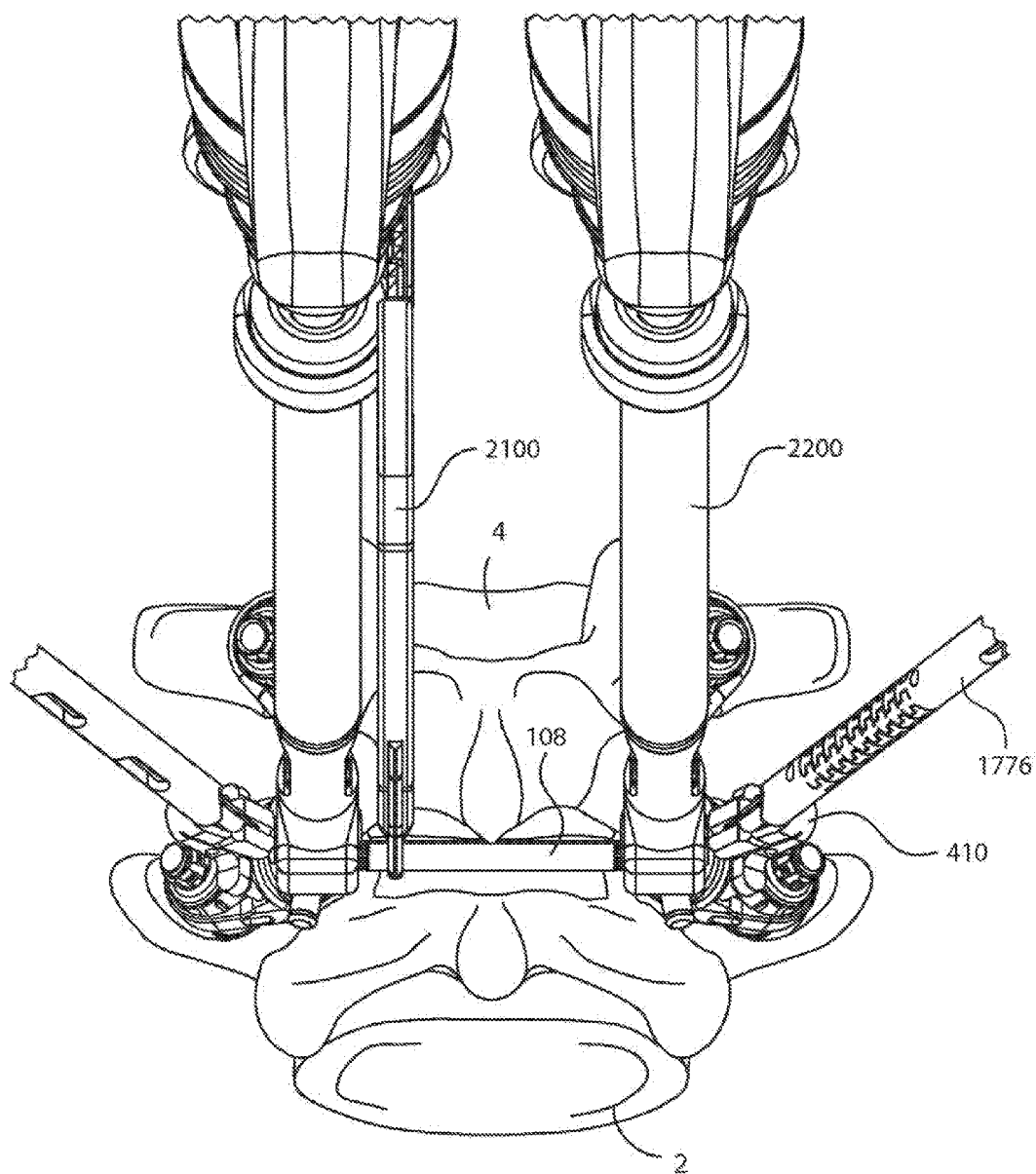


Fig. 70

# **FACET JOINT REPLACEMENT INSTRUMENTS AND METHODS**

## **CROSS-REFERENCE TO RELATED APPLICATIONS**

**[0001]** This application is a continuation of U.S. Ser. No. 12/630,286, which is a continuation-in-part of:

**[0002]** U.S. application Ser. No. 12/240,320, filed Sep. 29, 2008, entitled SPINAL FACET JOINT IMPLANT, Attorney's docket no. FSI-05 DIV, which is now issued as U.S. Pat. No. 8,906,063.

**[0003]** U.S. application Ser. No. 12/240,320 is a divisional of U.S. application Ser. No. 10/860,487, filed Jun. 2, 2004, entitled SPINAL FACET JOINT IMPLANT, Attorney's docket no. FSI-05, which is now issued as U.S. Pat. No. 8,926,700.

**[0004]** U.S. application Ser. No. 10/860,487 claims the benefit of:

**[0005]** U.S. Application No. 60/545,101, filed Feb. 17, 2004, entitled SPHERICAL IMPLANT AND BONE BED, Attorney's docket no. FSI-02 PROV, which is expired; and

**[0006]** U.S. Application No. 60/545,094, filed Feb. 17, 2004, entitled SPHERICAL ARTICULATING IMPLANT SURFACE, Attorney's docket no. FSI-03 PROV, which is expired.

**[0007]** U.S. Ser. No. 12/630,286 is also a continuation-in-part of:

**[0008]** U.S. application Ser. No. 12/201,046, filed Aug. 29, 2008, entitled SYSTEM AND METHOD FOR FACET JOINT REPLACEMENT, Attorney's docket no. FSI-31, which is now issued as U.S. Pat. No. 8,308,768;

**[0009]** U.S. application Ser. No. 12/201,086, filed Aug. 29, 2008, entitled SYSTEM AND METHOD FOR IMPLANT ANCHORAGE WITH ANTI-ROTATION FEATURES, Attorney's docket no. FSI-33, which is now issued as U.S. Pat. No. 9,050,144;

**[0010]** U.S. application Ser. No. 12/201,128, filed Aug. 29, 2008, entitled SYSTEM AND METHOD FOR FACET JOINT REPLACEMENT, Attorney's docket no. FSI-36, which is now issued as U.S. Pat. No. 8,252,027;

**[0011]** U.S. application Ser. No. 12/201,148, filed Aug. 29, 2008, entitled SYSTEM AND METHOD FOR FACET JOINT REPLACEMENT WITH DETACHABLE COUPLER, Attorney's docket no. FSI-37, which is now issued as U.S. Pat. No. 8,206,418; and

**[0012]** U.S. application Ser. No. 12/201,198, filed Aug. 29, 2008, entitled SYSTEM AND METHOD FOR FACET JOINT REPLACEMENT, Attorney's docket no. FSI-45, which is now issued as U.S. Pat. No. 8,211,147.

**[0013]** U.S. application Ser. No. 12/201,046 is a continuation-in-part of:

**[0014]** U.S. application Ser. No. 12/104,726, filed Apr. 17, 2008, entitled FACET JOINT REPLACEMENT, Attorney's docket no. FSI-20, which is now issued as U.S. Pat. No. 8,353,933; and

**[0015]** U.S. application Ser. No. 12/104,855, filed Apr. 17, 2008, entitled FACET JOINT REPLACEMENT, Attorney's docket no. FSI-30, which is now issued as U.S. Pat. No. 8,333,789.

**[0016]** U.S. application Ser. No. 12/201,086 claims the benefit of:

**[0017]** U.S. Application No. 61/023,927, filed Jan. 28, 2008, entitled AFRS GENERATION II INSTRUMENTS, Attorney's docket no. FSI-40 PROV, which is expired;

**[0018]** U.S. Application No. 61/033,473, filed Mar. 4, 2008, entitled TOP LOADING RECEIVER FOR AN ADJUSTABLE FACET REPLACEMENT, Attorney's docket no. FSI-41 PROV, which is expired;

**[0019]** U.S. Application No. 61/040,041, filed Mar. 27, 2008, entitled FACET JOINT REPLACEMENT, Attorney's docket no. FSI-42 PROV, which is expired;

**[0020]** U.S. Application No. 61/042,896, filed Apr. 7, 2008, entitled SPINAL FIXATION ON AN IMPLANT BASE, Attorney's docket no. FSI-43 PROV, which is expired; and

**[0021]** U.S. Application No. 61/045,526, filed Apr. 16, 2008, entitled INFERIOR BASE-SPLIT CLAMP AND MULTI-LEVEL SPLIT CLAMP, Attorney's docket no. FSI-44 PROV, which is expired.

**[0022]** U.S. application Ser. Nos. 12/104,726 and 12/104,855 are also continuations-in-part of U.S. application Ser. No. 11/972,158, filed Jan. 10, 2008, entitled TAPER-LOCKING FIXATION SYSTEM, Attorney's docket no. FSI-19, which is now issued as U.S. Pat. No. 8,900,273.

**[0023]** U.S. application Ser. No. 11/972,158 claims the benefit of:

**[0024]** U.S. Application No. 60/884,233, filed Jan. 10, 2007, entitled TAPER-LOCKING ROD FIXATION SYSTEM, Attorney's docket no. FSI-19 PROV, which is expired;

**[0025]** U.S. Application No. 60/912,323, filed Apr. 17, 2007, entitled AFRS MULTI-LEVEL IMPLANT SYSTEM, Attorney's docket no. FSI-20 PROV, which is expired;

**[0026]** U.S. Application No. 60/968,324, filed Aug. 28, 2007, entitled INTERVERTEBRAL DISC IMPLANT WITH FACET MOTION CONSTRAINTS, Attorney's docket no. FSI-21 PROV, which is expired;

**[0027]** U.S. Application No. 60/950,012, filed Jul. 16, 2007, entitled INFERIOR FACET IMPLANT HOLDER WITH CLAMP RETENTION, Attorney's docket no. FSI-22 PROV, which is expired;

**[0028]** U.S. Application No. 60/950,021, filed Jul. 16, 2007, entitled MONORAIL INSTRUMENT GUIDANCE SYSTEM FOR LUMBAR SPINAL SURGERY, Attorney's docket no. FSI-23 PROV, which is expired;

**[0029]** U.S. Application No. 60/950,031, filed Jul. 16, 2007, entitled LINEAR POLYAXIAL LOCKING MECHANISM WITH TOOL, Attorney's docket no. FSI-24 PROV, which is expired;

**[0030]** U.S. Application No. 60/950,038, filed Jul. 16, 2007, entitled MOBILE INFERIOR FACET BEARING WITH SUPERIOR CLIP, Attorney's docket no. FSI-25 PROV, which is expired;

**[0031]** U.S. Application No. 60/957,505, filed Aug. 23, 2007, entitled DYNAMIC STABILIZATION AND STATIC FIXATION OPTIONS FOR FACET REPLACEMENT PROSTHESIS, Attorney's docket no. FSI-26 PROV, which is expired;

**[0032]** U.S. Application No. 60/968,925, filed Aug. 30, 2007, entitled SYSTEMS AND METHODS FOR LESS INVASIVE FACET JOINT REPLACEMENT, Attorney's docket no. FSI-27 PROV, which is expired;

**[0033]** U.S. Application No. 61/015,866, filed Dec. 21, 2007, entitled INTERVERTEBRAL DISC IMPLANT WITH FACET MOTION CONSTRAINTS INCLUDING POSTERIOR COMBINATION DISCS, Attorney's docket no. FSI-28 PROV, which is expired;



[0034] U.S. Application No. 61/015,876, filed Dec. 21, 2007, entitled INTERVERTEBRAL DISC IMPLANT WITH FACET MOTION CONSTRAINTS AND METHODS FOR IMPLANT ALIGNMENT, Attorney's docket no. FSI-29 PROV, which is expired;

[0035] U.S. Application No. 60/975,731, filed Sep. 27, 2007, entitled MONOLITHIC INFERIOR IMPLANT STRUT WITH INTEGRAL CROSS LINK CLAMP, Attorney's docket no. FSI-30 PROV, which is expired;

[0036] U.S. Application No. 60/984,798, filed Nov. 2, 2007, entitled LOW PROFILE POLYAXIAL FACET IMPLANT, Attorney's docket no. FSI-31 PROV, which is expired;

[0037] U.S. Application No. 60/984,814, filed Nov. 2, 2007, entitled HINGED EYELET SCREW, Attorney's docket no. FSI-32 PROV, which is expired;

[0038] U.S. Application No. 60/984,814, filed Nov. 2, 2007, entitled HINGED EYELET SCREW, Attorney's docket no. FSI-32 PROV, which is expired;

[0039] U.S. Application No. 60/984,983, filed Nov. 2, 2007, entitled ADJUSTABLE FACET IMPLANT BASE PIECE, Attorney's docket no. FSI-33 PROV, which is expired;

[0040] U.S. Application No. 60/984,434, filed Nov. 1, 2007, entitled SUPERIOR INSTRUMENT, Attorney's docket no. FSI-34 PROV, which is expired;

[0041] U.S. Application No. 60/984,428, filed Nov. 1, 2007, entitled CROSS LINK CLAMP, Attorney's docket no. FSI-35 PROV, which is expired;

[0042] U.S. Application No. 60/984,594, filed Nov. 1, 2007, entitled ADJUSTABLE INFERIOR FACET REPLACEMENT WITH MEDIAL-LATER SLIDE ADJUSTMENT, Attorney's docket no. FSI-36 PROV, which is expired;

[0043] U.S. Application No. 61/014,344, filed Dec. 17, 2007, entitled INFERIOR STRUT UPDATE, Attorney's docket no. FSI-37 PROV, which is expired;

[0044] U.S. Application No. 61/015,886, filed Dec. 21, 2007, entitled EYELET PEDICLE SCREW WITH MULTI-AXIAL FIXATION, Attorney's docket no. FSI-38 PROV, which is expired; and

[0045] U.S. Application No. 61/015,840, filed Dec. 21, 2007, entitled CERVICAL PLATE WITH FACET MOTION CONTROL, Attorney's docket no. FSI-39 PROV, which is expired.

[0046] U.S. application Ser. No. 11/972,158 is a continuation-in-part of U.S. application Ser. No. 11/063,941, filed Feb. 22, 2005, entitled POLYAXIAL ORTHOPEDIC FASTENING APPARATUS, Attorney's docket no. FSI-10, which is now issued as U.S. Pat. No. 7,993,373; and

[0047] U.S. application Ser. No. 11/312,323, filed Dec. 19, 2005, entitled POLYAXIAL ORTHOPEDIC FASTENING APPARATUS WITH INDEPENDENT LOCKING MODES, Attorney's docket no. FSI-15, which is now issued as U.S. Pat. No. 8,062,336.

[0048] All of the above-referenced documents are hereby incorporated by reference in their entirety.

## BACKGROUND OF THE INVENTION

### 1. The Field of the Invention

[0049] The invention relates to spinal surgery. More specifically, the invention relates to replacement of natural vertebral facet joints with implantable artificial facet joint replacements.

## BRIEF DESCRIPTION OF THE DRAWINGS

[0050] Various embodiments of the present invention will now be discussed with reference to the appended drawings. It is appreciated that these drawings depict only typical embodiments of the invention and are therefore not to be considered limiting of its scope.

[0051] FIG. 1 is a perspective view of a portion of a spine with a bi-lateral facet joint replacement system implanted into two adjacent vertebrae;

[0052] FIG. 2 is perspective view of an inferior facet joint implant coupled to a crosslink rod;

[0053] FIG. 3 is an exploded view of the inferior facet joint implant and crosslink rod of FIG. 2;

[0054] FIG. 4 is a partial cross-sectional view of an attachment mechanism of the facet joint implant of FIG. 2;

[0055] FIG. 5 is a perspective view of an inferior implant body coupled to a clip;

[0056] FIG. 6 is a perspective view of the clip of FIG. 5 and a plug;

[0057] FIG. 7A is a perspective view of an alternate embodiment of a clip; and FIG. 7B is a perspective view of the clip of 7A coupled to an alternate embodiment of an inferior facet joint implant;

[0058] FIG. 8A is a perspective view of an alternate embodiment of an inferior facet joint implant coupled to a crosslink rod; and FIG. 8B is an exploded view of the inferior facet joint implant and crosslink rod of FIG. 8A;

[0059] FIG. 9A is a plan view of an inferior articular body of the inferior facet joint implant of FIG. 8; and FIG. 9B is a cross-sectional view of the inferior articular body of FIG. 9A;

[0060] FIG. 10A is a perspective view of an alternate embodiment of a clip; FIG. 10B is a front view of the clip of FIG. 10A; and FIG. 10C is a cross-sectional view of the clip of FIG. 10A;

[0061] FIG. 11 is a perspective view of a fixation assembly secured to an inferior strut;

[0062] FIG. 12 is an exploded view of the fixation assembly and inferior strut of FIG. 11;

[0063] FIG. 13A is a lateral view of a fixation assembly base member; FIG. 13B is a posterior view of the fixation assembly base member of FIG. 13A; FIG. 13C is an anterior perspective view of the fixation assembly base member of FIG. 13A; and FIG. 13D is a cross-sectional view of the fixation assembly base member of FIG. 13A;

[0064] FIG. 14A is a lateral perspective view of an alternate fixation assembly base member; and FIG. 14B is a cross-sectional view of the fixation assembly base member of FIG. 14A;

[0065] FIG. 15 is a lateral perspective view of an alternate fixation assembly base member;

[0066] FIG. 16 is a lateral perspective view of an alternate fixation assembly base member;

[0067] FIG. 17 is a lateral perspective view of an alternate fixation assembly base member;

[0068] FIG. 18 is a lateral perspective view of an alternate fixation assembly base member;

[0069] FIG. 19 is a lateral perspective view of an alternate fixation assembly base member;

[0070] FIG. 20 is a lateral perspective view of an alternate fixation assembly base member;

[0071] FIG. 21 is a perspective view of an alternate embodiment of a fixation member;

[0072] FIG. 22 is a perspective view of a fixation assembly secured to a superior facet joint implant;

[0073] FIG. 23 is a perspective view of an alternate fixation assembly secured to an alternate embodiment of a superior facet joint implant;

[0074] FIG. 24 is an exploded view of the alternate fixation assembly and superior facet joint implant of FIG. 23;

[0075] FIG. 25 is a cross-sectional view of the alternate fixation assembly and superior facet joint implant of FIG. 23;

[0076] FIG. 26 is a perspective view of the clip of FIG. 5 coupled to an inferior facet joint implant, and the superior facet joint implant and fixation assembly of FIG. 23;

[0077] FIG. 27 is a perspective view of the inferior and superior facet joint implants of FIG. 26 joined by the clip of FIG. 5;

[0078] FIG. 28 is a perspective view of the clip and inferior implant of FIG. 7 coupled to a delivery tool, and the superior facet joint implant and fixation assembly of FIG. 23;

[0079] FIG. 29 is a perspective view of the clip and inferior implant of FIG. 7 coupled to a flexing tool, coupled to the superior facet joint implant and fixation assembly of FIG. 23;

[0080] FIG. 30A is a perspective view of the clip of FIG. 10 coupled to the inferior implant of FIG. 8, the superior implant of FIG. 23, and an inserter tool; FIG. 30B is a side view of the clip, inferior implant, superior implant, and inserter tool of FIG. 30A;

[0081] FIG. 31 is a perspective view of a screw driver;

[0082] FIG. 32 is a detail view of a collet and a distal tip component of the screw driver of FIG. 31;

[0083] FIG. 33 is a detail view of the distal tip of FIG. 32;

[0084] FIG. 34A is a side view of the screw driver of FIG. 31 in an unlocked configuration; FIG. 34B is a cross-sectional view of the screw driver of FIG. 34A; and FIG. 34C is a cross sectional view of the screw driver of FIG. 31 in a locked configuration;

[0085] FIG. 35 is a detail view of the screw driver of FIG. 31 coupled to a fixation element;

[0086] FIG. 36A is a cross-sectional view through the distal end of the collet of the screw driver of FIG. 31; and FIG. 36B is a cross-sectional view through the distal end of the collet of the screw driver of FIG. 31 and the fixation element of FIG. 35;

[0087] FIG. 37A is a cross-sectional view through an alternate embodiment of a screw driver; and FIG. 37B is a detail view of the distal end of the screw driver of FIG. 37A coupled to a fixation element;

[0088] FIG. 38A is a side view of the screw driver of FIG. 37B; FIG. 38B is a cross-sectional view of the screw driver of FIG. 38A in a locked configuration with a fixation element; FIG. 38C is a detail cross-sectional view of the distal end of the screw driver of FIG. 38B; FIG. 38D is a cross-sectional view of the screw driver of FIG. 38A in an unlocked configuration; and FIG. 38E is a detail cross-sectional view of the distal end of the screw driver of FIG. 38D;

[0089] FIG. 39A is a perspective view of a base reamer; FIG. 39B is a side view of the base reamer of FIG. 39A; and FIG. 39C is a cross-sectional view of the base reamer of FIG. 39A;

[0090] FIG. 40A is a perspective view of a bases broach; FIG. 40B is a side view of the base broach of FIG. 40A; FIG. 40C is a cross-sectional view of the base broach of FIG. 40A; FIG. 40D is a detail view of the distal end of the base broach of FIG. 40A; and FIG. 40E is an end view of the base broach of FIG. 40A;

[0091] FIG. 41 is a perspective view of a base inserter;

[0092] FIG. 42A is a perspective view of the base inserter of FIG. 41 coupled to a modular handle; FIG. 42B is a detail view of the distal tip of the base inserter of FIG. 42A; FIG. 42C is a cross-sectional view of the base inserter of FIG. 42A;

[0093] FIG. 43 is a perspective view of a superior implant inserter;

[0094] FIG. 44A is a front perspective view of a lockout tool; and FIG. 44B is a rear perspective view of the lockout tool of FIG. 44A;

[0095] FIG. 45 is a cross-sectional view of the lockout tool of FIG. 44;

[0096] FIG. 46A is a front perspective view of an inferior trial; FIG. 46B is a rear perspective view of the inferior trial of FIG. 46A; and FIG. 46C is a bottom view of the inferior trial of FIG. 46A;

[0097] FIG. 47 is an exploded view of the inferior trial of FIG. 46;

[0098] FIG. 48A is a perspective view of an inferior inserter; and FIG. 48B is an exploded view of the inferior inserter of FIG. 48A;

[0099] FIG. 49A is a side view of the inferior inserter of FIG. 48; and FIG. 49B is a cross-sectional view of the inferior inserter of FIG. 48;

[0100] FIG. 50 is an exploded view of an alternate embodiment of an inferior inserter;

[0101] FIG. 51 is a posterior view of the base reamer of FIG. 39 passing over a fixation element in a caudal vertebra;

[0102] FIG. 52 is a partial cross-sectional view of the base reamer, fixation element, and vertebra of FIG. 51, cut along the longitudinal axis of the fixation element;

[0103] FIG. 53 is a posterior view of the base broach of FIG. 40 passing over a fixation element in a caudal vertebra;

[0104] FIG. 54 is a partial cross-sectional view of the base broach, fixation element, and vertebra of FIG. 53, cut along the longitudinal axis of the fixation element;

[0105] FIG. 55 is a posterior view of an implant base, coupled to the base inserter and handle of FIG. 42, passing over a fixation element in a caudal vertebra;

[0106] FIG. 56 is a partial cross-sectional view of the implant base, base inserter, handle, fixation element, and vertebra of FIG. 53, cut along the longitudinal axis of the fixation element;

[0107] FIG. 57A is a detail cross-sectional view of the implant base, base inserter, handle, fixation element, and vertebra of FIG. 53, cut perpendicular to the longitudinal axis of the fixation element; and FIG. 57B is a partial cross-sectional view of the implant base, base inserter, handle, fixation element, and vertebra of FIG. 53, cut perpendicular to the longitudinal axis of the fixation element;

[0108] FIG. 58 is a posterior view of a superior implant, coupled to the superior implant inserter of FIG. 43, passing over the base inserter of FIG. 41 coupled to an implant base in a vertebra;

[0109] FIG. 59 is a posterior view of the superior implant, superior implant inserter, base inserter, and implant base of FIG. 58, with the superior implant engaging the implant base;

[0110] FIG. 60 is a lateral view of the superior implant, superior implant inserter, base inserter, and implant base of FIG. 59;

[0111] FIG. 61 is a posterior view of the superior implant, superior implant inserter, base inserter, and implant base of FIG. 59 and a contralateral set of mirror image components;

[0112] FIG. 62 is a posterior view of the superior implant, superior implant inserter, base inserter, and implant base of FIG. 59 and the lockout tool of FIGS. 44-45;

[0113] FIG. 63 is a perspective view of the superior implant, superior implant inserter, base inserter, implant base and lockout tool of FIG. 62, showing the lockout tool before actuation;

[0114] FIG. 64 is a perspective view of the superior implant, superior implant inserter, base inserter, implant base and lockout tool of FIG. 62, showing the lockout tool during actuation;

[0115] FIG. 65 is a posterior view of the superior implant and fixation assembly of FIG. 23 in a caudal vertebra, the base inserter of FIG. 41 coupled to an implant base in a cephalad vertebra, and an inferior trial, coupled to the inferior inserter of FIG. 50, passing over the base inserter;

[0116] FIG. 66 is a posterior detail view of the items shown in FIG. 65;

[0117] FIG. 67 is a posterior detail view of the items shown in FIG. 65, with the inferior trial coupled to the superior implant;

[0118] FIG. 68 is a posterior detail view of the superior implant and fixation assembly of FIG. 23 in a caudal vertebra, the base inserter of FIG. 41 coupled to an implant base in a cephalad vertebra, and an inferior implant, coupled to the inferior inserter of FIG. 50, with the inferior implant engaging the implant base;

[0119] FIG. 69 is a posterior detail view showing a crosslink engaged with one of a bilateral pair of inferior implants fixed to a cephalad vertebra;

[0120] FIG. 70 is a posterior detail view showing bilateral counter torque tools stabilizing split clamps at the ends of the crosslink of FIG. 69.

#### DETAILED DESCRIPTION

[0121] The present invention advances the state of the art by providing systems and methods that can be used to replace natural vertebral facet joints with implantable artificial facet joint prostheses in a manner that provides a high degree of implant adjustability, simplicity, and ease of use.

[0122] In this application, “polyaxial” rotation is rotation that can occur about at least two axes that are not parallel to each other. “Lock-out” between two or more component parts refers to a state in which movement of any component part is prevented by frictional, compression, expansion, or other forces. A “taper-lock connector” refers to any locking mechanism that uses a taper to effect locking.

[0123] Referring to FIG. 1, a perspective view depicts a portion of a spine including a first vertebra 2 and a second vertebra 4. Sagittal plane 3 is shown bisecting the vertebrae 2 and 4 into generally symmetric left and right portions. A system 10 of bi-lateral facet joint replacements joined by a crosslink rod 108 passing through a spinous process 6 of vertebra 4 is implanted in the vertebrae 2, 4. On the left side

of the vertebrae 2, 4, an inferior facet joint implant 100 is secured to a fixation assembly 300 implanted in vertebra 4, and a superior facet joint implant 200 is secured to a fixation assembly 300 implanted in vertebra 2. On the right side of the vertebrae, an inferior facet joint implant 101 is secured to a fixation assembly 300 implanted in vertebra 4, and a superior facet joint implant 201 is secured to a fixation assembly 300 implanted in vertebra 2. It is appreciated that the facet joint replacement implants described herein may each be configured in a “right” or a “left” configuration to be implanted on the right or left lateral side of the vertebrae. However, only one (right or left) configuration will be described, and it is assumed that the other (right or left) configuration is a mirror-image of the one described. It is also appreciated that the implants described herein may be implanted bi-laterally as in FIG. 1, or unilaterally, if desired.

[0124] Referring to FIG. 2, a perspective view depicts polyaxially adjustable left inferior facet joint implant 100. Inferior facet joint implant 100 comprises an inferior articular body 102, an inferior strut 104, and an attachment mechanism 106 which adjustably secures the articular body to the inferior strut 104. The attachment mechanism 106 has an adjustable configuration in which the inferior articular body 102 can rotate relative to the inferior strut 104 about three orthogonal axes, and it has a locked configuration in which the inferior articular body 102 is rigidly secured to inferior strut 104. A crosslink rod 108 may optionally be secured to the implant 100 by a split clamp 110. The attachment mechanism 106 may be actuated to simultaneously lock the crosslink rod 108 in the split clamp 110 as the inferior articular body 102 is locked to the inferior strut 104. A clamp axis 111 extends longitudinally through the attachment mechanism. A strut axis 105 extends longitudinally along the inferior strut 104.

[0125] Referring to FIG. 3, an exploded perspective view illustrates the component parts which may comprise the left inferior facet joint implant 100. The inferior articular body 102 is shell-like and has a substantially concave interior cavity 112 which is defined by an interior wall 114. A first chamfered opening 116 and a second chamfered opening 118 in the inferior articular body 102 create a passageway through which a portion of the inferior strut may fit when the implant is assembled. An attachment post opening 120, which may also be chamfered, is situated orthogonal to the first and second chamfered openings 116, 118. The chamfered openings may provide additional range of motion between the inferior articular body and the inferior strut 104 as the inferior articular body 102 is polyaxially adjusted prior to locking down. An inferior articular surface 122 is located on the exterior of the inferior articular body 102, and is shaped to replace a natural inferior articular surface of a vertebra. Inferior facet implant 100 may be implanted in conjunction with a superior facet implant, wherein the inferior articular surface 122 articulates with an artificial superior facet articular surface. Alternately, inferior facet implant 100 may be implanted such that the inferior articular surface 122 articulates with a natural superior facet articular surface. In both cases, the articulation between inferior and superior articular surfaces preserves a level of natural spinal motion.

[0126] FIG. 4 displays the attachment mechanism 106 in a cross-sectional view. The attachment mechanism 106 is configured to provide polyaxial adjustability between the inferior articular surface 122 and the inferior strut 104. Once

the desired orientation of the articular surface **122** relative to the inferior strut **104** is reached, the attachment mechanism **106** may be locked down, securing the articular surface to the inferior strut. Referring to FIGS. **3** and **4**, the attachment mechanism comprises a locking member which is a threaded conical expander **126**, an expandable member which is a split shell **128**, the split clamp **110**, and a nut **130**. An alternative embodiment of an attachment mechanism may exclude the split clamp **110**.

[0127] The split shell **128** has a circular neck portion **132** through which passes a bore **134**. The bore opening is surrounded by a radial spline **136**. Adjacent to the neck portion **132** is a spherical portion **138** which comprises two expandable lobes **140**, **142**. An interior surface **143** of the lobes **140**, **142** may be tapered. The present embodiment of the invention includes two lobes, however it is appreciated that more lobes may be included, or other expandable portions, in other embodiments. The split shell **128** fits over the conical expander **126** such that a threaded post **146** of the conical expander **126** passes through the bore **134**. An expansion portion **148** of the conical expander **126** is forked and has two opposing flanges **150**, **152** which are shaped to fit around and grip the inferior strut **104**. An inner wall **153** of the flanges is curved to fit around the inferior strut **104**, and the outer walls **154**, **156** are tapered.

[0128] The split ring clamp **110** comprises an inner ring **160**, an outer ring **162** and a collar **164** which joins the inner and outer rings. The collar **164** is shaped to fit around and grip the crosslink rod **108**. The split ring clamp **110** is configured such that when the inner and outer rings **160**, **162** are compressed together, a diameter of the collar **164** decreases and the collar can tighten around and secure the crosslink rod. The surface of an exterior side of the inner ring **160** is a radial spline **166**, which is shaped to engage with the radial spline **136** on the split shell **128**.

[0129] When assembled, the split shell **128** fits over the conical expander **126**, and the two parts fit within the inferior articular body **102** such that the interior cavity **112** houses the expansion portion **148** of the conical expander **126** nested inside the spherical portion **138** of the split shell **128**. The conical expander **126**, split shell **128** and inferior articular body **102** are oriented so that in general the flanges **150**, **152** are adjacent to the lobes **140**, **142**, and the lobes are adjacent to the interior wall **114** of the interior cavity **112**. A strut post **184** of the inferior strut **104** fits between the flanges **150**, **152** of the conical expander **126**.

[0130] The split ring clamp **110** fits over the threaded post **146** of the conical expander **126** so that the radial spline **166** of the split clamp meets the radial spline **136** of the split shell **128**. The crosslink rod **108** extends through the collar **164** of the split clamp. The nut **130** is threaded onto the threaded post **146** of the conical expander **126**.

[0131] Until the attachment mechanism **106** is locked down by actuating the nut **130**, the implant is adjustable in multiple ways. The crosslink rod **108** has relative angular freedom of motion about the clamp axis **111** and the inferior strut axis **105**. The position of the crosslink rod **108** relative to the split clamp **110** may be adjusted such that a relatively longer or shorter length of the crosslink rod **108** extends through the clamp. This provides an opportunity to select the best fit to the patient's anatomy and the specific vertebral level being treated. Similarly, the position of the inferior strut **104** may be adjusted relative to the inferior articular body **102** such that a relatively longer or shorter length of the

inferior strut **104** extends through the flanges **150**, **152** of the conical expander **126**. Also, the inferior strut **104** has relative angular freedom of motion about the clamp axis **111**. The inferior articular body **102** may be polyaxially rotated about the conical expander **126** and the split shell **128**. The adjustments provide relative rotation between the inferior articulation surface **122** and the inferior strut **104** about three orthogonal axes. In addition, prior to lockdown, relative translation between the inferior strut **104**, the inferior articulation surface **122**, and the crosslink rod **108** is permitted.

[0132] The attachment mechanism **106** is locked down by actuating, or turning the nut **130**. As the nut **130** is turned and its threads engage the threaded post **146**, the conical expander **126** is urged "upward" through the nut **130**, while the outer ring **162** of the split clamp **110** is urged "downward" toward the inner ring **160**. As the conical expander **126** moves, the flanges **150**, **152** push against the lobes **140**, **142** of the split shell **128**, and in turn the lobes expand and push against the interior wall **114** of the interior cavity **112**. Simultaneously, the flanges **150**, **152** are compressed around the inferior strut **104**. Similarly, the collar **164** of the split clamp **110** is compressed around the crosslink rod **108** as the inner **160** and outer **162** rings of the clamp are urged together. The nut **130** may be actuated until the resulting internal compression prevents any further motion, and the mechanism **106** is locked down.

[0133] The inferior implant **100** may be delivered in an assembled, but not locked down, configuration. The crosslink rod **108** may be included in the assembly, provided separately, or excluded. The inferior implant **100** may be delivered in combination with a superior implant, in which a clip or other temporary fastener holds the inferior articular surface to a superior articular surface of the superior implant.

[0134] FIG. **5** presents an alternative embodiment of an inferior articular body **470**, which may be available pre-packaged temporarily attached to a coupler, or clip **550** with a plug **570**. Alternatively, a gripping tool (not shown) may be used to hold the inferior articular body **470**. It can be appreciated that any of the various embodiments of the inferior articular body disclosed may be adapted for use with the clip **550** and plug **570**. The inferior articular body **470** may be assembled to an attachment mechanism and inferior strut (not shown) in a manner similar to that described above with regard to other inferior implant embodiments.

[0135] FIG. **6** is a perspective view of the clip **550** and the plug **570**. Clip **550** comprises a clip body **552**, a handle **554**, and two pairs of pins which extend substantially orthogonally from the body: a pair of superior pins **556** and a pair of inferior pins **558**. The inferior pins **558** are cannulated, each having a bore **560** which extends the length of the pin **558**, from the body **552** to a split end **562**. Each split end **562** includes at least one slot **564** which extends partially along the length of the pin **558**, and a protruding flange **566**. The inferior pins **558** are shaped to receive an inferior facet joint implant, and the superior pins **556** are shaped to receive a superior facet joint implant.

[0136] The plug **570** comprises a handle **571** and two prongs **572** which are sized to extend through the bores **560** of the inferior pins **558** of the clip **550**. When the plug **570** is inserted fully into the inferior pins **558**, the prongs **572** urge apart the split ends **562** from a narrow first configuration to an expanded second configuration in which the slots **564** are widened, and the flanges **566** on each pin are farther

apart. When the plug 570 is removed, the split ends 562 return from the expanded second configuration to the narrow first configuration.

[0137] Returning to FIG. 5, the inferior articular body 470 is shown coupled with the clip 550 and the plug 570. The inferior pins 558 extend through tubes 472 formed on the inferior implant 470, such that the split ends 562 and flanges 566 emerge outside of the tubes. The plug 570 is fully inserted through the clip bores 560, and therefore the prongs 574 keep the split ends in the expanded second configuration. In the expanded second configuration, the widened flanges 566 cause the diameter of the split ends 562 to be greater than the diameter of the tubes 472, preventing the clip 550 from being withdrawn from the inferior articular body 470. Thus held by the clip 550, the inferior articular body 470, with or without other attached components such as an inferior strut, may be clipped to a superior implant.

[0138] Referring to FIG. 7A, an alternate embodiment of a coupling clip is shown. Clip 1200 is of one-piece construction, and is shaped to couple an inferior facet replacement implant such as inferior implant 100 (FIG. 1) with a superior facet replacement implant such as superior implant 210 (FIG. 23). Clip 1200 may retain the implants such that the inferior and superior articulation surfaces are held at a desired relative position. A portion of the clip 1200 is deformable and may be flexed to detach the clip from at least one of the implants.

[0139] Clip 1200 comprises a first end 1202 and a second end 1204, and the ends are linked by a connecting portion 1206. First end 1202 comprises a rigid shoulder 1208, and at opposing ends of the rigid shoulder 1208 are a tab 1210 and a post 1212. The tab 1210 and post 1212 are also rigid, and are shaped to couple with and align the inferior and superior implants. A recess 1220 is located on the shoulder 1208. Similarly, second end 1204 comprises a rigid shoulder 1214, tab 1216, post 1218, and recess 1222. Tabs 1210, 1216 are shaped to receive an inferior facet joint implant, and posts 1212, 1218 are shaped to receive a superior facet joint implant. Connecting portion 1206 is deformable, and when it is flexed, first end 1202 rotates about the axis of post 1212, and second end 1204 rotates about the axis of post 1218, such that tabs 1210, 1216 are urged apart.

[0140] FIG. 7B is a perspective view of clip 1200 coupled to an inferior facet joint implant 1230. Inferior facet joint implant 1230 is similar to inferior implant 100 seen in FIG. 2, but includes an alternative inferior articular body 1232. Inferior facet joint implant 1230 comprises inferior articular body 1232, conical expander 126, split shell 128, split clamp 110, top nut 130, inferior strut 104, and split sphere 356 which may be captured in the ring 182 of the inferior strut. Inferior articular body 1232 comprises an inferior articular surface 1234 and a pair of slots 1236 which are shaped to receive the tabs 1210, 1216 of the clip 1200. Inferior facet joint implant 1230 may be delivered coupled to clip 1200. Packaging (not shown) may be shaped to prevent connecting portion 1206 from flexing, and to keep posts 1212, 1218 in a fixed position.

[0141] FIGS. 8 and 9 present an alternative embodiment of an inferior implant 400 with an alternative embodiment of an inferior articular body 402. This embodiment may differ from inferior articular body 102 in that it comprises a gripping feature 404 between the attachment post opening 120 and the inferior articular surface 122. The gripping feature 404 comprises an elongated slot 406 with an angled

hole 408 cut into each end of the slot 406 (FIG. 9). The two holes 408 may diverge so that the gripping feature 404 is undercut at each end of the slot 406. Alternatively, the gripping feature 404 may comprise another undercut configuration, such as a dovetail or a keyseat.

[0142] Referring to FIG. 10, another alternate embodiment of a coupling clip is shown. Clip 410 comprises a clip body 412, an instrument socket 414, a tab 420, a pair of pins 416, and a pair of prongs 418. The pins 416 are shaped to engage a superior facet joint implant and the prongs 418 are shaped to engage an inferior facet joint implant. The pins 416 may be cylindrical and they may or may not have a constant diameter over their entire length. The prongs 418 may flare away from each other or present a dovetail or flanged configuration corresponding to the configuration of the gripping feature on the inferior facet joint implant. The pins 416 and prongs 418 project orthogonally from a distal side of the clip body 412, and the tab 420 projects orthogonally from a proximal side of the clip body 412. The socket 414 is located between the prongs 418 and may be oriented at an angle to the clip body 412. A first slot 422 cuts through the clip body 412 so that the pins 416 are disposed on one side of the slot 422 and the prongs 418 are disposed on the other side. The slot 422 extends through a portion of the tab 420 adjacent to the clip body 412. The slot 422 enables the clip 410 to flex so that the prongs 418 can move toward or away from the pins 416. A second slot 424 is oriented perpendicular to the first slot 422, and cuts through the portion of the tab 420 that bears the prongs 418 and the socket 414, so that the slot 424 is substantially centered with respect to the prongs 418 and the socket 414. The slot 424 enables the clip 410 to flex so that the prongs 418 can move toward or away from each other and the socket 414 can increase or decrease in width.

[0143] Referring to FIG. 11, inferior strut 104 is shown coupled to fixation assembly 300, which may also be termed an attachment mechanism. The inferior strut 104 is generally elongated in configuration, with a central portion 180, a first end which is a ring 182, and a second end which is a strut post 184. The ring 182 may be a generally circular feature with a center point and opposed end faces which are substantially planar and parallel. The ring 182 may be set at an angle relative to the central portion 180 and the strut post 184. The strut post 184 may be a generally cylindrical feature with a longitudinal center axis. The strut post 184 may be at an angle relative to the central portion 180 and the ring 182; also the central portion 180 may be straight, bent or curved.

[0144] A kit of inferior implants may be provided, wherein each inferior implant in the kit is a different size or shape so that a particular inferior implant may be selected for implantation at a certain operative site. U.S. patent application Ser. No. 12/240,320, which is incorporated herein by reference in its entirety, describes such a kit of inferior implants in terms of physical dimensions which may vary independently among the various inferior implants in the kit.

[0145] Some of the physical dimensions that may change between the different sizes of inferior implants are an X2 offset, a Y2 offset, and a Z2 offset. These dimension may be used to describe the location of a center point C1 of the inferior articulation surface with respect to local vertebral landmarks, such as a pedicle saddle point or pedicle axis, or standard anatomical reference planes, such as the sagittal plane 3. It can be appreciated that the same dimensions may

be measured on one or more intact natural vertebrae in order to develop inferior implants that accurately fit a majority of the patient population.

**[0146]** The pedicle axis may be the same as the longitudinal axis of fixation member **302**, or any other fixation member disclosed herein, after implantation into a pedicle. The pedicle axis may also be the axis passing along the center of a substantially tubular midportion of the pedicle, independent of any fixation member. The pedicle saddle point is frequently equivalent to the entry point of a fixation member into the pedicle; it may also be defined as the intersection of the pedicle axis and the posterior bone surface lateral to the superior articular process of a vertebra.

**[0147]** Exemplary values for the foregoing dimensions will be provided below. Although the exemplary values relate primarily to L5 superior and L4 inferior, they may apply to other combinations of vertebrae in the lower back and/or the sacrum. One or more of these variables may change between the different inferior implant sizes.

**[0148]** For a particular inferior articular surface and its immediately adjacent pedicle, the center point C1 of the inferior articulation surface is displaced from the saddle point S2 by an X2 offset, a Y2 offset, and a Z2 offset. The direction of the Y2 offset is parallel to the pedicle axis. The direction of the Y2 offset is generally, but not precisely, anterior to posterior. The direction of the X2 offsets is perpendicular to the Y2 offset. The direction of the X2 offset is generally, but not precisely, lateral to medial with respect to the central axis of the patient's spine. The direction of the Z2 offset is perpendicular to the Y2 offset and the X2 offset. The direction of the Z2 offset is generally cephalad to caudal.

**[0149]** The X2 offset for the inferior implant can range from 0 mm to 20 mm. However, for the majority of patients, the X2 offset will range from 2 mm to 16 mm. Therefore a family of inferior implants can be provided with the X2 offset varying in increments of 2 mm. Thus, sets of inferior implants would be provided with X2 offset at 2 mm, 4 mm, 6 mm, 8 mm, 10 mm, 12 mm, 14 mm, and 16 mm to cover the statistical range for the majority of the population of patients needing inferior implants.

**[0150]** The Y2 offset for the inferior implant can range from -15 mm to 5 mm. However, for the majority of patients, the Y2 offset will range from -12 mm to 4 mm. Therefore a family of inferior implants can be provided with the Y2 offset varying in increments of 2 mm. Thus, sets of inferior implants would be provided with Y2 offset at -12 mm, -10 mm, -8 mm, -6 mm, -4 mm, -2 mm, 0 mm, 2 mm, and 4 mm to cover the statistical range for the majority of the population of patients needing inferior implants.

**[0151]** The Z2 offset for the inferior implant can range from 20 mm to 40 mm. However, for the majority of patients, the Z2 offset will range from 25 mm to 31 mm. Therefore a family of inferior implants can be provided with the Z2 offset varying in increments of 1 mm. Thus, sets of inferior implants would be provided with Z2 offset at 25 mm, 26 mm, 27 mm, 28 mm, 29 mm, 30 mm, and 31 mm to cover the statistical range for the majority of the population of patients needing inferior implants.

**[0152]** The parameters of the inferior implant may include at least two dimensions that vary among the members of the kit independently of each other. Dimensions that vary independently of each other need not change according to any established relationship between the dimensions, but

instead, one may change while the other remains the same between any two prostheses of the kit. More specifically, the kit of inferior implants may comprise a plurality of inferior struts of different sizes and shapes, each of which may be provided pre-assembled with an inferior articular body, an attachment mechanism, and optionally a split sphere. As set forth previously, the relative orientation of the ring, central portion, and strut post of the inferior strut may vary. In one embodiment, the tip of the strut post may be offset from the center point of the ring by one or more of the X2 offset, the Y2 offset, and the Z2 offset.

**[0153]** Fixation assembly **300** is configured to be implanted in a pedicle of a vertebra, and to be coupled to inferior implant **100** or another implant. The fixation assembly **300** provides for polyaxial adjustment of the implant with respect to the fixation assembly **300**, and comprises a fixation member **302**, a tapered base **304**, a split sphere **306**, and a top nut **308**.

**[0154]** FIG. 12 is an exploded view of the inferior strut **104** and the fixation assembly **300**. The fixation member **302**, which may be a pedicle screw, has a distal threaded bone engaging portion **310**, a shaft **312**, and a proximal threaded attachment portion **314**. The tapered base **304** is cannulated throughout, and has an inset bone-engaging portion **316**, a flange **318**, and a tapered portion **320**. The inset portion **316** may be tapered to provide compression to the surrounding bone, and may have a plurality of fins **317** which prevent rotation of the base **304** in the bone. In alternate embodiments of the invention, the inset portion **316** may include teeth, studs, fins, or combinations thereof, or other anti-rotation features, or no anti-rotation features. The tapered portion **320** may serve as an attachment portion, configured for attachment of an implant. At an open end of the tapered portion **320**, a tool engagement rim **322** includes a plurality of notches **324**. Other embodiments of the base may include threads or other features instead of notches configured to engage a tool. An inner wall **326** of the split sphere **306** is sized to fit over the tapered portion **320** of the base **304**, and includes a plurality of slits **328** which allow the sphere to be expandable. The inner wall **326** of the split sphere **306** may also be tapered. The top nut **308** has a threaded bore **332** and a flange **334** which encircles the nut **308**.

**[0155]** The fixation assembly **300** may be assembled from the components described above during implantation, or it may be delivered in a partially assembled state. For example, the split sphere **306** may be provided captive within the ring **182**.

**[0156]** Prior to locking down the fixation assembly **300**, the ring **182** may be polyaxially adjusted around the split sphere **306** so that the inferior strut **104** attains a desired orientation. To lock down the desired orientation, a compression lockout tool (not shown) engages the notches **324** of the tool engagement rim **322** on the base **304**. Other embodiments of the base may include a threaded tool engagement interface, configured to engage with a threaded lockout tool. The lockout tool provides compression on the split sphere **306**, urging it farther onto the tapered portion **320** toward the flange **318**. As the split sphere **306** moves down the tapered portion **320**, it expands to bind within the ring **182** of the inferior strut **104**. Once all motion between the tapered portion **320**, split sphere **306** and ring **182** is locked out, the lockout tool is removed. The top nut **308** is threaded onto the threaded attachment portion **314** of the

fixation member **302**, to retain the base **304**, sphere **306** and inferior strut **104** on the fixation member **302**, and to further secure the inset portion **316** of the base **304** in the vertebra. Optionally, the base **304**, split sphere **306**, and inferior strut **104** may be assembled and locked out independently of the fixation member **302**, then dropped onto the fixation member **302** and retained with the top nut **308**. The inferior articular body **102** and the attachment mechanism **106** may be secured to the inferior strut **104** before or after the inferior strut **104** is locked into position with the base **304** and split sphere **306**.

**[0157]** FIGS. 13-20 depict alternative embodiments of implant base members. Each base member comprises a tapered portion shaped to mate with an expandable member, or collet that is tapered inside and substantially spherical outside, such as split sphere **306** or **356**. The tapered surface facilitates a taper lock between the base and the collet (and inferior or superior implant), thereby locking out adjustability between the implant and the base as described previously with regard to FIG. 12. Below the tapered portion may be a flange to prevent subsidence and provide a stable surface against the adjacent bone, and to provide additional surface area for bone ingrowth. In addition, a generally cylindrical bone-engaging portion of the base extends down into the pedicle of the vertebra. The bone-engaging portion, which may also be tapered forming a conical shape, may have any number of fins or other features (3-7 in preferred embodiments) which may project into the surrounding bone to resist rotation forces. Each base has a lumen extending throughout both the tapered portion and bone-engaging portion to fit over a pedicle screw or other fixation member. The lumen may be cylindrical or may include a non-cylindrical indexing surface with one or more flat sections, shaped to receive a hexagonal driver or a driver of another shape, including triangular, square, pentagonal, or octagonal, among others. Additionally, each base may have engagement features such as notches or threads which allow a tool or gripping instrument to engage with and hold the base during implantation and lockout procedures. Implantation of each base may follow the same procedures as set forth previously for base **304**. Bases with fins or other protruding anti-rotation features may require additional bone preparation steps, such as broaching, to adequately prepare the bone for the fins.

**[0158]** Each base member embodiment may differ in the number of fins that radiate outward from the center axis to resist rotation. The length, width, and taper of fins or other anti-rotation features may vary. Other embodiments of the implant base may have studs, pegs, or posts instead of fins, or may have slots in the bone-engaging portion that extend downward into the pedicle. Also, the flange and/or bone-engaging portion may be coated with bone in-growth material, such as porous material or hydroxyapatite, among others. Additional embodiments may incorporate sawtooth fins to allow for self-guiding and/or self-cutting, therefore eliminating a separate preparation step. It is appreciated that the bases disclosed herein may be used with the fixation assemblies also disclosed herein, or in other orthopedic applications employing bone-engaging fixation members.

**[0159]** The combination of a base member such as those disclosed herein with a fixation member such as a pedicle screw may provide several advantages when compared to a pedicle screw alone. The contact area between the pedicle and the fixation assembly over which bending loads are distributed will be increased, since the bone-engaging por-

tion of each base provides a greater surface to bone contact area than a pedicle screw alone. According to Wolff's Law, a bone in a healthy person or animal will adapt to the loads under which it is placed. If loading on a particular bone increases, the bone will remodel itself over time to become stronger to resist that sort of loading. Increasing the bone contact area through the use of a base member may therefore result in strengthening of a larger portion of the bone around the implant fixation assembly. Additionally, less load may be placed on the pedicle screw, which may result in decreased likelihood of loosening of the screw over time.

**[0160]** FIG. 13A is a side view of a facet implant base member **850**; FIG. 13B is an end view of the base **850**; FIG. 13C is a perspective view of the base **850**; and FIG. 13D is cross-sectional view of the base **850**. Base **850** comprises a tapered portion **852** separated from a bone-engaging portion **856** by a flange **854**. A lumen **851** extends the length of the base, the lumen **851** is shaped to receive a fixation member such as **302**, or a pedicle screw, among others. A first end **858** includes several notches **860** which are engagement features shaped to mate with a placement and/or lockout tool. In this embodiment, five evenly spaced fins **862** project outward from the bone-engaging portion **856**. The fins **862** may prevent rotation of the base **850** in the pedicle. A fillet **864** is located between each fin and the adjacent fin and provides a transition between the flange **854** and the bone-engaging portion **856**. In other embodiments of the base, there may be fewer or more fins, and the fins may be evenly or unevenly spaced, or paired, or grouped. The morphology of the fins may vary; some fins may have sharp, well-defined edges while others may have more rounded edges. The fins may taper between the flange and the distal end of the bone-engaging portion. Similarly, the sizes of the fillets **864** may vary; a larger fillet will provide a less sharp, more continuous transition between fins. Providing more gradual, less acute transitions between features on the base may prevent the occurrence of low-load areas where less bone in-growth might occur.

**[0161]** Referring to FIG. 14, an alternative embodiment of an implant base member is shown. Implant base **870** has a tapered portion **872**, a flange **874** and a bone-engaging portion **876**. A plurality of fins **878** extend outward from the bone-engaging portion **876**. The central lumen **871** includes flat sections **873** interspersed with curved sections **875**, allowing for engagement with a tool such as a pentagonal driver (not shown). The flat sections **873** may provide a practitioner with immediate orientation of the fins **878** relative to the bone screw with which the base is coupled, as well as to broached slots in the bone. The curved sections **875** have a diameter outside the dimensions of the flat sections **873**. The tapered portion includes threads **877** which may extend throughout the tapered portion as shown or, in other embodiments, may extend only partially through the tapered portion. The threads **877** are configured to engage with a placement and/or lockout tool, which may provide force to effect a taper lock between an implant and the base, as set forth previously.

**[0162]** Referring to FIG. 15, another alternative embodiment of an implant base member is shown. Implant base **880** has a tapered portion **882**, a flange **884** and a bone-engaging portion **886**. A plurality of fins **888** extend outward from the bone-engaging portion **886**. Each fin **888** is serrated with several teeth **889**, which may provide self-broaching of the bone during implantation of the base.

[0163] Referring to FIG. 16, yet another alternative embodiment of an implant base member is shown. Implant base 890 has a tapered portion 892, a flange 894 and a bone-engaging portion 896. A plurality of jagged fins 898 extend outward from the bone-engaging portion 896. Each fin 898 comprises a series of teeth 899 which may be graduated in size. Similar to implant base 880, the teeth may provide self-broaching during implantation, and may reduce the bone preparation needed prior to implantation.

[0164] Referring to FIG. 17, another alternative embodiment of an implant base member is shown. Implant base 900 comprises a tapered portion 902 and a bone-engaging portion 904. A curved transitional area 906 connects the tapered portion and the bone-engaging portion. The transitional area serves a similar function as the flange in other embodiments, preventing subsidence of the implant. Two pegs 908, which may prevent rotation of the base, protrude outward from the bone-engaging portion 904.

[0165] Referring to FIG. 18, another alternative embodiment of an implant base member is shown. Implant base 910 comprises a tapered portion 912 and a bone-engaging portion 914. In this embodiment, the dish-shaped bone-engaging portion 914 has a greater diameter than the tapered portion 912. Bone-engaging portion 914 has a spherical bone-contacting surface 915. The configuration of the bone-engaging portion 914 may prevent subsidence of the implant, distribute the implant load over a larger surface area, and provide increased surface area for bone ingrowth. A plurality of pegs 916 protrude from the bone-engaging portion 914 and may prevent rotation of the base. The pegs 916 are positioned farther away from the central axis of the base 910, in comparison to the configuration of base 900 and pegs 908.

[0166] Referring to FIG. 19, another alternative embodiment of an implant base member is shown. Implant base 920 comprises a tapered portion 922, a spherical transition portion 924, and a bone-engaging portion 926. Bone-engaging portion 926 is tapered and includes a plurality of holes 928 which open into the central cannulated area, and may allow additional bone ingrowth. Bone-engaging portion 926 may provide a narrower profile allowing for less disturbance of the pedicle during preparation and implantation.

[0167] Referring to FIG. 20, another alternative embodiment of an implant base member is shown. Implant base 930 comprises a tapered portion 932, a spherical transition portion 934, and a tapered bone-engaging portion 936.

[0168] FIG. 21 illustrates an alternate embodiment of a fixation element, or pedicle screw 1100. The pedicle screw 1100 has a distal threaded bone engaging portion 1168, a shaft 1138, and a proximal threaded attachment portion 516. These features may be similar to, or identical to, those disclosed for fixation element 302. Pedicle screw 1100 also has a plurality of flats 1107 arranged around the proximal end. The flats 1107 may extend along at least a portion of the proximal threaded attachment portion 516 or the shaft 1138. In a preferred embodiment, the flats 1107 extend along the majority of the shaft 1138 and the entire proximal threaded attachment portion 516.

[0169] Referring to FIG. 22, the superior implant 200 is shown secured to the fixation assembly 300. The superior implant 200 may be monolithic and includes a superior articulation surface 202 shaped to replace a natural superior articular surface of a vertebra, a ring 204, and may include at least one notch-like gripping feature 206. The superior

implant 200 may be secured to the fixation assembly 300 in the same method as described previously for the inferior strut 104. The ring 204 of the superior implant 200 is locked in position relative to the split sphere 306 and the base 304. The base 304, split sphere 306 and implant 200 may be dropped over an implanted fixation member 302, and the top nut 308 secured on the fixation member 302 to retain the assembly. The superior implant 200 may be delivered in combination with an inferior implant 100, and the superior articular surface 202 may be temporarily clipped to the inferior articular surface 122.

[0170] A kit of superior implants may be provided, wherein each superior implant in the kit is a different size or shape so that a particular superior implant may be selected for implantation at a certain operative site. U.S. patent application Ser. No. 12/240,320, which is incorporated herein by reference in its entirety, describes such a kit of superior implants in terms of physical dimensions which may vary independently among the various superior implants in the kit.

[0171] Some of the physical dimensions that may change between the different sizes of superior implants are an X1 offset, a Y1 offset and a facet angle. These dimensions may be used to describe the location and orientation of the superior articular surface of the superior implant with respect to local vertebral landmarks, such as a pedicle saddle point or pedicle axis, or standard anatomical reference planes such as the sagittal plane 3. It can be appreciated that the same dimensions may be measured on one or more intact natural vertebrae in order to develop superior implants that accurately fit a majority of the patient population.

[0172] The pedicle axis may be the same as the longitudinal axis of fixation member 302, or any other fixation member disclosed herein, after implantation into a pedicle. The pedicle axis may also be the axis passing along the center of a substantially tubular midportion of the pedicle, independent of any fixation member. The pedicle saddle point is frequently equivalent to the entry point of a fixation member into the pedicle; it may also be defined as the intersection of the pedicle axis and the posterior bone surface lateral to the superior articular process of a vertebra.

[0173] Exemplary values for the foregoing dimensions will be provided below. Although the exemplary values relate primarily to L5 superior and L4 inferior, they may apply to other combinations of vertebrae in the lower back and/or the sacrum. One or more of these variables can change between the different superior implant sizes.

[0174] For a particular superior articular surface and its immediately adjacent pedicle, the point P1 is the most medial and anterior point on the superior articular surface. P1 is displaced from the saddle point S1 by an X1 offset and a Y1 offset. The direction of the Y1 offset is parallel to the pedicle axis. The direction of the X1 offset is perpendicular to the direction of the Y1 offset. The direction of the X1 offset is generally, but not precisely, lateral to medial with respect to the central axis of the patient's spine.

[0175] The X1 offset for a superior implant can range from 5 mm to 30 mm. However, for the majority of patients, the X1 offset will range from 10 mm to 20 mm. Therefore a family of superior implants can be provided with the X1 offset varying in increments of 5 mm. Thus, sets of superior implants would be provided with X1 offset at 10 mm, 12



mm, 14 mm, 16 mm, 18 mm, and 20 mm to cover the statistical range for the majority of the population of patients needing superior implants.

[0176] The Y1 offset for a superior implant can range from 2 mm to 20 mm. However, for the majority of patients, the Y1 offset will range from 5 mm to 15 mm. Therefore a family of superior implants can be provided with the Y1 offset varying in increments of 2 mm. Thus, sets of superior implants would be provided with Y1 offset at 5 mm, 7 mm, 9 mm, 11 mm, 13 mm, and 15 mm to cover the statistical range for the majority of the population of patients needing superior implants.

[0177] The facet angle for a superior implant is the angle that the superior articular surface makes with respect to a plane perpendicular to the pedicle axis and passing through point P1. The facet angle can range from 50° to 120°. However, for the majority of patients, the facet angle will range from 60° to 100°. Therefore a family of superior implants can be provided with the facet angle varying in increments of 5°. Thus, sets of superior implants would be provided with the facet angle at 60°, 65°, 70°, 75°, 80°, 85°, 90°, 95°, and 100° to cover the statistical range for the majority of the population of patients needing superior implants.

[0178] The parameters of the superior implant may include at least two dimensions that vary among the members of the kit independently of each other. Dimensions that vary independently of each other need not change according to any established relationship between the dimensions, but instead, one may change while the other remains the same between any two prostheses of the kit.

[0179] FIG. 23 presents an alternative embodiment of a superior implant 210 with an alternative embodiment of a polyaxially adjustable fixation assembly 350. FIG. 24 presents an exploded view of fixation assembly 350, and FIG. 25 presents a cross-sectional post-assembly view of the assembly. With reference to FIGS. 23 and 28, superior implant 210 is distinguished from superior implant 200 by holes 216 and 218 disposed between the ring and the articular surface. With reference to FIGS. 23-25, fixation assembly 350 comprises a fixation member 352, a tapered base 354, a flanged split sphere 356, a capture nut 358, and a top nut 360. The cannulated tapered base 354 has an inset portion 362 which may include anti-rotation features such as fins, teeth or studs. A tapered portion 364 has a threaded lumen 366. The split sphere 356 includes a split flange 368 which encircles one open end of the sphere. The capture nut 358 has a threaded outer surface 370, while the top nut 360 has a threaded inner surface 372. Fixation assembly 350 may also be termed an attachment mechanism. It is appreciated that fixation assembly 350 may be substituted for fixation assembly 300 in any fixation procedure disclosed or depicted herein, and vice versa. Also, a combination of fixation assemblies 300 and 350 may be used in an implant system.

[0180] Referring to FIG. 26, a perspective view shows the inferior articular body 470 attached to a clip 550. A direction arrow 580 indicates the direction in which the articular body and clip may be moved to align them with a superior implant 211. The superior implant 211 may be implanted in a pedicle via fixation assembly 350 prior to alignment with the inferior articular body 470. Using the handle 554, the clip may be moved until the superior pins 556 fit into openings 582 on the superior implant 211. Alternatively, clip 550 and inferior articular body 470 may be joined with an inferior

strut (not shown) and with superior implant 211 into an assembly, and the assembly moved onto fixation members 352 implanted in the pedicles.

[0181] As seen in FIG. 27, when the pins 556 are fully inserted into the openings 582, inferior articulation surface 474 is aligned with superior articulation surface 584 in a preferred orientation. At this point, an appropriately sized and configured inferior strut (not shown) may be chosen. The orientation of the inferior strut may be adjusted before being locked down to a fixation member. Additionally, a crosslink rod (not shown) may be added and locked down as the attachment mechanism is locked down. To remove the clip 550, first the plug 570 is removed, allowing the split ends 562 to return to the first narrow configuration and making them narrow enough to be withdrawn through the tubes 472. Then the clip 550 may be removed.

[0182] Referring to FIG. 28, clip 1200 and implant 1230 are shown gripped by a delivery tool 1300. Additionally, superior facet implant 210 is shown coupled to fixation assembly 350. The delivery tool 1300 comprises handles (not shown), a shaft 1302, a hook 1304 which may be actuated to grip and release the clip 1200, and a pair of pegs 1306, 1308. Upon removal of the packaging described above, the delivery tool 1300 may be connected to the clip 1200 via the hook 1304 which hooks on the connection portion 1206, and the pegs 1306, 1308 which protrude into the recesses 1220, 1222. The spacing of the pegs keeps the posts 1212, 1218 of the clip 1200 in a proper position for coupling with the superior implant 210. The hook 1304 may prevent premature flexure of the connection portion 1206. The delivery tool 1300 may be manipulated to position the clip 1200 and implant 1230 such that the posts 1212, 1218 fit into the holes 216, 218 on the superior implant, thus properly aligning the inferior 1234 and superior 214 articulation surfaces relative to one another.

[0183] Referring to FIG. 29, a flexing tool 1320 is shown coupled to the connecting portion 1206 of the clip 1200. Flexing tool 1320 is co-axial, and comprises handles (not shown), a shaft 1322, and two gripping features 1324, 1326. The gripping features 1324, 1326 are shaped and positioned to grip two locations on the connecting portion 1206. The flexing tool 1320 may be activated to move the gripping features 1324, 1326 relative to one another such that the connecting portion 1206 is flexed.

[0184] Referring to FIG. 30, inferior articular body 402 is shown coupled to superior implant 210 by clip 410. An inferior inserter 1800 is also coupled to the clip 410. Optionally, the inferior articular body 402 may be assembled to other components of the inferior facet joint implant 400 (FIG. 8). A split sphere 306 or 356 may be provided with the inferior implant 400 or the superior implant 210. Furthermore, the superior implant 210 may already be locked to a fixation assembly implanted in a pedicle. However, these additional components are not shown in FIG. 30 for clarity. Inferior articular body 402 is coupled to superior implant 210 by clip 410 in a manner similar to that described for inferior articular body 470, clip 550, and superior implant 211 (FIG. 26) and inferior articular body 1230, clip 1200, and superior implant 210 (FIG. 28). The inferior inserter 1800 may be used to position the clip 410 and inferior articular body 402 so that the prongs 416 of clip 410 engage the holes 216 and 218 of the superior implant 210 so that the inferior articulation surface 122 is properly aligned to the superior articulation surface 214.

[0185] The coupling clips disclosed herein may be made in a variety of sizes, and with varied dimensions, to fit implants configured for different vertebral levels. Other embodiments of clips may include different deformable retention features, different alignment features, and/or different features shaped to receive the superior and inferior implants. Coupling clips without deformable features or plugs, and/or with other attachment features are contemplated within the scope of the invention. In addition, trial clips in a variety of sizes and configurations may be provided, to allow the practitioner to choose the correct size or configuration of implant. Trial clips may include integrated superior and/or inferior implant trial components. A trial clip and implant may be used to select the proper length of inferior strut to match an offset distance between the vertebrae. Specifically, fixation members and base members may be secured in adjacent vertebrae, and a succession of trials, each comprising a clip retaining an inferior and optionally a superior implant may be positioned on the bases, until the proper length of inferior strut is determined. Then the sterile package containing the proper choice of clip and implants may be opened and the appropriate clip and implants secured to the base members. Use of the trials prevents practitioners from unnecessarily opening more than one sterile package of implants to determine a correct fit.

[0186] The facet joint replacement system 10 described above, and alternate embodiments thereof, may be implanted using a set of surgical instruments. At least some of the surgical instruments may be specifically designed to facilitate implantation of one or more implant embodiments disclosed herein. Selected surgical instruments that may facilitate implantation of one or more embodiments of the facet joint replacement system will now be described.

[0187] FIGS. 31-36 illustrate a first embodiment of a pedicle screw driver 1130. The screw driver 1130 comprises an outer sleeve 1101, an inner shaft 1102, a handle 1111, a lever 1110, a coupling element 1121, and a torque fitting 1104.

[0188] The outer sleeve 1101 is generally tubular and may be windowed. The inner surface of the outer sleeve 1101 may have one or more tabs 1105 near the distal end 1106. The tabs 1105 may be formed on a separate distal tip portion which is subsequently affixed to the remaining portion of outer sleeve 1101, as is shown in FIGS. 31-36, or the tabs 1105 may be formed as separate parts which are affixed to a unitary outer sleeve 1101. The tabs 1105 may also be integrally formed with the outer sleeve 1101. The distal end 1106 of the outer sleeve 1101 may optionally comprise a replaceable burr or reamer with end cutting flutes or side cutting flutes, or both. End cutting flutes, if present, may extend only partway from the outer diameter of outer sleeve 1101 toward the inner surface so that a non-fluted annular region is present.

[0189] The inner shaft 1102 slides within the outer sleeve 1101, and is held in a fixed rotational alignment to the outer sleeve 1101, as will be described below. The inner shaft 1102 has a collet 1112 on the distal end, as is best seen in FIGS. 31 and 33-35. The collet 1112 comprises a center bore 1113 surrounded by a plurality of flexible prongs 1103 separated by slots 1114. The center bore 1113 may be fabricated with a precisely controlled predetermined depth from the open end of the collet 1112. In the free state, i.e., when subject to no external forces, the prongs 1103 flare toward the open end of the collet 1112. When the collet 1112 slides within the

distal end 1106 of outer sleeve 1101, the prongs 1103 are compressed toward the center bore 1113 by the inner surface of the outer sleeve 1101. The one or more tabs 1105, if present, slide into one or more corresponding slots 1114 in the collet 1112 to fix the rotational alignment of the collet 1112 to the outer sleeve 1101. One or more of the inner walls 1115 of the prongs 1103 may be flattened so that the center bore 1113 is non-circular or polygonal in cross section.

[0190] The handle 1111 is rigidly fixed to the proximal end of the outer sleeve 1101, and is generally tubular. The ends of handle 1111 may be reduced in diameter to blend with the outer diameter of the outer sleeve 1101. The handle 1111 may have a slot 1118 through which the lever 1110 protrudes.

[0191] The lever 1110 is pivotally attached to the handle 1111 by pins 1122 and to the coupling element 1121 by pin 1119. In the embodiment shown, the lever 1110 protrudes through slot 1118 in the handle 1111. The lever 1110 pivots between a first position, in which the lever 1110 lies generally flat against the handle 1111, and a second position, in which the free end of the lever 1110 lifts away from the handle 1111. The coupling element 1121 comprises a curved bar which is pivotally attached to the inner shaft 1102 by pin 1120. Thus, the lever 1110, coupling element 1121, and inner shaft 1102 form a mechanical linkage 1124 which is pinned to handle 1111 by pins 1122. The linkage 1124 turns rotational motion of the lever 1110 into linear translation of the inner shaft 1102 within the outer sleeve 1101. The linkage 1124 also holds inner shaft 1102 in a fixed rotational alignment to the outer sleeve 1101.

[0192] The torque fitting 1104 is rigidly fixed to the proximal end of the handle 1111. In the embodiment shown, the torque fitting 1104 is a shaft 1126 terminating in a square tip 1128 suitable for connection to a modular handle or power driver (not shown). However, other torque fittings are contemplated, such as a hexagonal tip, threads, or other fittings as are known in the art. The handle 1111 itself may serve as a manual torque fitting 1104.

[0193] The outer sleeve 1101 and inner shaft 1102 of the screw driver 1130 cooperate to form a screw coupling 1116 that releasably couples the screw driver 1130 to a fixation element such as pedicle screw 1100 (FIG. 21). In the embodiment illustrated in FIGS. 31-36, the screw coupling 1116 is formed by the collet 1112 at the distal end of the inner shaft 1102 and the distal end 1106 of the outer sleeve 1101 adjacent to the collet 1112. The distal end 1106 of outer sleeve 1101 forms a socket 1117 around the collet 1112, and the center bore 1113 of collet 1112 forms a socket around the pedicle screw 1100. The screw coupling 1116 has an unlocked configuration, in which the pedicle screw 1100 and the screw driver 1130 are separable. The screw coupling 1116 also has a locked configuration, in which the pedicle screw 1100 and the screw driver 1130 are inseparable. Furthermore, in the locked configuration, the screw coupling 1116 transmits torque from the screw driver 1130 to the pedicle screw 1100 in order to thread the pedicle screw 1100 into a pedicle or other part of a bone.

[0194] When the free end of the lever 1110 is lifted away from the handle 1111, the lever 1110 rotates about pins 1122. A first end 1132 of coupling element 1121 also rotates about pins 1122, because coupling element 1121 is pivotally attached to the lever 1110 by pin 1119. As the first end 1132 of coupling element 1121 rotates, it moves toward the distal end 1106 of the outer sleeve 1101; it also pushes a second

end 1134 of coupling element 1121 toward the distal end 1106 of the outer sleeve 1101. A proximal end 1136 of the inner shaft 1102 is also pushed toward the distal end of the screw driver 1130, because it is pivotally attached to the second end 1134 of the coupling element 1121 by pin 1120. The curved shape of coupling element 1121 allows it to flex, or behave as a spring, in response to the applied forces on the first end 1132 and any resisting forces on the second end 1134. Inner shaft 1102 is only capable of linear translation within outer sleeve 1101, due to the constraints imposed by outer sleeve 1101, handle 1111, lever 1110, and coupling element 1121. Thus, when the free end of the lever 1110 is lifted away from the handle 1111, the proximal end 1136 of the inner shaft translates toward the distal end 1106 of the outer sleeve 1101 such that at least a portion of the distal collet 1112 protrudes past the distal end 1106 of the outer sleeve 1101. In this position, the inner surface of outer sleeve 1101 does not touch the collet 1112, so the prongs 1103 flare toward the open end of the collet 1112. This configuration of the screw driver 1130 is called the unlocked configuration because the collet 1112 is unconstrained by the outer sleeve 1101 and the prongs 1103 flare open to receive the pedicle screw 1100 in the center bore 1113, as will be described presently. Thus, the unlocked configuration of the screw driver 1130 corresponds to the unlocked configuration of the screw coupling 1116.

[0195] When the lever 1110 is rotated to lie generally flat against the handle 1111, the first end 1132 of coupling element 1121 moves away from the distal end 1106 of the outer sleeve 1101; it also pulls the second end 1134 of coupling element 1121 away from the distal end 1106 of the outer sleeve 1101. The proximal end 1136 of the inner shaft 1102 is also pulled away from the distal end 1106 of the outer sleeve 1101. The curved shape of coupling element 1121 allows it to flex, or behave as a spring, in response to the applied forces on the first end 1132 and any resisting forces on the second end 1134. Thus, when the lever 1110 lies generally flat against the handle 1111, the proximal end 1136 of the inner shaft 1102 translates away from the distal end 1106 of the outer sleeve 1101 such that a substantial portion of the distal collet 1112 is retracted within the distal end 1106 of the outer sleeve 1101. In a preferred embodiment, the open end of the collet 1112 is precisely aligned with the distal end 1106 of the outer sleeve 1101 such that the center bore 1113 is at a precisely controlled predetermined depth from the distal end 1106 of the outer sleeve 1101. In this position, the inner surface of outer sleeve 1101 contacts the collet 1112, compressing the prongs 1103 toward the center bore 1113 as described above. The one or more tabs 1105, if present, engage one or more corresponding slots 1114 in the collet 1112 as described above. This configuration of the screw driver 1130 is called the locked configuration because the collet 1112 is compressed by the outer sleeve 1101 so that the prongs 1103 will grasp a pedicle screw 1100 in the center bore 1113, as will be described below. Thus, the locked configuration of the screw driver 1130 corresponds to the locked configuration of the screw coupling 1116.

[0196] FIGS. 37-38 illustrate a second embodiment of a pedicle screw driver 1140. In this embodiment, the screw driver 1140 comprises an outer sleeve 1142 and an inner shaft 1144 which differ from the previous embodiment, as well as a handle 1146, a lever 1148, a coupling element 1150,

and a torque fitting 1152 which may be similar or identical to those described for screw driver 1130.

[0197] The outer sleeve 1142 is generally tubular and may be windowed. The inner surface of the outer sleeve 1142 has internal threads extending from a distal end 1164 along at least a portion of the length of the outer sleeve 1142. The internal threads are complementary to the external threads on the proximal attachment portion 516 of pedicle screw 1100. In other regards, the outer sleeve 1142 may be similar or identical to the outer sleeve 1101 described for screw driver 1130. The distal end 1164 of the outer sleeve 1142 may optionally comprise a replaceable burr or reamer, as described for screw driver 1130.

[0198] The inner shaft 1144 slides within the outer sleeve 1142, and is held in a fixed rotational alignment to the outer sleeve 1142. The inner shaft 1144 terminates in a blunt distal end 1160. In other regards, the inner shaft 1144 may be similar or identical to the inner shaft 1102 described for the previous embodiment.

[0199] The handle 1146, lever 1148, and coupling element 1150 depicted for screw driver 1140 may differ in appearance from, but may retain the same function as, those described for screw driver 1130. In this embodiment, handle 1146 serves as a manual torque fitting 1152.

[0200] The outer sleeve 1142 and inner shaft 1144 of the screw driver 1140 cooperate to form a screw coupling 1162 that releasably couples the screw driver 1140 to pedicle screw 1100. In the embodiment illustrated in FIGS. 37-38, the screw coupling 1162 is formed by the blunt end 1160 of the inner shaft 1144 and the internally threaded distal end 1164 of the outer sleeve 1142. The distal end 1164 of the outer sleeve 1142 forms a socket 1166 around the fixation element and the distal end 1160 of the inner shaft 1144 serves as the bottom of the socket 1166. The screw coupling 1162 has an unlocked configuration, in which the fixation element and the screw driver 1140 are separable. The screw coupling 1162 also has a locked configuration, in which the fixation element and the driver 1140 are inseparable. Furthermore, in the locked configuration, the screw coupling 1162 transmits torque from the driver 1140 to the fixation element in order to thread the fixation element into a pedicle or other part of a bone.

[0201] The operation of the lever 1148 to select the unlocked or locked configuration is as described above with regard to screw driver 1130. However, due to the relative locations of the pivot points between the lever 1148 and handle 1146 and between the lever 1148 and a first end of the coupling element 1150, the motion of inner shaft 1144 is reversed compared to screw driver 1130. When the free end of the lever 1148 is lifted away from the handle 1146, the inner shaft 1144 is pulled away from the distal end of the outer sleeve 1142. When the lever 1148 is rotated to lie generally flat against the handle 1146, the inner shaft 1144 is pushed toward the threaded distal end 1164 of the outer sleeve 1142. In a preferred embodiment, the blunt distal end 1160 of the inner shaft 1144 may lie at a precisely controlled predetermined depth relative to the threaded distal end 1164 of the outer sleeve 1142 when screw driver 1140 is in the locked position.

[0202] It can be appreciated that the screw driver 1140 may also be used with fixation member 302 or 352, since the screw coupling 1162 is configured to engage the proximal threads and the proximal end of the fixation member.

[0203] The lever and coupling element may be replaced in alternate embodiment screw drivers with other means of selecting between the unlocked and locked configurations. For example, the lever and coupling element may be replaced with a mechanism that includes a knob that threads directly or indirectly to the inner shaft to move the inner shaft with respect to the outer sleeve. In such an embodiment, turning the knob clockwise, for example, may move the inner shaft away from the distal end of the outer sleeve, while turning the knob counterclockwise may move the inner shaft toward the distal end of the outer sleeve.

[0204] FIG. 39 illustrates an embodiment of a base reamer 1250. The base reamer 1250 comprises a replaceable reamer tip 1252, an outer sleeve 1254, an optional inner shaft 1256, and a torque fitting 1258. The base reamer 1250 may cooperate with a shield (not shown), which may be a tube sized to slide over at least the reamer tip 1252 to isolate the reamer tip 1252 from surrounding soft tissues.

[0205] The replaceable reamer tip 1252 comprises a first cutting portion 1260, a second cutting portion 1262, a center bore 1274 and a shaft portion 1264. The first cutting portion 1260 and second cutting portion 1262 may be configured to correspond to a particular implant base embodiment. Therefore, a set of reamer tips may be provided, wherein each reamer tip in the set corresponds to a different implant base configuration. The first cutting portion 1260 is at the distal end of the reamer tip 1252, and may comprise side cutting flutes 1266, or end cutting flutes 1268, or both. An embodiment having both side-1266 and end-cutting 1268 flutes is shown in FIG. 39. First cutting portion 1260 may cut a cylindrical hole, a conical hole, or some other shape. First cutting portion 1260 may be windowed, as shown. The second cutting portion 1262 is proximally adjacent to first cutting portion 1260, and may comprise side cutting flutes 1270, or end cutting flutes 1272, or both. An embodiment having both side-1270 and end-cutting 1272 flutes is shown in FIG. 39. Second cutting portion 1262 cuts a larger diameter hole adjacent to the hole cut by first cutting portion 1260. The transition between the smaller diameter of first cutting portion 1260 and the larger diameter of second cutting portion 1262 may be flat as shown, i.e., perpendicular to the center axis 1261 of the cutting portions 1260, 1262, conical, convex, concave, or it may comprise a gradually curving transition, depending on the configuration of the corresponding implant base. For at least some embodiments, the combined transition and larger diameter hole can be considered a counterbore or a spot face. A counterbore is a larger diameter added at the open end of a smaller diameter hole, with a flat surface between the two diameters, which may be for the purpose of creating a recessed space for the head of a fastener. A spot face is a shallow, larger diameter added at the top of a hole, which may be for the purpose of creating a flat surface around the hole. Center bore 1274 extends through the full length of reamer tip 1252. Bore 1274 is sized to spin freely over the proximal threaded attachment portion and shaft of any of the fixation members or pedicle screws described herein. Shaft portion 1264 comprises a threaded interconnection 1265 to removably connect reamer tip 1252 to outer sleeve 1254, although other interconnections that permit the reamer tip 1252 to be exchanged on the outer sleeve 1254 are contemplated within the scope of this invention.

[0206] Outer sleeve 1254 is generally tubular. Outer sleeve 1254 may have one or more proximal windows 1276 and an external target such as line 1278 shown in FIG. 39.

[0207] Optional inner shaft 1256, if present, is slidably retained within outer sleeve 1254. Inner shaft 1256 comprises a depth indicator portion 1286 at or near the proximal end 1290 of inner shaft 1256. The depth indicator portion 1286 is marked with a line 1288. Inner shaft 1256 also comprises a blunt distal end 1292 that extends into the bore 1274 of the reamer tip 1252.

[0208] Torque fitting 1258 is rigidly affixed to the proximal end of the outer sleeve 1254. In the embodiment shown, the torque fitting 1258 is a shaft 1282 terminating in a quick connect tip 1284 suitable for connection to a modular handle or power driver (not shown). However, other torque fittings are contemplated, such as a square tip, hexagonal tip, threads, manual handle, or other fittings known in the art. In the embodiment shown, a proximal interior end surface 1280 of torque fitting 1258 closes the proximal end of outer sleeve 1254, although in alternate embodiments the proximal end of outer sleeve 1254 may be closed by another component part, or by an intrinsic portion of outer sleeve 1254.

[0209] Inner shaft 1256 slides between a distal limit and a proximal limit. The distal limit may occur when a protruding distal edge of depth indicator portion 1286 contacts a distal edge of proximal window 1276 on outer sleeve 1254. However, the distal limit may occur when another portion of the inner shaft 1256 contacts a portion of the base reamer 1250. When inner shaft 1256 is at its distal limit, its blunt distal end 1292 is at its closest approach to the distal end of the reamer tip 1252, and the line 1288 is distal to the target line 1278 on outer sleeve 1254. In the embodiment shown, the proximal limit occurs when the proximal end 1290 of inner shaft 1256 abuts the proximal interior end surface 1280 of torque fitting 1258. However, the proximal limit may occur when another portion of the inner shaft 1256 contacts a portion of the base reamer 1250. When inner shaft 1256 is at its proximal limit, the blunt distal end 1292 may be at a precisely controlled predetermined depth from a reference feature, such as the distal end of the reamer tip 1252, and the line 1288 may be precisely aligned with the target line 1278 on outer sleeve 1254.

[0210] FIG. 40 illustrates an embodiment of a base broach 1350. The base broach 1350 comprises a replaceable broach tip 1352, an outer sleeve 1354, an optional inner shaft (not shown), and a hammer handle 1358. The base broach 1350 may cooperate with the shield described previously.

[0211] The replaceable broach tip 1352 comprises a body 1360, an optional flange 1362, a center bore 1364, and a shaft portion 1366. The body 1360 and optional flange 1362 may be configured to correspond to a particular implant base embodiment. Therefore, a set of broach tips may be provided, wherein each broach tip in the set corresponds to a different implant base configuration. The body 1360 may comprise a plurality of optional fins 1368 if the corresponding implant base has fins or other similar projections. The fins 1368, if present, may be provided with cutting features, such as teeth, serrations 1370, or blades. The optional flange 1362 forms a shelf proximally adjacent to the body 1360 and corresponding to a flanged implant base. The center bore 1364 comprises a diameter 1384 sized to slip over the proximal threaded attachment portion and shaft of any of the fixation members disclosed herein. The center bore 1364

may further comprise a plurality of flats **1372** corresponding in number to, and sized to slip over, the flats **1107** on pedicle screw **1100**. In this case, the broach tip **1352** would be dedicated for use only with fixation members having a corresponding plurality of flats **1107**. The shaft portion **1366** comprises an interconnection **1374** to removably connect broach tip **1352** to outer sleeve **1354**, and it may be similar or identical to the shaft portion **1264** described above with regard to the base reamer **1250**.

[0212] The outer sleeve **1354** is generally tubular. Outer sleeve **1354** may have one or more proximal windows **1376** and an external target such as a line (not shown) similar to line **1278** of outer sleeve **1254** of base reamer **1250**. Outer sleeve **1354** may be functionally or physically similar or identical to outer sleeve **1254**.

[0213] The optional inner shaft, if present, is slidably retained within outer sleeve **1354**. The inner shaft may be functionally or physically similar or identical to inner shaft **1256** of base reamer **1250**.

[0214] The hammer handle **1358** comprises a solid shaft **1378** between two sturdy flange portions **1380**, **1382**. The shaft **1378** and flange portions **1380**, **1382** may be integrally formed, permanently assembled, such as by welding separate pieces, or separably assembled. In the embodiment shown, hammer handle **1358** is configured with a distal bore to rigidly affix to outer sleeve **1354**. Alternatively, the hammer handle **1358** may be integrally formed with the outer sleeve **1354**. At least one of the flange portions **1380**, **1382** may have a feature, such as flat **1386**, to indicate the orientation of any fins or other projections on the broach tip **1352**.

[0215] FIGS. 41-42 illustrate the base inserter **1400** alone and in combination with modular handle **1410**.

[0216] In this embodiment, the base inserter **1400** comprises a monolithic shaft with a distal end **1402** and a proximal end **1404**. The distal end **1402** has a bore **1406**, which may comprise a precisely controlled predetermined depth, and a threaded portion **1408**, whose threads cooperate with the threaded lumens of implant base **354** or **870**. The proximal end **1404** comprises a threaded portion **1412** and terminates in a flattened portion **1414**.

[0217] The modular handle **1410** comprises a distal collet **1416**, an interior slot **1418**, an outer sleeve **1420**, a spring **1422**, and a proximal platform **1424**. Handle **1410** may be characterized as a quick connect handle because it can be attached and removed from an instrument shaft, such as base inserter **1400**, faster than, for example, threading a handle onto a shaft. The collet **1416** has a plurality of prongs **1426** which flare toward the open end of the collet **1416** in the free state. The prongs **1426** have threads **1428** on their inner faces which cooperate with the threads **1412** on the base inserter **1400** when the collet **1416** is retracted within outer sleeve **1420**. The collet **1416** is rigidly assembled to slot **1418**, which is shaped and sized to surround and cooperate with the flattened portion **1414** on the base inserter **1400**. The collet **1416** and the slot **1418** are rigidly assembled to, or integrally formed with, the platform **1424**. The outer sleeve **1420** slides over the collet **1416** such that the prongs **1426** are compressed together when the collet **1416** is retracted within the outer sleeve **1420**, and uncompressed when the collet **1416** extends at least partially out of the outer sleeve **1420**. The spring **1422** biases the outer sleeve **1420** toward the open end of the collet **1416** so that the collet **1416** is normally compressed. The collet **1416** opens only

when the outer sleeve **1420** slides toward the proximal platform **1424** against the resistance of spring **1422**.

[0218] In an alternate embodiment (not shown), a base inserter may comprise a depth stop or depth indicator assembly that is functionally or physically similar or identical to the outer sleeve **1254** and inner shaft **1256** described previously with regard to the base reamer **1250**.

[0219] In another alternate embodiment (not shown), a base inserter may comprise a lobed distal tip corresponding to the tool engagement rims of implant base **304**, **850**, **880**, **890**, **900**, **910**, **920**, or **930** instead of the threads **1408** disclosed for base inserter **1400**.

[0220] FIG. 43 illustrates an inserter **1500** for a superior facet joint implant, such as implant **210** disclosed herein. The superior inserter **1500** comprises a fixed jaw **1502**, a moveable jaw **1504**, a bar **1506**, a lever **1508**, and a handle **1510**.

[0221] The fixed jaw **1502** comprises a shaft **1512**, with a distal arm **1514** terminating in a tab **1516**, and an elbow **1518** at the proximal end. The shaft **1512** may be grooved along at least one side, as shown. The tab **1516** is sized and shaped to fit into a first notch **206** on superior facet joint implant **210**. Because the tab **1516** and notch **206** are noncircular, their engagement assures a particular orientation between the superior implant **210** and the inserter **1500**. The elbow **1518** creates a visually obvious angle with respect to the shaft **1512**, and may preferably be 90 degrees.

[0222] The moveable jaw **1504** is hinged to the fixed jaw **1502** between the shaft **1512** and arm **1514**. The moveable jaw **1504** comprises an arm **1520** terminating in a tab **1522**. The moveable jaw **1504** is hinged to the fixed jaw **1502** such that the arm **1520** is aligned opposite the arm **1514** and the tab **1522** is aligned opposite the tab **1516**. The tab **1522** is sized and shaped to fit into a second notch **206** on superior facet joint implant **200** or **210**. Because the tab **1522** and notch **206** are noncircular, their engagement assures a particular orientation between the implant **200** or **210** and the inserter **1500**.

[0223] A first end of the bar **1506** is hinged to the moveable jaw **1504** at an end opposite the tab **1522**. Furthermore, the hinge **1507** (not shown) between the bar **1506** and the moveable jaw **1504** is offset from the hinge **1505** between the moveable jaw **1504** and the fixed jaw **1502**, although the two hinges may be close together. A second end of the bar **1506** is hinged to the lever **1508**.

[0224] The lever **1508** is hinged to the fixed jaw **1502** at or near the elbow **1518**. The lever **1508** is also hinged to the second end of the bar **1506**. The hinge **1509** between the lever **1508** and the bar **1506** is offset from the hinge **1511** between the lever **1508** and the fixed jaw **1502**, although the two hinges may be close together.

[0225] The handle **1510** is secured to the fixed jaw **1502** at or near a free end of the elbow **1518**, such that the handle **1510** lies in the same plane as the shaft **1512** and elbow **1518**. The handle **1510** extends along the angle established by the elbow **1518** with respect to the shaft **1512** so that the angle is more readily distinguished.

[0226] The lever **1508**, bar **1506**, moveable jaw **1504**, and hinges **1505**, **1507**, **1509**, **1511** cooperate to provide a mechanism that allows the surgeon to open the moveable jaw **1504** by lifting the lever **1508**, and close the moveable jaw **1504** by depressing the lever **1508**.

[0227] FIGS. 43-44 illustrate an embodiment of a lockout tool **1600**. The lockout tool **1600** comprises a tube **1602**, a

hub **1604**, a drive sleeve **1606**, two links **1608**, a first handle **1610**, a second handle **1612**, and six pins **1614**.

[0228] The tube **1602** comprises a distal end **1616** and a proximal end **1618**. The distal end **1616** may or may not have a reduced diameter **1620** compared to a midportion **1622** of the tube **1602**. The proximal end **1618** has a reduced diameter **1624** compared to the midportion **1622** of the tube **1602**.

[0229] The hub **1604** comprises a center body **1626** with a through hole **1628**. The center body **1626** has two ears or projections **1630** that extend from opposite sides of the body. Each projection **1630** has a through hole **1632** sized to receive a pin **1614**. The through holes **1632** in the projections **1630** are oriented perpendicular to the through hole **1628** in the body **1626**, and parallel to each other. The hub **1604** fits over the proximal reduced diameter **1624** immediately adjacent to the midportion **1622** of the tube **1602**. The hub **1604** is securely fixed to the tube **1602**, or the hub **1604** may be integrally formed with the tube **1602**.

[0230] The drive sleeve **1606** comprises a center body **1634** with a through hole **1636**. Two ears or projections **1638** extend from one side of the body **1634**. The projections **1638** are aligned with each other so as to bracket a space between them. A hole **1640** extends through both projections **1638**. The hole **1640** is sized to receive a pin **1614**. The hole **1640** in the projections **1638** is oriented perpendicular to the through hole **1636** in the body **1634**. Two more identical projections **1642** extend from the opposite side of the body **1634** and have hole **1643** passing through them. The drive sleeve **1606** fits over the proximal reduced diameter **1624** immediately adjacent to the hub **1604**. The drive sleeve **1606** is able to slide along the reduced diameter **1624**.

[0231] The link **1608** in this embodiment is a flat bar with an oval profile. Each end of the link **1608** is pierced with a hole **1644** sized to receive a pin **1614**. The holes **1644** are oriented perpendicular to the opposed flat faces of the link **1608** and parallel to each other. One end of a first link **1608** is hinged between projections **1638** on drive sleeve **1606** by pin **1614**, and one end of a second link **1608** is hinged between projections **1642** by a second pin **1614**.

[0232] The first handle **1610** is a flat, generally elongate bar with an elbow **1646** or dogleg at its distal end **1648**. The elbow **1646** comprises two ears or projections **1650** that extend from the main portion of the first handle **1610**. The projections **1650** are aligned with each other so as to bracket a space between them. Two holes **1652** extend through both projections **1650**. The holes **1652** are sized to receive pins **1614**. The holes **1652** are oriented perpendicular to the opposed flat faces of the first handle **1610** and parallel to each other. A first hole **1652**, which is closer to the free end of the elbow **1646**, hinges the first handle **1610** to a first projection **1630** on hub **1604** by a pin **1614**. A second hole **1652**, which is closer to the bend of the elbow **1646**, hinges the first handle **1610** to a second end of the first link **1608**. As the first handle **1610** rotates about its hinge with the hub **1604**, its hinge with link **1608** rotates as well, causing the link **1608** to push or pull on its hinge with the drive sleeve **1606**. Thus, rotating the first handle **1610** causes the drive sleeve **1606** to slide along the proximal reduced diameter **1624** of the tube **1602**.

[0233] The second handle **1612** is also a flat, generally elongate bar with an elbow **1654** or dogleg at its distal end **1656**. The second handle **1612** further comprises a projection **1658** from its midsection **1660**. The elbow **1654** com-

prises two ears or projections **1662** that extend from the main portion of the second handle **1612**. The projections **1662** are aligned with each other so as to bracket a space between them. Two holes **1664** extend through both projections **1662**. The holes **1664** are sized to receive pins **1614**. The holes **1664** are oriented perpendicular to the opposed flat faces of the second handle **1612** and parallel to each other. A first hole **1664**, which is closer to the free end of the elbow **1654**, hinges the second handle **1612** to a second projection **1630** on hub **1604** by a pin **1614**. A second hole **1664**, which is closer to the bend of the elbow **1654**, hinges the second handle **1612** to a second end of the second link **1608**. As the second handle **1612** rotates about its hinge with the hub **1604**, its hinge with link **1608** rotates as well, causing the link **1608** to push or pull on its hinge with the drive sleeve **1606**. Thus, rotating the second handle **1612** also causes the drive sleeve **1606** to slide along the proximal reduced diameter **1624** of the tube **1602**.

[0234] The projection **1658** extends from the midsection **1660** of the second handle **1612** on the side opposite the elbow **1654**. In the embodiment shown, the projection **1658** is generally arcuate. The projection **1658** is preferably spaced about a hands'-span from the proximal end **1666** of the second handle **1612**. The second handle **1612** may also comprise an integral plate **1668**. If present, the plate **1668** is located between the opposed flat faces of the second handle **1612**. The plate **1668** may extend from the distal end **1656** to a point just past the projection **1658**. The plate **1668** is separated from the rest of the second handle **1612** by a slot **1670** which borders three sides of the plate **1668** so that the plate connects to the second handle **1612** only at the distal end **1656**. The slot **1670** is cut parallel to the opposed flat faces of the second handle **1612**. The plate **1668** serves a passive role as an indicator of the force applied to the first and second handles **1610**, **1612** of the lockout tool **1600**. As the user grips the handles **1610**, **1612** with increasing force, the handles **1610**, **1612** will deflect proportionately. The plate **1668** is subject to no force and therefore experiences no deflection. As the handle **1612** deflects, it appears as though plate **1668** emerges from its slot **1670** in handle **1612**, particularly at projection **1658**. The deflection of handle **1612** may be calibrated so that a first line **1670** marked across plate **1668** and projection **1658** aligns with a second line **1672** marked across projection **1658** when an appropriate grip force has been applied to the handles **1610**, **1612**.

[0235] FIGS. 45-46 illustrate an embodiment of an inferior trial assembly **1700**. Inferior trial **1700** comprises a trial strut **1702**, a trial sphere **1704**, a trial shell **1708**, a trial ball **1706**, and a retaining ring **1710**. Inferior trial **1700** substantially mimics inferior facet joint implant **100** (FIGS. 1-6).

[0236] The trial strut **1702** substantially mimics the inferior strut **104** of inferior facet joint implant **100**. The trial strut **1702** is generally elongated, with a central portion **1740**, a first end which is a ring **1742**, and a second end which is a strut post **1744**. The central portion **1740** may be shaped to smoothly transition from the ring **1742** to the strut post **1744**, and may be straight, bent or curved. The ring **1742** may be a generally circular feature with a center point **1746** and opposed end faces **1748** which are substantially planar and parallel. The ring **1742** may be set at an angle relative to the central portion **1740** or the strut post **1744**. The strut post **1744** may be a generally cylindrical feature with a center axis **1750**. The strut post **1744** may have a

groove 1752 at or near its free end. The strut post 1744 may be at an angle relative to the central portion 1740 and the ring 1742. A kit of trial struts may be provided, wherein each trial strut corresponds to a matching inferior implant strut.

[0237] More precisely, each trial strut may be constructed so that the tip of the strut post is offset from the center point of the ring by one or more of the X2 offset, the Y2 offset, and the Z2 offset described previously with regard to the inferior implant strut 104.

[0238] The trial sphere 1704 substantially mimics the split spheres 306 or 356 shown in FIGS. 5-10. The trial sphere 1704 is sized to fit over the tapered portion of an implant base, and may have a tapered inner wall 1756. The inner wall 1756 may alternatively comprise one or more discrete diameters. The trial sphere 1704 may also have a flange 1754 which encircles one open end of the trial sphere 1704. The trial sphere 1704 lacks any slits, and is therefore not expandable like the split spheres 306 or 356. The trial sphere 1704 is polyaxially mobile within the ring 1742 of the trial strut 1702 in the same way that split spheres 306 or 356 engage the ring 182 of the inferior strut 104.

[0239] The trial shell 1708 comprises an articular body portion 1722 that substantially mimics the inferior articular body 102 shown in FIGS. 1-4. Trial shell 1708 also incorporates a clip portion 1724 which is similar to clip 550 shown in FIGS. 12-14 or clip 1200 shown in FIGS. 23-25.

[0240] The articular body portion 1722 has a substantially concave interior cavity 1712 which is defined by an interior wall 1714. A first chamfered opening 1716 and a second chamfered opening 1718 in the articular body portion 1722 create a passageway through which a portion of the trial strut 1702 may fit when the inferior trial 1700 is assembled. A third opening 1720, which may also be chamfered, is situated orthogonal to the first and second chamfered openings 1716, 1718. The chamfered openings 1716, 1718, 1720 may provide additional range of motion between the trial shell 1708 and the trial strut 1702 as the trial shell 1708 is polyaxially adjusted to fit the patient's anatomy. A trial inferior articular surface 1722 is located on the exterior of the articular body portion 1722, and is shaped like inferior articular surface 122 of inferior facet implant 100. However, trial inferior articular surface 1722 may be offset, or recessed into the articular body portion 1722, compared to inferior articular surface 122.

[0241] The clip portion 1724 comprises a body 1726, which is connected to the articular body portion 1722 between the third opening 1720 and the trial inferior articular surface 1722, and a pair of parallel pins 1728 which extend beside the trial inferior articular surface 1722. The body 1726 may be integrally formed with the articular body portion 1722. The body 1726 forms a collar 1734 surrounding a hole 1730, which may be substantially parallel to the pins 1728. The hole 1730 may extend through the body 1726, and may step down to a smaller diameter 1732 at the end closest to the pins 1728. At the same end, the collar 1734 may flare into a platform 1736 to which the pins 1728 are connected. The pins 1728 may be integrally formed with the platform 1736. The pins 1728 may step down to a smaller diameter 1738 at their free ends.

[0242] The trial ball 1706 substantially mimics the attachment mechanism 106 shown in FIGS. 1-4. More specifically, the trial ball 1706 mimics the functions of the conical expander 126 and split shell 128. The trial ball 1706

comprises a sphere 1758 with a blunt post 1760 extending from the sphere 1758. The sphere 1758 has a through hole 1762 through its center and perpendicular to the post 1760. The sphere 1758 may also have a slit 1764 which is on the side opposite the post 1760 and which extends the length of the hole 1762. The trial ball 1706 is polyaxially mobile within the cavity 1712 of the trial shell 1708 in the same way that conical expander 126 and split shell 128 engage the cavity 112 of the inferior articular body 102. The sphere 1758 fits inside the cavity 1712, the post 1760 extends through the third opening 1720, and the hole 1762 slides over the strut post 1744.

[0243] The retaining ring 1710 is circular with a gap 1766. The retaining ring 1710 fits snugly in the groove 1752 on the trial strut 1702. The retaining ring 1710 prevents the trial ball 1706 and trial shell 1708 from sliding off the free end of the strut post 1744 after the inferior trial 1700 has been assembled.

[0244] A first embodiment of an inferior inserter 1800 is shown in FIGS. 47-48. The inferior inserter 1800 comprises an inner shaft 1802, a follower shaft 1804, an outer sleeve 1806, a fixed handle 1808, a movable handle 1810, a lever 1812, a rod 1814, a spring 1816, a collar 1818, a small pin 1820, three medium pins 1822, and a large pin 1824.

[0245] The inner shaft 1802 is generally cylindrical with a flared distal end 1826 and a cross hole 1828 through a proximal end 1829.

[0246] The follower shaft 1804 is generally cylindrical with a distal socket 1830 and cross hole 1832, and a proximal tab end 1834 with opposing flat faces 1836. Each proximal face 1836 has a cylindrical prong 1838 extending from it. Alternatively, a separate pin may be secured through the tab end 1834 so that the pin extends from the flat faces 1836. The socket 1830 is sized to receive the proximal end 1829 of the inner shaft 1802. The follower shaft 1804 is fixed to the inner shaft 1802 by passing a small pin 1820 through the cross holes 1828, 1832.

[0247] The outer sleeve 1806 is generally tubular and may be windowed. The distal end 1840 has a reduced diameter tip 1842 which is split into four prongs 1844 by four slots 1846. The inside diameter of the outer sleeve 1806 flares toward the distal end 1840. The proximal end 1848 of the outer sleeve 1806 may also have a reduced diameter 1850, which may be different from the distal tip diameter 1842. The inside diameter of the outer sleeve 1806 may step up to a larger diameter at a location proximal to the reduced-diameter distal tip 1842. The outer sleeve 1806 slides over the inner shaft 1802. The flared inside diameter of the distal tip 1840 of the outer sleeve 1806 fits over the flared distal end 1826 of the inner shaft 1802.

[0248] The fixed handle 1808 comprises an arm 1852 with an elbow 1854 at a first end. A second end of the arm 1852 may terminate in a loop 1856 sized to fit one or more fingers or the whole hand. The arm 1852 has a window 1858 through its midsection, in a direction generally parallel to the free end of the elbow 1854. The arm 1852 has a cross hole 1860 which passes across the window 1858. The free end of the elbow 1854 comprises a collar 1862 with a through hole 1864 sized to receive the proximal end 1848 of the outer sleeve 1806. The through hole 1864 may step up to a larger diameter at its distal end. The elbow 1854 may preferably comprise an angle near 90 degrees. Two ears or projections 1866 extend from the obtuse side of the elbow 1854, generally parallel to the collar 1862. The projections 1866

are aligned with each other so as to bracket a space between them. Two parallel holes **1868**, **1870** extend through the projections **1866**. The fixed handle **1808** is rigidly attached to the outer sleeve **1806**. Alternatively, the handle and the outer sleeve **1806** may be made as a single part.

[0249] The movable handle **1810** comprises an arm **1872** with an enlarged, flattened first end **1874**. A second end **1876** of the arm **1872** may terminate in a loop **1878** sized to fit one or more fingers or the whole hand. The arm **1872** has a window **1880** through its midsection, in a direction generally parallel to a plane established by the first end **1874**. A terminal portion of the first end **1874** is divided into two ears or projections **1882** which are aligned with each other so as to bracket a space between them. A through hole **1884** and an open-ended slot **1886** pass through both projections **1882**. The first end **1874** of the arm **1872** also has a through hole **1888** and slot **1890** located between the window **1880** and the projections **1882**. The first end **1874** of the movable handle **1810** slides between the projections **1866** on the fixed handle **1808**. The movable handle **1810** is pivotally attached to the fixed handle **1808** by passing the large pin **1824** through the hole **1890** and the hole **1868**. A medium pin **1822** passes through the hole **1870** and the slot **1890** to limit the pivotal motion of the movable handle **1810**. The projections **1882** on the movable handle **1810** slide over the tab end **1834** of the follower shaft **1804** and the open-ended slot **1886** receives the prongs **1838** or pin ends of the follower shaft **1804**. This arrangement turns pivotal movement of the movable handle **1810** into linear movement of the follower shaft **1804** and inner shaft **1802** within the outer sleeve **1806**.

[0250] The lever **1812** may be generally arcuate. A first end of the lever **1812** is divided into three projecting tabs. The first two tabs **1892** are parallel and aligned with each other so as to bracket a space between them. A hole **1894** passes through both tabs **1892** near their free ends. The third tab **1896** is perpendicular to the first two tabs **1892**, and extends beside the first two tabs **1892** so that the three tabs form a three-sided, slotted channel. The midportion of the lever **1812** has a window **1898** oriented generally parallel to the first two tabs **1892**. The edge of the window **1898** closest to the tabs may have serrations **1798**, threads, or other tooth-like features. The first two tabs **1892** of the lever **1812** slide over the arm **1872** of the movable handle **1810** so that the lever **1812** may be pivotally attached to the movable handle **1810** by passing a medium pin **1822** through the hole **1894** and the hole **1888**. The third tab **1896** rests against the arm **1872** between the window **1880** and the first end **1874**. In this arrangement, the third tab **1896** may function as an intrinsic spring that biases the lever **1812** to lie against the movable handle **1810**.

[0251] The rod **1814** is generally cylindrical. The outside diameter of the rod **1814** may step down one or more times from a first end **1796** to a second end **1794**. The first end **1796** comprises a tab **1792** with opposing flat faces **1790**. A through hole **1788** pierces the flat faces **1790** of the tab **1792**. The first end **1796** of the rod **1814** is sized and shaped to slide into the window **1858** in the arm **1852** of the fixed handle **1808** so that the rod **1814** may be pivotally attached to the fixed handle **1808** by passing a medium pin **1822** through the hole **1788** and the hole **1860**. The second end **1794** of the rod **1814** is sized and shaped to slide into the window **1880** in the arm **1872** of the movable handle **1810** and further into the window in the midportion of the lever

**1812**. The rod **1814** fits into the windows **1858**, **1880**, **1898** with clearance over the full range of motion of the movable handle **1810**.

[0252] The spring **1816** is sized to slide over all but the largest outside diameter of the rod **1814**. In the free state, the spring **1816** may be approximately the same length as the rod **1814**.

[0253] The collar **1818** is generally tubular. A first end **1786** of the collar **1818** may be angled to correspond to a facing surface on the arm of the movable handle **1810**. The inside diameter of the collar **1818** may step up from the first end **1786** to a second end **1784** of the collar **1818**. The entire collar **1818** slides over the second end **1794** of the rod **1814** and the second end **1784** of the collar **1818** slides over at least a portion of the spring **1816**. When the inferior inserter **1800** is fully assembled, the spring **1816** and collar **1818** are positioned between the fixed handle **1808** and the movable handle **1810**, with the first end of the collar **1818** against the arm **1872** of the movable handle **1810**. The rod **1814**, spring **1816**, and collar **1818** act together to bias the movable handle **1810** away from the fixed handle **1808**.

[0254] A second embodiment of an inferior inserter **1770** is shown in FIG. 49. This embodiment may differ from the first inferior inserter **1800** in that it has a flexible inner shaft **1772** and a flexible outer sleeve **1776**. The remaining components may be identical to those disclosed for the first inferior inserter **1800**.

[0255] The flexible inner shaft **1772** is generally cylindrical with a spherical distal end **1774** and a cross hole **1828** through a proximal end **1829**. The outer diameter of the inner shaft **1772** may neck down to a smaller diameter from the proximal end **1829** to the distal end **1774** in order to increase the flexibility of the inner shaft **1772**. The inner shaft **1772** may be made from any known flexible material, such as titanium, nitinol, or other superelastic alloy.

[0256] The flexible outer sleeve **1776** is generally tubular and may differ from the outer sleeve **1806** in that at least a portion of the outer sleeve **1776** has a pattern of interlocking tabs **1778** separated by slots **1780** which enhance the flexibility of the outer sleeve **1776**.

[0257] Inferior inserter **1770** may be particularly useful at certain spinal levels, such as the lumbosacral level, because the inferior inserter **1770** may flex to avoid obstacles such as bony or soft tissue anatomy. The inferior inserter **1770** may also be useful in minimally invasive surgical procedures due to its flexibility.

[0258] Returning to FIGS. 1 and 22, the fixation assembly **300** and superior implant **200** may be implanted into the left pedicle of vertebra **2** as follows. It is understood that steps may occur in the order presented, or in a different sequence. It is further understood that right and left facet joint replacements may be implanted during the same procedure and optionally linked via a crosslink. The pedicle is prepared for implantation, which may include removal of natural facet surfaces and bone preparation, and may include a broaching step to shape the pedicle to receive the implant base **304**. Broaching may ensure bone ingrowth and better mechanical retention of the base and therefore the full implant system. The fixation member **302** is driven into the pedicle to a prescribed or desired depth. A tapered base **304** is placed on the fixation member **302**, and the bone engaging portion may be urged into the bone by pressing, tapping, or other means. A split sphere **306** is placed on the base **304**, and the ring **204** of the superior implant **200** is placed over the split spheres



306 and locked down relative to the fixation assembly 300. Alternatively, the split sphere 306 may be captured in the ring 204 of the superior implant 200, and the implant/ring assembly placed on the base 304 and locked down. A second fixation assembly 300 and superior implant 210 may be implanted into the right pedicle of vertebra 2 in a similar manner.

[0259] Referring to FIGS. 23-25, the fixation assembly 350 and superior implant 210 may be implanted into the left pedicle of vertebra 2 as described above for fixation assembly 300 and superior implant 200, with the following differences. To lock the orientation and position of the superior implant 210, a lockout tool (not shown) is actuated to effect the taper lock. The lockout tool has an externally threaded inner shaft tip which is engaged in the threaded lumen 366 of the tapered base 354. The lockout tool is actuated, using tensile force to simultaneously pull on the tapered base 354 with the inner shaft, and push on the flange 368 of the split sphere 356 with an outer shaft. This force moves the split sphere 356 farther onto the tapered portion 364. The split sphere 356 expands and engages the ring 212 of the superior implant 210 until all motion ceases and the position of the ring 212 is locked down. The lockout tool is unthreaded and removed, and the capture nut 358 is threaded into the threaded lumen 366, also capturing the flange 368 of the split sphere 356. The capture nut 358 is included to ensure the long-term integrity of the lock. The top nut 360 is threaded onto the fixation member 352, and assists in holding the tapered base 354, split sphere 356, superior implant 210, and capture nut 358 against the bone surface. The top nut 360 and capture nut 358 may use the same driver. A second fixation assembly 350 and superior implant 210 may be implanted into the right pedicle of vertebra 2 in a similar manner.

[0260] Referring to FIG. 1, fixation assembly 300 may be implanted into each pedicle of vertebra 4 in the same manner described above for vertebra 2. The pedicles are prepared for implantation, which may include removal of natural facet surfaces and bone preparation, and may include a broaching step to shape the pedicles to receive the implant bases 304. Broaching may ensure bone ingrowth and better mechanical retention of the bases and therefore the full implant system. Fixation members 302 are driven into the pedicles to a prescribed or desired depth. Tapered bases 304 are placed on the fixation members 302, and the bone engaging portions may be urged into the bone by pressing, tapping, or other means. Alternatively, fixation assembly 350 may be implanted into each pedicle of vertebra 4 in the same manner described above for fixation assembly 300.

[0261] Next, the components of inferior implant 100 are assembled but not yet locked together. A split sphere 306 is captured in the ring 182 of the strut 104, and the inferior implant/sphere assembly is placed on the tapered portion 320 of the base 304 in the left pedicle of cephalad vertebra 4. An offset distance between the inferior articular surface 122 and the fixation assembly 300 may be adjusted by moving the inferior articular body 102, with attachment mechanism 106 contained within it, relative to the inferior strut 104. At this point, the inferior articular surface 122 may be aligned with the superior articular surface 202 of superior implant 200, and may be temporarily clipped to the superior articular surfaces 202 to maintain the alignment. The inferior implant/sphere assembly is then locked down to the fixation assembly 300. In a similar manner, the components of

inferior implant 101 may be assembled, adjusted, and locked down to the fixation assembly 300 in the right pedicle of cephalad vertebra 4.

[0262] The inferior articular body 102 may be packaged with the superior implant 200, such that the articular surfaces 122, 202 are temporarily clipped together in a desired alignment. In this instance, the inferior articular body 102 is inserted with the superior implant 200 when the superior implant 200 is placed and locked with the fixation assembly 300. Then the inferior strut 104 and the remaining components of the inferior implant 100, including the conical expander 126, split shell 128, and split clamp 110 are assembled with the inferior articular body 102. The ring 182 of the inferior strut 104 is assembled with a split sphere 306 and locked down with the inferior fixation assembly 300. After insertion of the crosslink rod 108 and final lockdown, as described below, the temporary clip is removed.

[0263] Alternatively, the inferior implant 100 may be made available secured to a clip. The implant 100, with the attached clip, may be inserted adjacent to an already implanted and locked down superior implant, and the inferior and superior implants temporarily clipped together. The inferior strut is adjusted and locked down to its fixation assembly. After insertion of the crosslink rod 108 and final lockdown of the inferior implant, as described below, the clip is removed.

[0264] Referring to FIG. 5, the clip 550 or gripping tool may be used as a handle to place the inferior implant articular body 470 with attached strut adjacent to an implanted superior implant 210 such that posts or pins on the clip 550 engage in openings on the superior implant 210, and the inferior and superior articulation surfaces are aligned. Then the inferior strut is polyaxially adjusted and locked to a fixation assembly (not shown) in a manner similar to that described above. A crosslink may be used to connect bilateral inferior implants, as described above. As the final step, the clip 550 is unlocked and removed, allowing articulation between the inferior and superior implants along their respective articular surfaces.

[0265] The crosslink 108 may now be inserted through the collar 164 of the split clamp 110 of one inferior implant 100 or 101 and optionally through a prepared spinous process, and through the other collar 164 on the remaining inferior implant 100 or 101. It is appreciated that as the crosslink 108 is inserted, the split clamp 110 is rotatable about the clamp axis 111. Therefore, the crosslink 108 may be positioned to pass through a spinous process, or may pass through soft tissue caudal to the spinous process. Alternatively, the crosslink 108 may be inserted before the inferior implants are locked down to the fixation assemblies. The attachment mechanisms 106 of each inferior implant 100, 101 are actuated to lock down the implants, fixing the positions of the articular surfaces 122, the inferior struts 104 and the crosslink 108 relative to their respective fixation assemblies 300. Post-operatively, the articular surfaces will be capable of articulating against one another, allowing a level of natural spinal motion.

[0266] With reference to FIGS. 7, 28, and 29, one method of implanting inferior facet replacement implant 1230 and superior facet replacement implant 210 is as follows. It is understood that steps may occur in the order presented, or in a different sequence. It is further understood that right and left facet joint replacements may be implanted during the same procedure and optionally linked via a crosslink. Fixa-

tion assembly 350 is implanted into a prepared pedicle, and ring 212 of superior implant 210 is positioned and taper-locked onto the fixation assembly 350, as described previously. A second fixation assembly 350 (not shown) is implanted into the pedicle of the adjacent cephalad vertebra, minus sphere 356, capture nut 358 and top nut 360. Clip 1200 and attached inferior implant 1230 are removed from sterile packaging and coupled to delivery tool 1300. The delivery tool 1300 is manipulated to position sphere 356 onto fixation assembly 350, and posts 1212, 1218 of the clip 1200 into the holes 216, 218 of the superior facet implant 210. As the clip is positioned, polyaxial adjustment may occur at several junctures, allowing adjustment of the inferior articular surface 1234 relative to the fixation assembly 350. Ring 182 of strut 104 may rotate about sphere 356 relative to the fixation assembly 350, the position of inferior articular body 1232 may be adjusted along strut post 184 of strut 104 to match the offset distance between the adjacent vertebrae, the conical expander 126 may rotate about the strut post 184, and the split shell 128 may rotate within the inferior articular body 1232. When the clip 1200 is properly positioned so that the posts 1212, 1218 fit into the holes 216, 218 and the articular surfaces 214, 1234 are aligned, the delivery tool 1300 may be triggered to release the clip from the hook 1304, and the delivery tool 1300 is removed. A crosslink such as 108 may be positioned in the split clamp 110. The fixation assembly 350 is taper-locked relative to the sphere 356 and inferior strut 104, and capture nut 358 and top nut 360 are added to secure the assembly. Nut 130 is actuated on conical expander 126 to lock down the relative orientation of inferior strut 104 and inferior articular body 1232, and lock the position of crosslink 108. Flexing tool 1320 is attached to the connecting portion 1206 of the clip 1200, and activated to flex the connecting portion. As the connecting portion 1206 of the clip 1200 is flexed, shoulder 1208 rotates relative to the axis of post 1212, and shoulder 1214 rotates relative to the axis of post 1218, and tabs 1210, 1216 are urged apart, and out of slots 1236. Thus, clip 1200 is detached from inferior implant 1230 and also can be urged away from superior implant 210.

[0267] Various methods for implanting the facet joint replacement system 10 described above, and alternate embodiments thereof, will now be described in relation to the instruments set forth above.

[0268] The pedicles of vertebrae 2 and 4 may be prepared for implantation of the fixation members according to the surgeon's preferred technique. Imaging apparatus, such as a fluoroscope or C-arm, may be used to visualize the operative pedicles. Pedicle preparation may include probing or tapping each pedicle to prepare a socket to receive the fixation member. In a preferred embodiment, the pedicles of the caudal vertebra, in this example vertebra 2 (FIG. 1), may be prepared so that the fixation member will be inserted substantially parallel to the superior endplate of vertebra 2, or at an optimal angle relative to the sagittal plane 3, or both. Bone resection may be performed at this time, and may include decompression as well as partial or total facetectomy at the operative spinal level. Alternatively, bone resection may be performed later in the surgical procedure.

[0269] Referring to FIGS. 34-36, screw driver 1130 may be used to insert a pedicle screw 1100 into each pedicle. The unlocked configuration of screw driver 1130 is selected by lifting the lever 1110 away from the handle 1111. The proximal end of pedicle screw 1100 is inserted into the collet

1112 so that it contacts the bottom of the center bore 1113. In this way, a predetermined length of the pedicle screw 1100 is enclosed within the distal end 1106 of the screw driver 1130. In a preferred embodiment, the predetermined length may be about 13 mm. The locked configuration of screw driver 1130 is then selected by pressing the lever 1110 against the handle 1111. As the lever 1110 is depressed, the collet 1112 retracts into the distal end 1106 of the outer sleeve 1101 and the inner walls 1115 of the prongs 1103 are compressed by the outer sleeve 1101 tightly against the flats 1107 of pedicle screw 1100. The distal end of the pedicle screw 1100 is threaded into the pedicle until the distal tip 1106 of the screw driver 1130 contacts the bone surface around the pedicle screw 1100. The distal tip 1106 of the screw driver 1130 resists further advancement of the pedicle screw 1100 into the pedicle. The unlocked configuration of screw driver 1130 is again selected by lifting the lever 1110 away from the handle 1111, and the screw driver 1130 is detached from the pedicle screw 1100. In this way, the pedicle screw 1100 is inserted into the bone so that a predetermined length of the proximal end of the pedicle screw 1100 is exposed.

[0270] Alternatively, referring to FIGS. 37A-38E, screw driver 1140 may be used to insert a pedicle screw 1100 into each pedicle. The locked configuration of screw driver 1140 is selected by depressing the lever 1148 against the handle 1146. The proximal end of the pedicle screw 1100 is threaded into the distal end 1164 of the outer sleeve 1142 until it abuts the distal end 1160 of the inner shaft 1144. In this way, a predetermined length of the pedicle screw 1100 is enclosed within the distal end 1164 of the screw driver 1140. At this point, the inner shaft 1144 resists further advancement of the pedicle screw 1100 into the outer sleeve 1142, causing the proximal threads of the pedicle screw 1100 to bind in the threads in the distal end 1164 of the outer sleeve 1142. The distal tip of the pedicle screw 1100 is then threaded into the pedicle until the distal tip 1164 of the outer sleeve 1142 contacts the bone surface around the pedicle screw 1100. The distal tip 1164 of the screw driver 1140 resists further advancement of the pedicle screw 1100 into the pedicle. The unlocked configuration of the screw driver 1140 is selected by lifting the lever 1148 away from the handle 1146. This separates the distal end 1160 of the inner shaft 1144 from the proximal end of the pedicle screw 1100 so that the screw driver 1140 may be easily unthreaded from the pedicle screw 1100. In this way, the pedicle screw 1100 is inserted into the bone so that a predetermined length of the proximal end of the pedicle screw 1100 is exposed.

[0271] Alternatively, screw driver 1140 may be used to insert other fixation elements into bone, such as fixation element 302 or 352.

[0272] Referring to FIGS. 51-52, the pedicles may be further prepared by reaming a bone socket that is sized and shaped to receive a particular implant base. The bore 1274 of the base reamer 1250 is placed over the exposed proximal end of the pedicle screw 1100, or other fixation member. When the base reamer 1250 is first placed over the pedicle screw 1100, the inner shaft 1256 tends to slide toward its distal limit due to gravity. Thus, the line 1288 is distally displaced from the target line 1278 on the outer sleeve 1254. As the base reamer 1250 is rotated and advanced over the pedicle screw 1100, the distal end 1292 of inner shaft 1256 contacts the proximal end of the pedicle screw 1100. As the base reamer 1250 advances further over the pedicle screw

**1100**, the outer sleeve **1254** advances over the now stationary inner shaft **1256** so that line **1288** approaches line **1278**. When the inner shaft **1256** reaches its proximal limit, line **1288** is aligned with line **1278**. Furthermore, the inner shaft **1256** physically resists further advancement of the base reamer **1250** into the bone. In this way, the penetration of the base reamer **1250** may be limited to a predetermined depth relative to the exposed proximal end of the pedicle screw **1100**.

[0273] FIG. 52 shows a cross section through the left and right pedicle axes of vertebra 2 with base reamer **1250** fully seated with respect to pedicle screw **1100** after reaming the bone socket. The distal tip **1292** of the inner shaft **1256** of the base reamer **1250** contacts the proximal end of the pedicle screw **1100** and the inner shaft **1256** is at its proximal limit. FIG. 53 provides a perspective view of the reamed bone socket.

[0274] As an alternative, the base reamer may lack a movable inner shaft **1256**, and may instead have a reamer tip with a center bore having the predetermined depth. This embodiment would provide a physical depth stop to prevent over-penetration of the base reamer into the bone, although no external indicator would be provided.

[0275] It can be appreciated that the surgeon would select a particular base reamer to correspond to the specific implant base that will be implanted in a given pedicle.

[0276] As an optional step, the pedicles may be broached in order to precisely configure the bone socket to receive a particular implant base. A broaching step may or may not be necessary, depending on factors such as implant base configuration or bone quality. Certain embodiments of the implant base may be designed with self-cutting fins or other features, so that broaching is unnecessary. However, broaching may ensure that an adequate bone socket is prepared in hard or dense bone, or for an implant base having a raised bone ingrowth surface treatment.

[0277] With reference to FIGS. 53-54, the bore **1364** of base broach **1350** is placed over the exposed proximal end of the pedicle screw **1100**, or other fixation member if used. If present, corresponding flats **1372** and **1107** must be aligned in order for the base broach to advance over the pedicle screw **1100**. By aligning the corresponding flats **1372** and **1107**, any anti-rotation features present on the base broach will be oriented with respect to the pedicle screw **1100**, and as will be described presently, the corresponding anti-rotation features of the implant base will be aligned with the broached socket by the pedicle screw **1100**. Alternatively, if flats are not present on the base broach and fixation member, then any anti-rotation features on the broach may be aligned according to the surgeon's preference.

[0278] Once properly aligned, the base broach **1350** is advanced into the bone until it penetrates to a predetermined depth relative to the exposed proximal end of the pedicle screw **1100**. Various means of controlling base broach penetration are contemplated within the scope of the present invention. A flange **1362**, if present, may contact a bone surface cut at a predetermined depth by the base reamer **1250**. The flange **1362** resists further advancement of the base broach into the bone. The bore **1364** of the base broach **1350** may comprise the predetermined depth. A movable inner shaft, similar or identical to inner shaft **1256** of the base reamer **1250**, may be provided in an alternate embodiment of the base broach.

[0279] FIG. 54 shows a cross section through the left and right pedicle axes of vertebra 2 with base broach **1350** fully seated with respect to pedicle screw **1100** after broaching the bone socket. Due to the odd number of fins **1368** on broach tip **1352**, the cross section cuts one fin **1368** at full height, while on the opposite side of the broach tip **1352**, the body **1360** is cut. The flange **1362** of the base broach tip **1352** is in contact with a corresponding flat surface of the reamed bone socket, thus acting as a depth stop by limiting further advancement of the base broach **1350** into the bone. FIG. 55 offers a perspective view of the broached bone socket.

[0280] It can be appreciated that the surgeon would select a particular base broach to correspond to the specific implant base that will be implanted in a given pedicle.

[0281] Referring to FIGS. 55-57, the base inserter **1400** is used to place the implant base **870** over the pedicle screw **1100** and seat the implant base **870** into the prepared bone socket in the pedicle. The threads **877** of the implant base **870** are threaded onto the distal end **1402** of the base inserter **1400** and modular handle **1410** is attached to the proximal end **1404** of the base inserter **1400**. The lumen **871** of the implant base **870** is placed over the exposed proximal end of the pedicle screw **1100**. The corresponding flats **873** and **1107** must be aligned in order for the implant base **870** to advance over the pedicle screw **1100**. By aligning the corresponding flats **873** and **1107**, the anti-rotation features present on the implant base will be aligned with the broached socket by the pedicle screw **1100**.

[0282] Once properly aligned, the implant base **870** is advanced into the bone until it penetrates to a predetermined depth relative to the exposed proximal end of the pedicle screw **1100**. Various means of controlling the implant base **870** penetration are contemplated. A flange **874**, if present, may contact a bone surface cut at a predetermined depth by the base reamer **1250**. The flange **874** resists further advancement of the base broach into the bone. There may also be audible or tactile sensory feedback when the flange **874** contacts the bone surface. The bore **1406** of the base inserter **1400** may comprise the predetermined depth. A movable inner shaft, similar or identical to inner shaft **1256** of the base reamer **1250**, may be provided in an alternate embodiment of the base inserter.

[0283] FIGS. 56-57 show the fully seated implant base **870** in cross section. FIG. 56 shows a cross section through the left and right pedicle axes of vertebra 2 with implant base **870** fully seated with respect to pedicle screw **1100**. The flange **874** of the implant base **870** is in contact with a corresponding flat surface of the prepared bone socket, thus acting as a depth stop by limiting further advancement of the implant base **870** into the bone. Furthermore, the bore **1406** of the base inserter **1400** acts as a depth stop by abutting the proximal end of the pedicle screw **1100**. FIG. 57 shows a cross section perpendicular to the pedicle axis and distal to the flange **874**.

[0284] When the implant base **870** is fully seated, the modular handle **1410** may be removed. However, in a preferred embodiment of the surgical technique, the base inserter **1400** remains attached to the implant base **870** and is used in subsequent surgical steps.

[0285] Alternatively, implant base **354** may be threaded onto the base inserter **1400**. Implant base **354** may lack flats, and therefore may be suitable for use with fixation element

352, which also lacks flats. In this case, the surgeon would align any anti-rotation features of implant base 354 with the previously broached socket.

[0286] In a further alternative, implant base 304, 850, or 880 may connect to an alternate embodiment of a base inserter (not shown) which has a complementary distal tip to engage the tool engagement rim 322.

[0287] Referring to FIGS. 58-61, in a preferred embodiment, the superior implant 210 may be supplied with a split sphere 306 captive within the superior implant ring 212. The superior facet joint implant 210 with split sphere 306 may be grasped by the superior inserter 1500 by embracing the implant 210 with the arms 1514, 1520, positioning the tabs 1516, 1522 to engage the notches 206 on opposite sides of the implant 210, and depressing the lever 1508 to close the moveable jaw 1504. The superior inserter 1500 grasps the implant 210 in a predetermined orientation established by the engagement of the tabs 1516, 1522 and the notches 206, and by the particular configuration of the arms 1514, 1520 relative to the shaft 1512.

[0288] The ring 212 of the superior implant 210, with captive split sphere 306, is placed over the base inserter 1400 and advanced over the tapered portion 872 of the implant base 870 so that the split sphere 306 contacts the tapered portion 872 and the superior articular surface 214 faces medially. The superior implant 210 may then be placed in a desired orientation by positioning shaft 1512 of the superior inserter 1500 parallel with the superior endplate of the vertebra (FIG. 60). Fluoroscopic or other imaging equipment may be used to ensure the shaft 1512 is properly aligned. The handle 1510 of the superior inserter 1500 may also be positioned parallel to the sagittal plane 3 (FIG. 61), while maintaining the shaft 1512 in alignment with the superior endplate. The sagittal plane 3 and superior endplate alignment may be maintained during the subsequent lockout step.

[0289] Referring now to FIGS. 62-64, the tube 1602 of the lockout tool 1600 is passed over the base inserter 1400 and advanced to contact the flange 368 of the split sphere 354, or a corresponding edge of split sphere 306. The modular handle 1410 is reattached to the proximal end 1404 of the base inserter 1400 where it protrudes from the drive sleeve 1606 of the lockout tool 1600. The handles 1610, 1612 of the lockout tool 1600 are squeezed together until the first line 1670, marked across the plate 1668, aligns with the second line 1672, marked across the projection 1658. As the handles 1610, 1612 are squeezed together, the lockout tool 1600 stabilizes itself on the implant base 870 with the base inserter 1400 and pushes on the split sphere 306 with the tube 1602 to lock the superior implant 210 to the implant base 870.

[0290] The modular handle 1410, lockout tool 1600, and base inserter 1400 are removed. Optionally, a capture nut 358 may be threaded into the threads 877 in the implant base 870. A top nut 360 is threaded onto the pedicle screw 1100 to hold the implant base 870 in the bone socket.

[0291] The surgeon may then remove the superior inserter 1500 by lifting the lever 1508 to open the moveable jaw 1504.

[0292] The pedicles of vertebra 4 may be reamed and optionally broached as previously described for vertebra 2. Implant bases may be inserted into the bone sockets as previously described. The base inserters 1400, or alternate

embodiments thereof, preferably stay connected to the implant bases to be used in subsequent surgical steps.

[0293] Referring to FIGS. 65-67, one or more inferior trials 1700 may be used to determine the appropriate inferior facet joint implant 100 for a particular operative site. As previously described, the inferior trial 1700 substantially mimics the inferior facet joint implant 100. Furthermore, a kit of inferior trials 1700 may be provided, wherein each inferior trial 1700 in the kit has a unique configuration that corresponds to a specific inferior facet joint implant 100 configuration.

[0294] The inferior inserter 1800 is connected to a selected inferior trial 1700 by inserting the reduced diameter tip 1842 of the inferior inserter 1800 into the hole 1730 of the inferior trial 1700 and squeezing the handles 1808, 1810 of the inferior inserter 1800 together to draw the flared distal end 1826 of the inner shaft 1802 further into the distal tip 1840 of the outer sleeve 1806 so that the prongs 1844 deflect outwardly to bind within the hole 1730. The lever 1812 of the inferior inserter 1800 is spring biased so that its serrations 1798 bind against the rod 1814 to lock the inferior inserter 1800 mechanism so that it will stay connected to the inferior trial 1700 until the lever 1812 is lifted. When the lever 1812 is lifted, the spring 1816 pushes the movable handle 1810 away from the fixed handle 1808 to quickly and easily disconnect the inferior inserter 1800 from the inferior trial 1700.

[0295] With the selected inferior trial 1700 connected to the inferior inserter 1800, the trial sphere 1704 is passed over the base inserter 1400 and advanced to contact the tapered portion 872 of the implant base 870. The trial shell 1708 is manipulated with the inferior inserter 1800 to slide the pins 1728 into the openings 582 of the superior implant 210. If the pins 1728 cannot be fully inserted into the openings 582, then the selected inferior trial 1700 is unsuitable for the particular operative site or patient anatomy. In this case, the inferior trial 1700 is disconnected from the inferior inserter 1800 and a different inferior trial 1700 is selected. The trialing process is repeated with different inferior trials 1700 until a particular inferior trial 1700 is found that fits the operative site. Proper fit is demonstrated when the trial sphere is placed on the tapered portion 872 of the implant base 870 and the pins 1728 can be fully inserted into the openings 582. The inferior trial size is noted, and the same size inferior facet implant 100 is selected for permanent implantation.

[0296] The selected inferior facet implant 100 may be connected to the inferior inserter 1800 by a clip, as described previously. In a preferred embodiment, the inferior facet implant 100 includes alternate inferior articular body 402 and a split sphere 306 captive in the ring 182 of the inferior strut 104. The inferior facet implant 100 may be provided already coupled to the clip 410. Otherwise, the prongs 418 of the clip 410 may be inserted into the gripping feature 404 of inferior articular body 402. The angled holes 408 and the flared prongs 418 interact to retain the clip 410 on the inferior articular body 402. The inferior inserter 1800 is connected to the clip 410 by inserting the reduced diameter tip 1842 of the inferior inserter 1800 into the socket 414 of the clip 410 and squeezing the handles 1808, 1810 of the inferior inserter 1800 together. The prongs 1844 deflect outwardly to bind within the socket 414, and as a result, the

prongs **418** are urged apart so that the inferior inserter **1800** is securely connected to the inferior facet implant **100** through the clip **410**.

[0297] With the selected inferior facet implant **100** connected to the inferior inserter **1800**, the split sphere **306** is placed over the base inserter **1400** and advanced to contact the tapered portion **872** of the implant base **870**. The inferior articular body **402** is manipulated with the inferior inserter **1800** to slide the pins **416** of the clip **410** into the openings **582** of the superior implant **210**.

[0298] The lockout tool **1600** is used to lock the inferior strut **104** to the implant base **870** in the same manner described previously. After removing the modular handle **1410**, lockout tool **1600**, and base inserter **1400** are removed, an optional capture nut **358** may be threaded into the threads **877** in the implant base **870**. A top nut **360** is threaded onto the pedicle screw **1100** to hold the implant base **870** in the bone socket.

[0299] Optionally, a crosslink **108** may be secured between bilateral left and right inferior facet implants **100**. The crosslink **108** may be grasped by an inserter, such as a locking forcep **2100**, and manipulated through the interspinous space between vertebrae **2, 4** until each end of the crosslink **108** passes through the collar **164** of the split ring clamp **110** of each inferior facet implant **100**.

[0300] The nut **130** of each inferior facet implant **100** is tightened so that the crosslink **108** and the inferior articular bodies **402** are locked. An optional counter torque tool **2200** may be used to stabilize the construct as the nut **130** is tightened.

[0301] The present invention includes variances of the system herein described. Alternative embodiments may include different geometries and intermediate parts. Changes in the geometry, especially on the ends of the inferior strut, may be made to facilitate instrumentation or overall function. Applications of the present invention may include single- or multi-level facet joint replacement, or other iterations in which a rod or rod-like member is fixed to a second member to attain spinal fusion.

[0302] System **10**, and other facet replacement components disclosed herein, may also be implanted on multiple vertebral levels to provide facet joint replacement across several levels. In a multi-level application, additional superior implants may be added to the fixation assemblies **300** which secure the inferior struts **104**, to extend the system in a cephalad direction. Similarly, to extend the system caudally, additional inferior struts coupled to inferior implants may be added to the fixation assemblies **300** which secure the original superior implants **200**. Also, fusion rods (not shown) may be secured between fixation assemblies **300** on adjacent vertebrae to provide rigid fusion at a desired vertebral level.

[0303] The present invention may be embodied in other specific forms without departing from its spirit or essential characteristics. It is appreciated that various features of the above-described examples can be mixed and matched to form a variety of other alternatives. As such, the described embodiments are to be considered in all respects only as illustrative and not restrictive. The scope of the invention is, therefore, indicated by the appended claims rather than by the foregoing description. All changes which come within the meaning and range of equivalency of the claims are to be embraced within their scope.

What is claimed is:

1. A surgical method comprising:
  - providing an instrument for delivering an implant into a bone in a body; and
  - inserting the implant into a pedicle of the body using the instrument;
 wherein the implant comprises a fixation member, a base member and an articulation surface.
2. The surgical method of claim 1, wherein the instrument comprises a fixed jaw and a moveable jaw.
3. The surgical method of claim 2, wherein the fixed jaw comprises a shaft with a distal arm terminating in a tab.
4. The surgical method of claim 3, wherein the tab is sized and shaped to fit into a notch on the implant.
5. The surgical method of claim 1, wherein the instrument comprises a fixed jaw and a moveable jaw, wherein the moveable jaw is hinged to the fixed jaw.
6. The surgical method of claim 5, wherein the base member is tapered.
7. The surgical method of claim 1, wherein the implant comprises a superior facet joint implant.
8. The surgical method of claim 7, wherein the superior facet joint implant further comprises a ring attached to the articulation surface.
9. The surgical method of claim 8, wherein the ring comprises at least one notch for being gripped by the instrument.
10. The surgical method of claim 1, wherein the base member comprises a threaded lumen and a tapered base.
11. A surgical method comprising:
  - providing an instrument for delivering an implant into a bone in a body; and
  - inserting the implant into a pedicle of the body using the instrument;
 wherein the implant comprises a fixation member, a base member and an articulation surface,
  - wherein the instrument comprises a pair of tabs for gripping the implant.
12. The surgical method of claim 11, wherein the instrument comprises a fixed jaw and a moveable jaw.
13. The surgical method of claim 12, wherein the fixed jaw comprises a shaft with a distal arm terminating in one of the pair of tabs.
14. The surgical method of claim 13, wherein each of the tabs is sized and shaped to fit into a notch on the implant.
15. The surgical method of claim 11, wherein the instrument comprises a fixed jaw and a moveable jaw, wherein the moveable jaw is hinged to the fixed jaw.
16. The surgical method of claim 15, wherein the base member is tapered.
17. The surgical method of claim 11, wherein the implant comprises a superior facet joint implant.
18. The surgical method of claim 17, wherein the superior facet joint implant further comprises a ring attached to the articulation surface.
19. The surgical method of claim 18, wherein the ring comprises at least one notch for being gripped by the instrument.
20. The surgical method of claim 11, wherein the base member comprises a threaded lumen and a tapered base.

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