

The SOC, Stryker and Claims Administrator believe clarification regarding the intent of certain Enhancements contained in the Master Settlement Agreement is in order.

1. Regarding the osteotomy Enhancement defined in the Enhancements Benefit Program (Schedule 1, page 72) and referenced elsewhere in the Master Settlement Agreement:

Frequently, surgeons use a saw or cut bone to gain access to the proximal femoral stem before utilizing osteotomes, a drill or K-wires to circumferentially disrupt the bone/stem interface allowing for stem removal. To qualify for an osteotomy Enhancement a patient's surgeon must do more than mention the use of a saw or cutting of the bone during the ordinary process of stem removal. Rather, the parties' intent in creating this Enhancement was to compensate patients whose surgeon intentionally cuts or splits the femur for some length down the femoral shaft to remove the stem of a well-fixed femoral component. This procedure is commonly, but not always, referred to as an "extended trochanteric osteotomy" or an "extended osteotomy." A qualifying osteotomy frequently but not necessarily requires the placement of cabling for fixation.

2. Regarding the Enhancements related to the repair of a damaged abductor muscle complex referenced in Past Matrix Level I (b)(ii)(4) and Past Matrix Level II (a)(ii)(3):

The Enhancements referred to in the above sections include the repair of damaged portions of the abductors comprised of the Gluteus Medius, Gluteus Minimus and/or Tensor Facia Lata muscles only.

3. Regarding the Enhancement for a "moderate" foot drop referenced in Past Matrix Level II(d)(ii)(2):

The language regarding the assistive devices needed to qualify for the moderate foot drop Enhancement referred to in the above section has been expanded to include a brace, also known as an "ankle foot orthosis" or "AFO".