

Requirements:

In order for us to process your PSI order, please submit **a CT Scan AND Weight Bearing X-Rays** for your patient. The below protocol outlines the necessary parameters to ensure accuracy of your final cut guide.

CT Scan Options:

Please provide either a Weight Bearing or Non-Weight Bearing CT.

Weight Bearing

- **Patient Position** – Standing
- **Affected Foot Position** – Neutral (90deg to the leg)



Non-Weight Bearing

- **Patient Position** – Supine
- **Affected Foot Position** – Neutral (90deg to the leg)



CT Scan Settings:

Slice Thickness	≤0.75mm (equal to slice spacing)
Slice Spacing	Contiguous ≤0.75mm (equal to slice thickness)
Pixel Size	≤0.75mm
Gantry Tilt	None (0)
Acquisition Modes	Original, helical, axial, and primary CT are ok (please do not provide recon/reformat or post processed data)
kVp	120
Saved File Type	Uncompressed DICOM
Field of View	<40cm (or minimum to encompass patient's foot)
Algorithm Examples	GE: Standard, Siemens: H30s, Philips: B, Toshiba: FC20
Archive Media	CD, DVD or upload via provided link

If the above criteria cannot be met, contact Treace Medical Concepts for further scanning instructions.

Important Scanning Principles:

- Please scan the entire foot at least 2cm above the ankle joint.
- Ensure patient remains still throughout the scan. Movement during the scan compromises accuracy, necessitating a rescan.
- Expired scans will not be accepted. The expiration date of a scan is based on the CT scan date and the patient age at the time of the scan. Scans are considered expired if they are:
 - 6 months past the scan date for patients age 22 years and older
 - 3 months past the scan date for patients age 12 through 21 years old

Disclaimer: High-quality CT scans are vital for patient specific anatomical models and cut guides. While Treace Medical Concepts, Inc. provides recommended scan settings and guidelines for the CT scans and X-Rays, it does not engage in medical practice. Physicians utilizing Treace Medical's Technology remain responsible for explaining to their patients about any potential risks. Refer to the instructions for use and surgical techniques at <https://www.lapiplasty.com/surgeons/labeling/> for complete warnings, precautions, indications, contraindications, and adverse events.

Weight Bearing X-Rays:

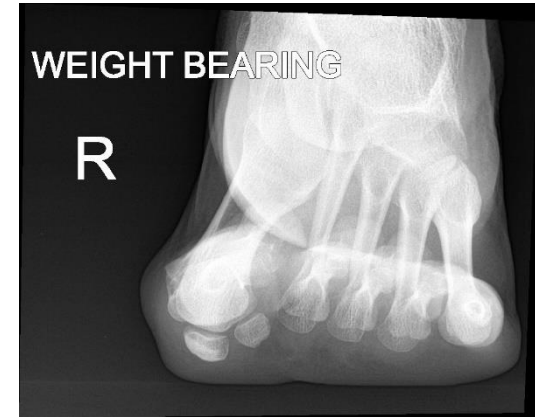
Please provide weight bearing X-Rays for the following views: Lateral, AP, and Sesamoid Axial (optional).



Lateral
Required



AP
Required



Sesamoid Axial
Optional

Submitting Instructions:

Option 1:

- Upload your CT Scan and Weight Bearing X-Rays using your provided link on the prescription form.

Option 2:

- If you are unable to upload via the link, please mail a physical CD or DVD to the following address:

ATTN: PSI RX - Treace Medical Concepts, Inc.
100 Palmetto Park Place
Ponte Vedra, FL
32081

Contact For Assistance

Treace Customer Service
Phone: 904.373.5940
Email: PSIRX@treace.net
Website: www.treace.com