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**Non-active surgical implants —  
Joint replacement implants —  
Specific requirements for knee-joint  
replacement implants**

*Implants chirurgicaux non actifs — Implants de remplacement  
d'articulation — Exigences spécifiques relatives aux implants de  
remplacement de l'articulation du genou*

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## Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO document should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see [www.iso.org/directives](http://www.iso.org/directives)).

ISO draws attention to the possibility that the implementation of this document may involve the use of (a) patent(s). ISO takes no position concerning the evidence, validity or applicability of any claimed patent rights in respect thereof. As of the date of publication of this document, ISO had not received notice of (a) patent(s) which may be required to implement this document. However, implementers are cautioned that this may not represent the latest information, which may be obtained from the patent database available at [www.iso.org/patents](http://www.iso.org/patents). ISO shall not be held responsible for identifying any or all such patent rights.

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see [www.iso.org/iso/foreword.html](http://www.iso.org/iso/foreword.html).

This document was prepared by Technical Committee ISO/TC 150, *Implants for surgery*, Subcommittee SC 4, *Bone and joint replacements*, in collaboration with the European Committee for Standardization (CEN) Technical Committee CEN/TC 285, *Non-active surgical implants*, in accordance with the Agreement on technical cooperation between ISO and CEN (Vienna Agreement).

This third edition cancels and replaces the second edition (ISO 21536:2007), which has been technically revised. It also incorporates the Amendment ISO 21536:2007/Amd 1:2014.

The main changes are as follows:

- The scope has been expanded to specify more precisely the knee joint replacement types which are the subject of this document. Also, the scope now clarifies the requirements for implants which have been legally marketed and for which there is a history of sufficient and safe clinical use.
- The number of normative references has been expanded, including the addition of several ASTM standards.
- Several new definitions have been added, including: maximum claimed flexion, mobile-bearing component, mobile-bearing knee joint prosthesis, partial knee joint prosthesis and partial knee joint replacement, posterior stabilized tibial insert, reference implant, sufficient and safe clinical use, tibial insert, total knee joint prosthesis and total knee joint replacement, ultra-high molecular weight polyethylene and UHMWPE, uni-compartmental knee joint replacement and UKR, and worst case.
- The design attributes to be taken into account have been specified in [Clause 5](#). The requirements for the thickness of various knee joint components made from plastic, metal and ceramic have been expanded.
- Several new general requirements have been added in [7.2.1](#), which specify

- a) the circumstances when a test can be omitted,
  - b) the testing of the worst case,
  - c) the processes to be followed when no performance requirement has been specified, and
  - d) the processes to be followed when a performance requirement has been specified but has not been met.
- The number of pre-clinical evaluations (bench tests) to be performed has been greatly increased in [7.2.2](#). For some of the tests, a performance requirement has been specified. For some of the tests, no performance requirement has been specified and, in these cases, a new requirement has been added, namely the requirement to demonstrate that the performance of the implant under evaluation is the same or better than that of a reference implant. If no reference implant exists, a sequence of alternative options has been specified. These alternative options are also available in the case where there is a performance requirement, which is not met by the implant being tested.
  - A new clinical investigation subclause has been added in [7.3](#), with several requirements which specify the circumstances in which a clinical investigation can be required.
  - A new post-market surveillance subclause has been added in [7.4](#), which references the requirements in ISO 21534:2007, 7.4.
  - Several new marking requirements have been specified in [11.4](#).
  - A note has been added in [11.6](#) which states that in some jurisdictions there is the option to provide the instructions for use in electronic instead of paper format.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at [www.iso.org/members.html](http://www.iso.org/members.html).

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## Introduction

There are three levels of standards dealing with non-active surgical implants. These are as follows, with level 1 being the highest:

- level 1: general requirements for non-active surgical implants and instrumentation used in association with implants;
- level 2: particular requirements for families of non-active surgical implants;
- level 3: specific requirements for types of non-active surgical implant.

This document is a level 3 standard and contains requirements applying specifically to knee joint replacements.

The level 1 standard, ISO 14630, contains requirements that apply to all non-active surgical implants. It also indicates that there are additional requirements in the level 2 and level 3 standards.

The level 2 standards apply to more restricted sets or families of implants such as those designed for use in osteosynthesis, cardiovascular surgery or joint replacement. For joint replacement implants, the level 2 standard is ISO 21534.

To address all requirements, it is recommended that a standard of the lowest available level be consulted first.

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# Non-active surgical implants — Joint replacement implants — Specific requirements for knee-joint replacement implants

## 1 Scope

This document specifies requirements for knee-joint replacement implants. Regarding safety, this document specifies requirements for intended performance, design attributes, materials, design evaluation, manufacture, sterilization, packaging, information supplied by the manufacturer and methods of test.

This document applies to both total and partial knee joint replacement implants. It applies to these replacements both with and without the replacement of the patella-femoral joint. It applies to components made of metallic and non-metallic materials.

This document applies to a wide variety of knee replacement implants, but for some specific knee replacement implant types, some considerations, not specifically covered in this document, can be applicable. Further details are given in [7.2.1.2](#).

The requirements which are specified in this document are not intended to require the re-design or re-testing of implants which have been legally marketed and for which there is a history of sufficient and safe clinical use. For such implants, compliance with this document can be demonstrated by providing evidence of the implant's sufficient and safe clinical use.

## 2 Normative references

[ISO 21536:2023](#)

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 5834-1, *Implants for surgery — Ultra-high-molecular-weight polyethylene — Part 1: Powder form*

ISO 7207-1:2007, *Implants for surgery — Components for partial and total knee joint prostheses — Part 1: Classification, definitions and designation of dimensions*

ISO 7207-2, *Implants for surgery — Components for partial and total knee joint prostheses — Part 2: Articulating surfaces made of metal, ceramic and plastics materials*

ISO 10993-1, *Biological evaluation of medical devices — Part 1: Evaluation and testing within a risk management process*

ISO 14243-1, *Implants for surgery — Wear of total knee-joint prostheses — Part 1: Loading and displacement parameters for wear-testing machines with load control and corresponding environmental conditions for test*

ISO 14243-2, *Implants for surgery — Wear of total knee-joint prostheses — Part 2: Methods of measurement*

ISO 14243-3, *Implants for surgery — Wear of total knee-joint prostheses — Part 3: Loading and displacement parameters for wear-testing machines with displacement control and corresponding environmental conditions for test*

ISO 14243-5, *Implants for surgery — Wear of total knee prostheses — Part 5: Durability performance of the patellofemoral joint*

ISO 14630, *Non-active surgical implants — General requirements*

ISO 14879-1, *Implants for surgery — Total knee-joint prostheses — Part 1: Determination of endurance properties of knee tibial trays*

ISO 21534:2007, *Non-active surgical implants — Joint replacement implants — Particular requirements*

ASTM F648, *Standard Specification for Ultra-High-Molecular-Weight Polyethylene Powder and Fabricated Form for Surgical Implants*

ASTM F1223, *Standard Test Method for Determination of Total Knee Replacement Constraint*

ASTM F2722, *Standard Practice for Evaluating Mobile Bearing Knee Tibial Baseplate Rotational Stops*

ASTM F2723, *Standard Test Method for Evaluating Mobile Bearing Knee Tibial Baseplate/Bearing Resistance to Dynamic Disassociation*

ASTM F2724, *Standard Test Method for Evaluating Mobile Bearing Knee Dislocation*

ASTM F2777, *Standard Test Method for Evaluating Knee Bearing (Tibial Insert) Endurance and Deformation Under High Flexion*

ASTM F3210, *Standard Test Method for Fatigue Testing of Total Knee Femoral Components under Closing Conditions*

### 3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 7207-1, ISO 14630, ISO 21534 and the following apply.

ISO and IEC maintain terminology databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <https://www.electropedia.org/>

#### 3.1 femoral component

component of a *total knee joint prosthesis* (3.14), *patella-femoral knee joint prosthesis* or *uni-compartmental knee joint prosthesis* (3.16) intended to be secured to the femur to replace its articulating surface(s)

#### 3.2 maximum claimed flexion

highest amount of flexion the *total knee joint prosthesis* (3.14) or *uni-compartmental knee joint prosthesis* (3.16) can achieve as claimed by the manufacturer based on the requirements defined in 7.2.2.11

Note 1 to entry: A higher amount of flexion than the maximum claimed flexion can exist based on computer aided design (CAD) or implant shape considerations.

#### 3.3 mobile-bearing component

component of a total or uni-compartmental *mobile-bearing knee joint prosthesis* (3.4) which articulates with both the *femoral component* (3.1) and the *tibial tray* (3.13)

Note 1 to entry: The mobile-bearing component can be manufactured as one component or a set of components, in both cases intended to be assembled in the *mobile-bearing knee joint prosthesis* (3.4) by the user.

Note 2 to entry: The mobile-bearing component is usually a sub-component of the *tibial component* (3.11), supported by the *tibial tray* (3.13).

Note 3 to entry: The mobile-bearing component can also be referred to as the meniscal component.



[SOURCE: ISO 7207-1:2007, 3.2.10, modified — Note 1 to entry has been replaced and Notes 2 and 3 to entry have been added.]

### 3.4

#### **mobile-bearing knee joint prosthesis**

*total knee joint prosthesis* (3.14) or *uni-compartmental knee joint prosthesis* (3.16) which allows relative motion between the *mobile-bearing component* (3.3) and both the *femoral component* (3.1) and the *tibial tray* (3.13)

[SOURCE: ISO 7207-1:2007, 3.1.6, modified — "knee joint prosthesis" has been added after "total" in the definition and Note 1 to entry has been deleted.]

### 3.5

#### **partial knee joint prosthesis**

#### **partial knee joint replacement**

*uni-compartmental knee joint prosthesis* (3.16) or a set of components used to replace the femoral and tibial articulating surfaces in the medial compartment of a knee joint and also the patellar and femoral articulating surfaces in the patella-femoral compartment

Note 1 to entry: Implants which are intended to repair a cartilage focal defect(s) or to be used for a surgical procedure like mosaicplasty are not partial knee joint prostheses for the purposes of this document.

### 3.6

#### **patellar component**

component of a *total knee joint prosthesis* (3.14) or *partial knee joint prosthesis* (3.5) or patella-femoral knee joint prosthesis which is used to replace the articulating surface of the patella

Note 1 to entry: Patellar components can be monobloc or modular.

### 3.7

#### **patellar tray**

sub-component of a modular *patellar component* (3.6) of a *total knee joint prosthesis* (3.14), a *partial knee joint prosthesis* (3.5) or a patella-femoral knee joint prosthesis, used to support and secure the patellar insert

[SOURCE: ISO 7207-1:2007, 3.2.14, modified — "a *partial knee joint prosthesis* (3.5) or a patella-femoral knee joint prosthesis" has been added to the definition.]

### 3.8

#### **posterior stabilized tibial insert**

*tibial insert* (3.12) with a centre post protruding superiorly or some other mechanism which interfaces with the *femoral component* (3.1) to restrict anterior translation of the femoral component when the knee is in flexion

Note 1 to entry: The portion of the femoral component interfacing with the tibial insert centre post is sometimes referred to as the "cam".

### 3.9

#### **reference implant**

legally-marketed implant which, when compared to the implant under evaluation, satisfies both of the following conditions:

- a) it has the same intended use, similar materials and a similar design with regard to the specific dimensional or performance criteria under evaluation to address the same clinical and technical requirements, and
- b) there is evidence of successful clinical use in sufficient numbers; for a sufficient period of time; and, at a minimum, without known or reasonably-known evidence of design or performance-related recalls with regard to the specific dimensional or performance criteria under evaluation

Note 1 to entry: The term “reference” is not intended to imply that the implant under evaluation and the reference implant are “equivalent” or that the reference implant is a “predicate” implant. This is because for some regulatory authorities, the terms “equivalent” and “predicate” have a meaning which is beyond that intended by the term “reference” as used in this document.

Note 2 to entry: A reference implant is the comparison implant for dimensional or performance parameter(s) under evaluation. Other characteristics of the reference implant shall be considered in order for the comparison to be suitable, as in some situations there can be cross-effects. Ideally, for the majority of dimensional and performance parameters, a single reference implant should be used for comparison to the implant under evaluation. However, more than one reference implant may be used for comparison purposes, with adequate scientific and clinical justification.

Note 3 to entry: Some regulatory authorities require that a reference implant is one that is legally marketed in their own country or jurisdiction. This fact can be taken into account when selecting a reference implant for the purposes of this document.

Note 4 to entry: There is no agreed upon interpretation for what constitutes “sufficient numbers” or a “sufficient period of time” in the above definition. Typically, a determination of what constitutes “sufficient numbers” and a “sufficient period of time” is demonstrated by using statistical methods and clinical judgement in the evaluation of implant performance.

Note 5 to entry: A justification for a “similar material” may include information that although the materials are not the same, the material(s) used for the implant under evaluation can be shown to perform similarly with regard to the test or its underlying clinical concern.

Note 6 to entry: Examples of design features that can be taken into consideration when evaluating whether an implant has a ‘similar design’ to the implant under evaluation include means of fixation, modularity, constraint, key dimensions and shape, processing, surface topography, surface treatment, etc. A justification for a “similar design” therefore may include information that although the designs are not the same, the design of the implant under evaluation can be shown to perform similarly with regard to the test or its underlying clinical concern.

Note 7 to entry: The manufacturer is responsible for identifying the reference implant(s) according to the regulatory requirements in the jurisdictions where the implant under evaluation is to be marketed.

### 3.10 <https://standards.iteh.ai/catalog/standards/sist/6f13d8f4-f11d-4134-87a7-f128e1609232/iso-21536-2023> **sufficient and safe clinical use**

clinical use of a legally-marketed implant in sufficient numbers, for a sufficient period of time and, at a minimum, without known or reasonably-known evidence of design or performance-related recalls

Note 1 to entry: There is no agreed interpretation for what constitutes “sufficient numbers” or “sufficient period of time” in the above definition. Typically, these are demonstrated by using statistical methods and clinical judgement in the evaluation of implant performance.

Note 2 to entry: Some regulatory authorities can require that a legally-marketed implant is one which is legally marketed in their country or jurisdiction.

Note 3 to entry: For a legally-marketed system of knee replacement implants, there can be evidence to demonstrate sufficient and safe clinical use for some parts of the system (e.g. some components and some sizes) but not for others. For those parts of the system for which there is sufficient evidence, the requirements of this document relating to design and testing shall not apply. For those parts of the system for which there is not sufficient evidence to demonstrate sufficient and safe clinical use the requirements of this document relating to design and testing shall apply.

Note 4 to entry: The manufacturer is responsible for identifying the implant with sufficient and safe clinical use according to the regulatory requirements in the jurisdictions where the implant is to be marketed.

### 3.11 **tibial component**

component of a *total knee joint prosthesis* (3.14) or *uni-compartmental knee joint prosthesis* (3.16) intended to be secured to the tibia to replace its articulating surface(s)

Note 1 to entry: Tibial components can be monobloc or modular. When modular, the tibial component usually consists either of a *tibial insert* (3.12) or a *mobile-bearing component* (3.3), and a *tibial tray* (3.13).

[SOURCE: ISO 7207-1:2007, 3.2.5, modified — "knee joint prosthesis" has been added after "total" in the definition and a second sentence has been added to Note 1 to entry.]

### 3.12

#### **tibial insert**

sub-component of a modular *tibial component* (3.11) of a *total knee joint prosthesis* (3.14) or *uni-compartmental knee joint prosthesis* (3.16) which is attached to the *tibial tray* (3.13) and which articulates with the *femoral component* (3.1)

[SOURCE: ISO 7207-1:2007, 3.2.9, modified — "knee joint prosthesis" has been added after "total" in the definition and Note 1 to entry has been deleted.]

### 3.13

#### **tibial tray**

sub-component of a modular *tibial component* (3.11) of a *total knee joint prosthesis* (3.14) or *uni-compartmental knee joint prosthesis* (3.16) used to support the *tibial insert* (3.12) or *mobile-bearing component* (3.3)

Note 1 to entry: The tibial tray is also referred to as the tibial baseplate.

Note 2 to entry: The central stem or other prominence on the inferior surface of the tibial tray is also referred to as the keel.

[SOURCE: ISO 7207-1:2007, 3.2.8, modified — "knee joint prosthesis" has been added after "total" in the definition, Note 1 to entry has been replaced and Note 2 to entry has been added.]

### 3.14

#### **total knee joint prosthesis**

#### **total knee joint replacement**

bi-compartmental knee joint prosthesis or tri-compartmental knee joint prosthesis

Note 1 to entry: A bi-compartmental knee joint prosthesis is a set of implant components used to replace the femoral and tibial articulating surfaces in both the medial and lateral compartments of a knee joint without replacing the patellar articulating surface.

Note 2 to entry: A tri-compartmental knee joint prosthesis is a set of implant components used to replace the femoral and tibial articulating surfaces in the medial and the lateral compartments of a knee joint and also the patellar and femoral articulating surfaces in the patello-femoral compartment.

[SOURCE: ISO 7207-1:2007, 3.1.1, modified — Note 1 to entry has been replaced and Note 2 to entry has been added.]

### 3.15

#### **ultra-high molecular weight polyethylene**

#### **UHMWPE**

type of polymer material including the following types:

- a) "conventional" [not intentionally cross-linked and sterilized with a radiation dose  $\leq 40$  kGy or by other accepted sterilization methods (e.g. ethylene oxide)],
- b) "crosslinked" [achieved by radiation treatment (with a radiation dose  $> 40$  kGy) or by other means], and
- c) "anti-oxidant" ["crosslinked" or not "crosslinked" with the addition of vitamin E or other anti-oxidants]

Note 1 to entry: The types of UHMWPE materials listed above shall be manufactured from UHMWPE powders which meet the requirements given in either ISO 5834-1 or ASTM F648, or both.

### 3.16

#### **uni-compartmental knee joint prosthesis** **uni-compartmental knee joint replacement** **UKR**

set of implant components used to replace the femoral and tibial articulating surfaces in either the medial or the lateral compartment of a knee joint

Note 1 to entry: A uni-compartmental knee joint prosthesis is also referred to as a unicondylar knee joint prosthesis.

[SOURCE: ISO 7207-1:2007, 3.1.2, modified — the synonymous terms "uni-compartmental knee joint replacement" and "UKR" have been added and Note 1 to entry has been replaced.]

### 3.17

#### **worst case**

designation given to

- a) an implant component or combination of components in an implant family most susceptible to failure in a given test (e.g. based on size, geometry, design features, materials, means of fixation, surface treatments or coatings, modularity), and
- b) testing condition(s) which produce the most severe anticipated physiological condition(s) or failure mode(s) for the requirements to which the implant is under evaluation

Note 1 to entry: For any given implant component or combination of components or set of testing conditions, there can be more than one worst case.

Note 2 to entry: For any modification to the implant design or change in compatibility with other components, the design shall be assessed to determine if a new worst case(s) is created for a given test.

## 4 Intended performance

The requirements of this clause are not intended to require the re-design or re-testing of implants which have been legally marketed and for which there is a history of sufficient and safe clinical use.

The requirements of ISO 21534:2007, Clause 4, shall apply together with the following.

The flexion-extension range of angular movement between the femoral and tibial components of a total or uni-compartmental knee joint replacement shall include angles from less than or equal to 0° flexion to a maximum greater than or equal to 110° flexion. Angular measurements shall be made with a tolerance of  $\pm 1^\circ$ .

NOTE 1 The nominal range of motion of a total knee joint replacement or a uni-compartmental knee joint replacement can be estimated using the computer aided design (CAD) model of an implant.

NOTE 2 The content of this subclause has been modified and reprinted from ASTM F2083-21<sup>[13]</sup>.

NOTE 3 For fully constrained total knee joint replacements, [Annex A](#) gives a suitable method by which the range of motion in flexion can be measured.

The maximum claimed flexion shall be experimentally verified based on the additional requirements outlined in [7.2.2.11](#).

## 5 Design attributes

### 5.1 General

The requirements of [Clause 5](#) are not intended to require the re-design or re-testing of implants which have been legally marketed and for which there is a history of sufficient and safe clinical use.