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INNOVATION UPDATE

OCTOBER 18, 2023

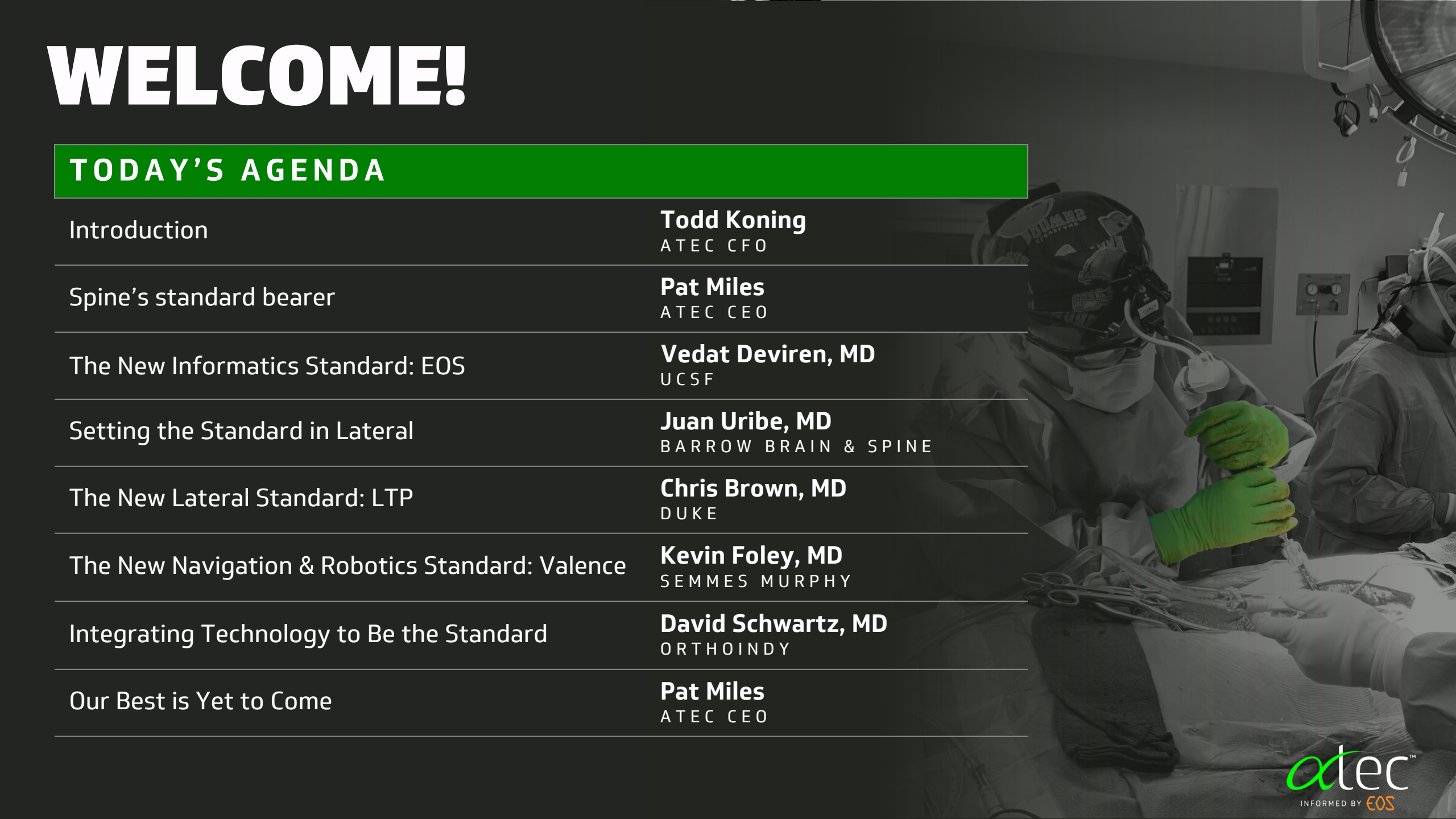
FORWARD LOOKING STATEMENTS

This presentation contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995 that involve risks and uncertainty. Such statements are based on management's current expectations and are subject to a number of risks and uncertainties that could cause actual results to differ materially from those described in the forward-looking statements. The Company cautions investors that there can be no assurance that actual results will not differ materially from those projected or suggested in such forward-looking statements as a result of various factors. Forward-looking statements include, but are not limited to: references to the Company's revenue, balance sheet, growth and financial outlook; planned product launches, introductions, regulatory submissions or clearances; efforts to transform sales and distribution channels; the Company's ability to compel surgeon adoption; and the Company's future ability to finance its operations and sufficiency of its cash runway. Important factors that could cause actual operating results to differ significantly from those expressed or implied by such forward-looking statements include, but are not limited to: the uncertainty of success in developing new products or products currently in the pipeline; the uncertainties in the Company's ability to execute upon its strategic operating plan; the uncertainties regarding the ability to successfully license or acquire new products, and the commercial success of such products; failure to achieve acceptance of the Company's products by the surgeon community; failure to obtain FDA or other regulatory clearance or approval or unexpected or prolonged delays in the process; continuation of favorable third party reimbursement; unanticipated expenses or liabilities or other adverse events affecting cash flow or the Company's ability to achieve profitability; uncertainty of additional funding; the Company's ability to compete with other products or with emerging technologies; product liability exposure; an unsuccessful outcome in any litigation; patent infringement claims; claims related to the Company's intellectual property; and the Company's ability to meet its financial obligations. A further list and description of these and other factors, risks and uncertainties can be found in the Company's most recent annual report, and any subsequent quarterly and current reports, filed with the Securities and Exchange Commission. ATEC disclaims any intention or obligation to update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise, unless required by law.

WELCOME!

TODAY'S AGENDA

Introduction	**Todd Koning** ATEC CFO
Spine's standard bearer	**Pat Miles** ATEC CEO
The New Informatics Standard: EOS	**Vedat Deviren, MD** UCSF
Setting the Standard in Lateral	**Juan Uribe, MD** BARROW BRAIN & SPINE
The New Lateral Standard: LTP	**Chris Brown, MD** DUKE
The New Navigation & Robotics Standard: Valence	**Kevin Foley, MD** SEMMES MURPHY
Integrating Technology to Be the Standard	**David Schwartz, MD** ORTHOINDY
Our Best is Yet to Come	**Pat Miles** ATEC CEO



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PRELIMINARY Q3'23 REVENUE RESULTS* & REVENUE GUIDANCE UPDATE

	Q3 2023	YoY
Surgical Revenue	$103.3M to $103.9M	**31% to 32%**
EOS Revenue	$14.3M to $14.5M	27% to 29%
TOTAL REVENUE	**$117.7M to $118.5M**	**31% to 32%**

Surgical volume momentum drove strong Q3 revenue result and increases confidence in sector-leading full-year revenue growth

Strong interest in EOS technology

	FY 2023 PREVIOUS	FY 2023 UPDATED	YoY
Surgical Revenue	$404M	$414M	33%
EOS Revenue	$58M	$58M	21%
TOTAL REVENUE	**$462M**	**$472M**	**32%**

Full year guidance increased by $10M

* Select preliminary results are based on the Company's current expectations and may be adjusted as a result of, among other things, completion of customary quarter-end close review procedures and further financial review. Numbers may not foot due to rounding

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THE STANDARD BEARER

PAT MILES, CHAIRMAN & CEO



UNIQUELY 100% SPINE FOCUSED

MISSION

Revolutionize the Approach to Spine Surgery

VISION

Be the Standard Bearer in Spine

CORE VALUES

High performance, GRIT,
Gracious, familial & inspiring
Constantly curious
Committed to clinical distinction
WE love what we do –
#ATECProud

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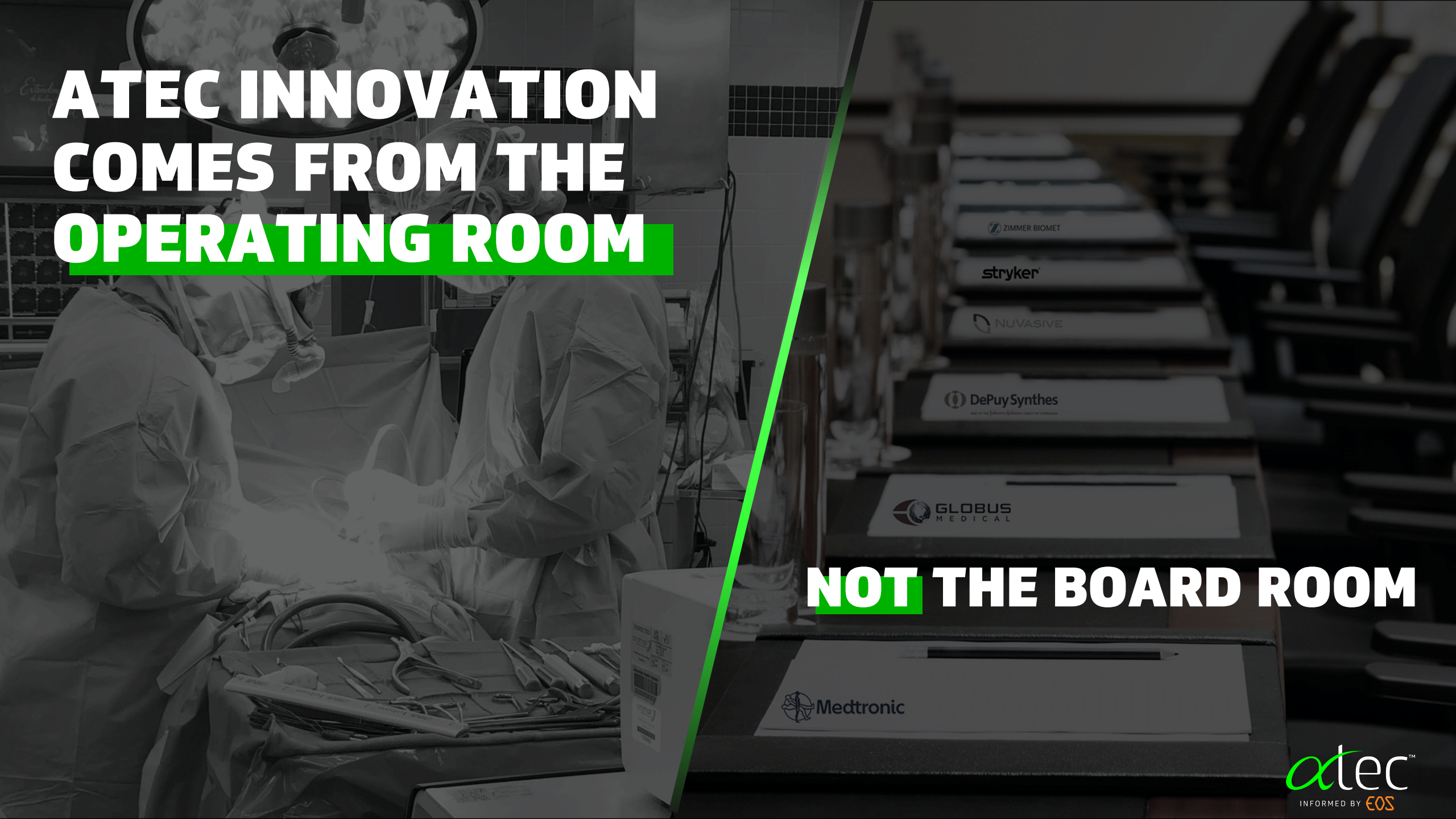
ATEC INNOVATION COMES FROM THE OPERATING ROOM
NOT THE BOARD ROOM
ZIMMER BIOMET
stryker
NUVASIVE
DePuy Synthes
GLOBUS MEDICAL
Medtronic
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OUR VALUE CREATION OPPORTUNITY

Significant room to improve precision, predictability & durability

% OF SURGERIES THAT REQUIRE REVISION



TOTAL KNEE
5 years

TOTAL HIP REPLACEMENT
10 years

DEGENERATIVE SURGERY
1 to 3 years

ADULT DEFORMITY SURGERY
2 to 5 years

1 .Bhandari M, et al. Clinical and economic burden of revision knee arthroplasty. Clin Med Insights Arthritis Musculoskelet Disord. 2012;5:89-94

2. Kandala N, et al. Setting benchmark revision rates for total hip replacement: analysis of registry evidence BMJ 2015; 350 :h756

3. Ulrich NH, et al; Lumbar Stenosis Outcome Study Group. Incidence of Revision Surgery After Decompression With vs. JAMA Netw Open. 2022 Jul 1;5(7):e2223803.

4. Kao FC, Hsu YC, Wang CB, Tu YK, Liu PH. Short-term and long-term revision rates after lumbar spine discectomy versus laminectomy: a population-based cohort study. BMJ Open. 2018 Jul 17;8(7):e021028

5. Burke JF, et al. Failure in Adult Spinal Deformity Surgery: A Comprehensive Review of Current Rates, Mechanisms, and Prevention Strategies. Spine (Phila Pa 1976). 2022 Oct 1;47(19):1337-1350

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PRECISION

Intervene with a high level of accuracy and exactness to best achieve the goals of surgery

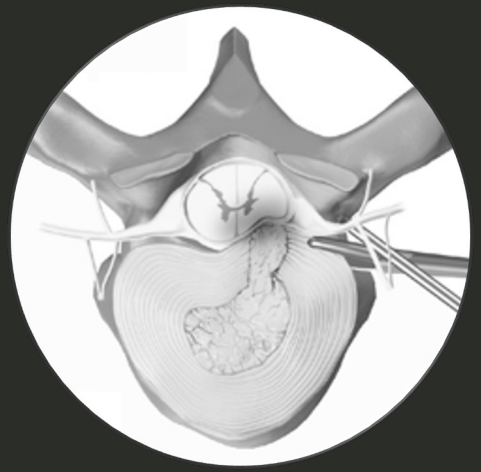


PREDICTABILITY

Confidence: chosen intervention will best suit the patient/ pathology and clinical outcomes will meet or exceed expectations

ATEC INNOVATION ADDRESSES THE GOALS OF SPINE SURGERY

DECOMPRESSION



STABILIZATION



ALIGNMENT

CONE OF ECONOMY



Strongly correlated to successful clinical outcomes*

*Yeh KT, Lee RP, Chen IH, Yu TC, Liu KL, Peng CH, Wang JH,; Wu WT. Correlation of functional outcomes and sagittal alignment after long instrumented fusion for degenerative thoracolumbar spinal disease. Spine 2018;43(19):1355-62.

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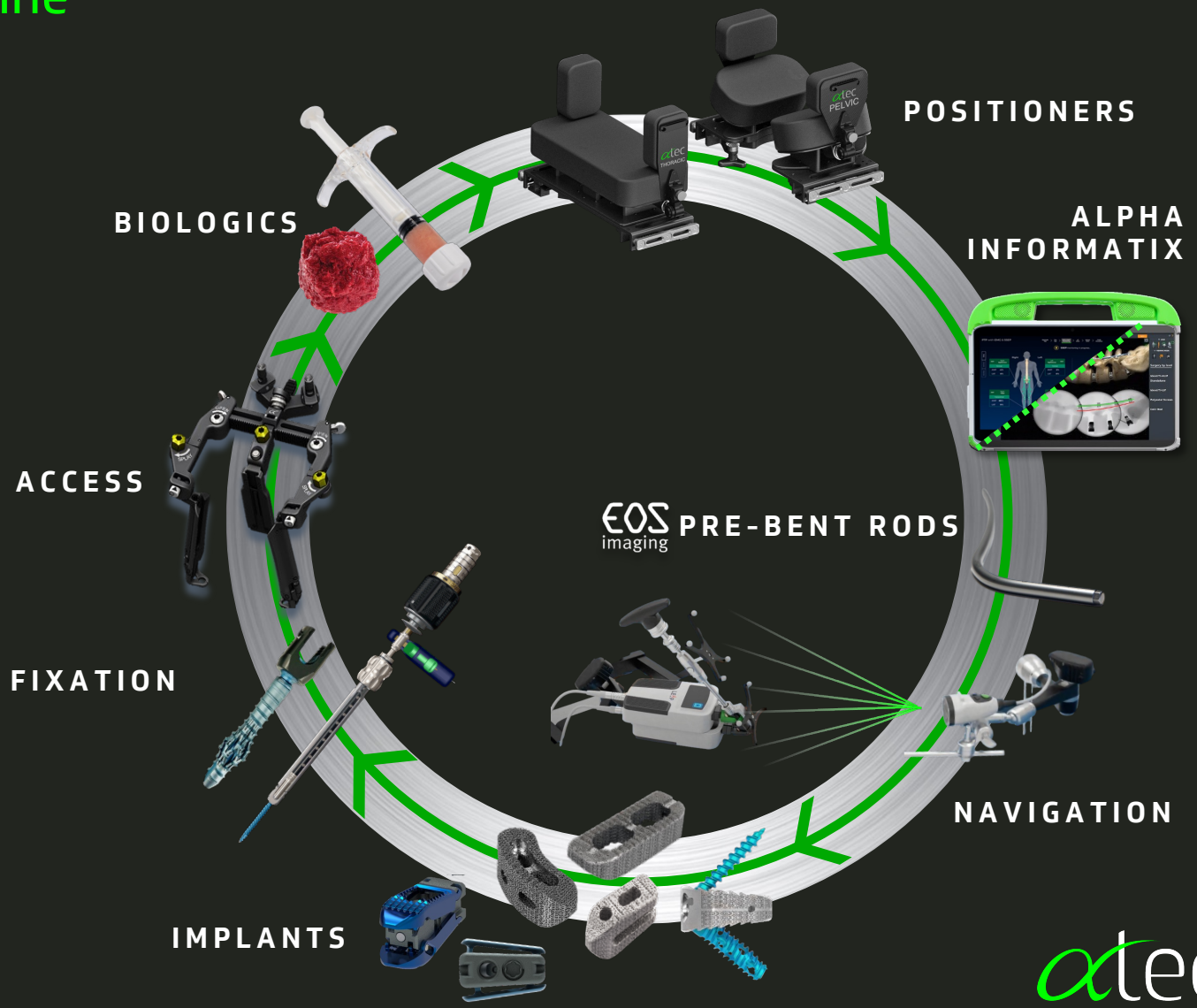
~~WIDGETS~~ PROCEDURALIZATION

Minimizing the clinical variables in spine

We design, develop and integrate technology to **address the goals of surgery** specific to each approach



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SETTING THE STANDARD:

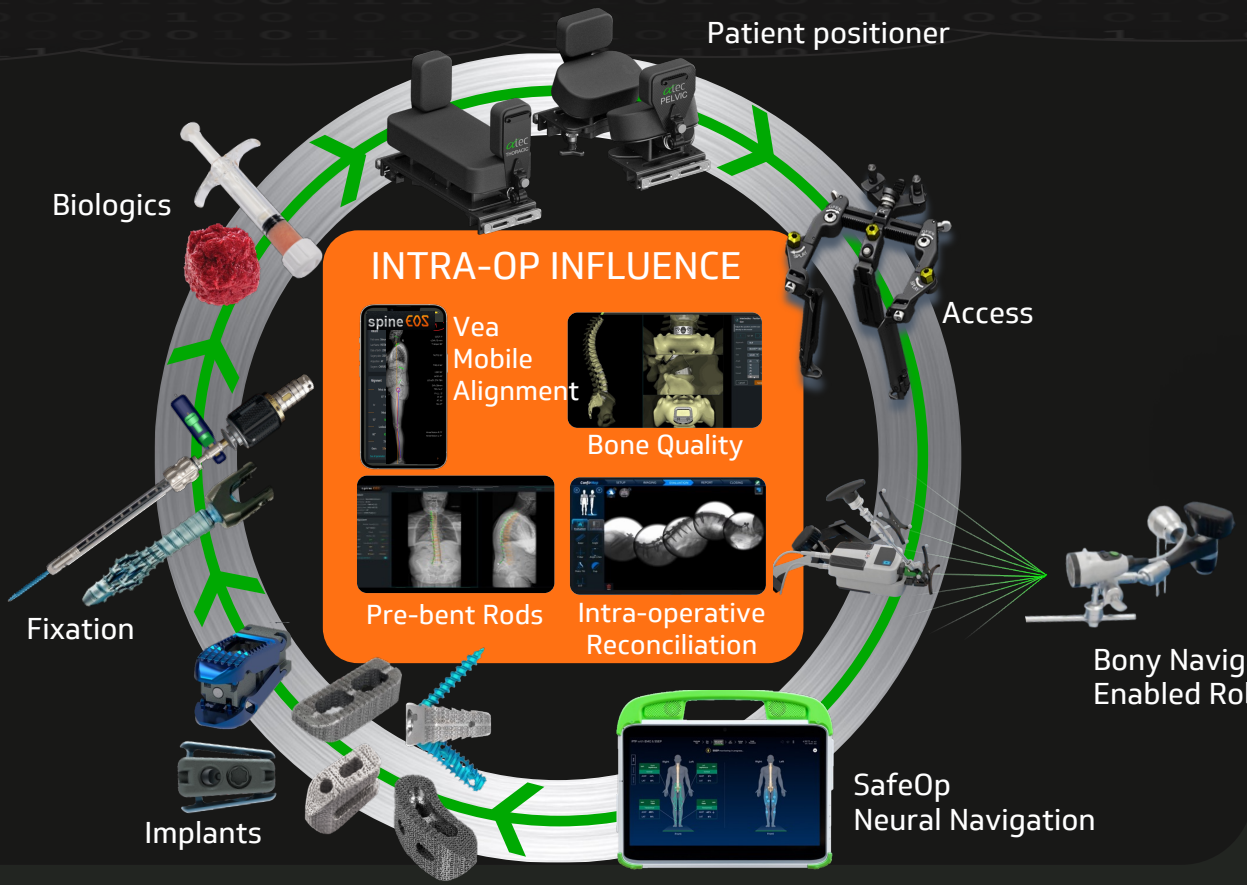
SPINE'S ONLY INFORMATION-INTEGRATED ECOSYSTEM

PRE-OP



Pre-operative planning

INTRA-OP



POST-OP



Standard Imaging;
Machine Learning /
Predictive Analytics

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OUR COMMITMENTS

Earning share since 2018 by applying **100% spine focus** to key initiatives

1 CREATE CLINICAL DISTINCTION

Revolutionizing spine surgery & extending our information-based advantage

2 COMPEL SURGEON ADOPTION

Expanding procedural utilization and surgeon loyalty by furthering clinical predictability

3 ELEVATE DISTRIBUTION

Levering investments made to increase clinical aptitude & geographic footprint



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POSITIONING TO CAPITALIZE ON INDUSTRY DISRUPTIONS

JAN 2023

OFIX + ~~SPNE~~

SEPT 2023

GMED + ~~NUVA~~

SPNE leadership transition

OCT 2023

REFLECTION OF DELIBERATE PROGRESS

Added 30 sales professionals from disrupted companies in highly-populated territories where we need them most

2024 TO 2026

ELEVATE DISTRIBUTION

Expect to add new territories, better penetrate existing markets, gradually increase productivity

+30

Sales professionals from disrupted companies

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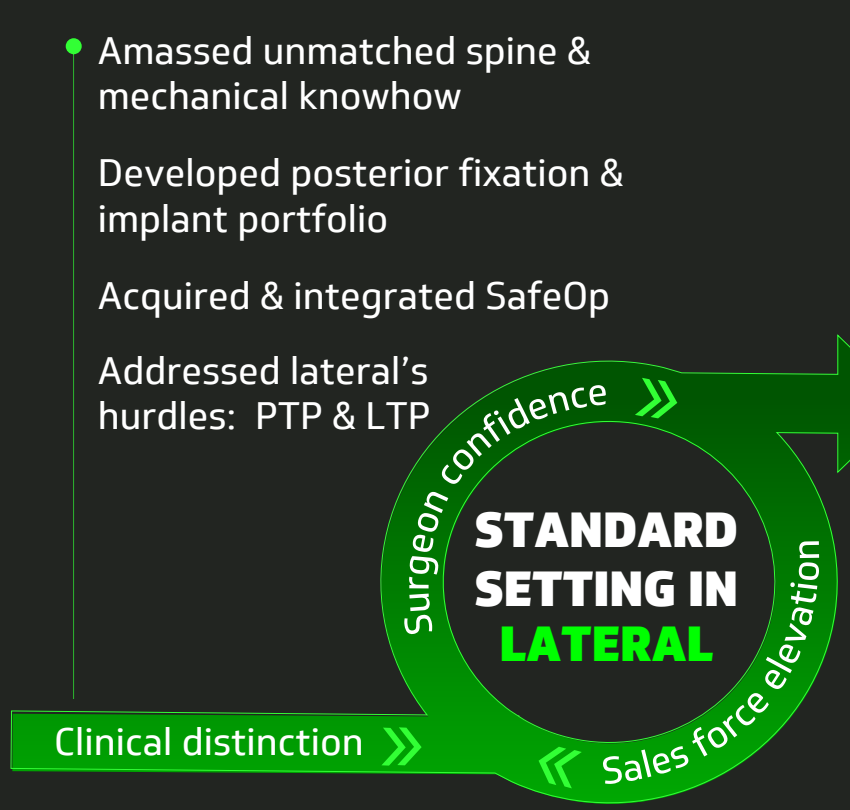
VISION: SPINE'S STANDARD BEARER

WHERE WE'VE BEEN

- Amassed unmatched spine & mechanical knowhow
- Developed posterior fixation & implant portfolio
- Acquired & integrated SafeOp
- Addressed lateral's hurdles: PTP & LTP



WHERE WE'RE GOING



- Acquired & integrated EOS informatics
- Applying learnings to create approach specific technology



- Capturing objective procedural data to enable predictive care

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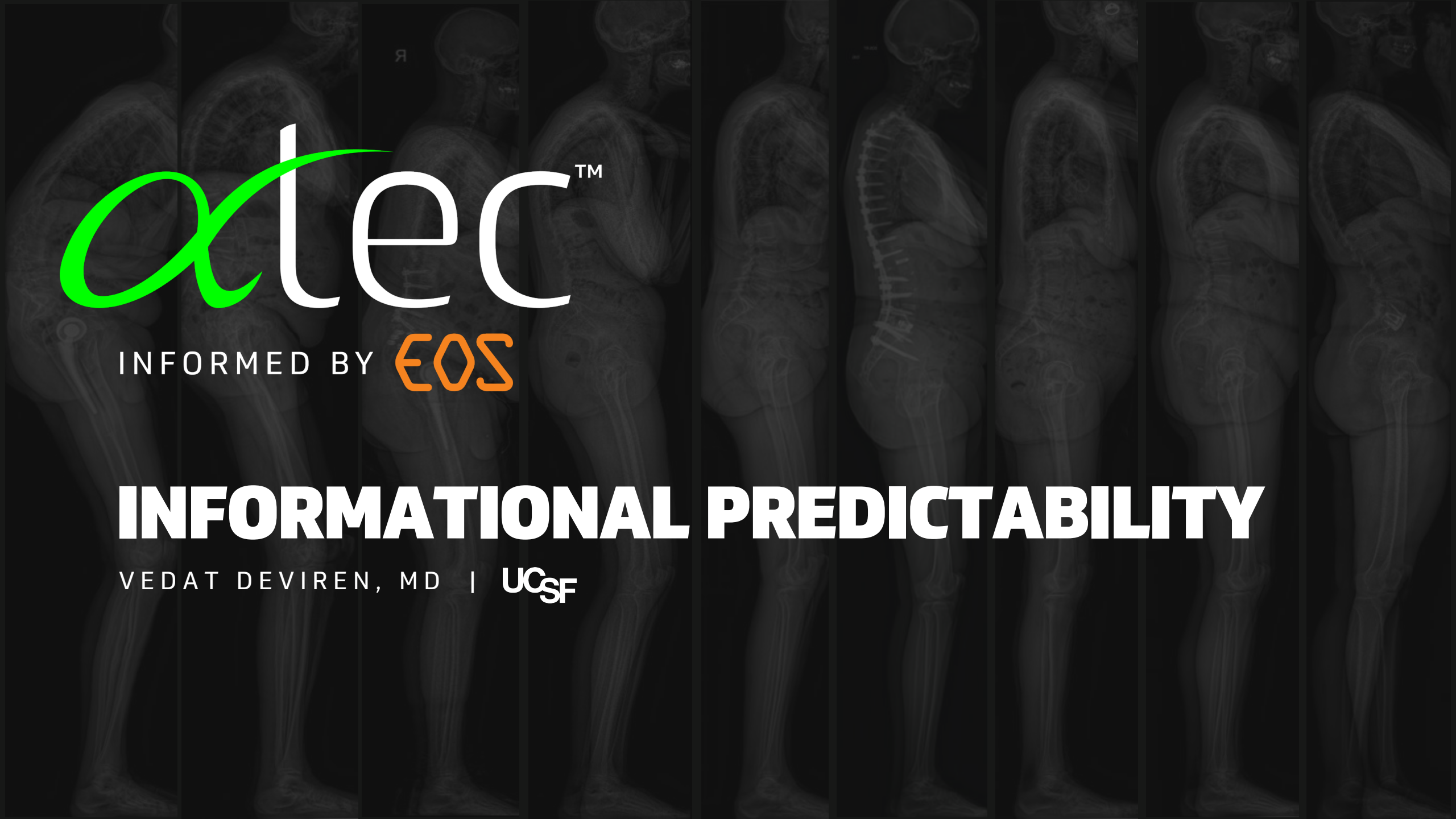


INFORMATIONAL PREDICTABILITY

VEDAT DEVIREN, MD | UCSF

MY BACKGROUND

2001

- Completed spine training
  - HACETTEPE ÜNİVERSİTESİ
  - UCSF
- Began career in Dept of Orthopaedic Surgery
  - UCSF

2007

- Trained / adopted XLIF

2018

- EOS installed at my practice – pre-ATEC

2019

- Trained/ adopted PTP

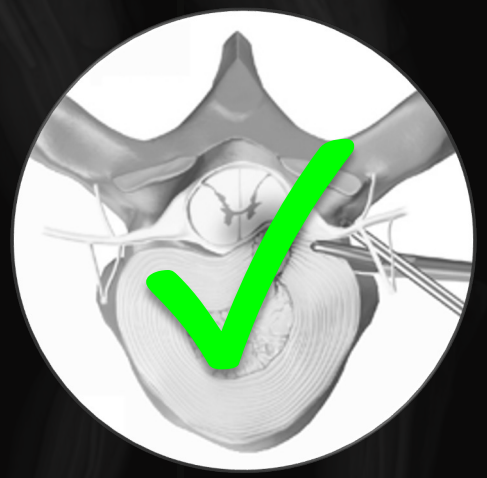
238 Peer-reviewed publications

288 Review articles

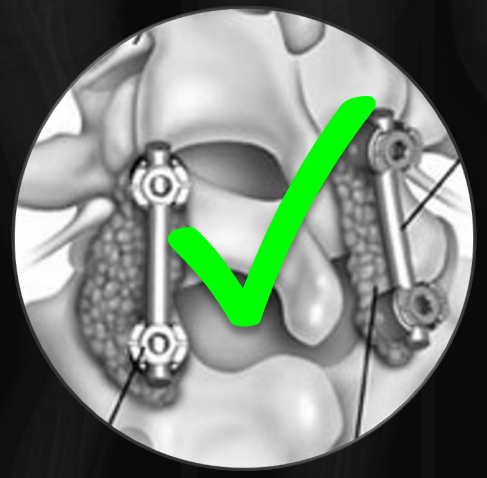
>100 Doctoral students and faculty supervised or mentored

ALIGNMENT VERIFICATION IS AN UNMET NEED IN SPINE

DECOMPRESSION



STABILIZATION



ALIGNMENT

CONE OF ECONOMY



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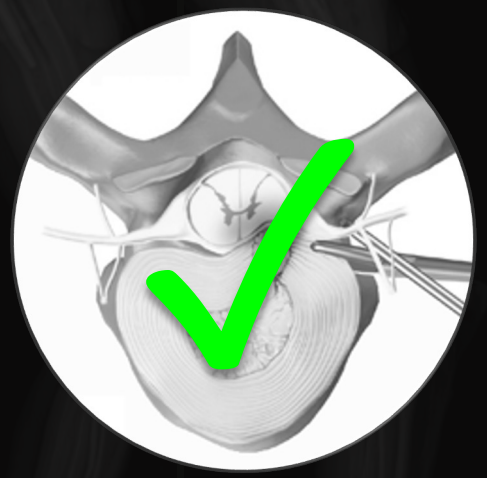
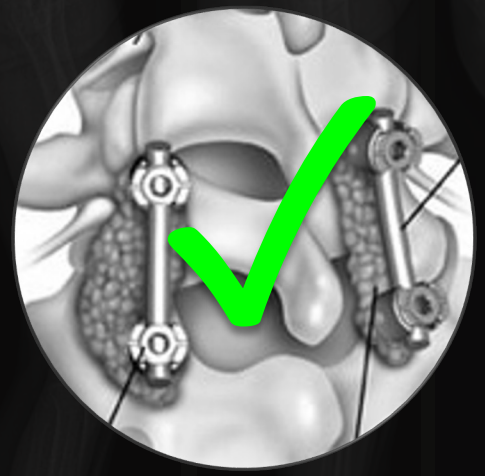
ALIGNMENT VERIFICATION IS AN UNMET NEED IN SPINE

Yet it is **strongly correlated** to successful clinical outcomes*

DECOMPRESSION



STABILIZATION



ALIGNMENT



*Yeh KT, Lee RP, Chen IH, Yu TC, Liu KL, Peng CH, Wang JH,; Wu WT. Correlation of functional outcomes and sagittal alignment after long instrumented fusion for degenerative thoracolumbar spinal disease. Spine 2018;43(19):1355-62.

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TODAY, EOS OBJECTIVELY ANSWERS ESSENTIAL CLINICAL QUESTIONS

HOW out-of-alignment is the patient?

WHAT intervention will best achieve surgical goals?

WHERE should the patient be treated?

DID my intervention achieve its goals?



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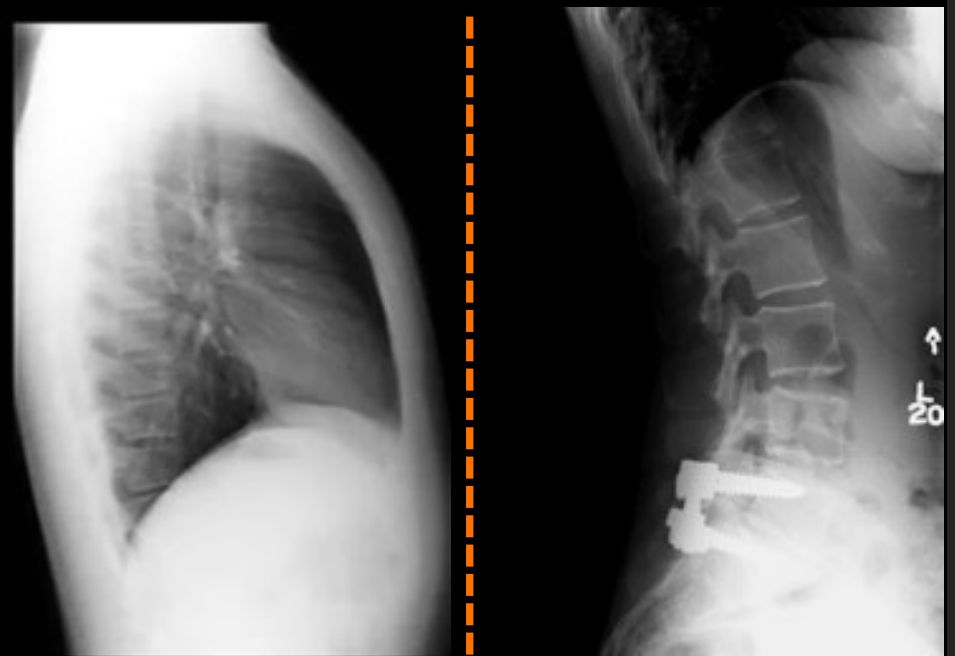
IMAGING WITHOUT EOS = DECISION MAKING BY GESTALT

Relies on **stitched radiographic images**

- Prone to errors
- Angles may be affected
- Unusual, misleading findings





LEGACY SOLUTIONS FALL SHORT

VARIABLE IMAGING

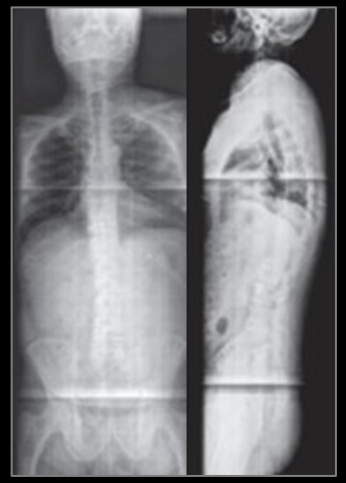
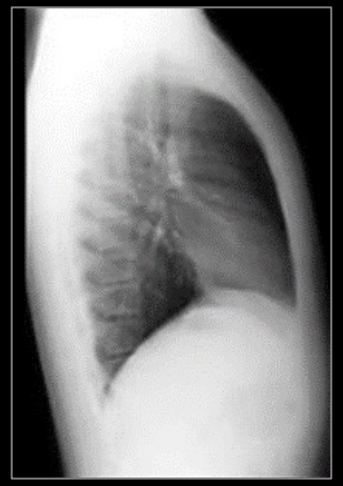


IMAGE STITCHING



UNDER/OVER EXPOSURE



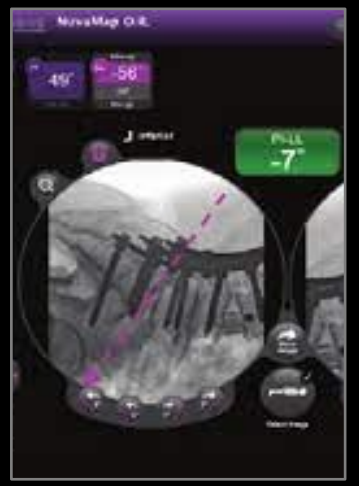
NARROW VIEWS

- Poor contrast images
- Measurement errors
- Lack of global context

SILOED SOFTWARE PRODUCTS



SURGICAL PLANNING



INTRA-OP MEASUREMENT



ROD BENDING

- Narrow clinical application
- Multiple platforms
- No end-to-end data

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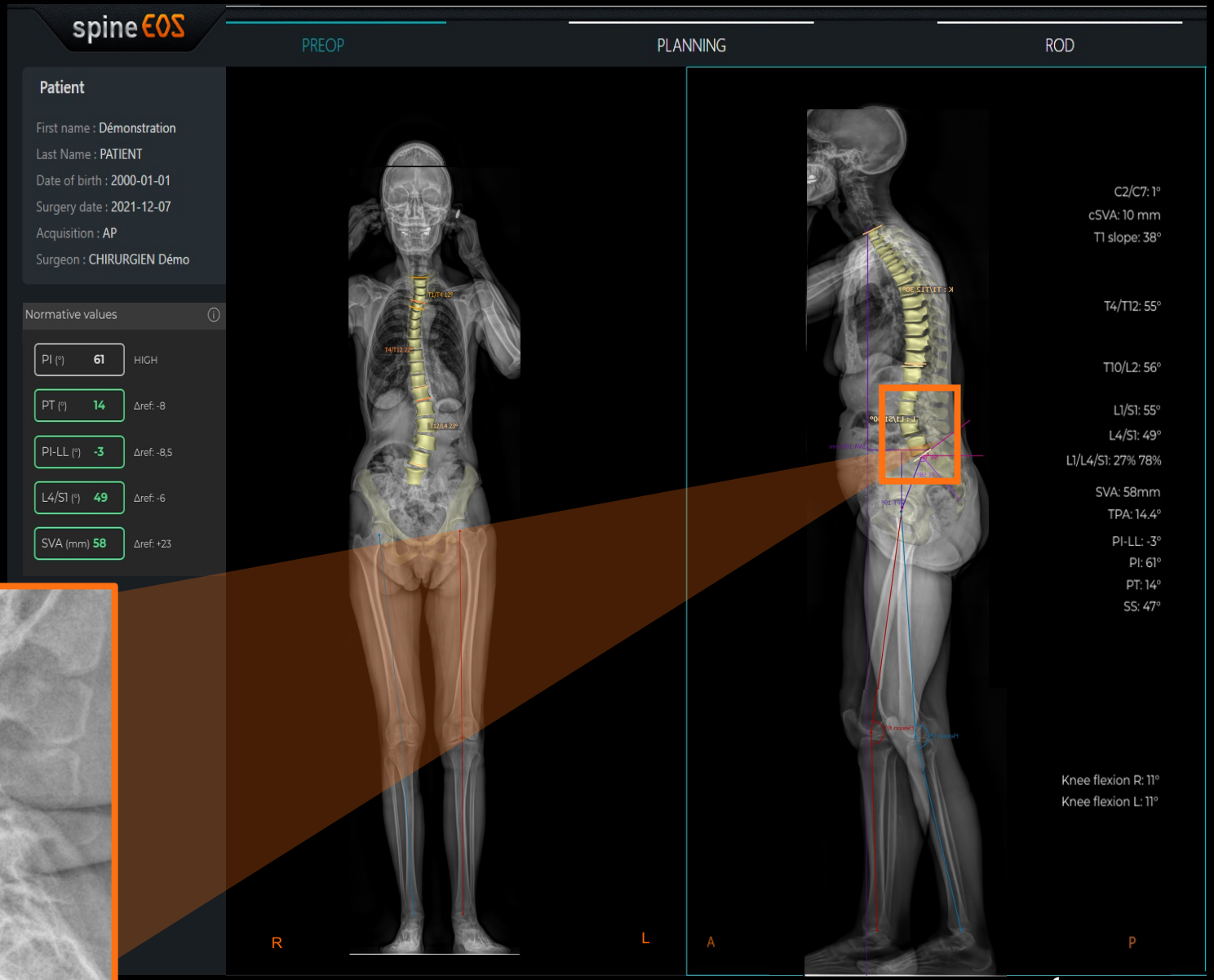
EOS INFORMED IMAGING

- Full-body
- Standing, functional global alignment assessment
- No stitching errors
- No magnification error
- Less radiation – 5x< DR
- Reduced exam time
- 3-D anatomical reconstructions





INTRODUCING EOS CATALYST

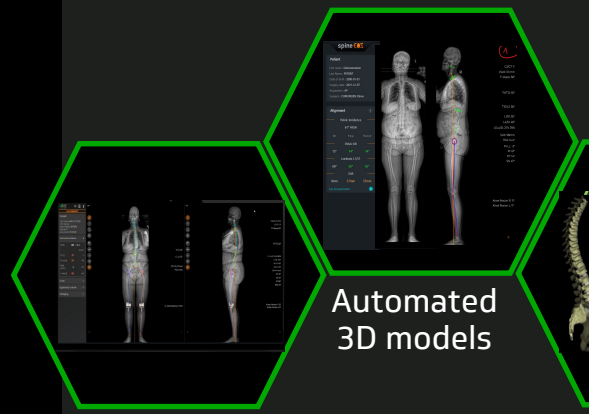
Reflection of ATEC influence coming mid-2024



LAUNCH EXPECTED 2024

DATA

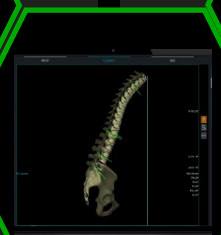
PRE-OP



Automated alignment reports

Automated 3D models

Automated surgical planning

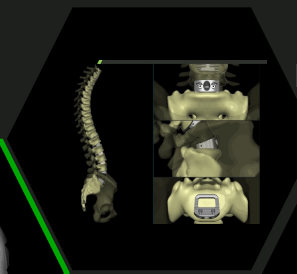


Pre-bent rods

INTRA-OP



Intra-op alignment/ reconciliation



Bone Quality



Intra-op rod bending



Custom configurations

POST-OP



Assessment & follow-up



Predictive analytics

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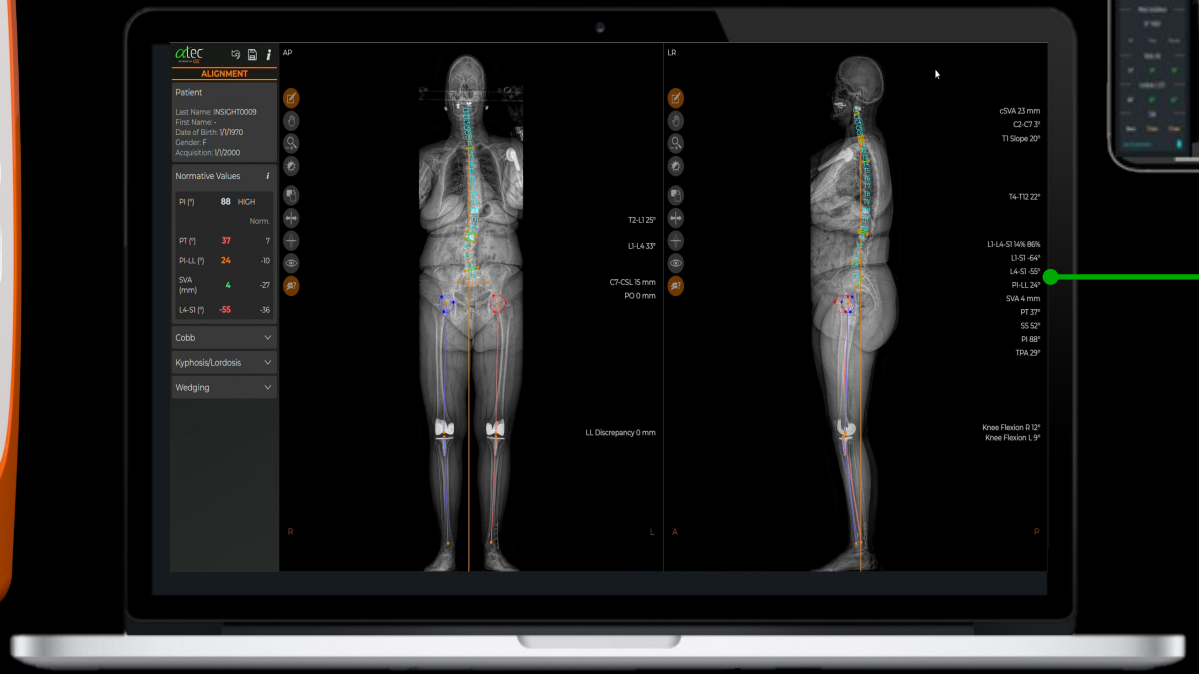
CATALYST: ALIGNMENT ASSESMENT

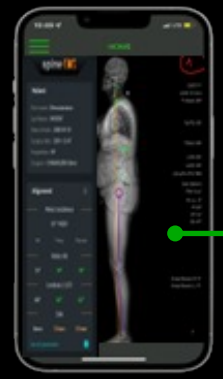
Automatic, quantified pre- and post-op alignment reports



AUTOMATED ALIGNMENT REPORTS

AI-driven alignment assessment and level labeling available minutes after EOS exam





VEA MOBILE INTEGRATION

Alignment assessments and history viewable on mobile devices

USER ADJUSTMENT TOOLS

Modify alignment landmarks and accommodate transitional anatomy

NORMATIVE VALUE COMPARISON

Color-coded benchmarking of patient's alignment to normative values

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CATALYST: SURGICAL PLANNING

Designate for surgery, plan implants, order rods, and reconcile in OR



3D SURGICAL PLANNING

Plan targeted interbodies, osteotomies, and rods based with a 3D model of the patient's spine and alignment

FLEXIBLE PLAN GENERATION

Plan created by ATEC based on surgical strategy or manually created/modified by surgeon





SURGICAL INTEGRATION

View plans in web/mobile, order patient specific rods, and pull plan info in the OR for intra-op reconciliation

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CATALYST: PATIENT SPECIFIC RODS

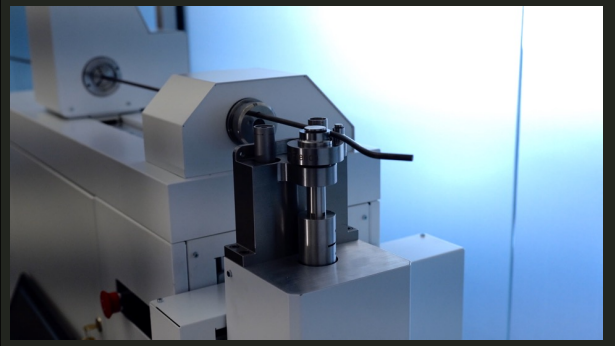
Seamless ordering, approval & delivery enables intra-operative sagittal correction



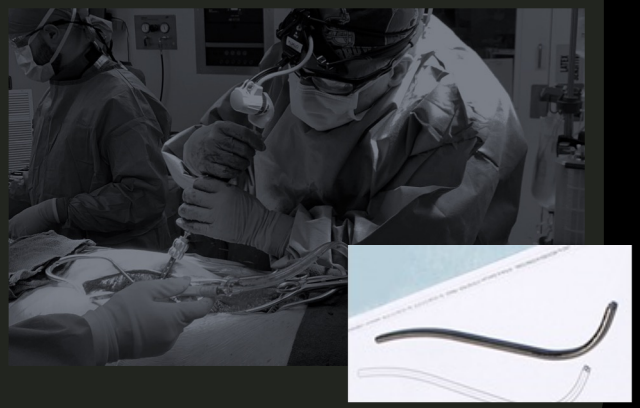
ROD PLANNING



ROD PRODUCTION



ROD DELIVERY



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CATALYST: INTRA-OP RECONCILIATION

Stitch full spine intra-op images, compare to pre-op plan, export for review



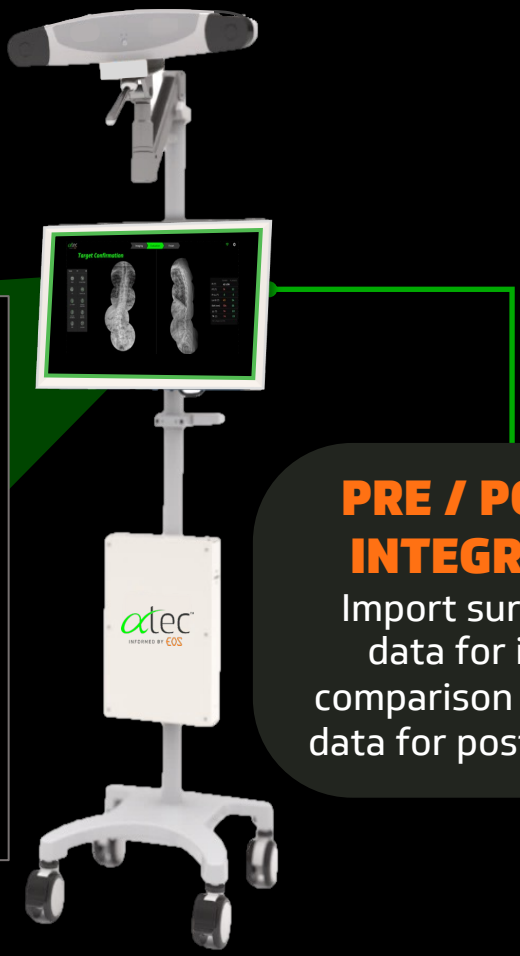
STITCHED IMAGES

Calibrated AP/Lateral image stitching with existing imaging technology

INTRA-OP ALIGMENT

Measure key coronal and sagittal parameters as case progresses





PRE / POST OP INTEGRATION

Import surgical plan data for intra-op comparison and export data for post-op review

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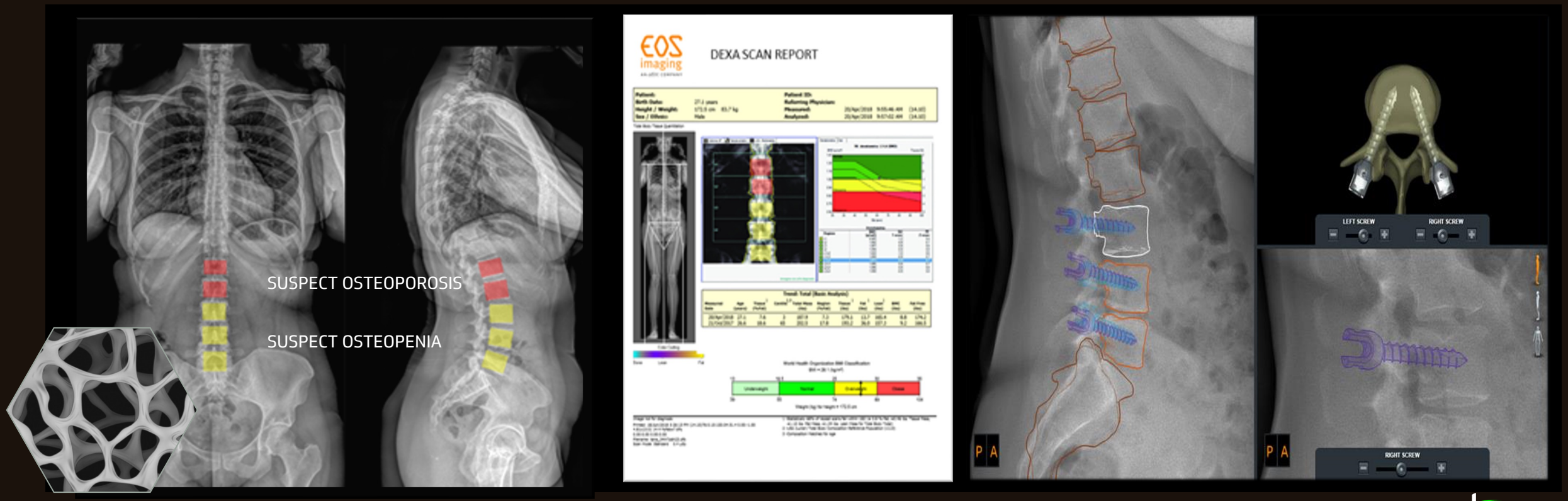
UNDER DEVELOPMENT:
LEVEL-SPECIFIC BONE QUALITY

Patient-specific techniques and tools



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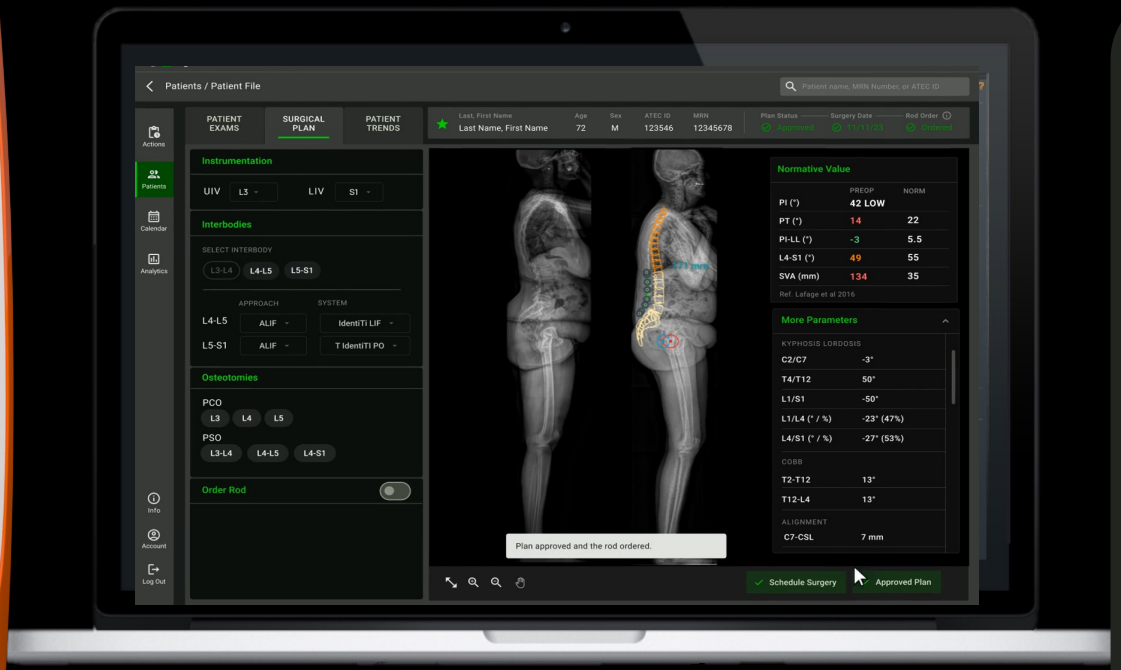
END-TO-END CLINICAL INSIGHTS – FOUNDATION FOR PREDICTIVE CARE

Objective data capture already underway – ~18K datapoints to date





- ✓ Patient follow-up & trends
- ✓ Surgeon practice analytics
- ✓ Living clinical research database
- ✓ Continuous data derived product improvements

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EOS FOUNDS AN END-TO-END SOLUTION FOR DEFORMITY

ALPHA INFORMATIX

- EOS-automated measures, quantified pre-op planning
- SafeOp MEP evaluation ‘24
- Intra-operative assessment ‘24

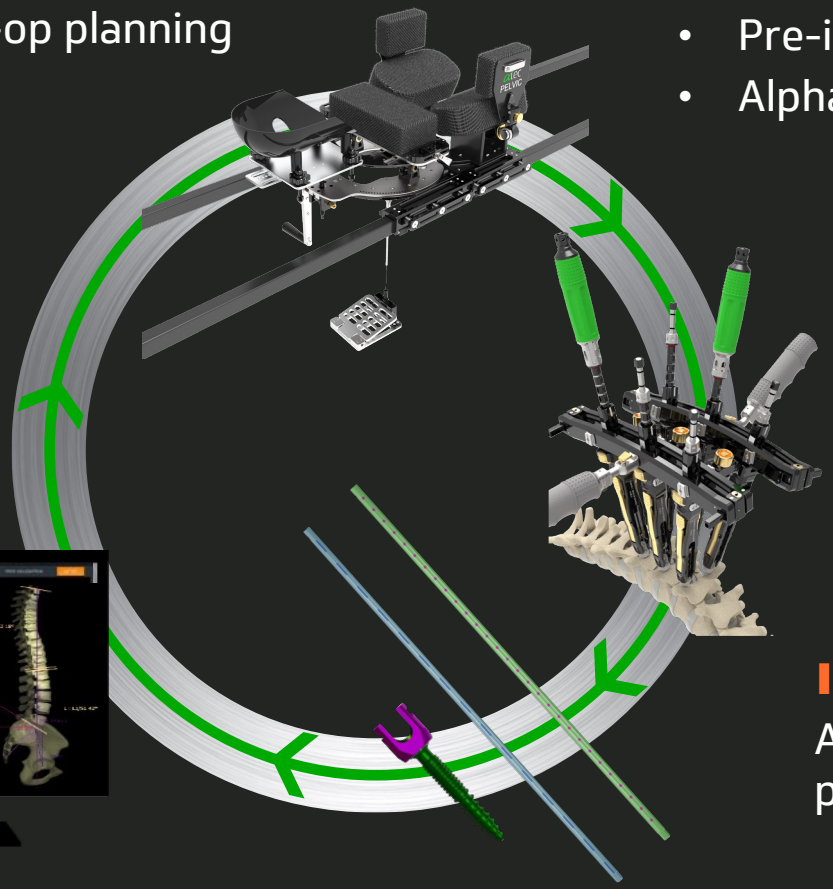






PROCEDURE-SPECIFIC POSITIONER

- Pre-incision correction capabilities
- Alpha evaluation mid ‘23



INSTRUMENTATION

- InVictus DVR adaptable instrumentation streamlines & optimizes de-rotation
- Just launched

IMPLANTS

Apply bending coordinates from pre-op plan for patient-specific rod

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SETTING STANDARDS IN LATERAL

JUAN URIBE, MD | Barrow Neurological Institute

CHIEF, DIVISION OF SPINAL DISORDERS | VOLKER SONNTAG CHAIR OF SPINE RESEARCH
VICE CHAIRMAN OF NEUROSURGERY

MY LATERAL TENURE

Contributing to lateral's advancement for decades

1998 — Medical school & residency

Instituto de Ciencias de la Salud

HGM Hospital General de Medellín Luz Castro de Gutiérrez E.S.E.

UNIVERSIDAD DE ANTIOQUIA

2007 — US internship, residency, faculty

UNIVERSITY OF MIAMI

UNIVERSITY OF SOUTH FLORIDA

2007 — Trained / adopted XLIF

2017 — Joined Barrow Neuro Institute

2019 — Trained / adopted PTP

2000+ lateral cases

109 Peer-reviewed publications

44 Book chapters

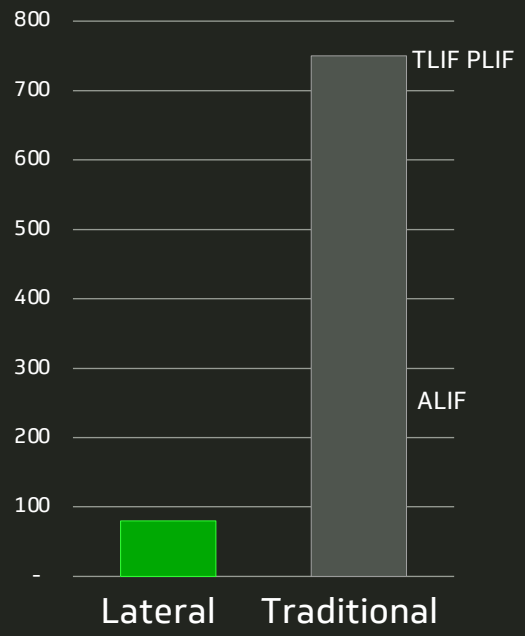
27 Fellows & residents trained

LATERAL SURGERY IS BETTER

Significant, clinically validated advantages

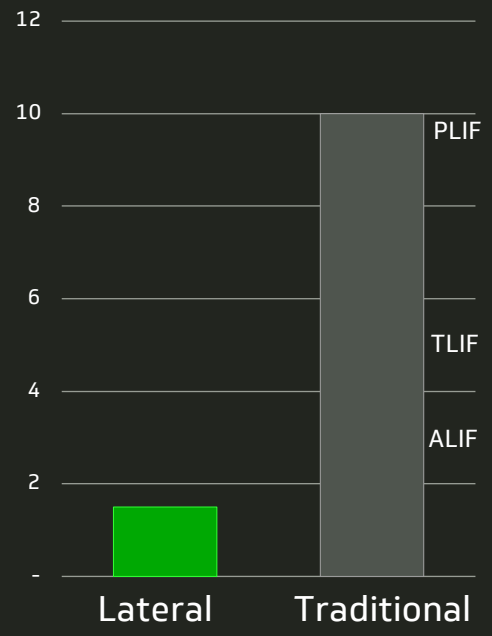
BLOOD LOSS*

cc/ level

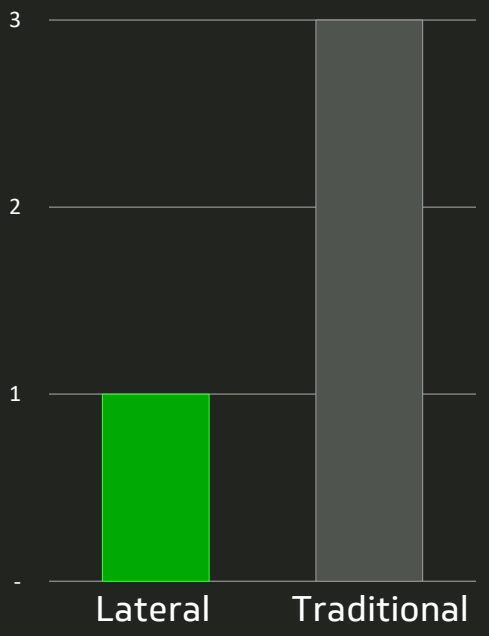


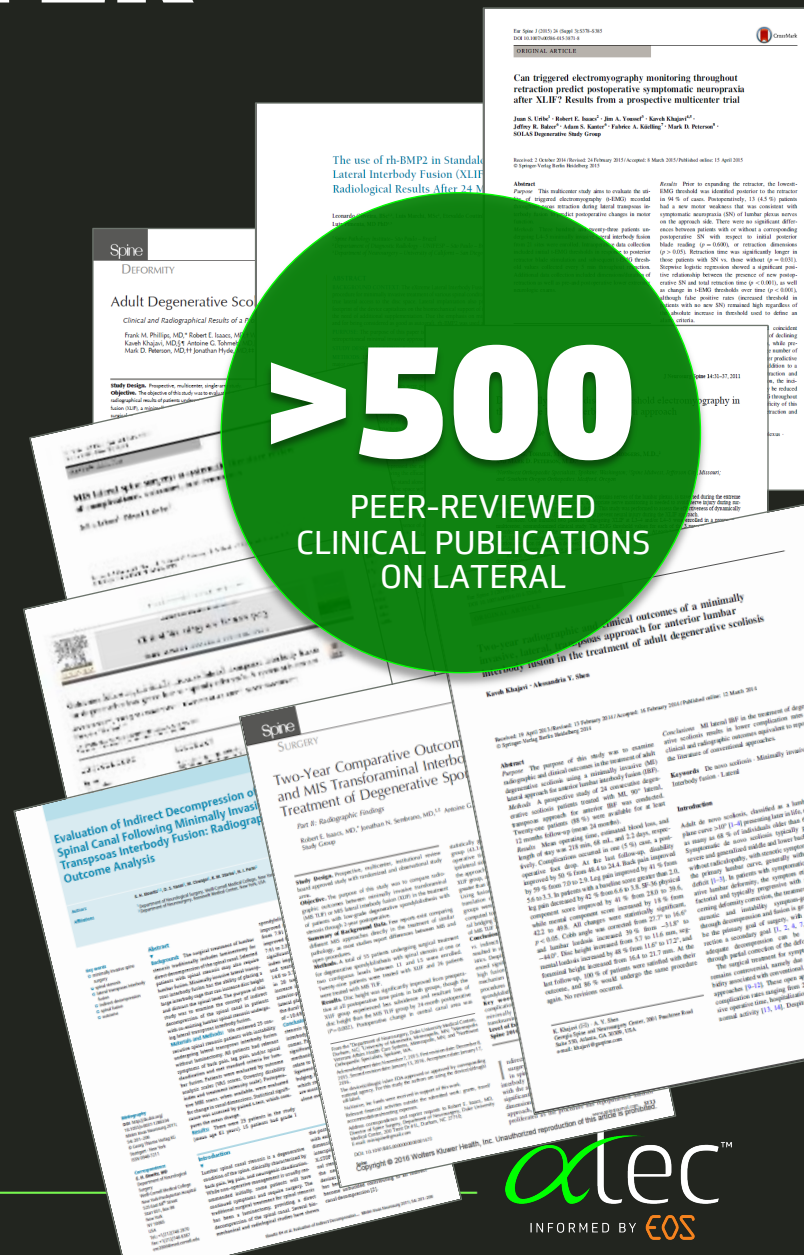
HOSPITAL STAY*

days



DAYS UNTIL WALKING*





* Source data on file

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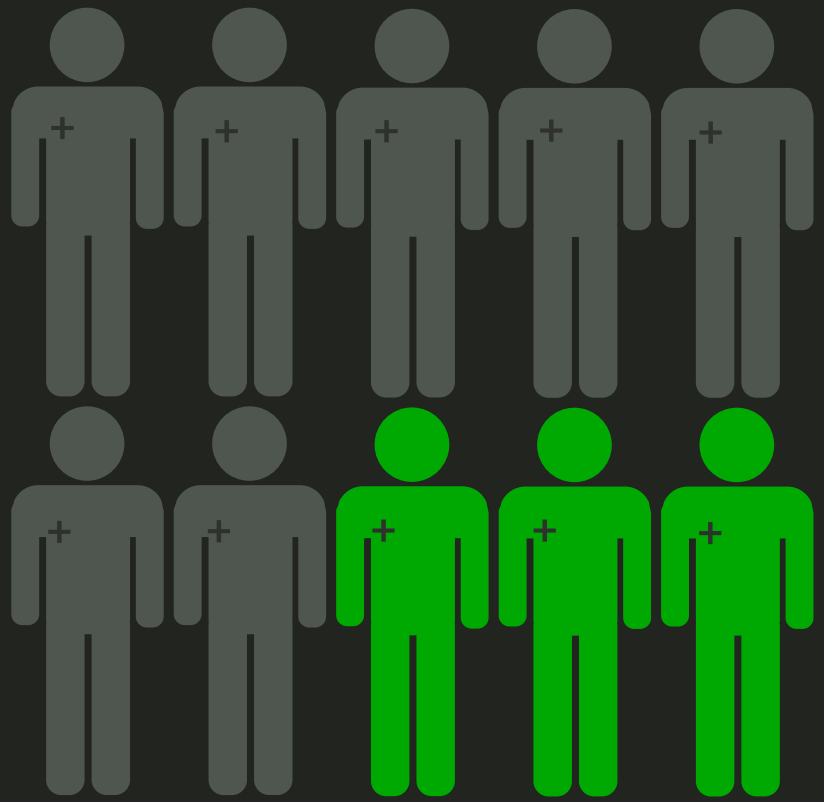
WHY DID FIRST-GEN ADOPTION STALL AT JUST ~30%* OF SURGEONS?



- Neural complications
- Lack of familiarity with approach/ position
- Unable to directly decompress
- Inefficient posterior fixation, pedicle screw breach rate
- Patient repositioning/ room turnover requirements
- Uncontrollable patient position
- Lack of sagittal correction
- Limited to short constructs

PTP was designed by lateral's pioneers to address these challenges

* Management estimate

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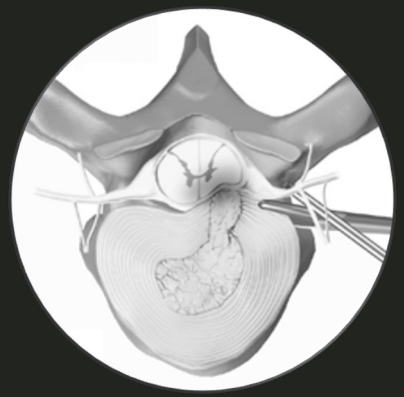
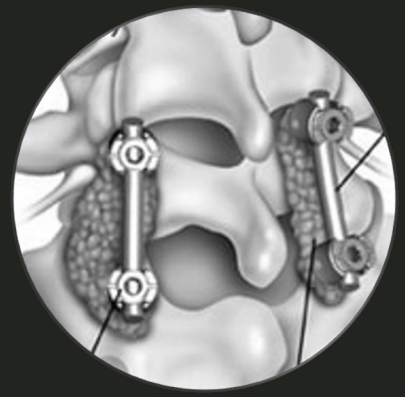
FIRST-GEN LATERAL: HURDLES TO ADOPTION

Minimally invasive = minimally effective (compromise required)

	DECOMPRESSION	STABILIZATION	ALIGNMENT
			CONE OF ECONOMY 
First-gen lateral:	Indirect	Difficult	Challenging

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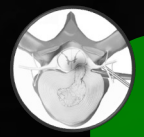
PTP™ ADDRESSES THE GOALS OF SPINE SURGERY

PRONE TRANSPSOAS

No compromise required

PREDICTABILITY
Neuromonitoring provides automated information regarding nerve location & health



DECOMPRESSION + STABILIZATION
Simultaneous access to anterior & posterior columns for direct decompression



ALIGNMENT
Position enhances lordosis predictability



REPRODUCIBILITY
Straightforward position simplifies OR set up & eliminates need for tape

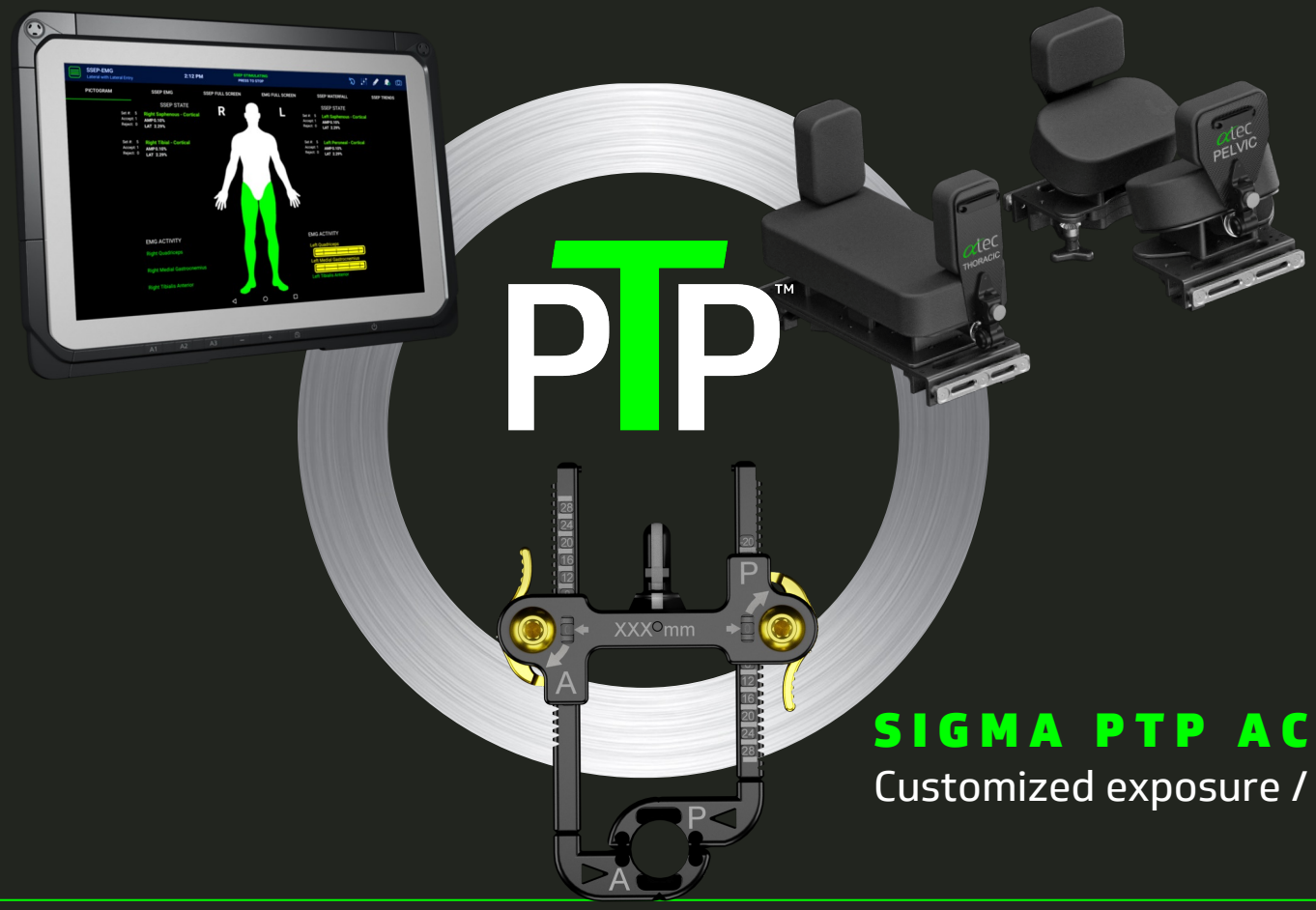
REPRODUCIBILITY
Intuitive orthogonality

axiec™ INFORMED BY EOS

ONLY ATEC COMMITTED TO MEET LATERAL'S SPECIFIC REQUIREMENTS

SAFEOP NEURO-MONITORING

Uniquely monitors *both* location and health of the nerve



PTP PATIENT POSITIONER

Maximizes benefits of prone position, streamlines OR setup

SIGMA PTP ACCESS

Customized exposure / orthogonality

atec™ INFORMED BY EOS

SAFEOP IDENTIFIES REAL-TIME CHANGES IN NERVE HEALTH [1]



Evolved neuromonitoring stewarded by unmatched know-how

DOCUMENTED RISK OF FEMORAL NERVE COMPLICATIONS IN LIF[2]

- **16% to 36%** thigh paresthesia/ dysesthesia[2]
- **2% to 5%** quadriceps palsy[2]

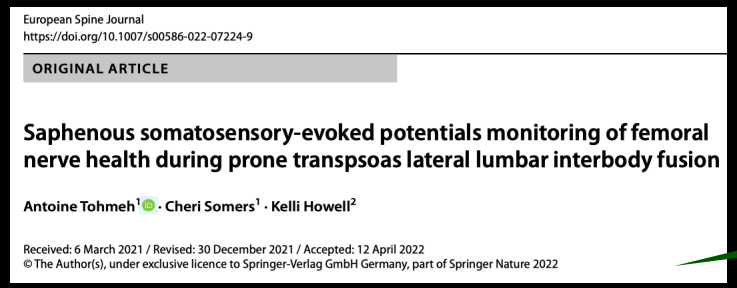
SAFEOP SSEP ENABLES ACTIONABLE NERVE HEALTH MONITORING

100% sensitivity &
89% specificity

SAFE OP UNIQUELY CIRCUMVENTS SSEP MONITORING CHALLENGES

Proprietary to SafeOp for real-time reproducible monitoring:

- Signal amplifiers & filters
- Waveform classifiers
- Predefined parameters


European Spine Journal
https://doi.org/10.1007/s00586-022-07224-9

ORIGINAL ARTICLE

Saphenous somatosensory-evoked potentials monitoring of femoral nerve health during prone transpsoas lateral lumbar interbody fusion

Antoine Tohmeh[1] · Cheri Somers[1] · Kelli Howell[2]

Received: 6 March 2021 / Revised: 30 December 2021 / Accepted: 12 April 2022
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"Actionable feedback was **highly predictive** of neurological events during LIF"[1]

1. Tohmeh A et al. Saphenous SSEP monitoring of femoral nerve health during prone transpsoas lateral lumbar interbody fusion. Eur Spine J 2022. | 2. Lehmen JA, Gerber EJ. MIS lateral spine surgery: a systematic literature review of complications, outcomes, and economics. Eur Spine J 2015;24(Suppl 3):S287-313

atec™ INFORMED BY EOS

ATEC LATERAL CREATES VALUE FOR PRACTICES

CLINICAL CERTAINTY

- Faster pre-op patient positioning
- No need to reposition = less intra-op time

SURGICAL EFFICIENCY

- Simultaneous anterior & posterior access
- Natural lordosis gain = less need for complex surgical interventions
- Less time under anesthesia

COST EFFECTIVENESS

- Time savings
- Less use of O.R. supplies
- Less O.R. staff involvement
- Potential lower risk of surgical infection

SUPPORTS MOVE TOWARD OUTPATIENT SETTINGS

atec™ INFORMED BY EOS

ONLY ATEC IS COMMITTED TO FURTHER ADVANCING LATERAL

The pursuit of increased predictability & reproducibility **has just begun**



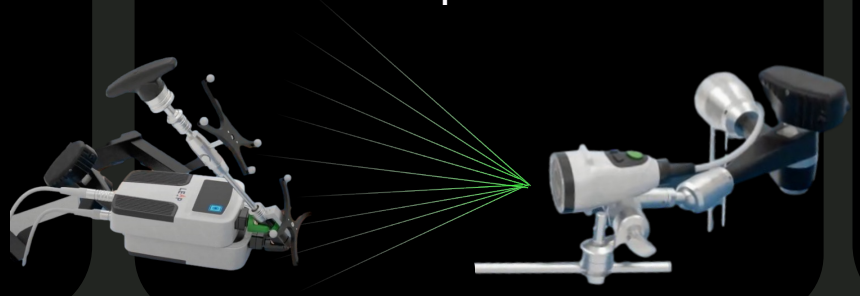
EOS

- Standardized imaging
- Quantified global alignment
- Informed surgery

VALENCE™

ROBOTIC NAVIGATION SYSTEM

Workflow-integrated navigation-enabled robot designed to enhance surgical precision while reducing radiation exposure

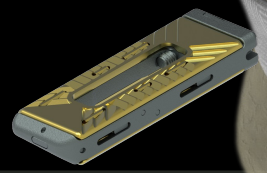


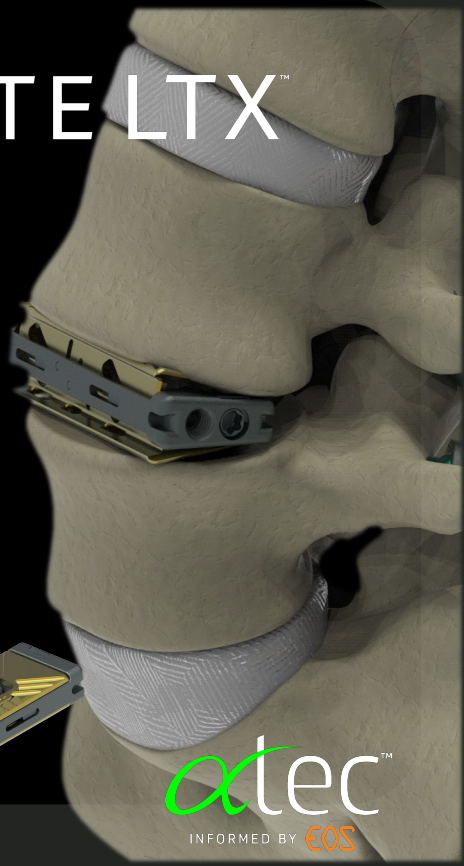
CALIBRATE LTX™

EXPANDABLE INTERBODY SYSTEM

Lateral expandable implant designed to enable precise control of lordosis and disc height restoration







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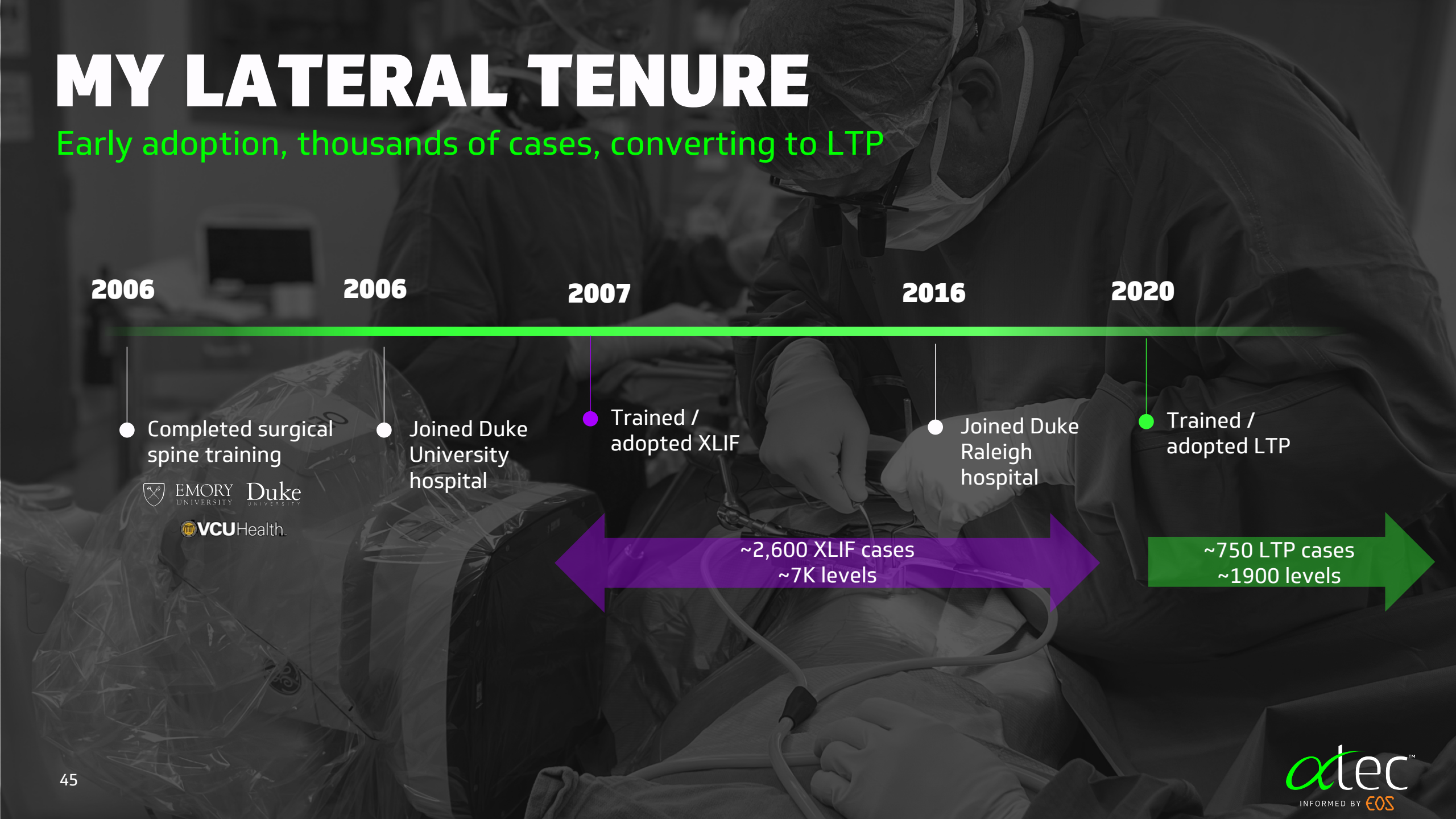
THE NEW LATERAL STANDARD: LTP

CHRIS BROWN, MD | DukeHealth

ASSOCIATE PROFESSOR OF ORTHOPAEDIC SURGERY | ASSOCIATE PROFESSOR IN NEUROSURGERY

MY LATERAL TENURE

Early adoption, thousands of cases, converting to LTP



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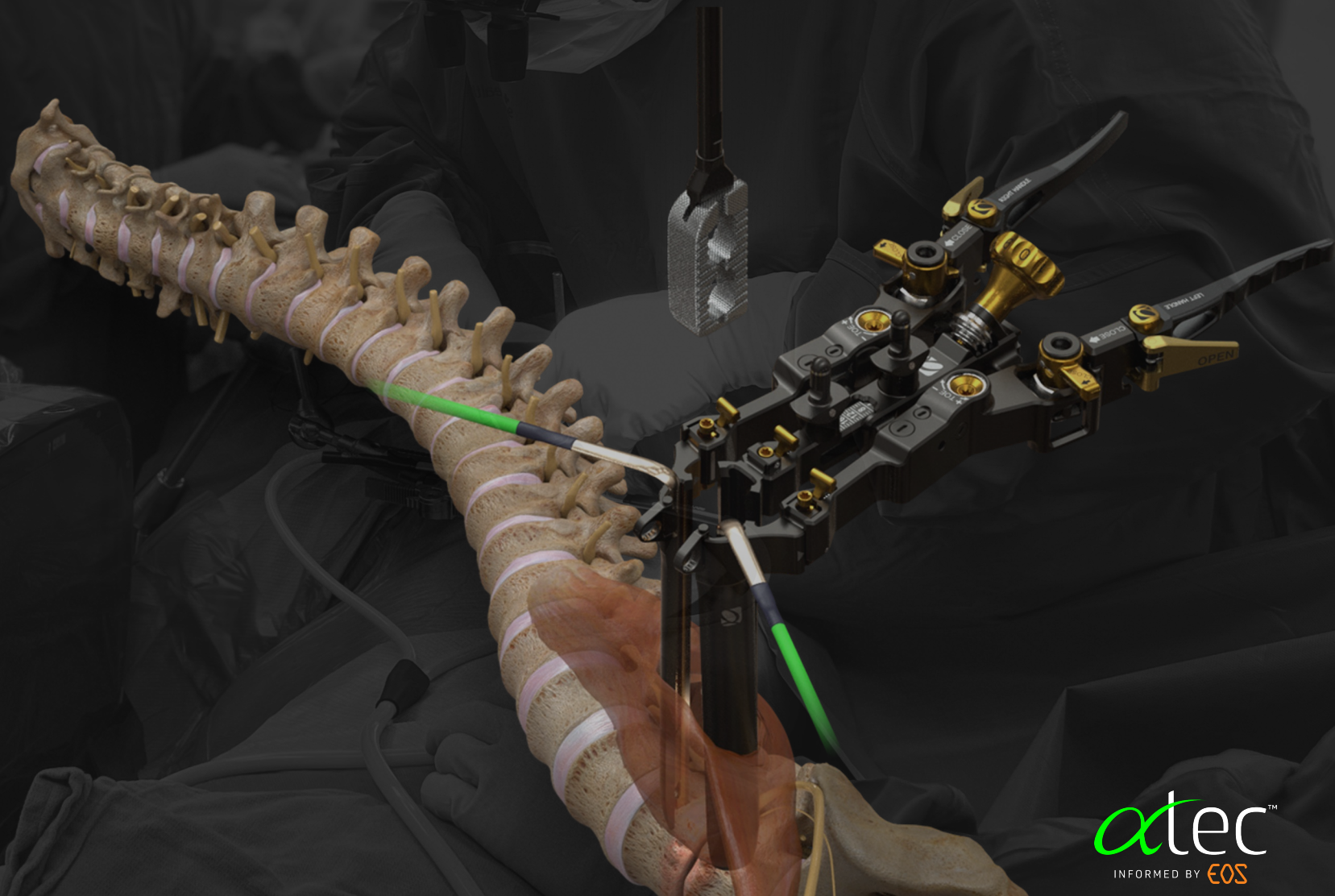
WHAT IS THE NEED FOR LTP IF PTP IS SO VERSATILE?

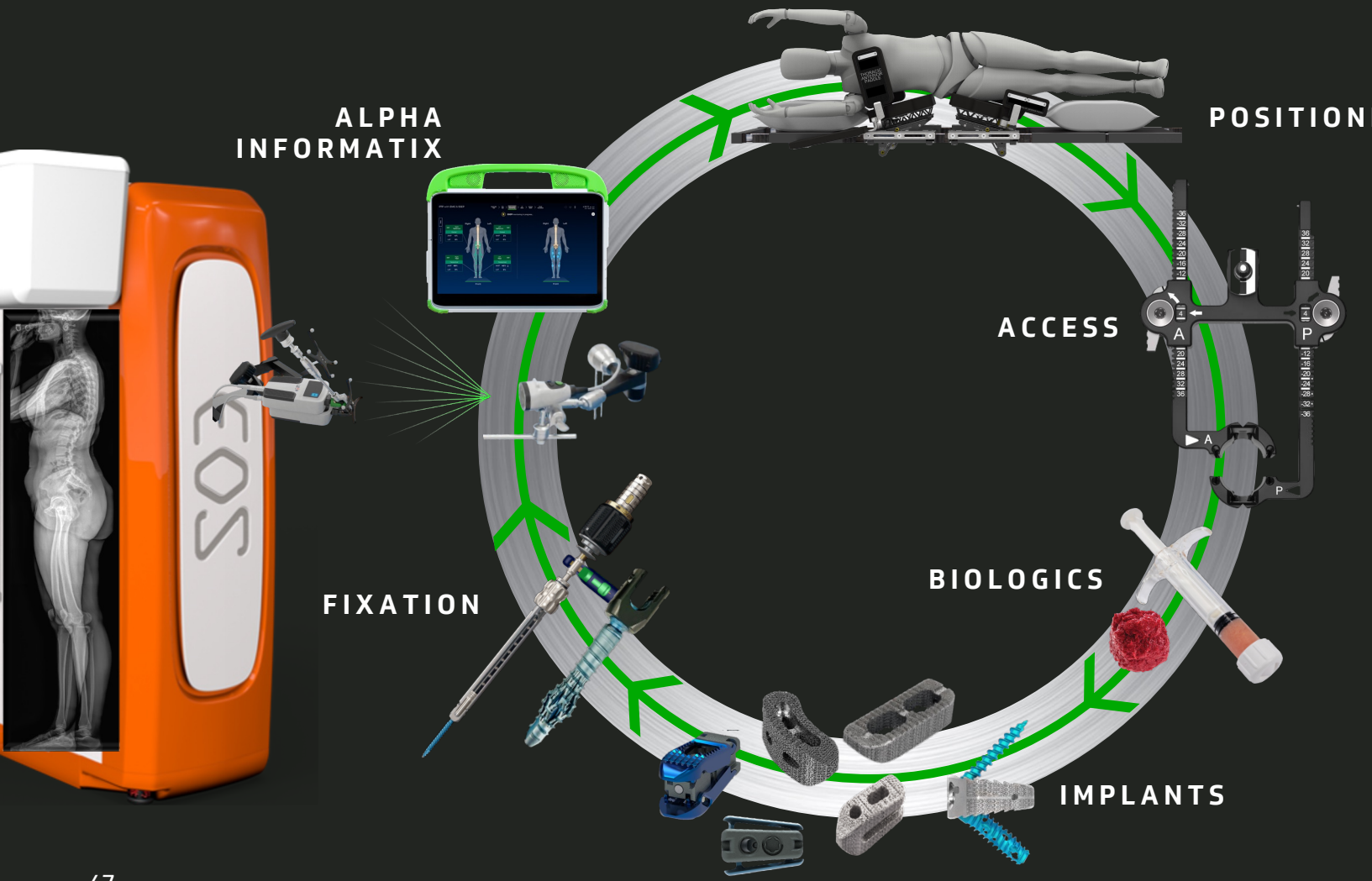
- Surgeon preference – some more confident in decubitus position, tools
- Anterior column optionality, particularly when intervention addresses S1



LTP™ APPLIED KNOWHOW

LATERAL TRANSPSOAS

Advances first-gen lateral with a procedure designed from the ground up



- SafeOp seamlessly integrated
- Procedure-specific patient positioner
- Position-specific access system
- Expandable lateral implant releasing now
- EOS informatics & workflow-integrated robotic-enabled navigation under development

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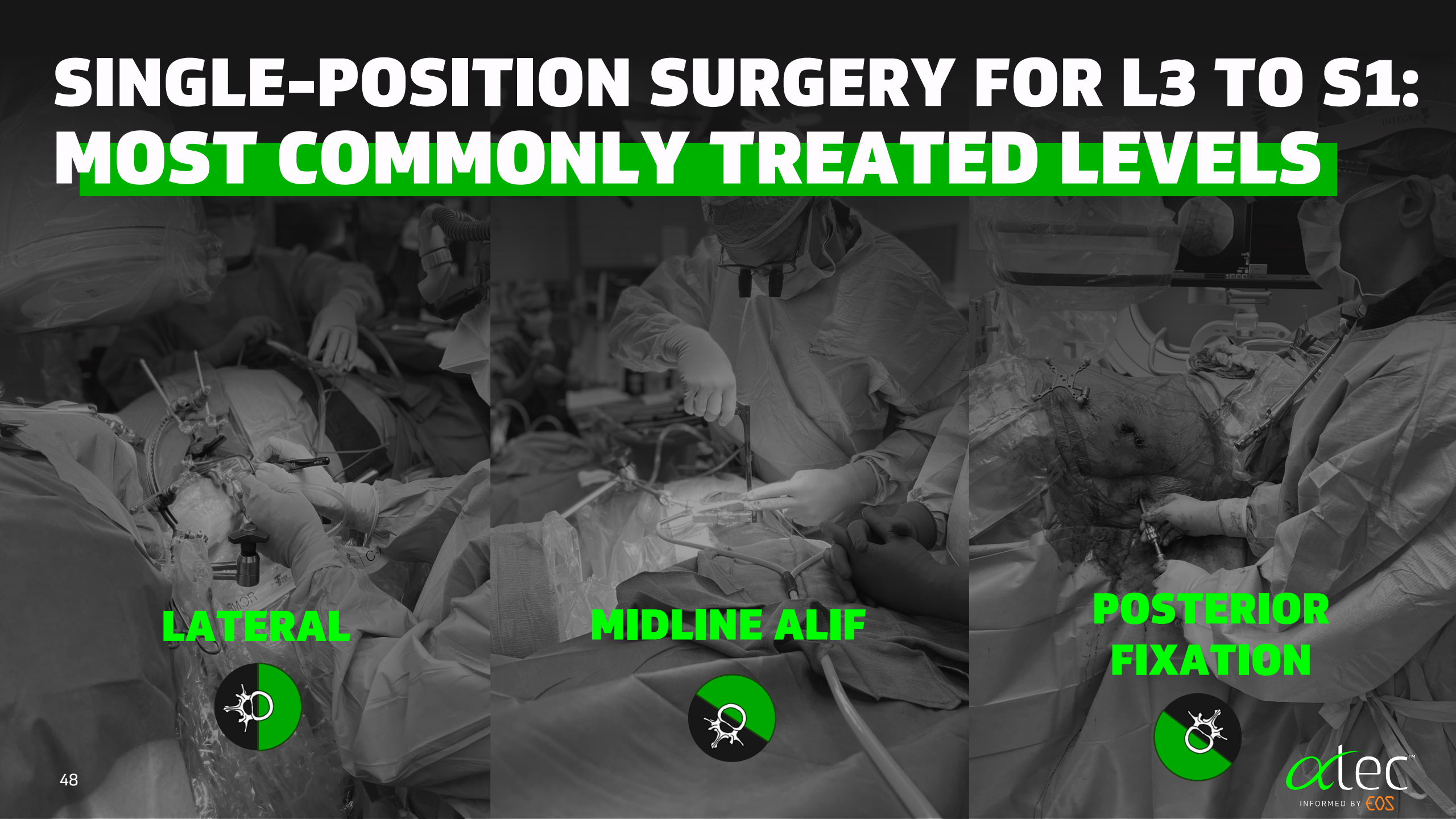
SINGLE-POSITION SURGERY FOR L3 TO S1: MOST COMMONLY TREATED LEVELS



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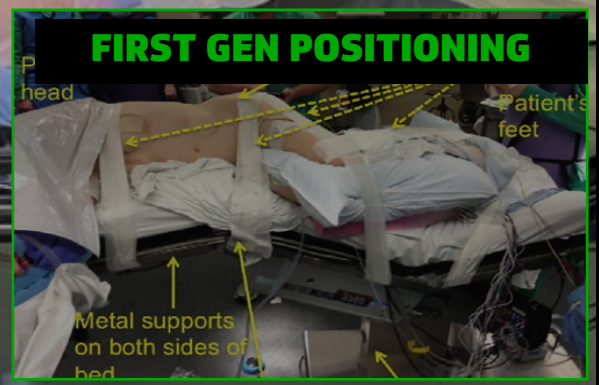
LATERAL SOPHISTICATION

LTP efficiently meets lateral's clinical requirements

POSITIONER

Rigid & stable with powerful table break
Utilizes same Jackson frame ubiquitous in O.R. rooms
Accommodates all patients



ACCESS SYSTEM

2-blade retractor
Can be docked anywhere
Improves L4-L5 access
Reduces retraction while optimizing visibility

CASE PRESENTATION 1: PRE-OP

- 51-year-old male
- Previous L4/5 and L5/S1 discectomies
- Bilateral radiculopathy
- 2 years of injections and PT
- Unable to ambulate +50 ft
- Bilateral anterior tib weakness





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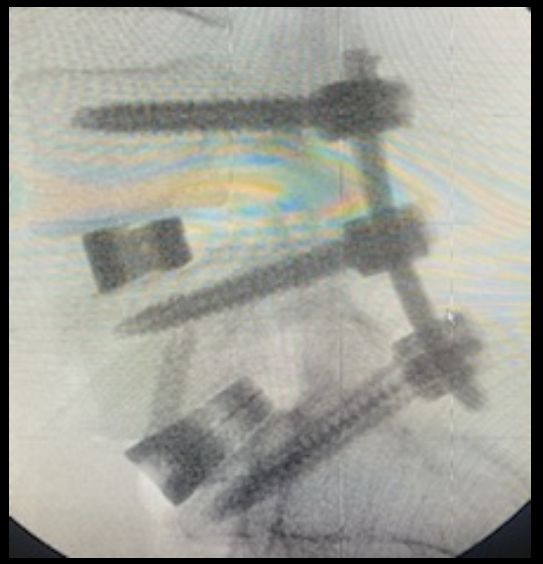
CASE PRESENTATION 1: POST-OP

Single position:

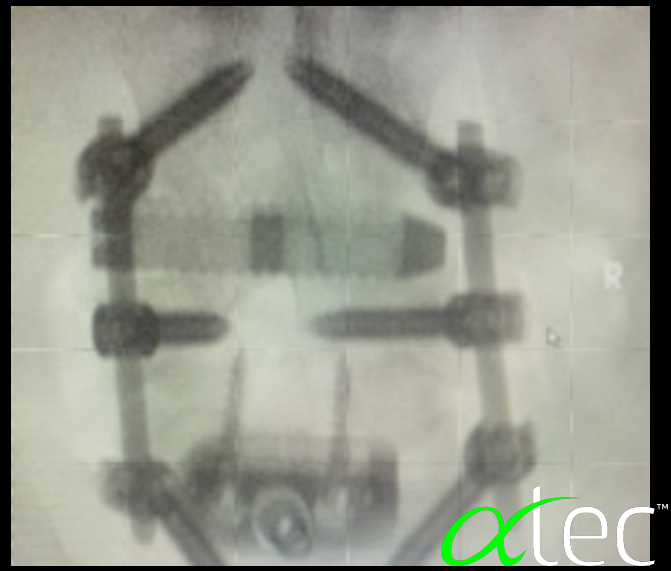
- L4/L5 lateral LTP
- L5/S1 lateral ALIF
- Posterior instrumentation in lateral position from L4 to S1











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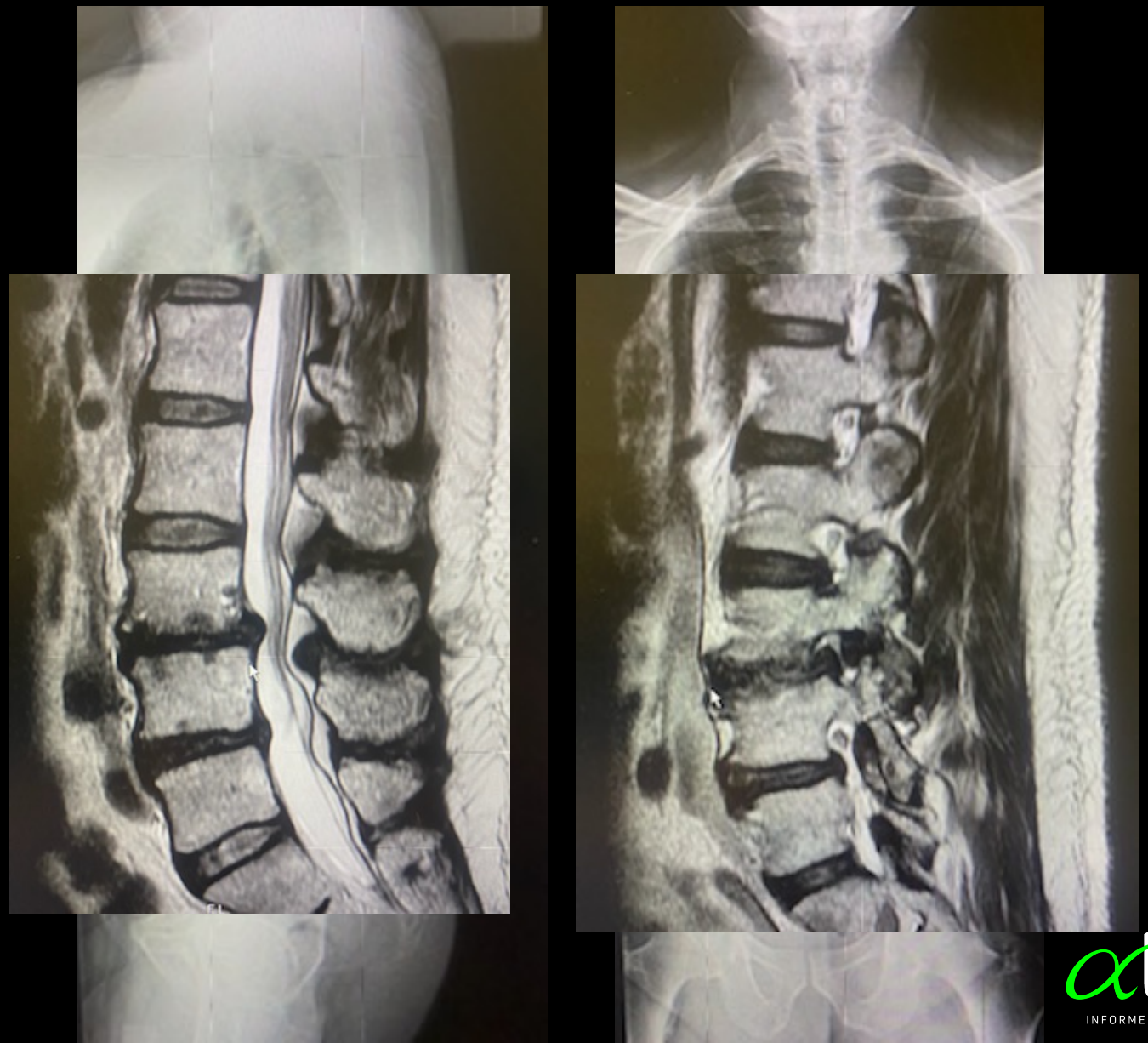
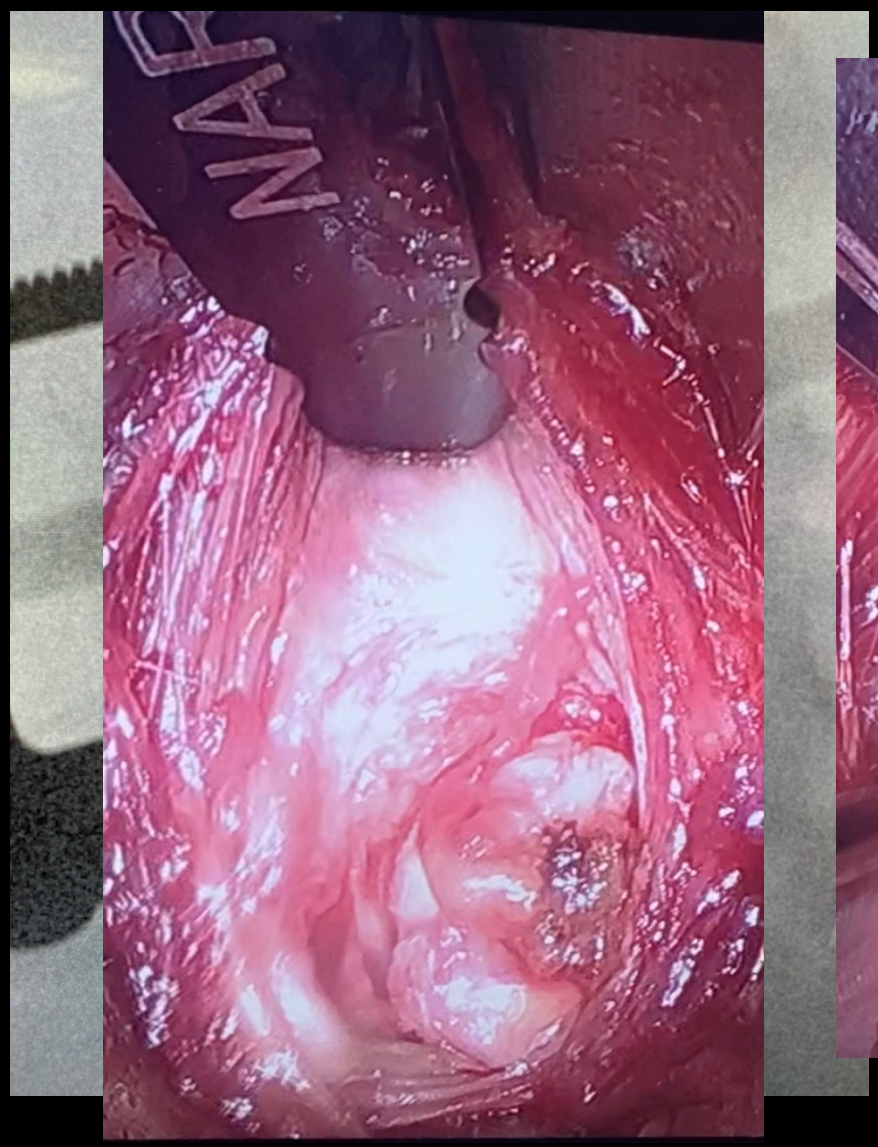
CASE PRESENTATION 2: PRE-OP

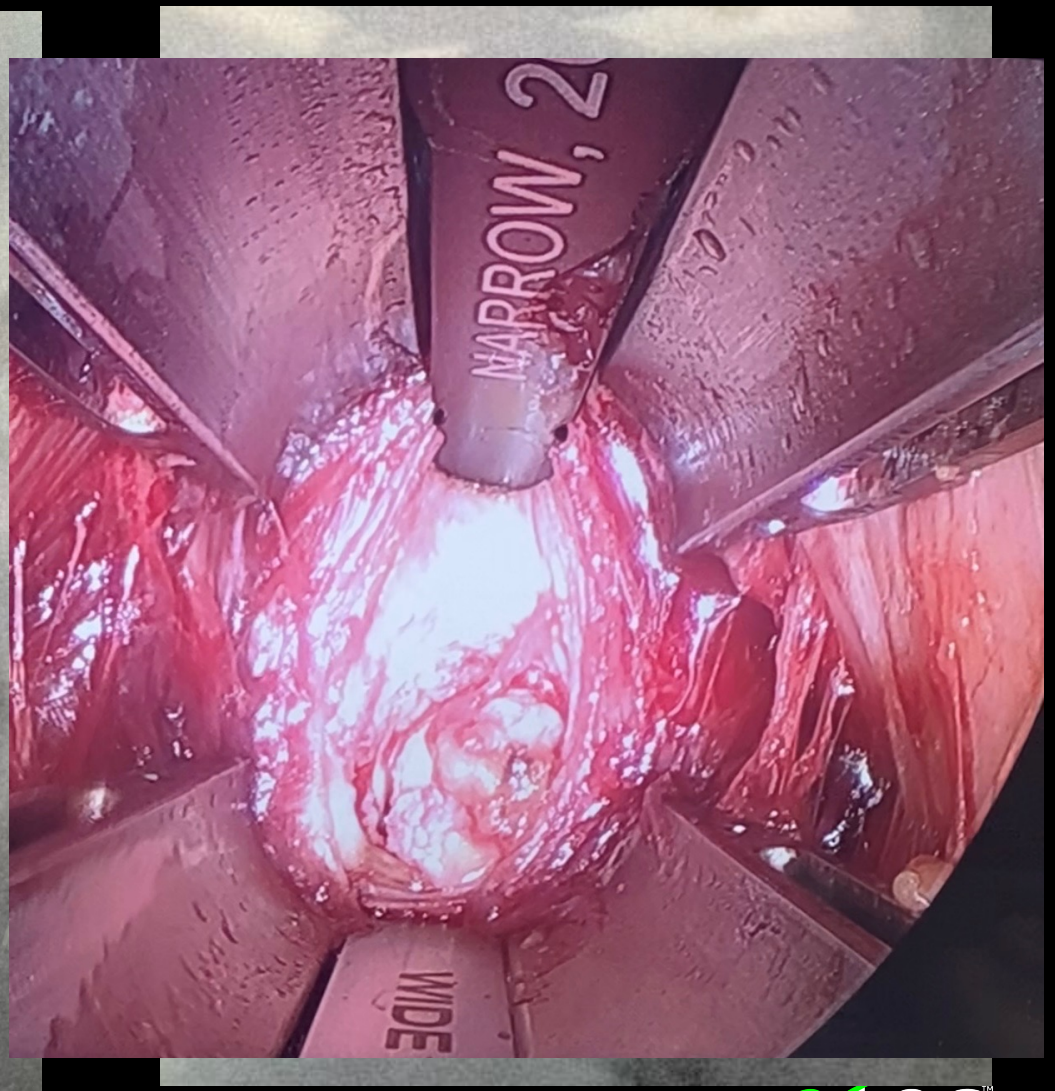
- 48-year-old male
- Previous L3/4 discectomy
- Back pain and radiating leg pain
- PT and injections
- Developed left foot drop



CASE PRESENTATION 2: INTRA-OP

- 2 level lateral with lateral screws in single position with L3 to L5 fusion





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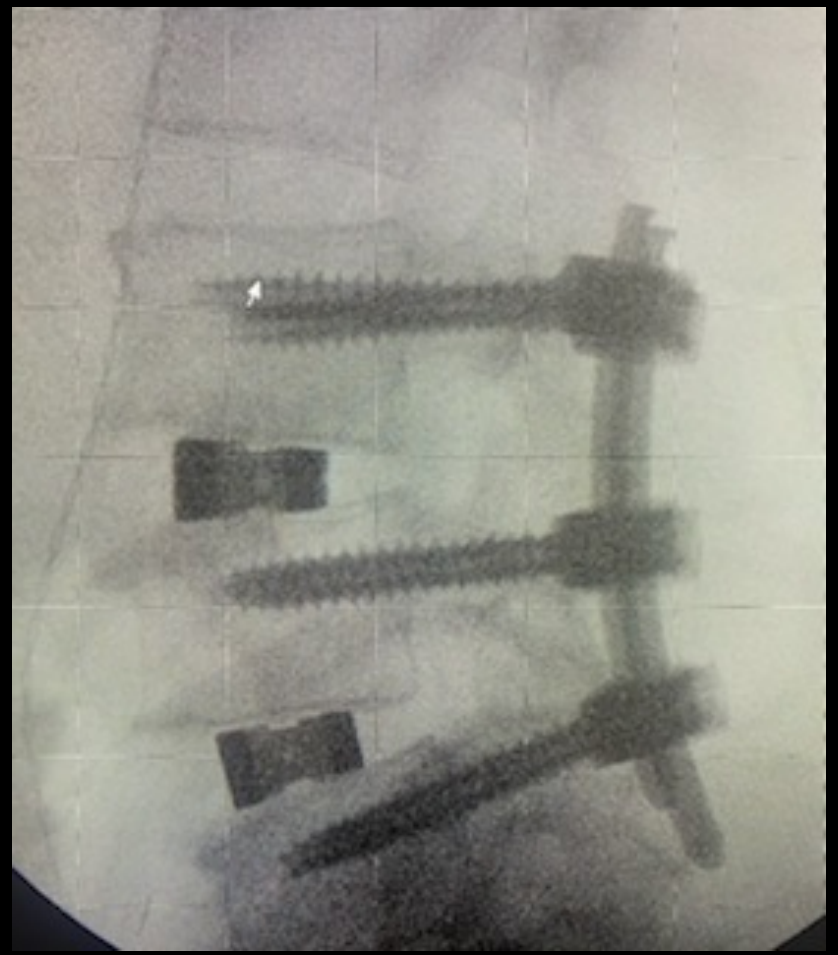
CASE PRESENTATION 2: POST-OP







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THE NEW STANDARD IN NAVIGATION & ROBOTICS: VALENCE™
ROBOTIC NAVIGATION SYSTEM
KEVIN FOLEY, MD |
FUSION ROBOTICS
SEMMES MURPHEY
Leaders in Brain & Spine Care
CO-FOUNDER, FUSION ROBOTICS | CHAIRMAN, SEMMES-MURPHEY CLINIC
PROESSOR OF NEUROSURGERY, UNIVERSITY OF TENNESSEE

MY BACKGROUND

1985 — Completed Neurosurgery Residency at UCLA

1990 — Appointed Neurosurgery Chairman

WALTER REED National Military Medical Center

1992 — Joined Semmes-Murphey Clinic & Dept. of Neuro-surgery at UTHSC

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

SEMMES MURPHEY Leaders in Brain & Spine Care

1994 — Developed Stealth Spinal Navigation

1996 — Sold Surgical Navigation Technologies (Stealth) to Danek



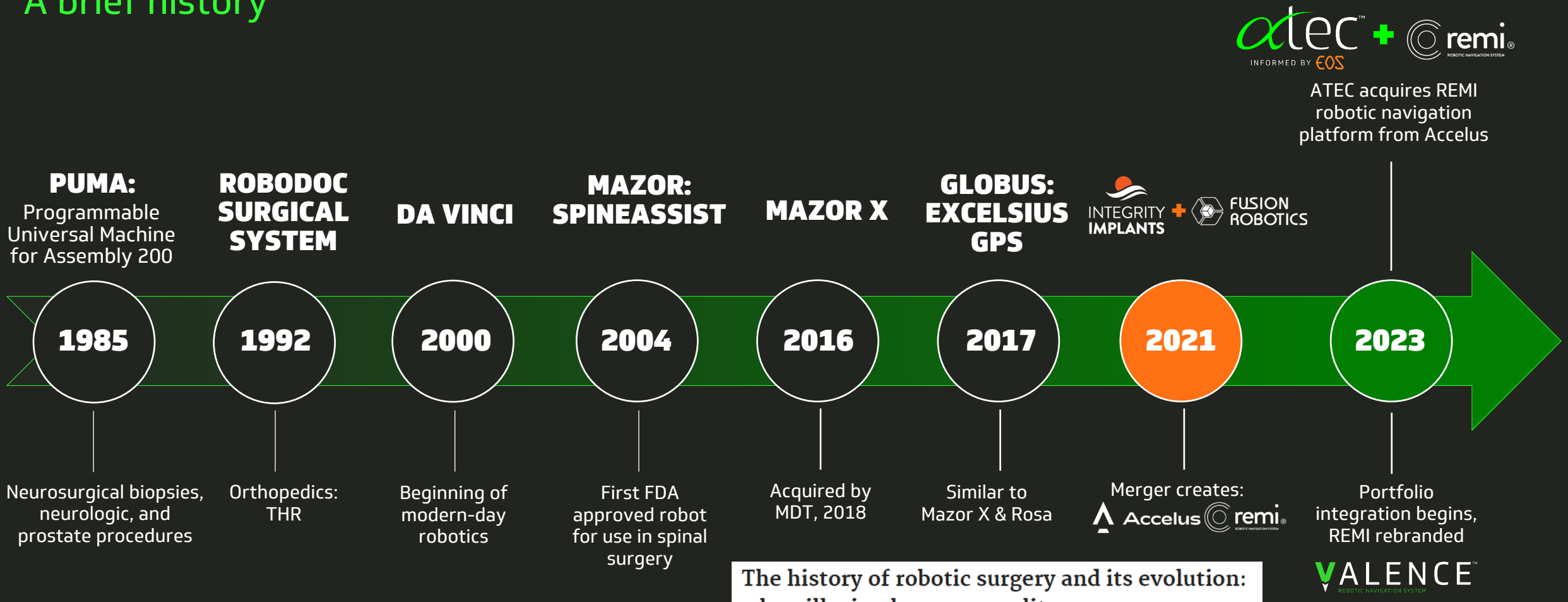
2018 — Co-founded Fusion Robotics

FUSION ROBOTICS

2023 — ATEC acquires REMI robotic navigation

NAVIGATION & ROBOTICS IN MEDICINE

A brief history



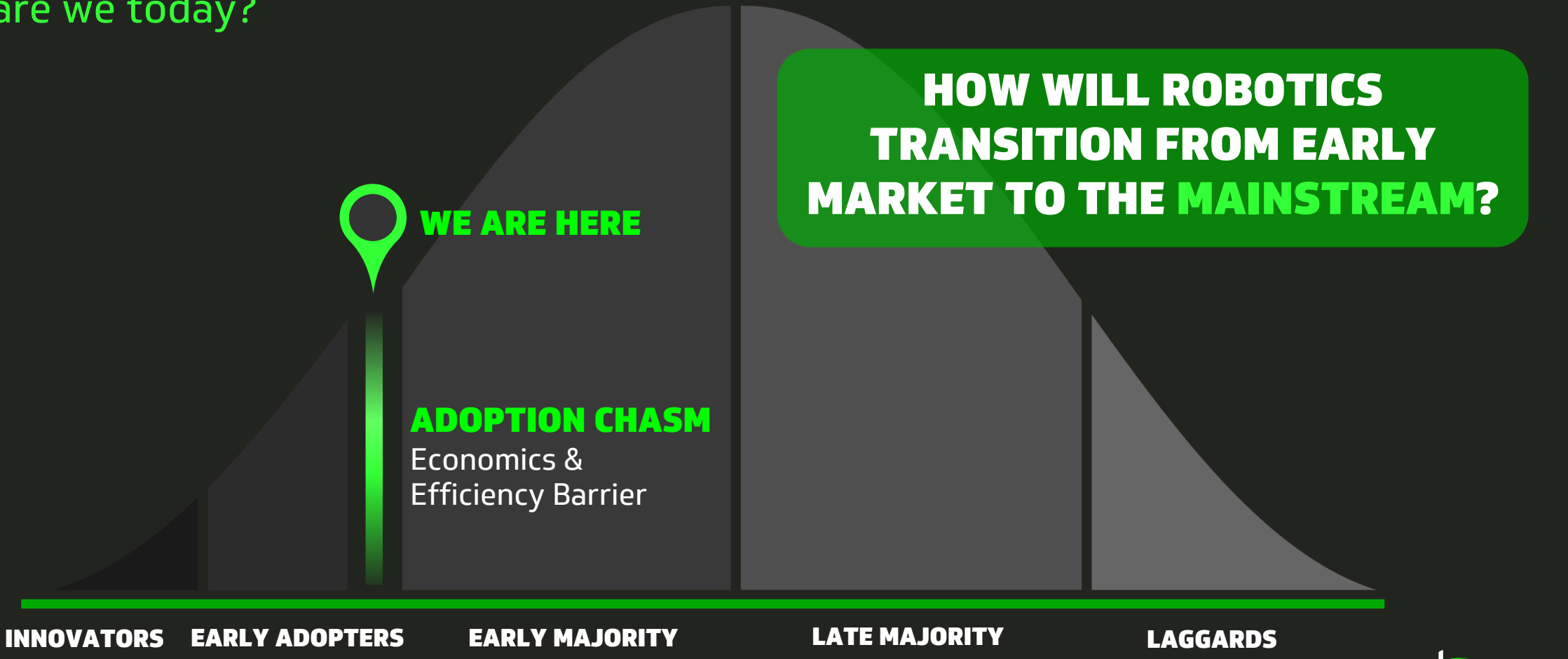
The history of robotic surgery and its evolution: when illusion becomes reality

[Article in English, Portuguese]

Andre Luiz Gioia Morrell [1 2 3 4 5 6], Alexander Charles Morrell-Junior [1 2 3 4 5], Allan Gioia Morrell [1 2 3 4 5], Jose Mauricio Freitas Mendes [2 3 4 6], Francisco Tustumi [1], Luiz Gustavo DE-Oliveira-E-Silva [7], Alexander Morrell [1 2 3 4 5 6]

THE SPINE ROBOT ADOPTION LIFE CYCLE

Where are we today?



HOW WILL ROBOTICS TRANSITION FROM EARLY MARKET TO THE MAINSTREAM?

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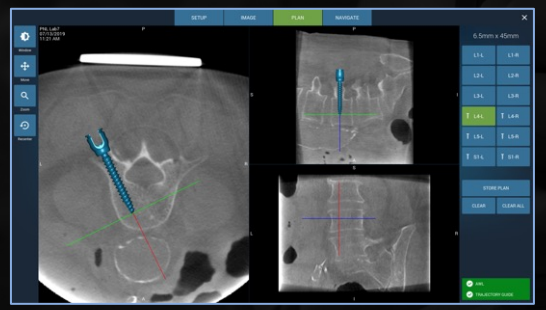
THE CREATION OF REMI / VALENCE

Deep knowhow + clinically validated components + procedurally optimized software





FUSION ROBOTICS

Software developed by Fusion robotics
20+ years MDT stealth



intellijoint surgical

Camera developed for hip, knee
50,000+ procedures



INTERVENTIONAL SYSTEMS

Robot developed for MDT (brain)
4,000+ procedures

atec™ INFORMED BY EOS

THE ONLY PLATFORM THAT CAN CLOSE THE FUNCTIONALITY GAP

ATEC is positioned to redefine navigation & robotics with practical & economical technology





	VALENCE™ ROBOTIC NAVIGATION SYSTEM	ExcelsiusGPS® REVOLUTIONARY ROBOTIC NAVIGATION | GLOBUS MEDICAL	Mazor Robotics | Medtronic
Efficient workflow	✓	X	X
Doesn't require 3D imaging	✓	X	X
Free-hand navigation	Development required	X	X
ASC suitable	✓	X	X
Quick ROI / Earnout	✓	X	X
Price	<$500K	>$1M	>$1M

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INTEGRATING TECHNOLOGY TO SET THE STANDARDS

DAVID SCHWARTZ, MD | ORTHOINDY BONE·JOINT·SPINE·MUSCLE

ASSISTANT PROFESSOR OF ORTHOPAEDIC SURGERY | ASSISTANT PROFESSOR IN NEUROSURGERY

MY BACKGROUND

1995

UNIVERSITY OF LOUISVILLE

Completed surgical spine training

Began surgical career

ORTHOINDY
BONE·JOINT·SPINE·MUSCLE

2006–2008

Northwestern Medicine
Feinberg School of Medicine

Trained/ adopted XLIF

2020

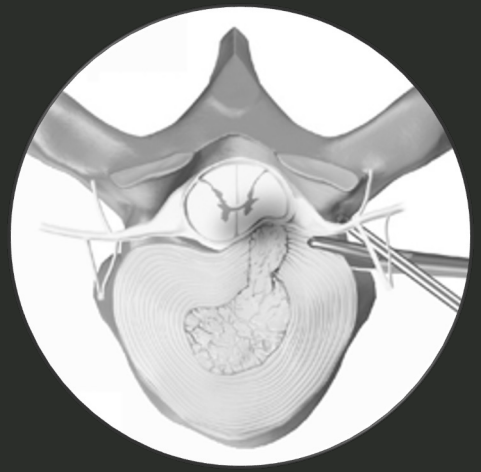
Aided in development of PTP

2022

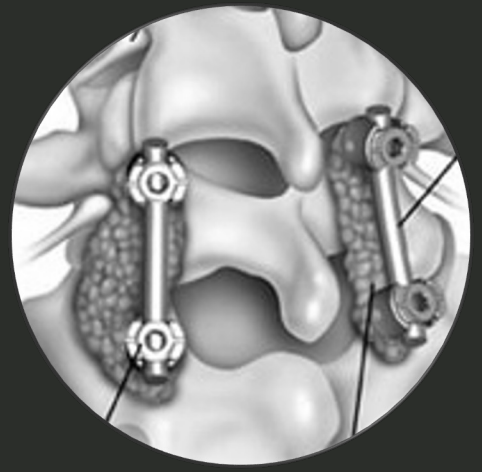
Purchased 2 EOS systems

INTEGRATING TECHNOLOGY TO FULFILL THE GOALS OF SPINE SURGERY

DECOMPRESSION



STABILIZATION



ALIGNMENT

CONE OF ECONOMY



Strongly correlated to successful clinical outcomes*

*Yeh KT, Lee RP, Chen IH, Yu TC, Liu KL, Peng CH, Wang JH,; Wu WT. Correlation of functional outcomes and sagittal alignment after long instrumented fusion for degenerative thoracolumbar spinal disease. Spine 2018;43(19):1355-62.

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OUTCOME-IMPROVING POSITION



SAGITTAL CORRECTION

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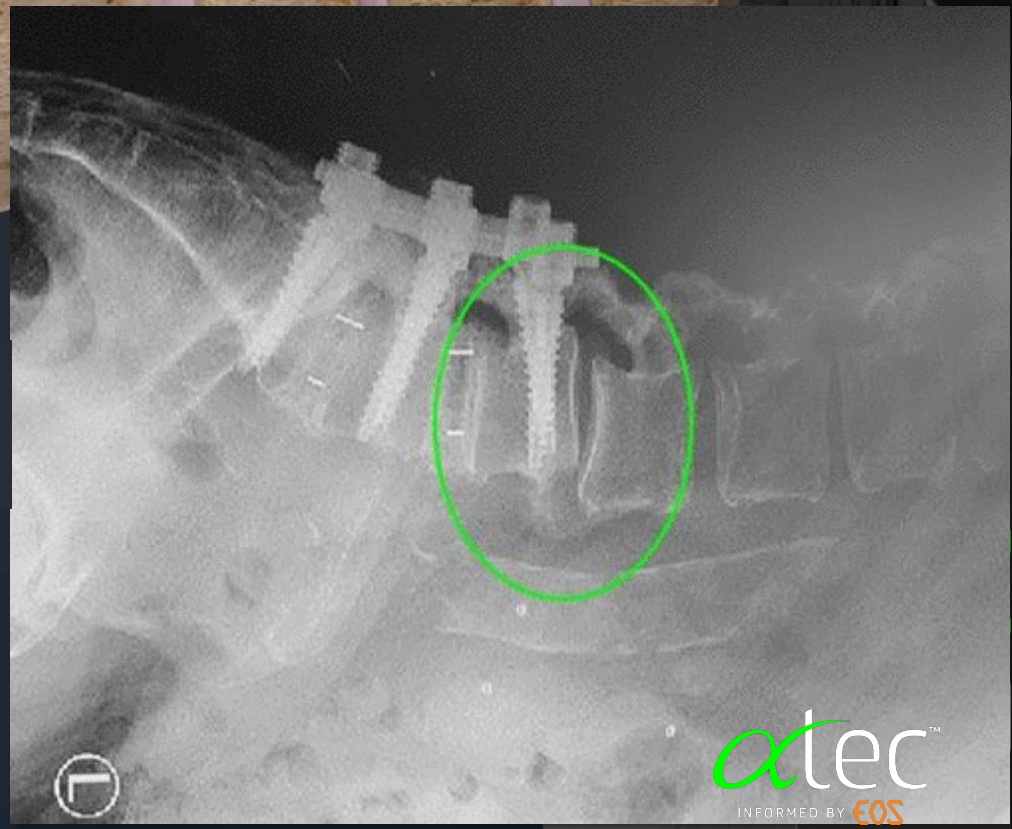
OUTCOME-IMPROVING POSITION



SPONDYLOLISTHESIS REDUCTION



IMPROVED ALIGNMENT



6.1° Segmental lordosis gain found to be promoted by PTP

SEGMENTAL LORDOSIS	
PTP[1]	6.1°
LIF[2]	4.4°
TLIF[2]	1.7°

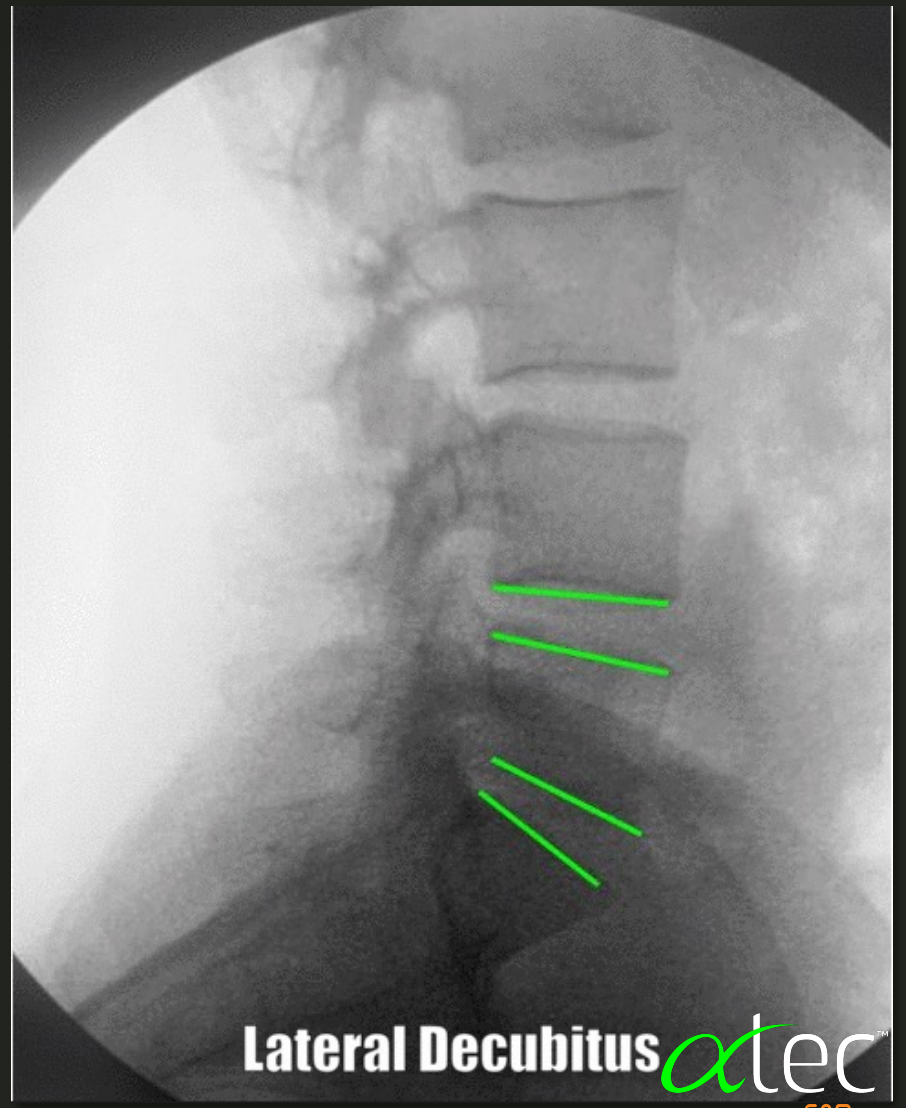
The prone transpsoas technique: preliminary radiographic results of a multicenter experience

Luiz Pimenta[1,2] · Rodrigo Amaral[1] · William Taylor[2] · Antoine Tohmeh[3] · Gabriel Pokorny[1] · Raquel Rodrigues[1] · Daniel Arnoni[1] · Thyago Guirelli[1] · Matheus Batista[1]

32 PATIENTS | 43 LEVELS

Title: Does approach matter? a comparative radiographic analysis of spinopelvic parameters in single level lumbar fusion.

Author: Seth Ahlquist, Howard Y. Park, Jonathan Gatto, Ayra N. Shamie, Don Y. Park



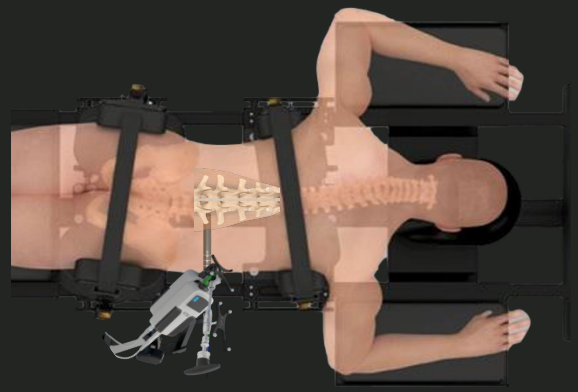
1. Pimenta L, et al. Eur Spine J. 2021 Jan;30(1):108-113. | 2. Ahlquist S, et al. Spine J. 2018 Nov;18(11):1999-2008.

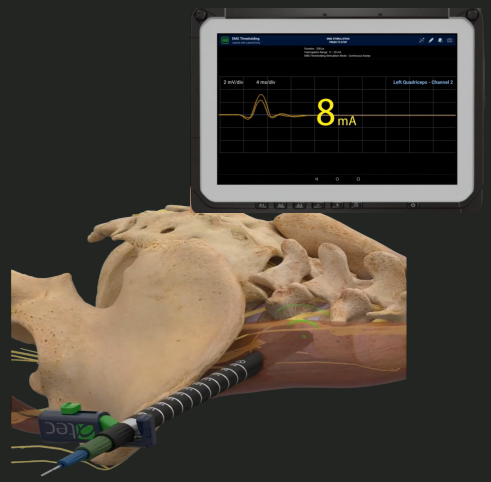
WORKFLOW-INTEGRATED NAVIGATION & ROBOTIC PRECISION

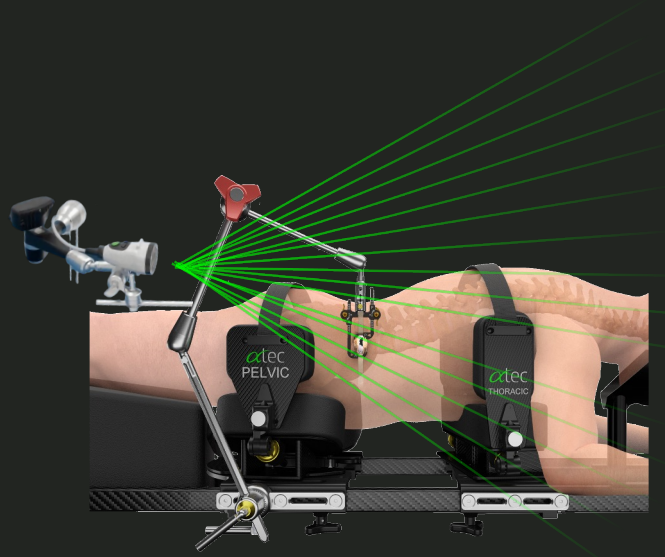
Improves procedural predictability and efficiency while reducing radiation exposure

PTP™ EXAMPLE
PRONE TRANSPSOAS









Place robotically navigated, EMG-verified pedicle screws

Navigate lateral incision, plan bony anatomy trajectory, facilitate precise dilator & retractor placement with SafeOp

Monitor retractor migration throughout surgery while elevating disc prep & interbody placement precision

atec™
INFORMED BY EOS

If image-guided surgery
has been around for decades,
why isn’t it ubiquitous?

IT HAS NEVER BEEN INTEGRATED INTO SPINE’S PROCEDURAL WORKFLOW



atec™
INFORMED BY EOS

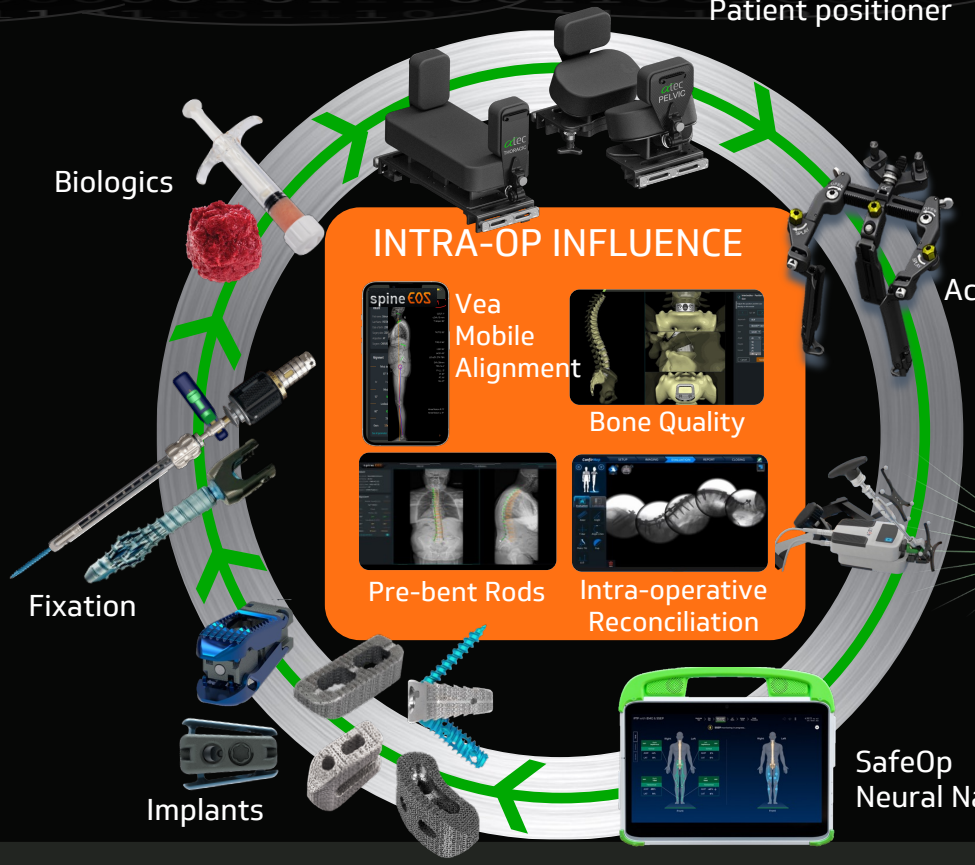
PRACTICAL APPLICATION OF ATEC'S PROCEDURAL SOPHISTICATION

PRE-OP



Pre-operative planning

LTP™ <> PTP™ INTRA-OP



POST-OP



Standard Imaging;
Machine Learning /
Predictive Analytics

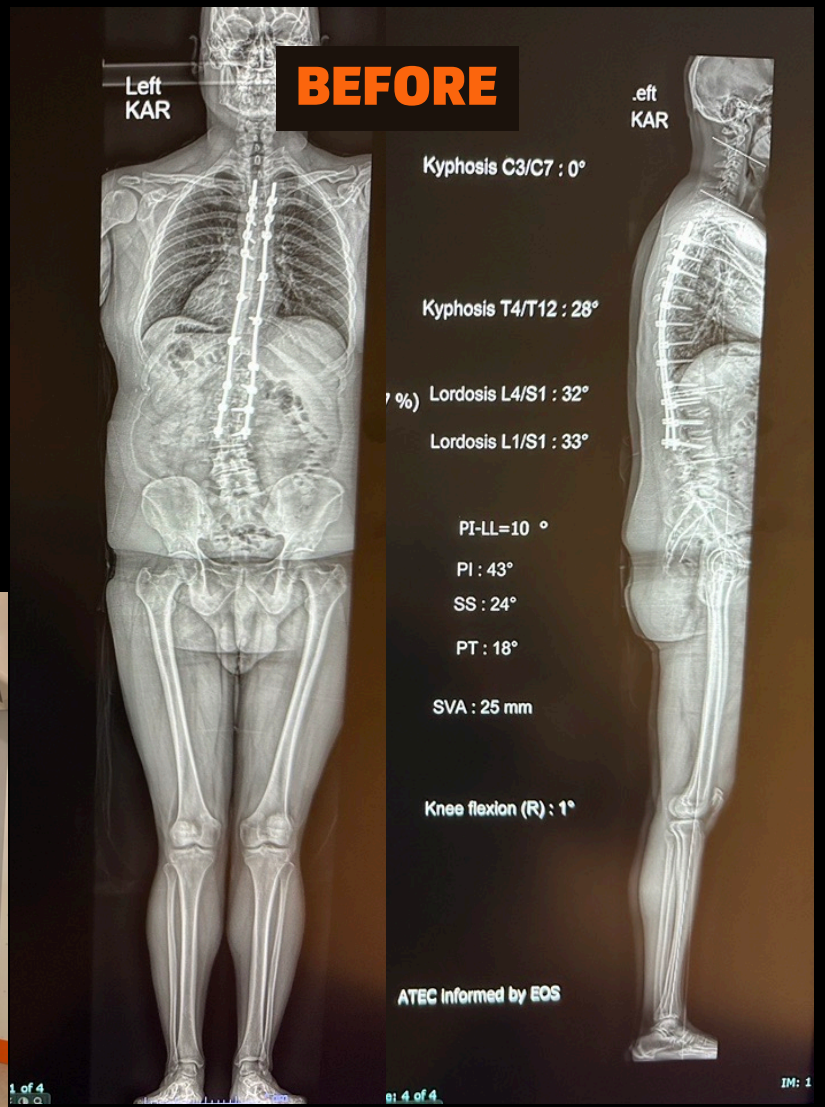
atec™ INFORMED BY EOS

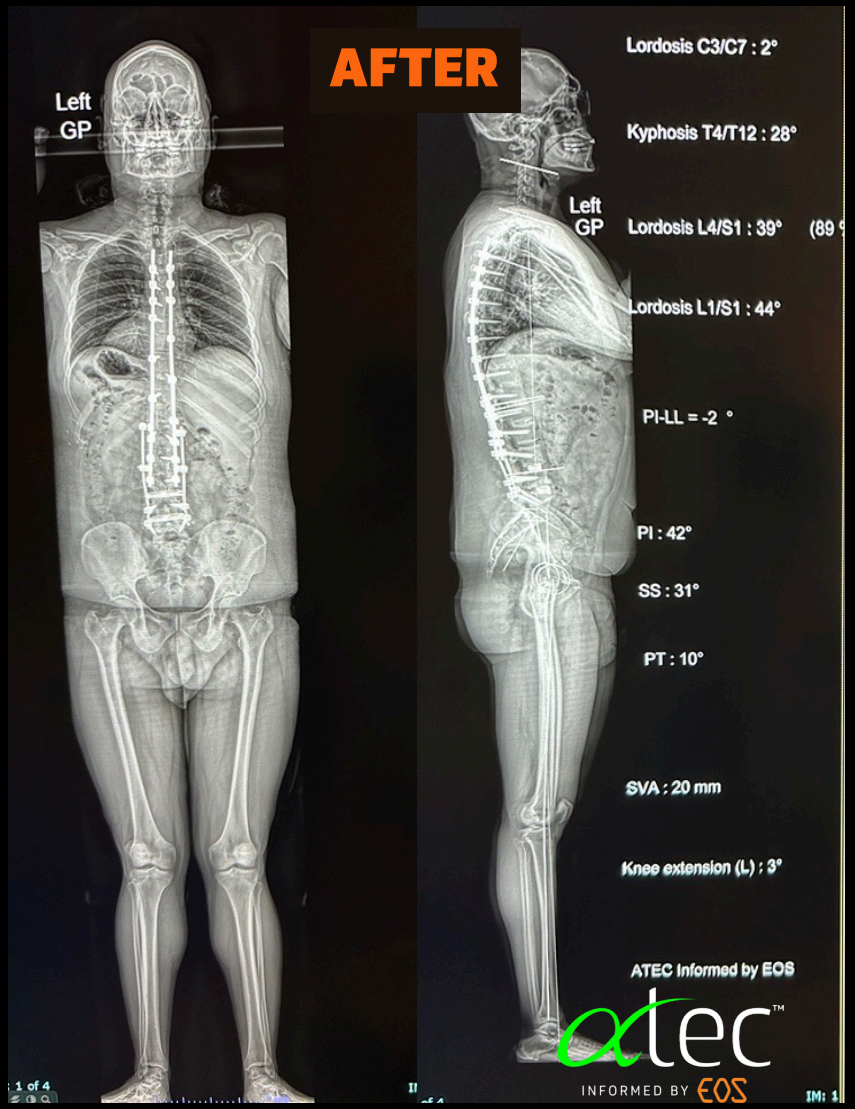
THE EOS ACQUISITION RATIONALE

Informatic sophistication is improving outcomes in our practice





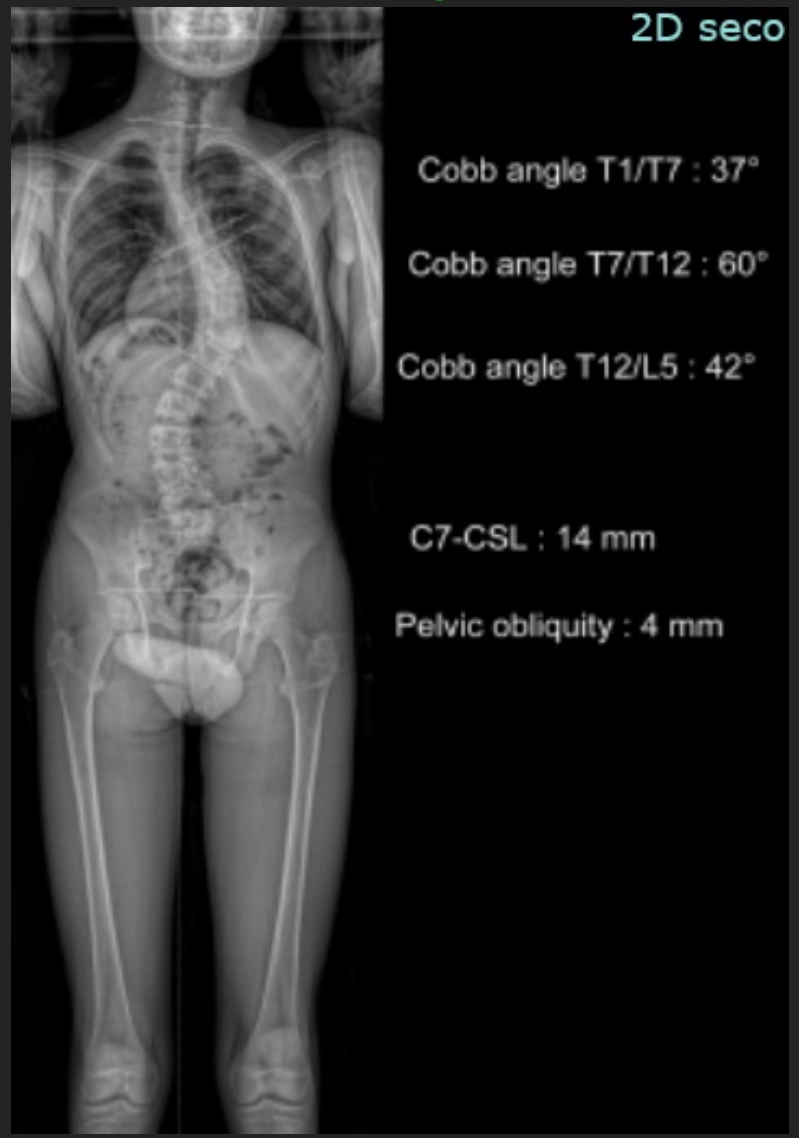




CASE PRESENTATION



PRE-OP

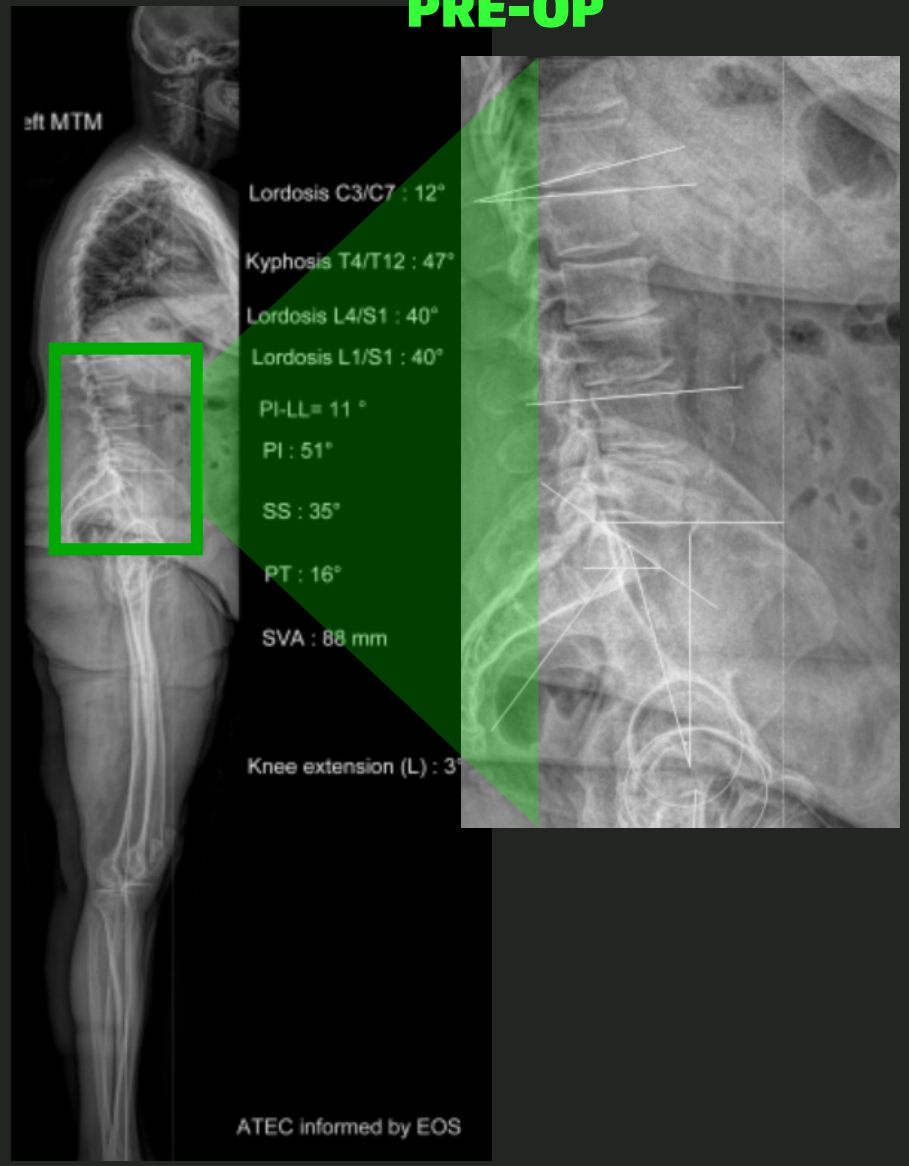


POST-OP

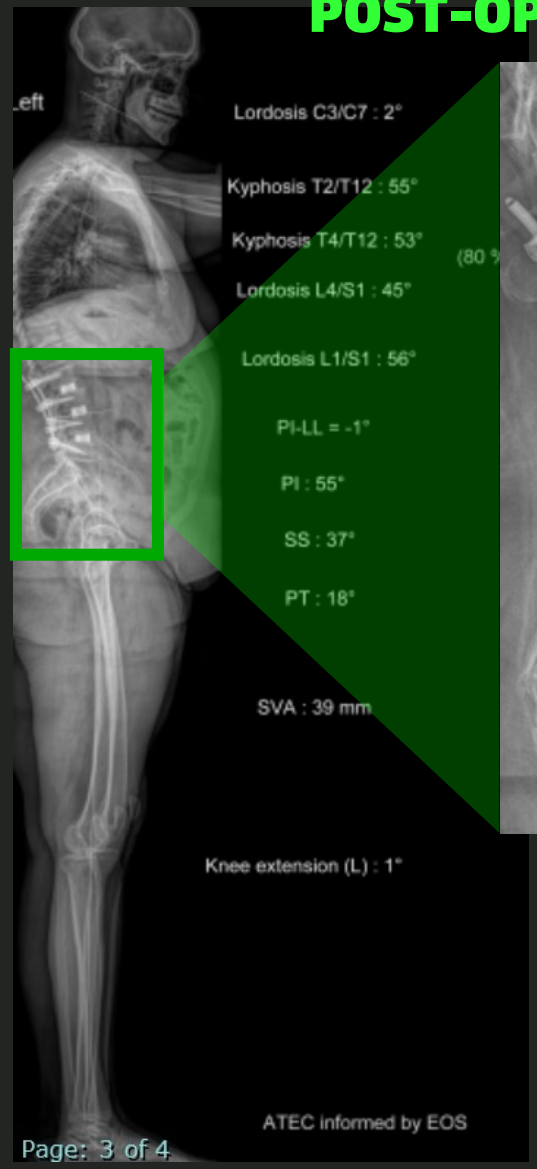


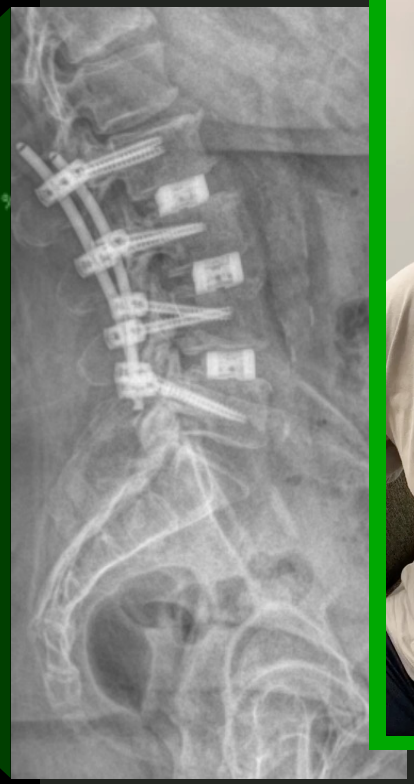
CASE PRESENTATION

PRE-OP



POST-OP







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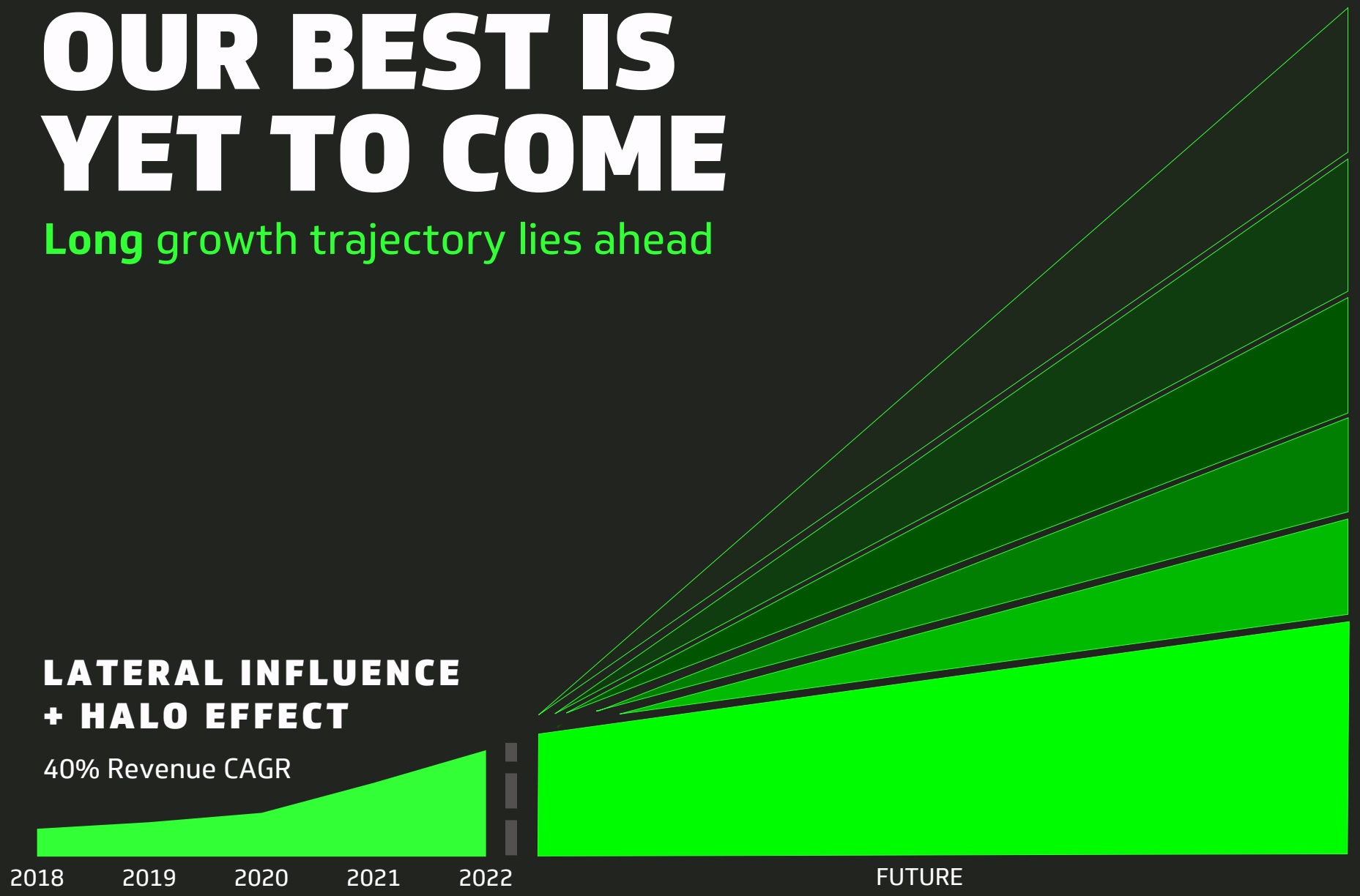
CLOSING

OUR BEST IS YET TO COME

Long growth trajectory lies ahead



LATERAL INFLUENCE + HALO EFFECT

40% Revenue CAGR

EOS INFORMATICS

Expanded deformity presence

VALENCE

Workflow-integrated robotic navigation

MARKET DYNAMICS

Spine focus rewarded

HOSPITAL ACCESS

Increased

INTERNATIONAL

Narrow & Deep

LATERAL EXPANSION

- New products: expandables, corpectomy, 3D-printed implants
- Professionalized U.S. Sales Footprint

Extrapolation of 2023 into the future is for illustration only.

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100% spine focus is
powering our ability to be
the standard bearer in spine
OUR BEST IS YET TO COME!
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