# 🔴 Questions to Encourage Exploration of Kinematic Restoration

1. Would you agree that most patients don’t have a truly neutral mechanical alignment pre-arthritic?
   1. **[Teach + Constructive Tension]**: Reframes surgeon’s view of normal patient anatomy.
2. How do you think altering a patients natural joint lines might impact soft tissue tension or functional outcomes post-TKA?
   1. **[Constructive Tension]**: Creates dissatisfaction with mechanical alignment outcomes.
3. If we could offer a way to restore native kinematics while still achieving excellent implant survivorship, would that be worth exploring further?
   1. **[Teach + Take Control]**: Pitches a reframe—'you don't have to sacrifice survivorship for kinematic restoration.
4. Are you familiar with how the ATTUNE™ Knee System supports a kinematic alignment philosophy through its anatomic design and mid-flexion stability improvements? (*Position Product Strength*)
   1. **[Teach + Tailor + Take Control]**: Educates and directs conversation toward ATTUNE™ Knee platform and VELYS™ Robotic-Assisted Solution
5. Would you be interested in a surgical approach that aims to maximize patient satisfaction by respecting natural anatomy and reducing the need for ligament releases?
   1. **[Teach + Take Control]**: Connects surgeon's goals directly to benefits of KA/iKA with ATTUNE™ & VELYS™ Robotic-Assisted Solution.
6. Have you explored using the CPAK (Coronal Plane Alignment of the Knee) classification system to better understand your patient’s native alignment pattern before surgery?
   1. **[Teach + Constructive Tension]**: Introduces a personalized classification approach that highlights natural alignment variations, challenging the idea of “one size fits all” in MA.
7. Do you find the CPAK classification groupings helpful in identifying patients who may not benefit from standard mechanical alignment?
   1. **[Teach + Tailor]**: Reinforces how CPAK can support more personalized planning and predict intraoperative adjustments.
8. Do you typically assess or estimate the Medial Proximal Tibial Angle (MPTA) when determining your tibial resection?
9. **[Teach + Constructive Tension]**: Encourages reflection on whether they preserve or override natural tibial joint line. Ties directly to KA/iKA vs MA distinction.
10. In your workflow, how do you handle situations where extension and flexion gaps don’t match—do you favor femoral or tibial adjustments?
    1. **[Constructive Tension]**: Opens opportunity to expose mechanical alignment shortcomings (challenging MA subtly).
11. Do you consider achieving equal flexion and extension gaps a top priority, even if it means accepting 1-2mm of lateral laxity in flexion?
    1. **[Teach + Know the Customer's World]**: Helps identify surgeons using Functional Alignment, where gap balance is primary—even over strict restoration of anatomy.
12. What role does gap balancing play in your procedure—do you aim for symmetrical medial/lateral gaps in flexion and extension?
13. **[Teach + Tailor]**: Educates that symmetrical gaps may tie more closely to iKA principles; personalizes based on balancing philosophy.
14. Do you prioritize the Lateral Distal Femoral Angle (LDFA) preoperatively or intraoperatively?
    1. **[Teach]**: Highlights importance of understanding native femoral alignment and how KA aims to restore this rather than override it with a neutral axis.