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(54) DUAL EXPANDABLE INTER-BODY DEVICE

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(73) Assignee: Warsaw Orthopedic, Inc., Warsaw, IN (US)

(21) Appl. No.: 19/199,702

(22) Filed: May 6, 2025

Related U.S. Application Data

(63) Continuation of application No. 17/887,957, filed on Aug. 15, 2022, now Pat. No. 12,318,308, which is a continuation-in-part of application No. 17/391,403, filed on Aug. 2, 2021, now Pat. No. 11,833,059, which is a continuation-in-part of application No. 17/246,932, filed on May 3, 2021, now Pat. No. 11,963,881, which is a continuation-in-part of application No. 17/123,889, filed on Dec. 16, 2020, now Pat. No. 11,564,724, said application No. 17/887,957 is a continuation-in-part of application No. 17/123,889, filed on Dec. 16, 2020, now Pat. No. 11,564,724.

(30) Foreign Application Priority Data

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Nov. 5, 2020 (WO) PCT/IB2020/000953

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A61F 2/30 (2006.01)

A61F 2/46 (2006.01)

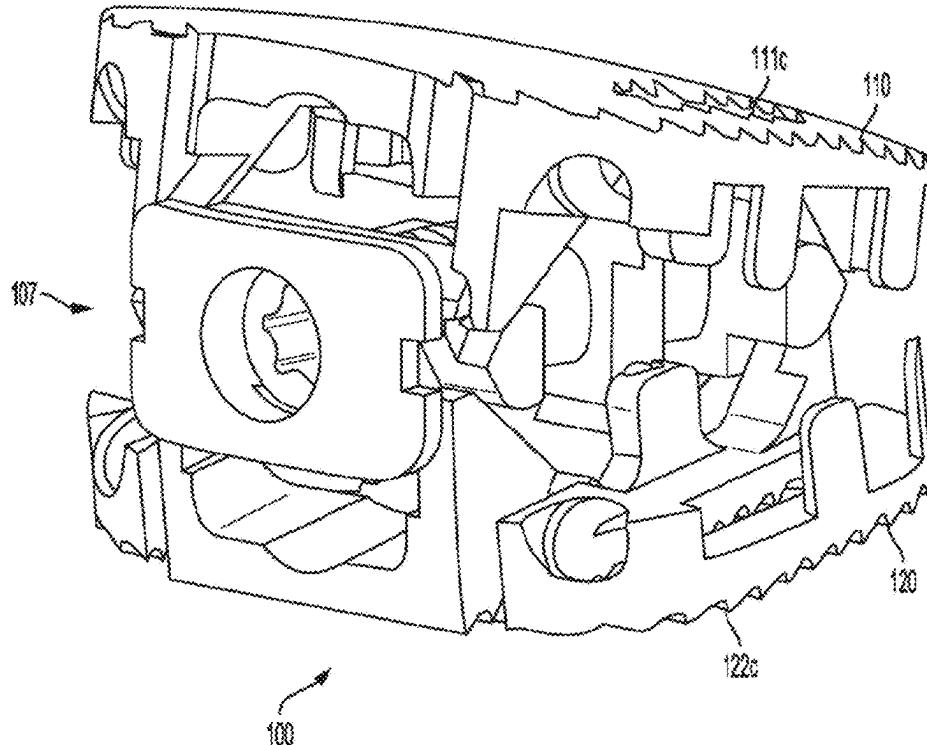
(52) U.S. Cl.

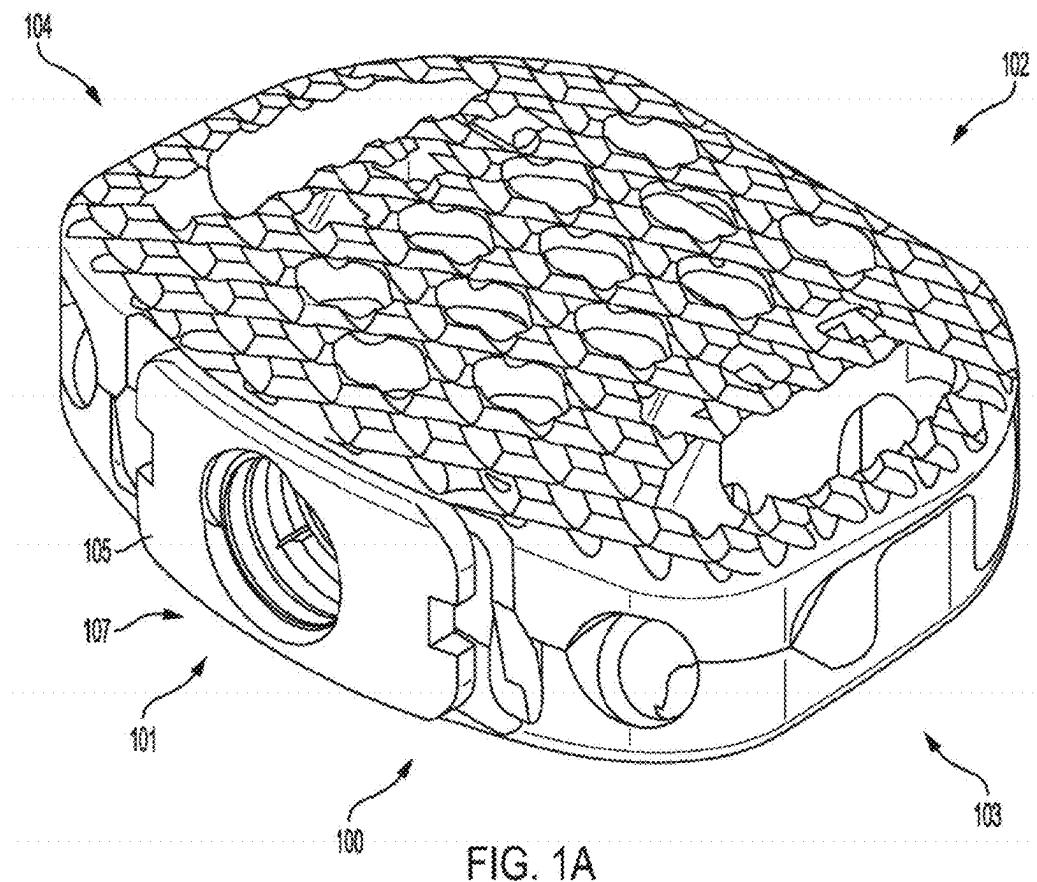
CPC A61F 2/4455 (2013.01); A61F 2/30749 (2013.01); A61F 2/4611 (2013.01); A61F 2002/30433 (2013.01); A61F 2002/30517 (2013.01); A61F 2002/30538 (2013.01); A61F 2002/30579 (2013.01); A61F 2002/30782 (2013.01)

(57)

ABSTRACT

The present disclosure provides for spinal implants configured for lateral insertion techniques deployable between a contracted position and an expanded position. The spinal implant may include a first endplate and a second endplate, each having a plurality of guide walls and inclined ramps. The spinal implant may further include a moving mechanism having first and second trolleys configured to act against the first and second plurality of ramps. The moving mechanism may further include a first set screw and a second set screw opposite the first set screw. The moving mechanism may be configured to operably adjust a spacing between the first and second endplates upon simultaneous rotation of the first and second set screws along a rotation axis, and may also operably adjust an angle of inclination between the first and second endplates upon rotating the first set screw or second set screw along the rotation axis.





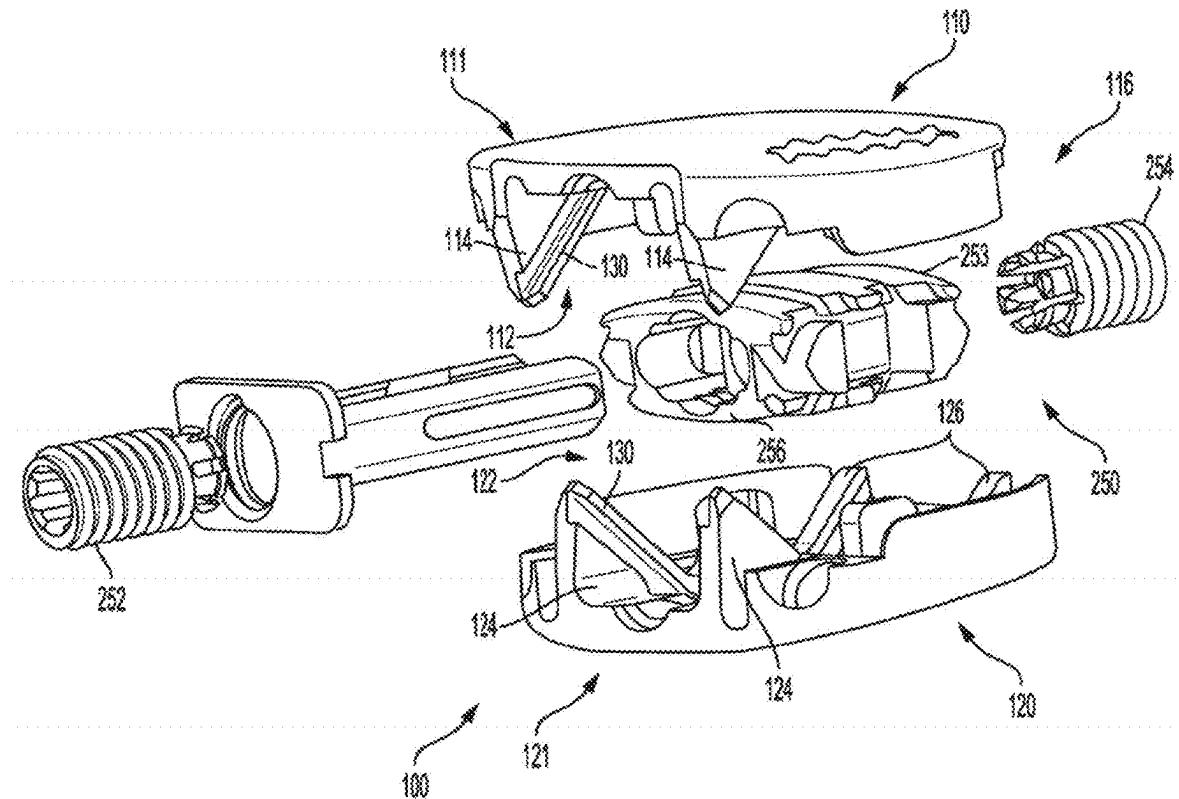


FIG. 1B

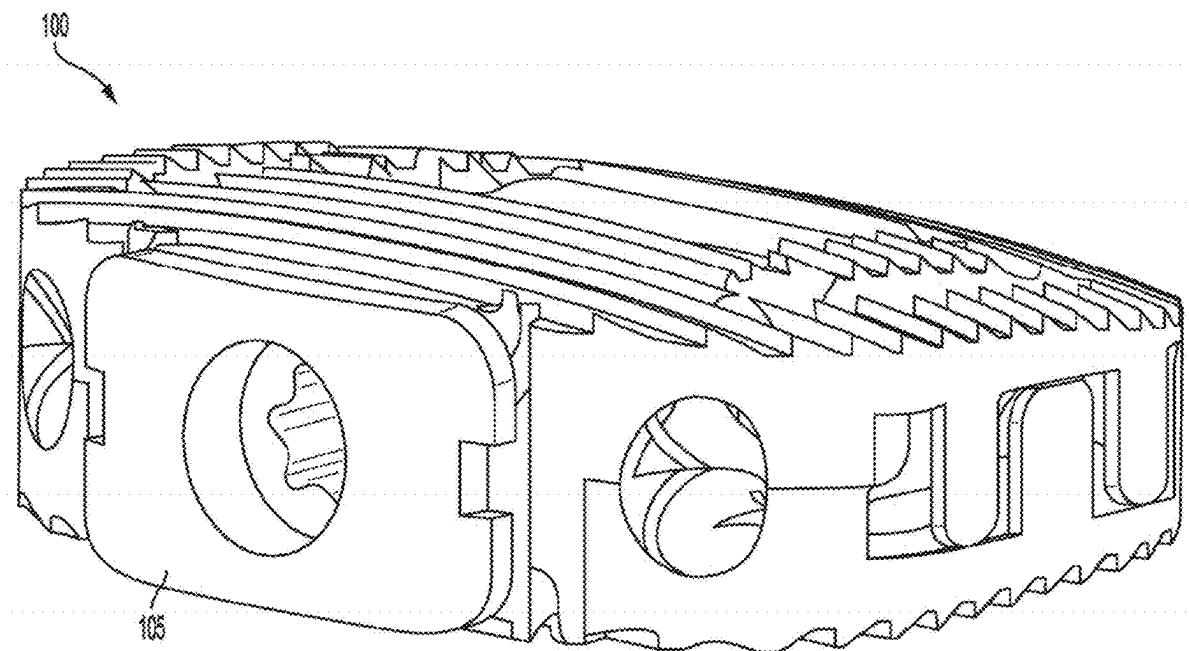
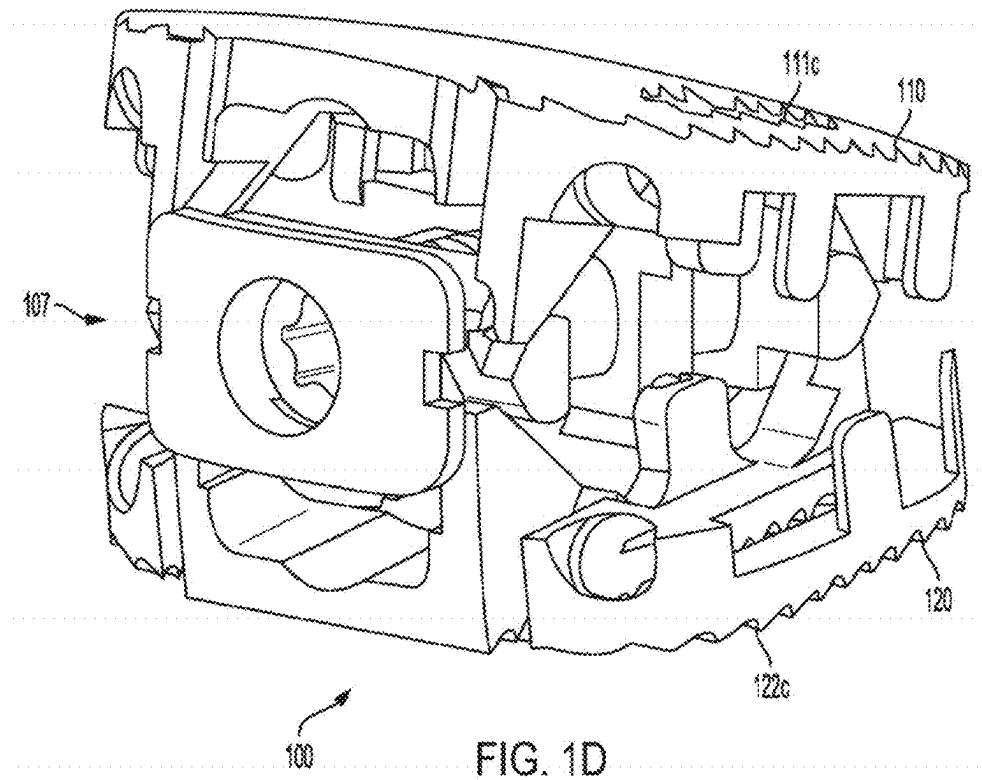


FIG. 1C



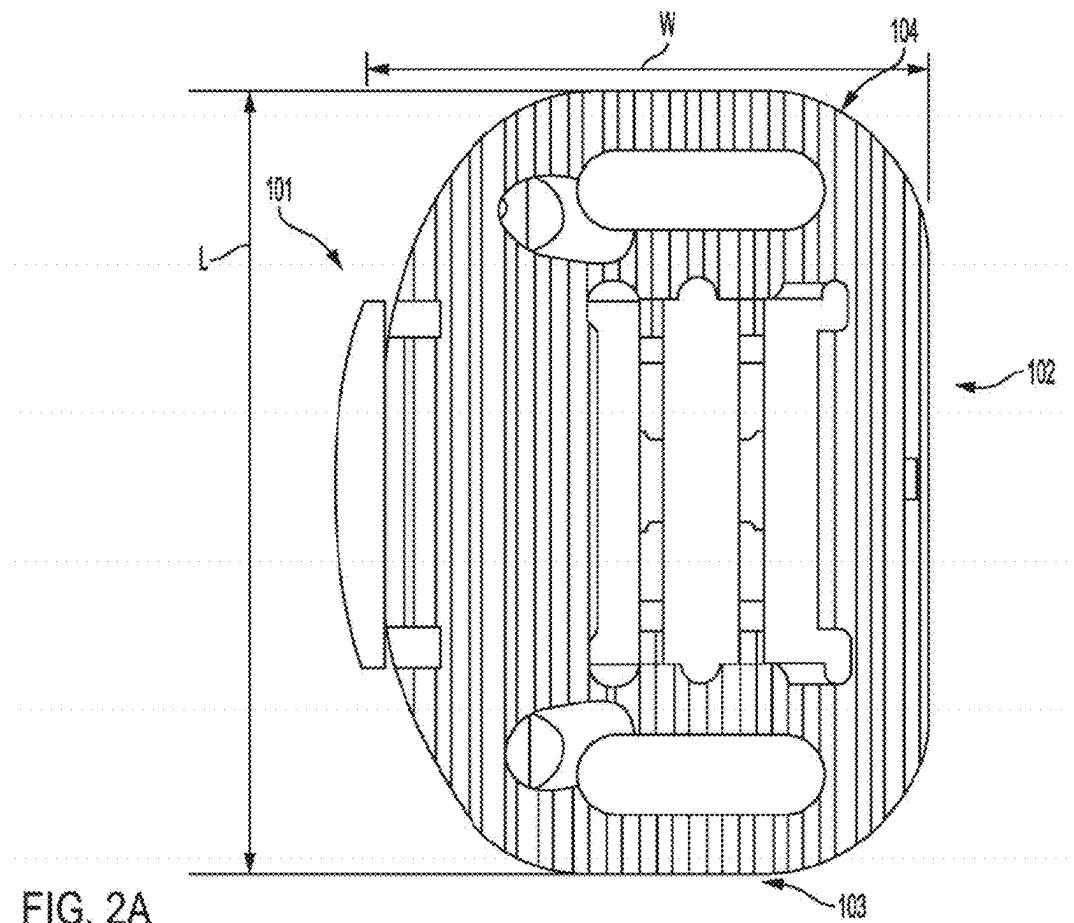


FIG. 2A

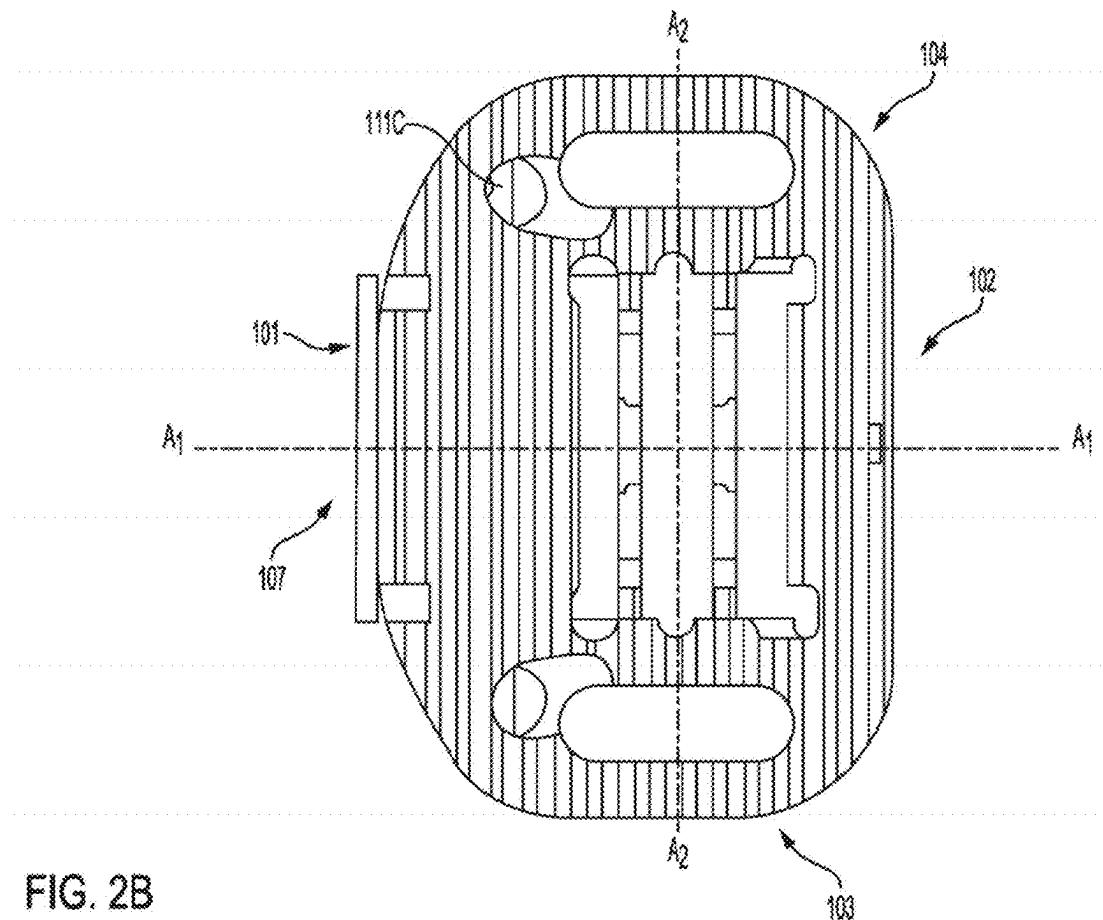


FIG. 2B

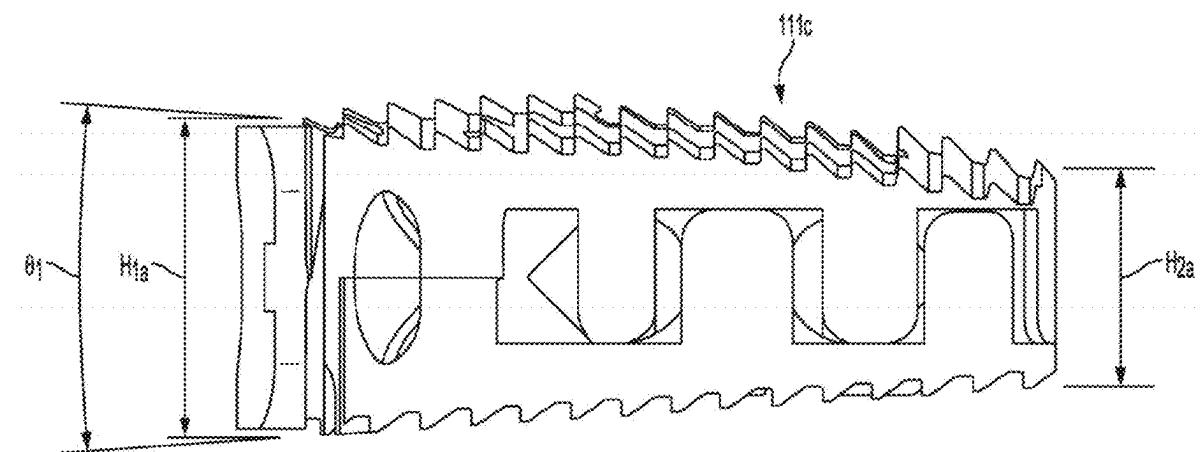


FIG. 2C

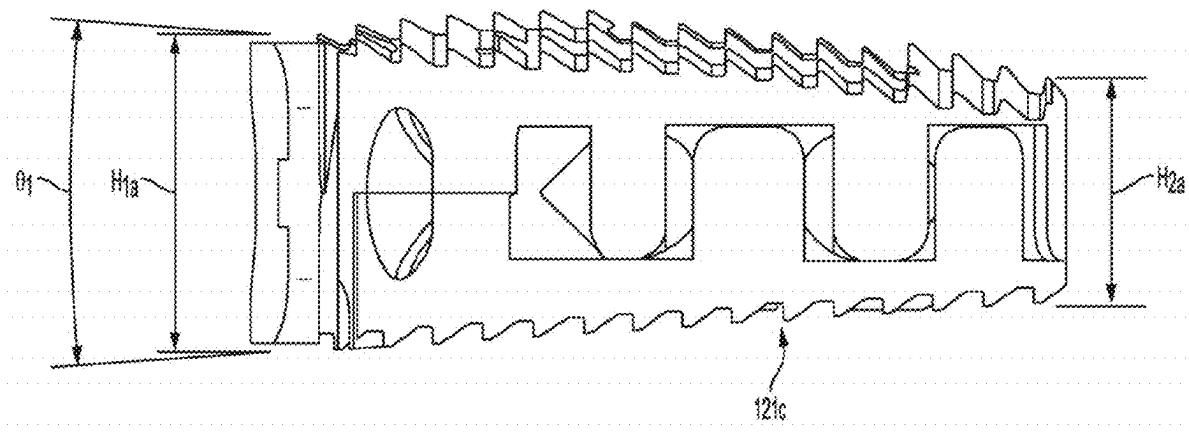
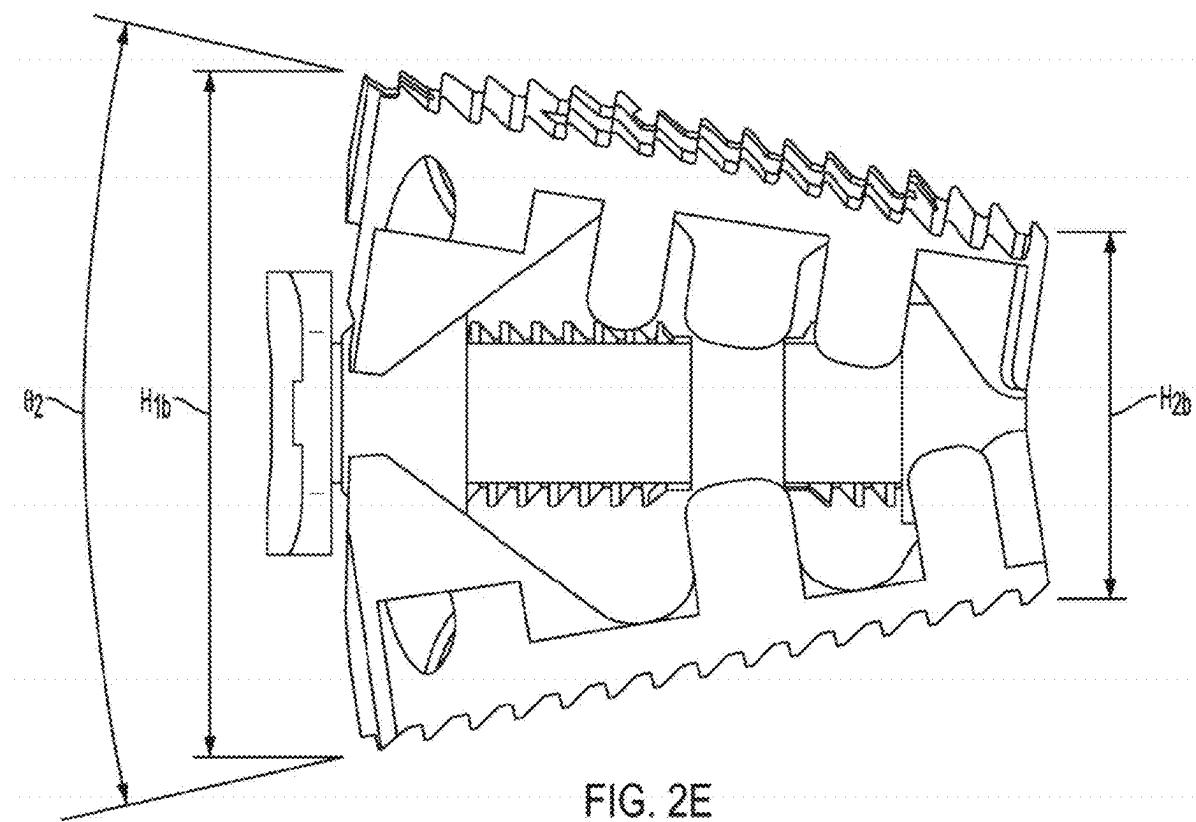
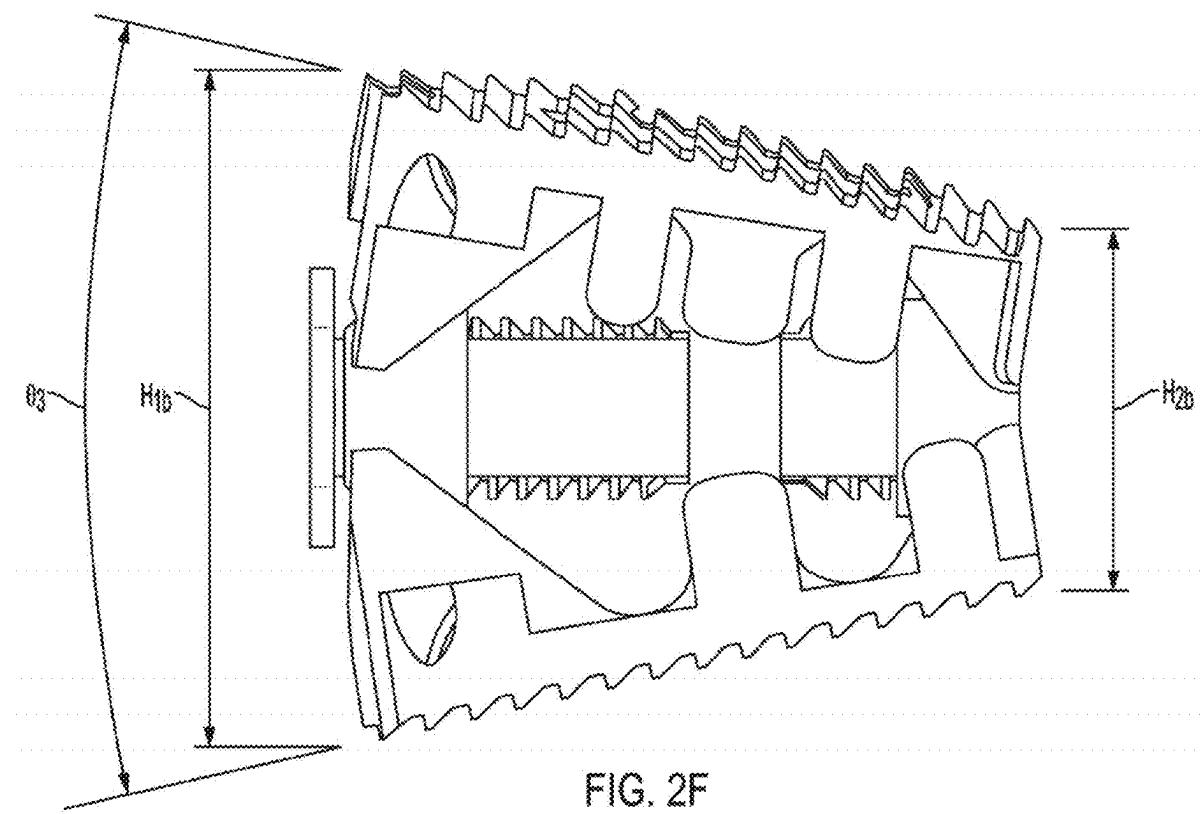
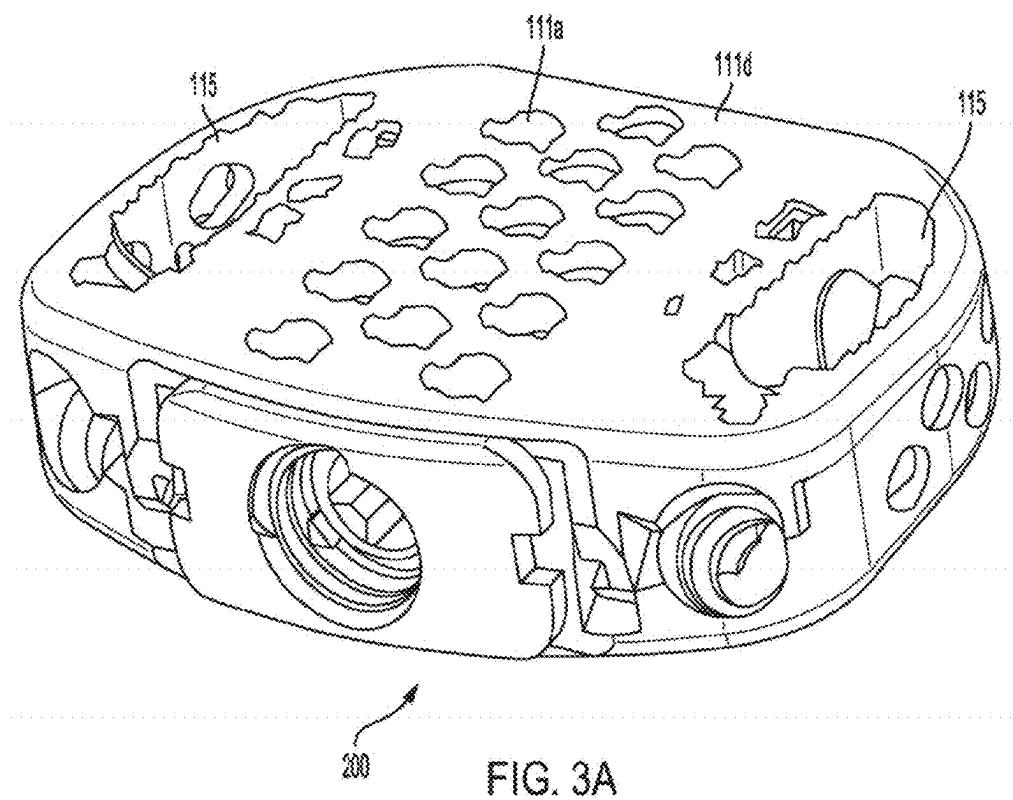


FIG. 2D







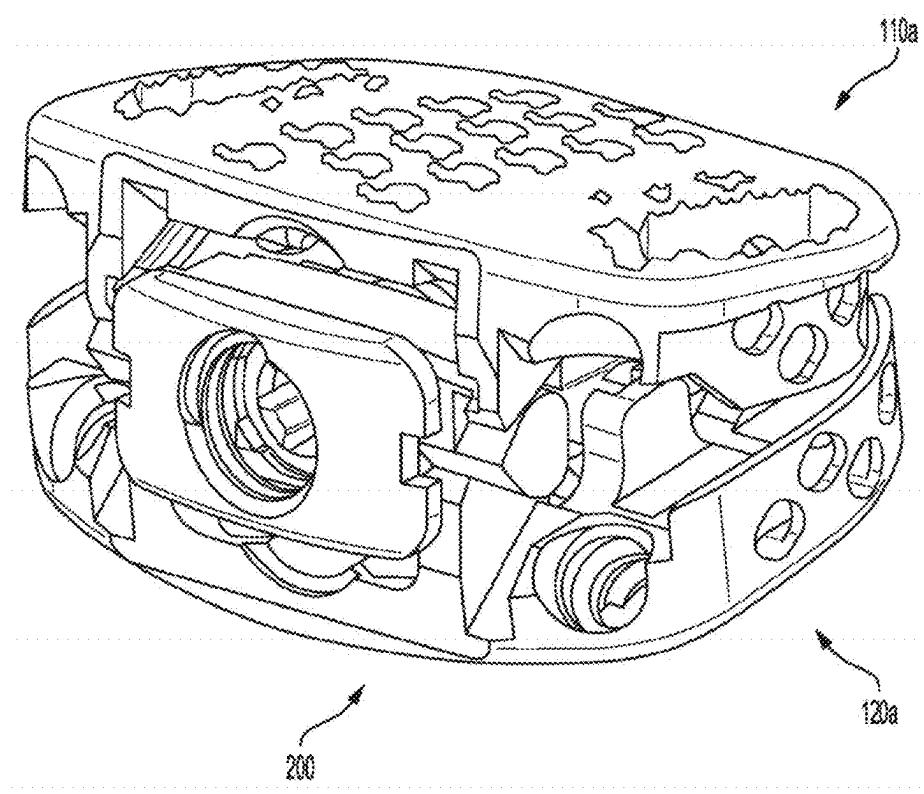
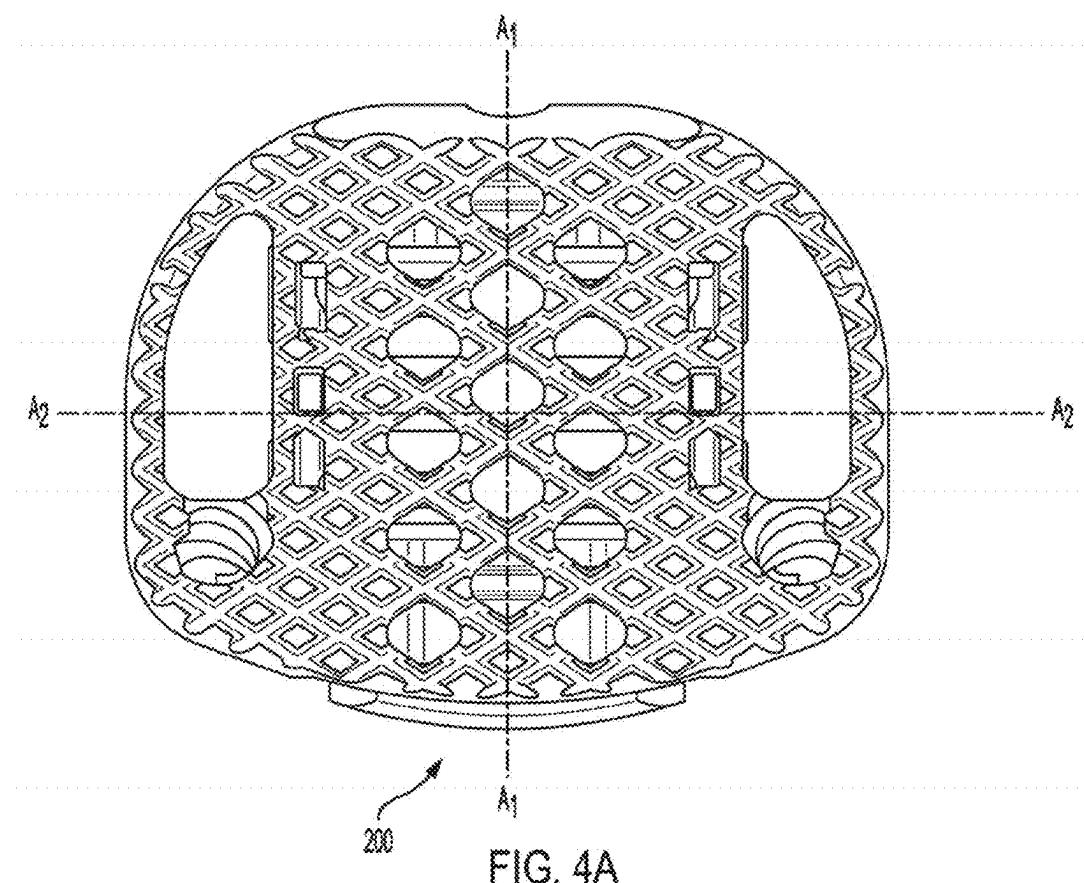


FIG. 3B



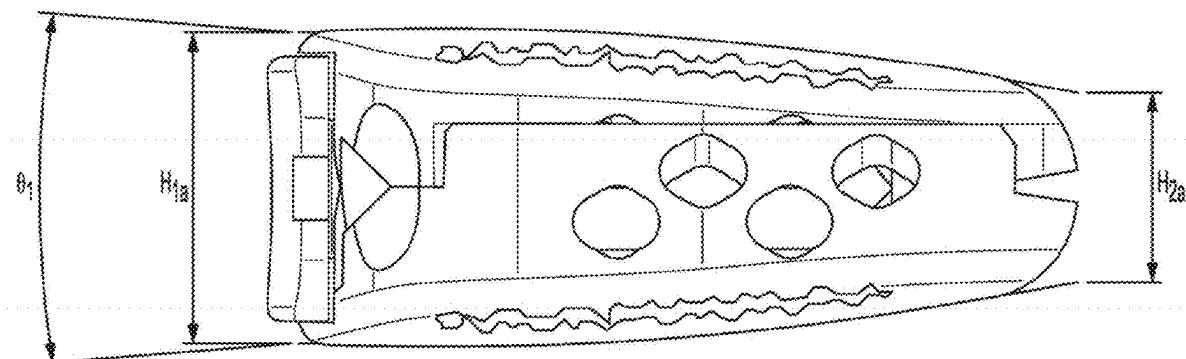


FIG. 4B

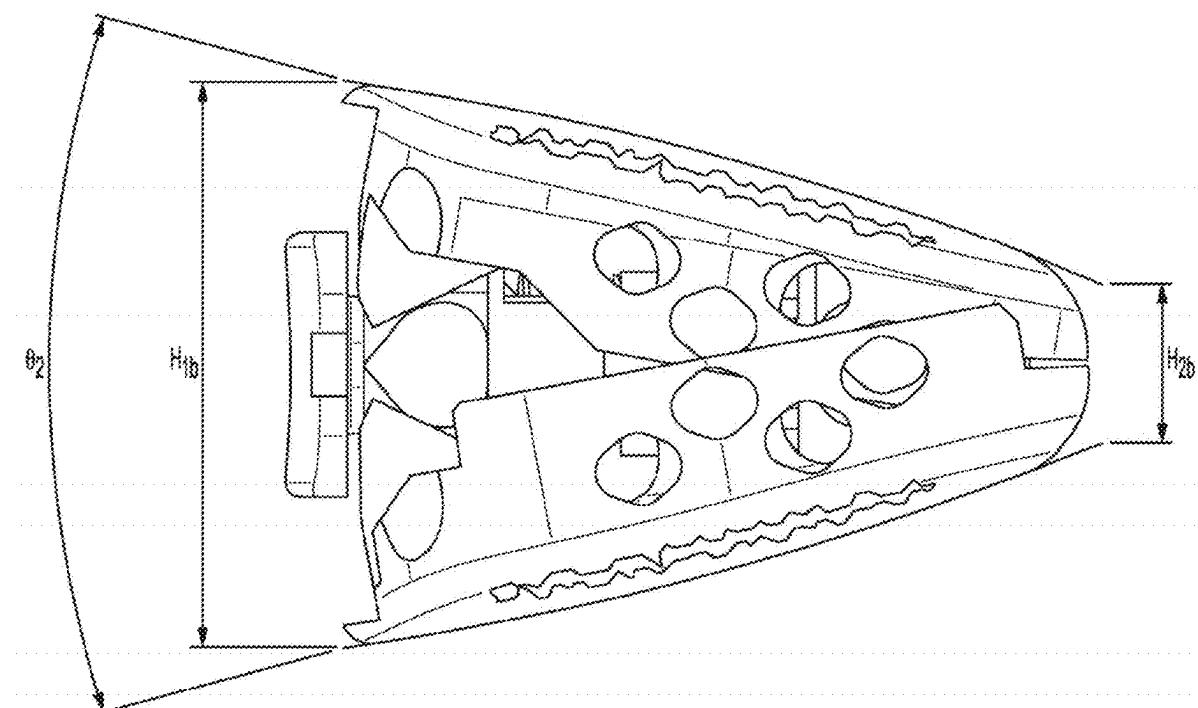


FIG. 4C

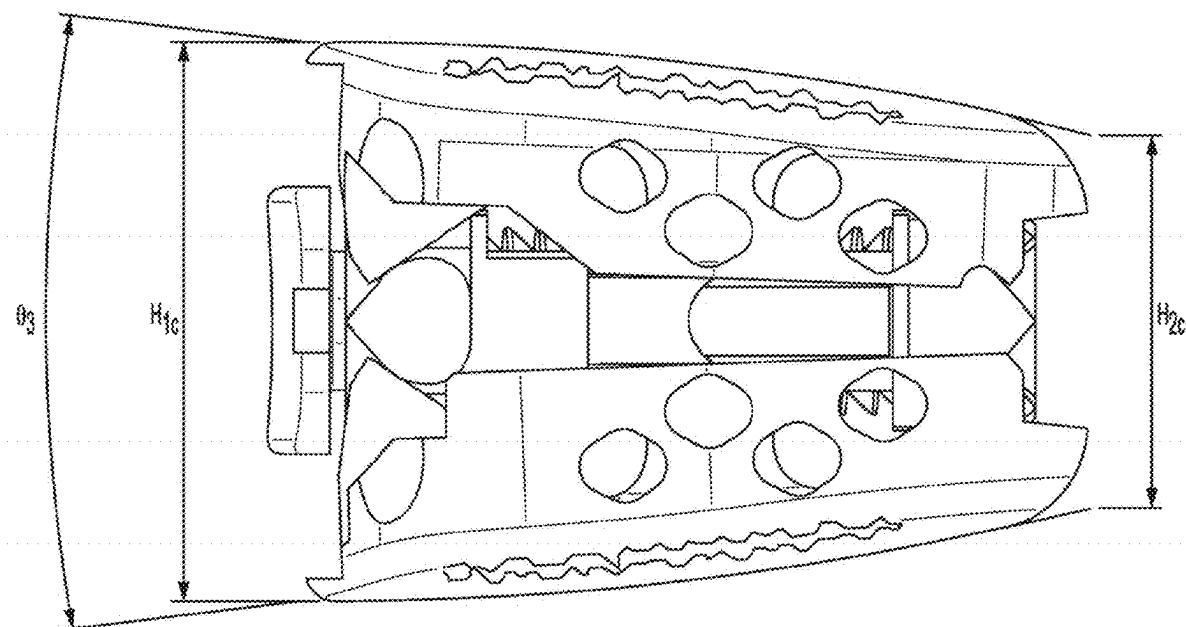


FIG. 4D

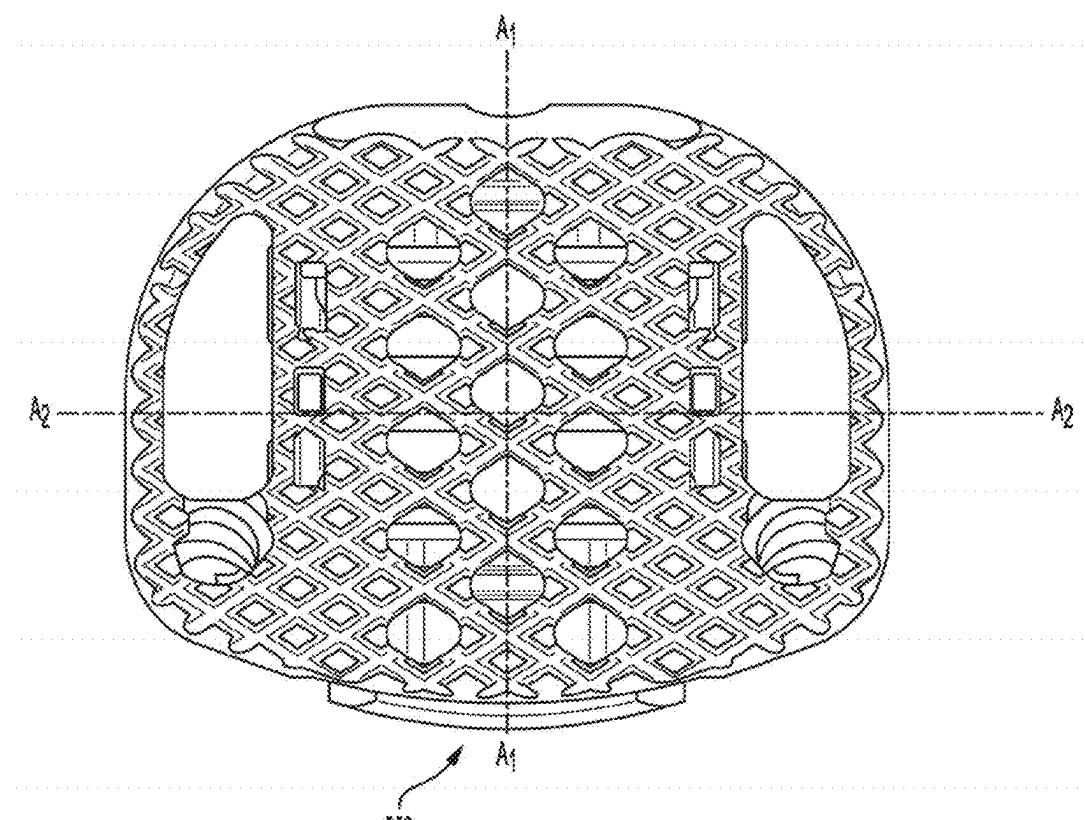


FIG. 5A

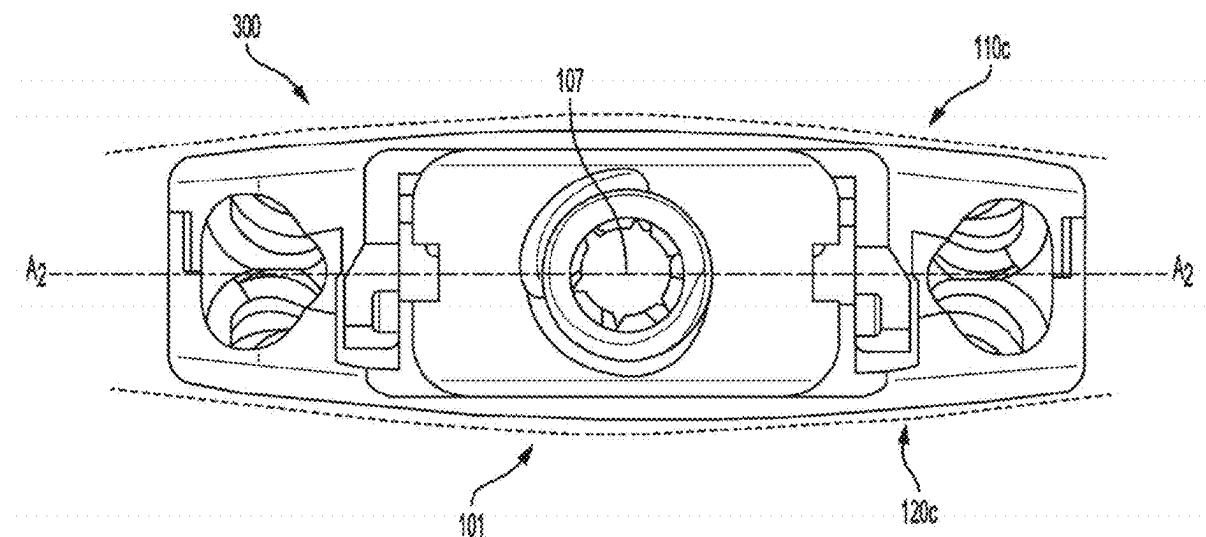


FIG. 5B

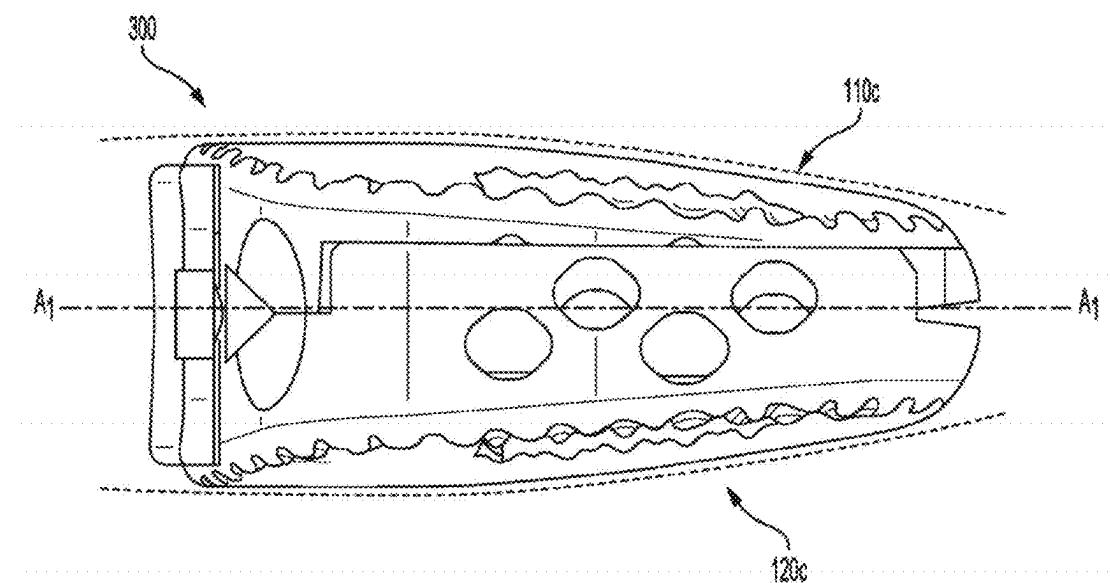
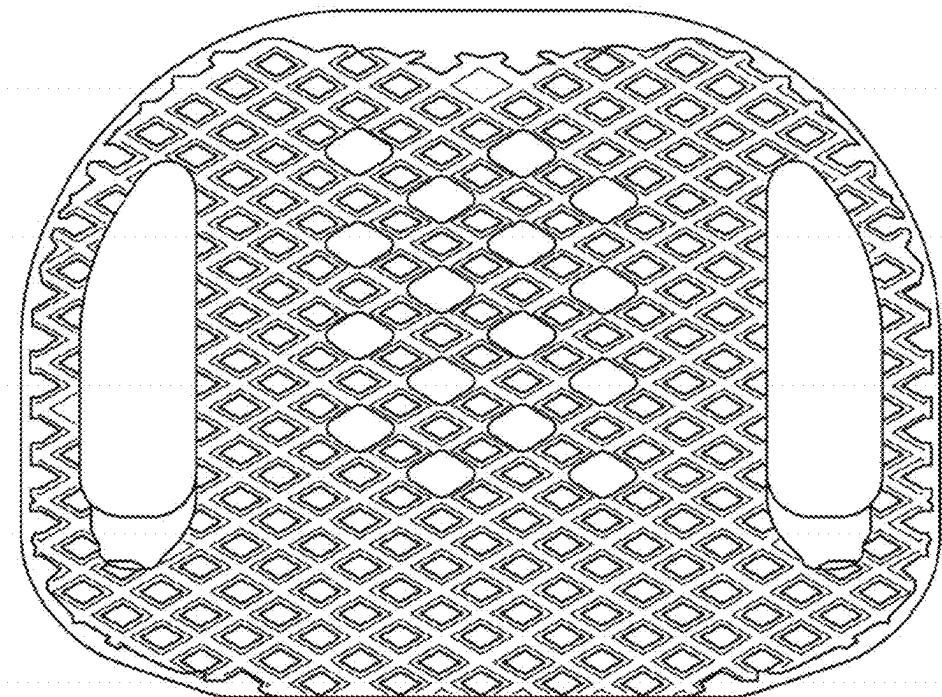


FIG. 5C



110X
FIG. 6A

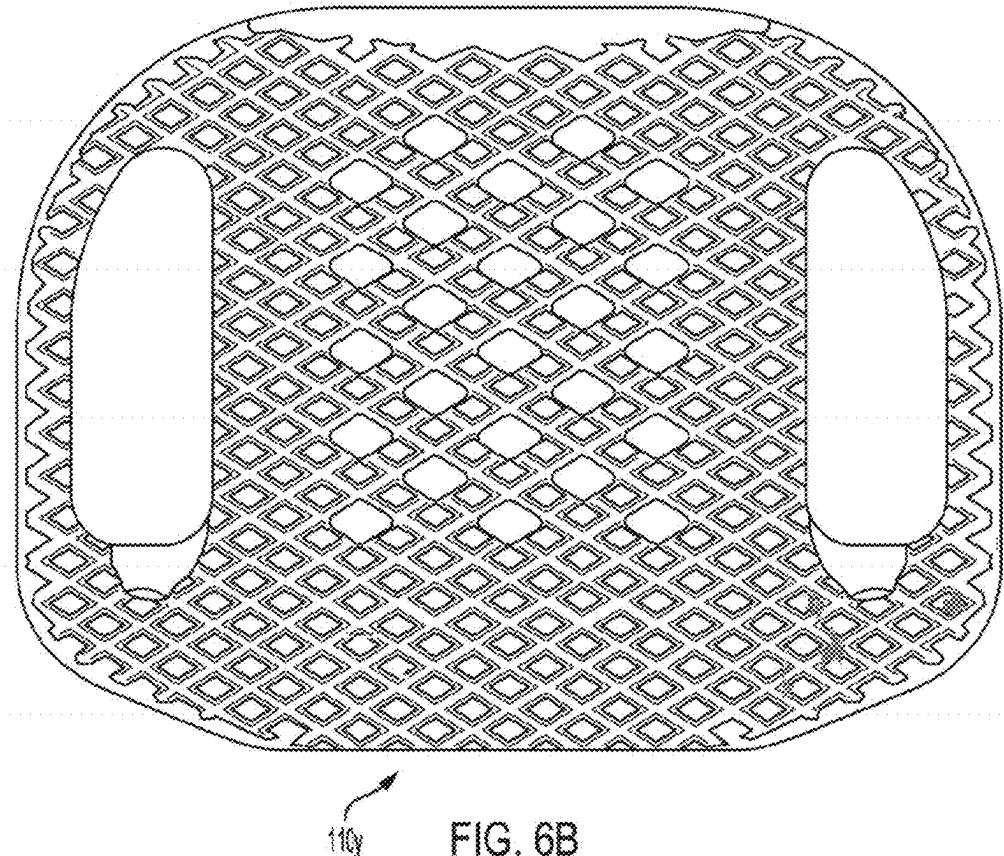
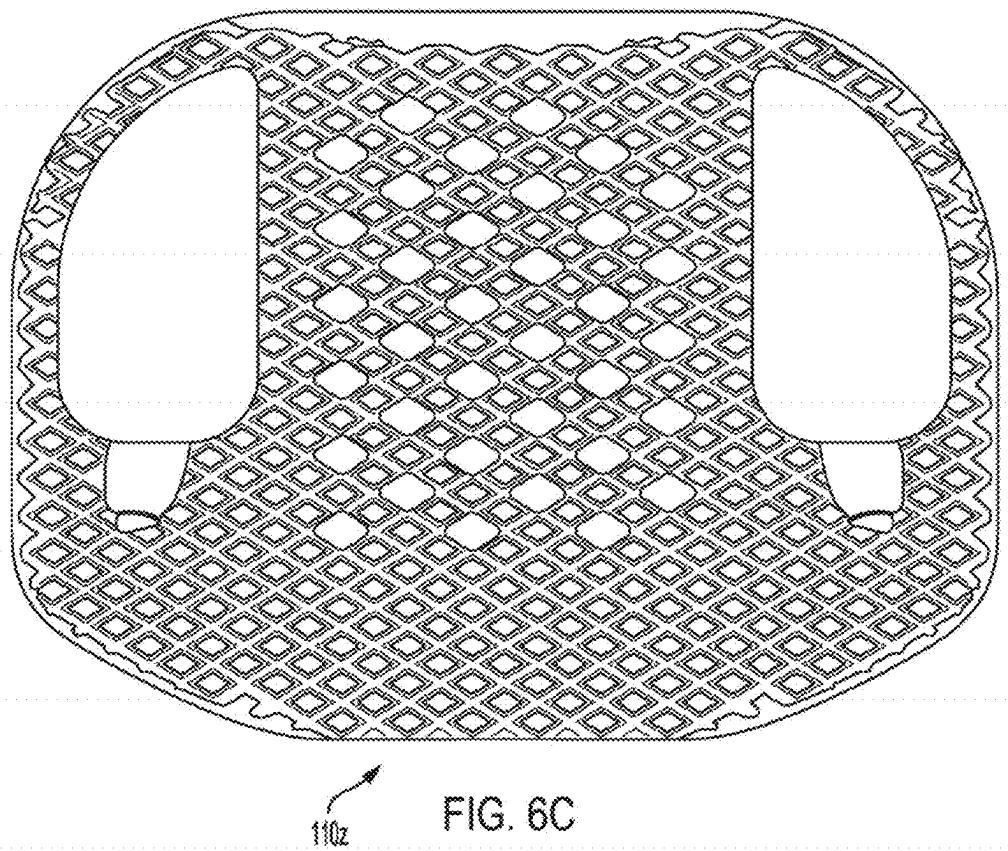
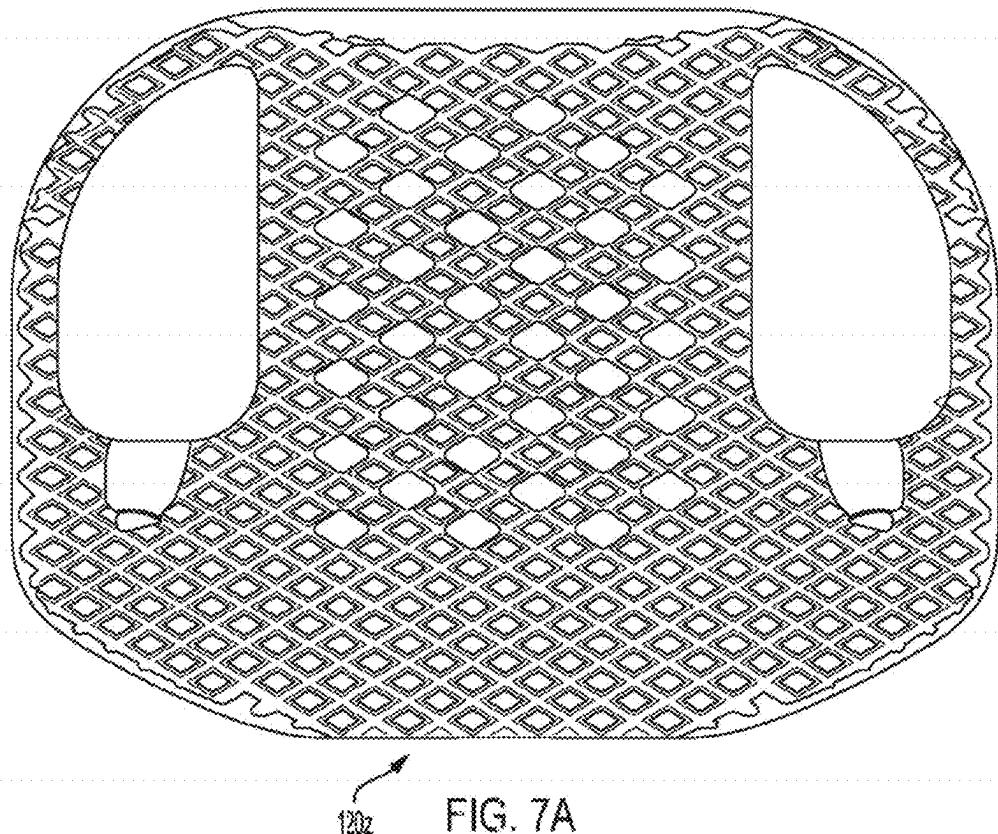
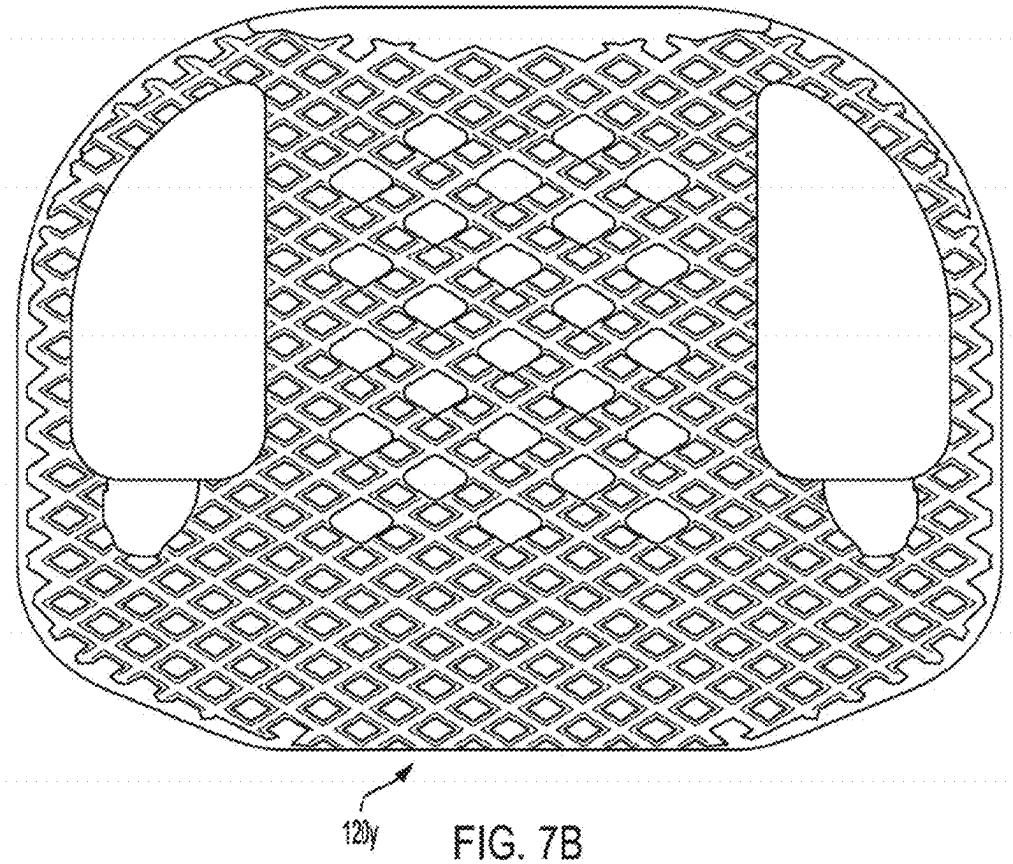
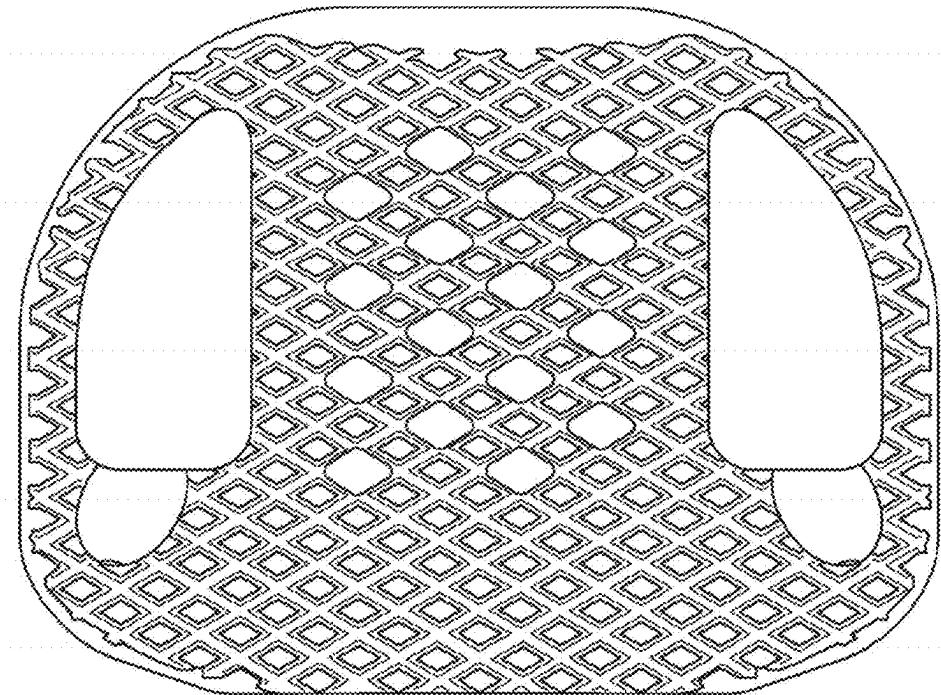


FIG. 6B









120x
FIG. 7C

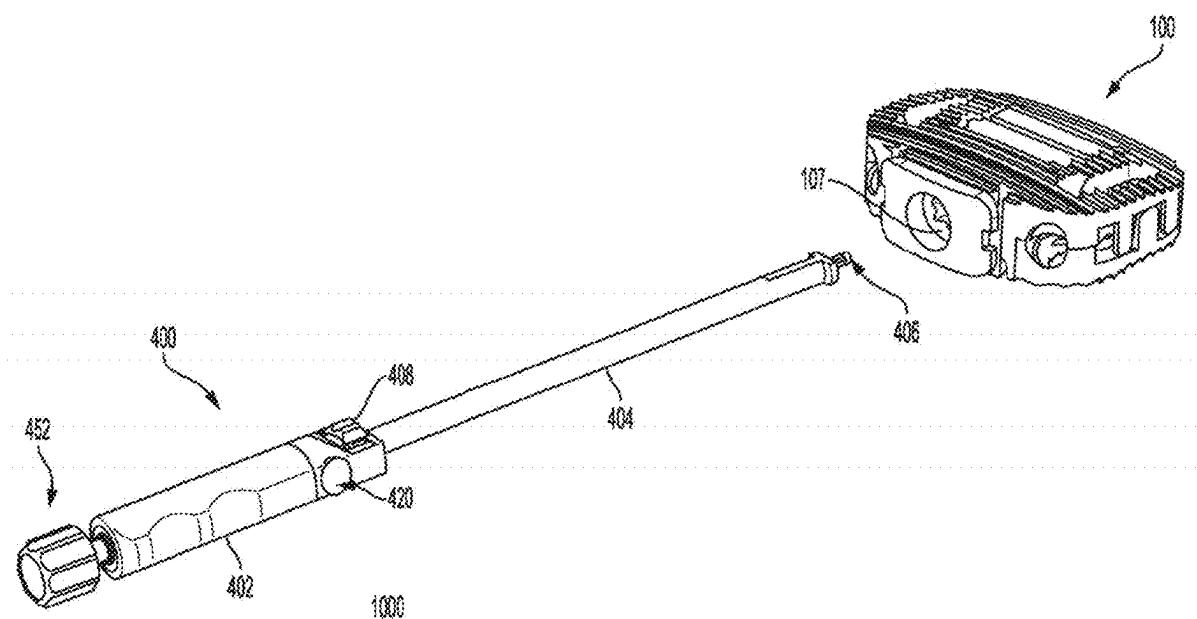


FIG. 8

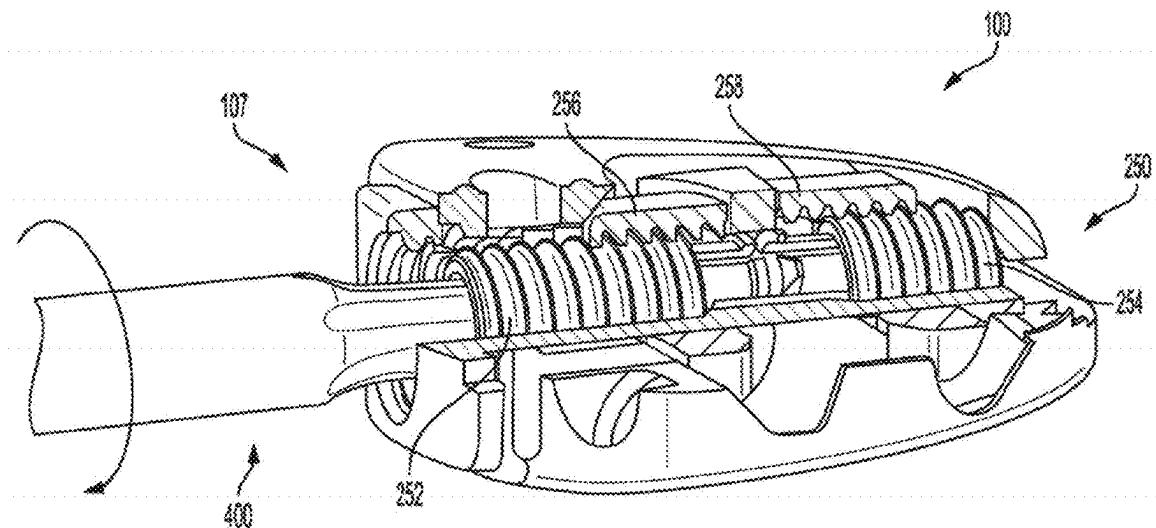


FIG. 9A

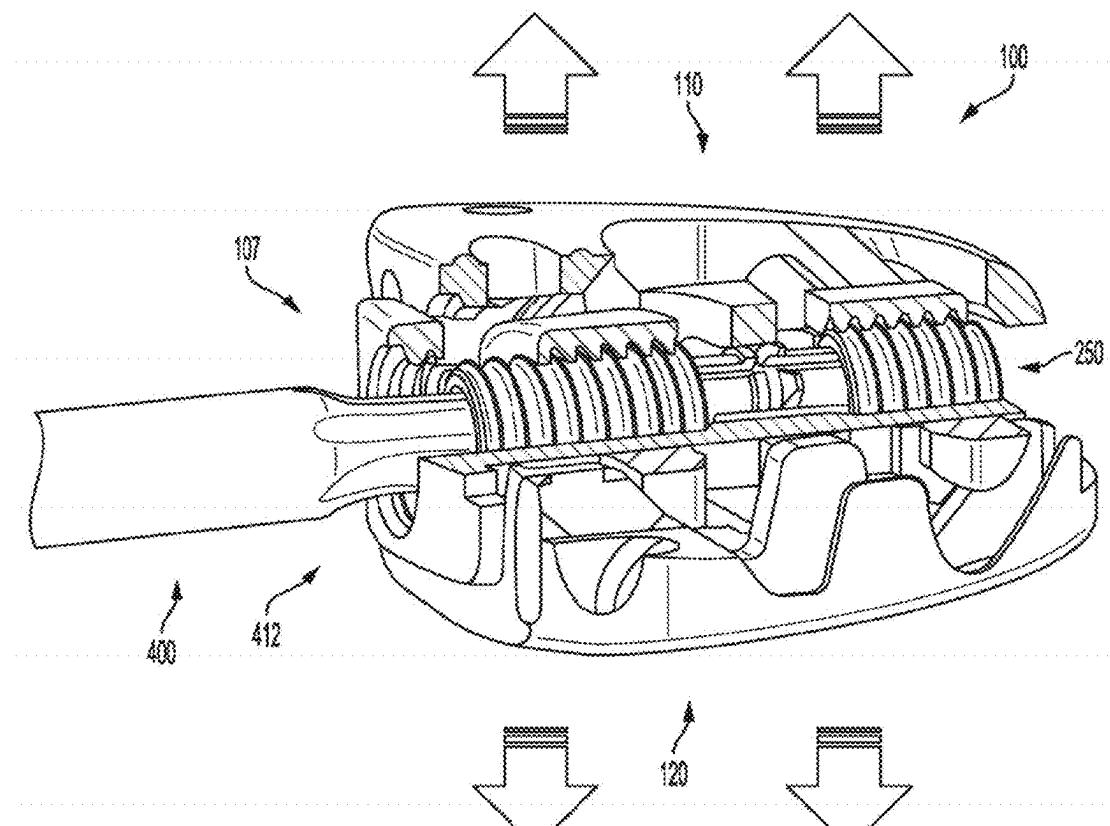


FIG. 9B

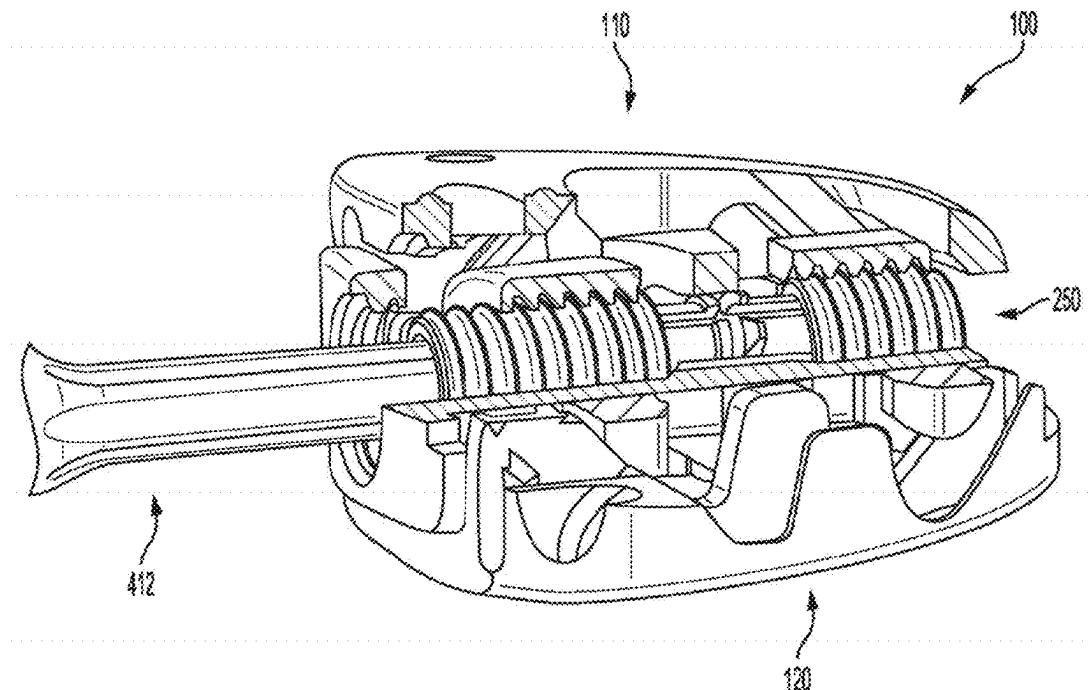


FIG. 10A

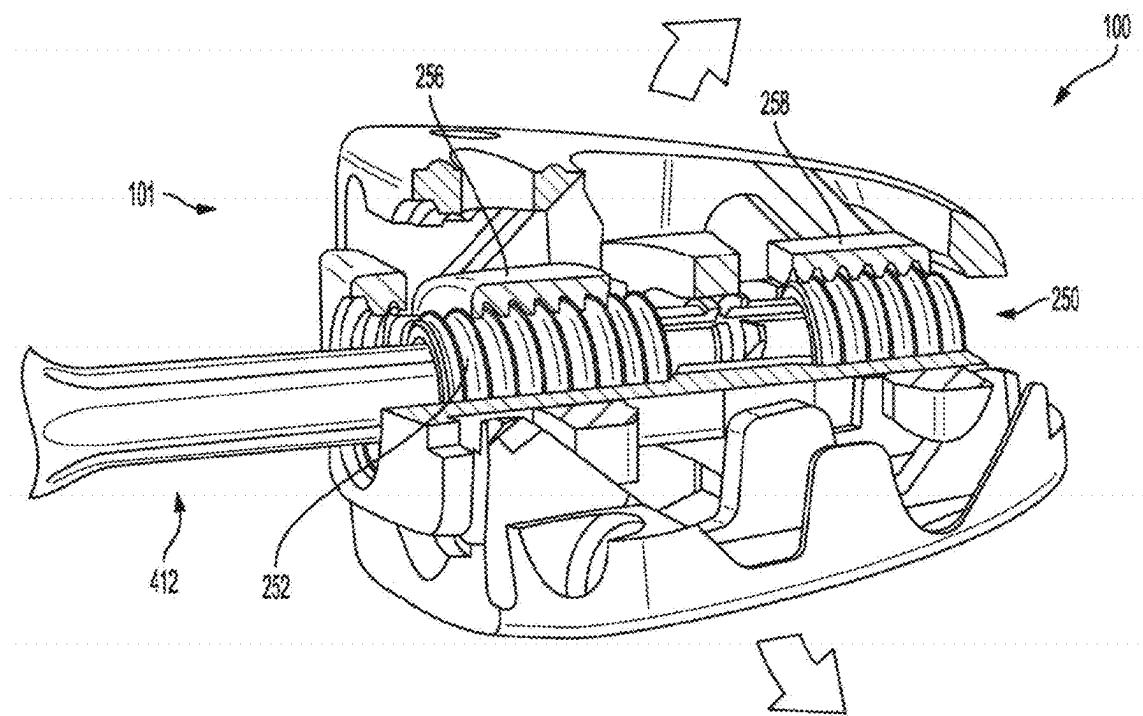


FIG. 10B

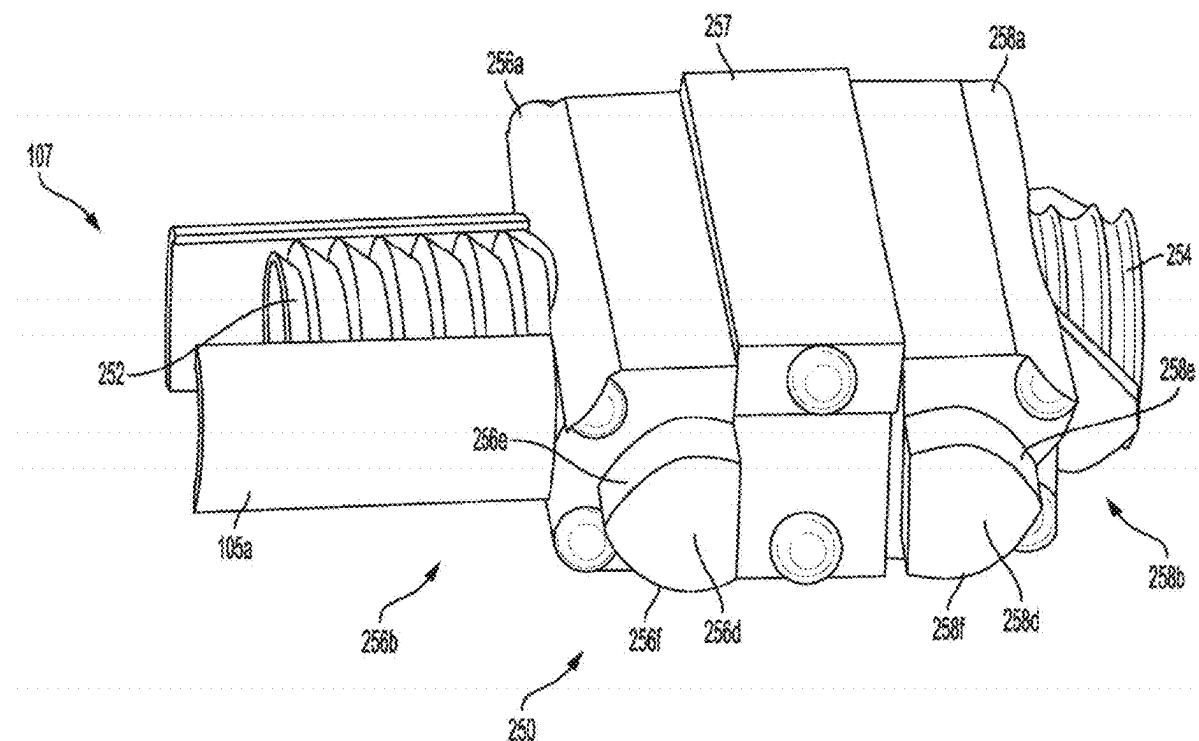


FIG. 11A

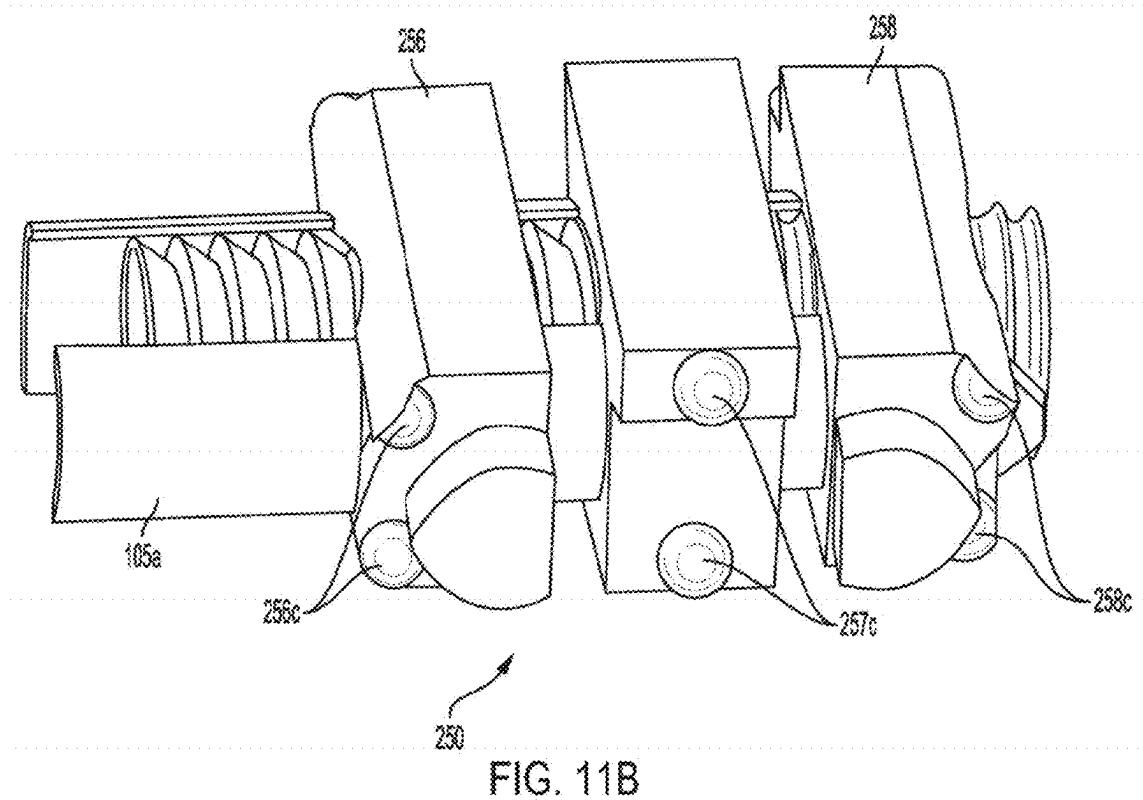


FIG. 11B

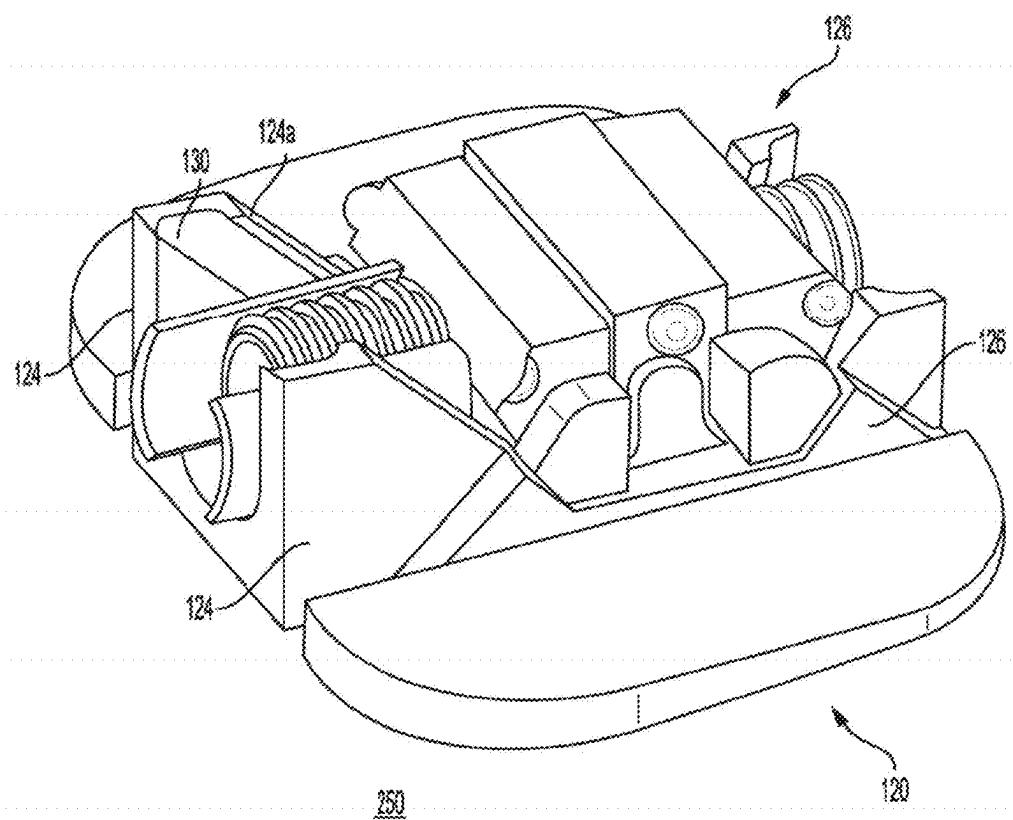


FIG. 12A

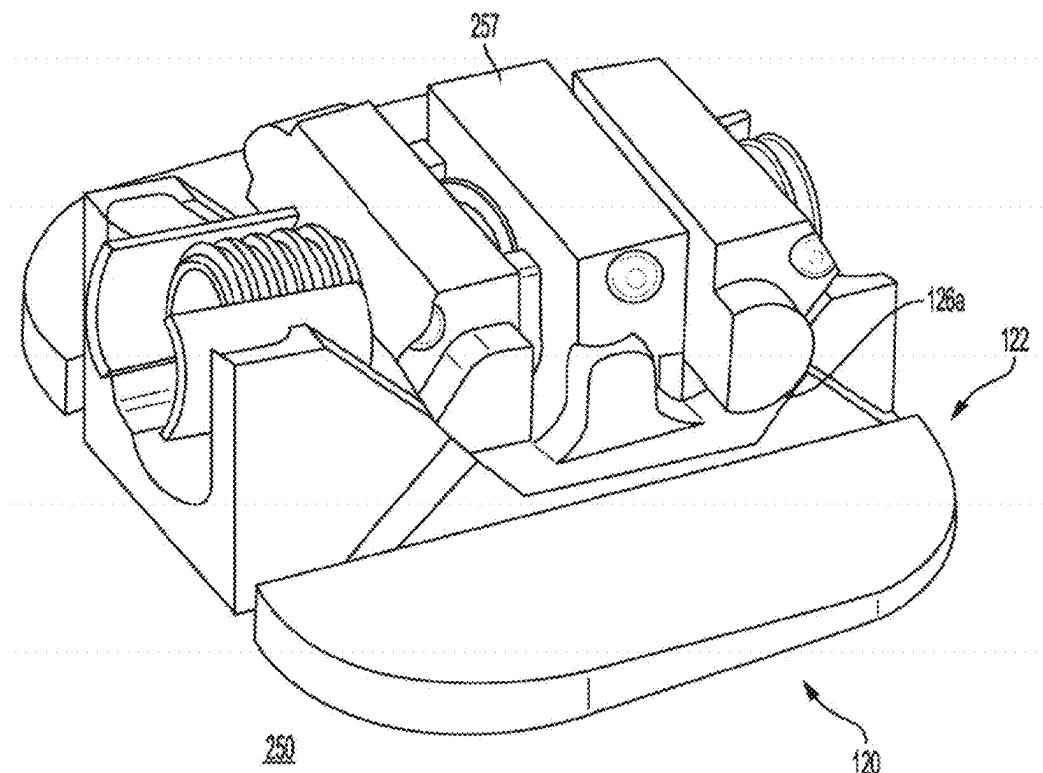


FIG. 12B

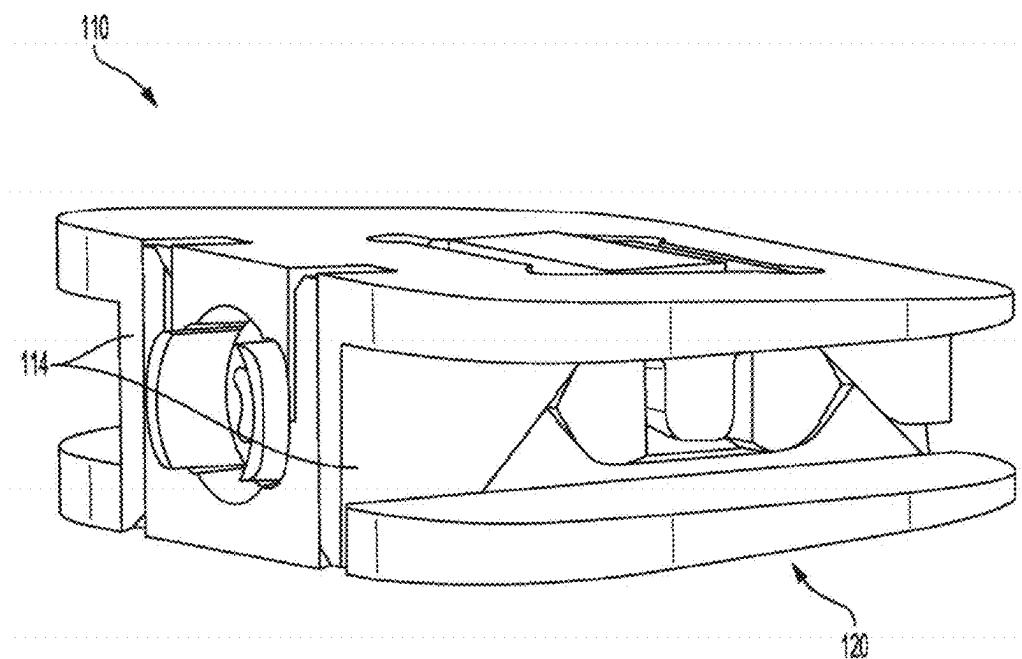


FIG. 13A

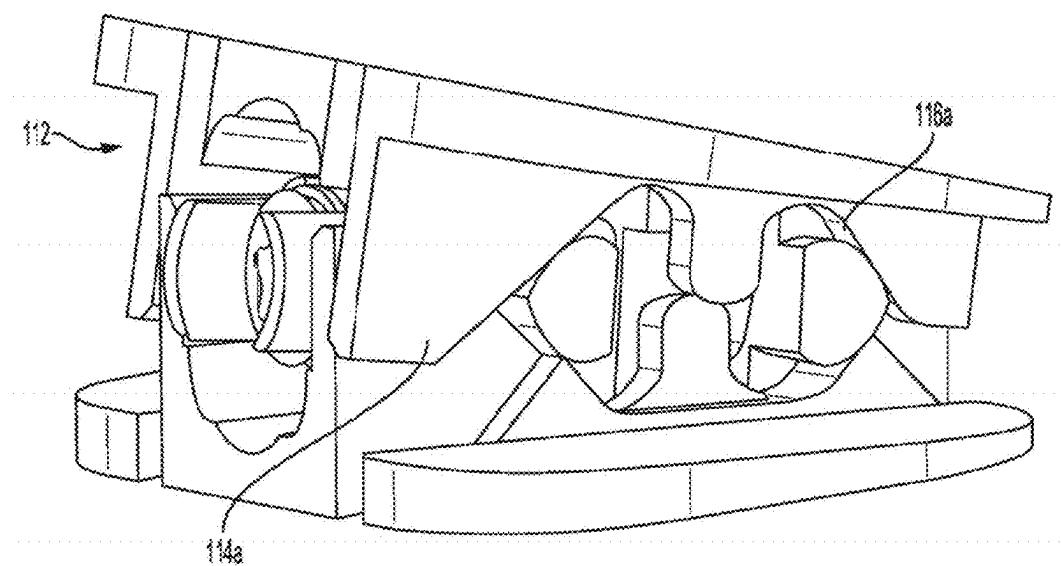


FIG. 13B

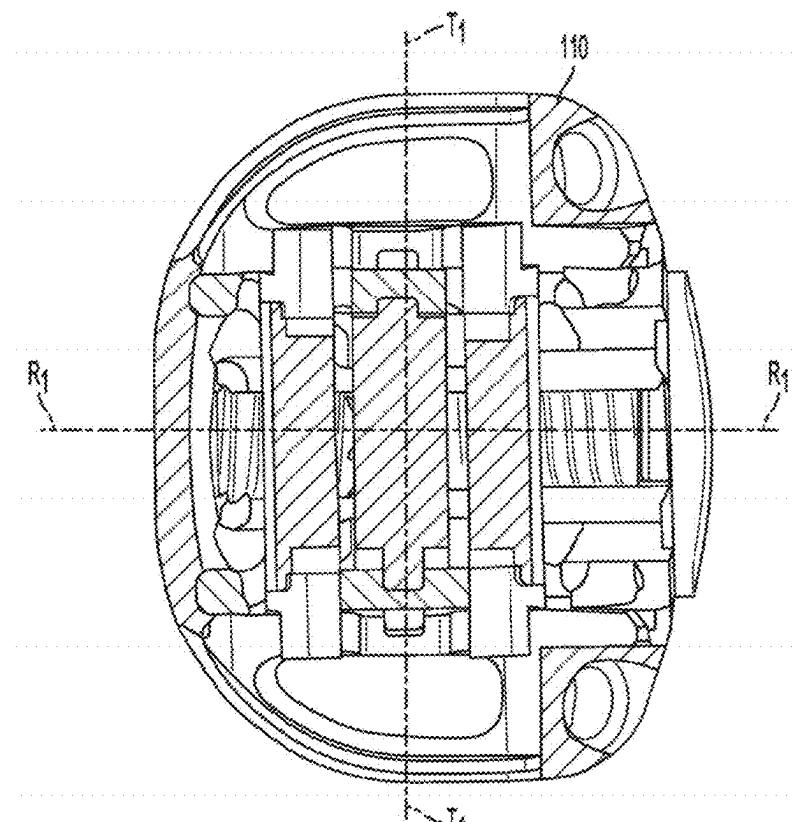


FIG. 14A

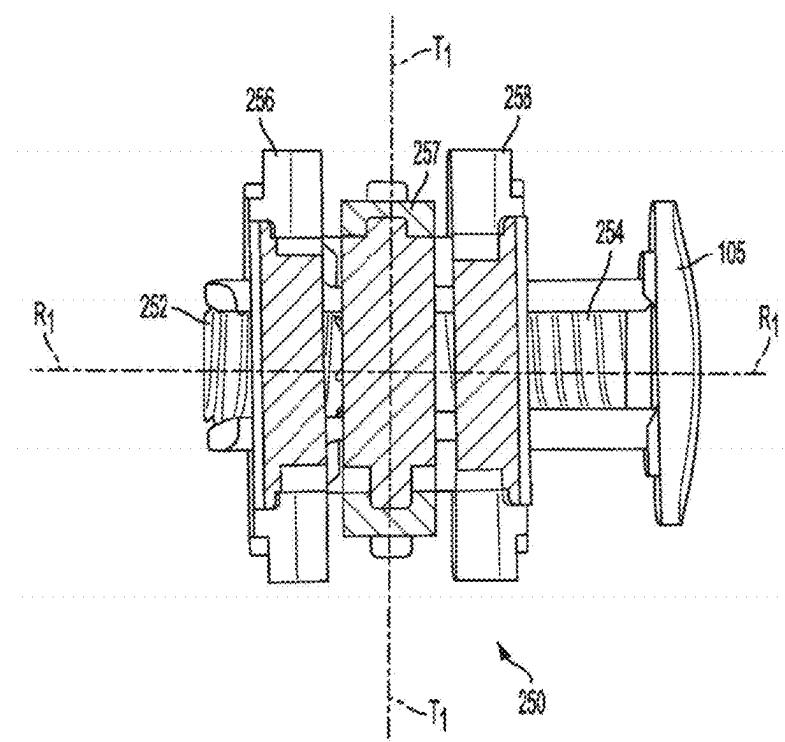


FIG. 14B

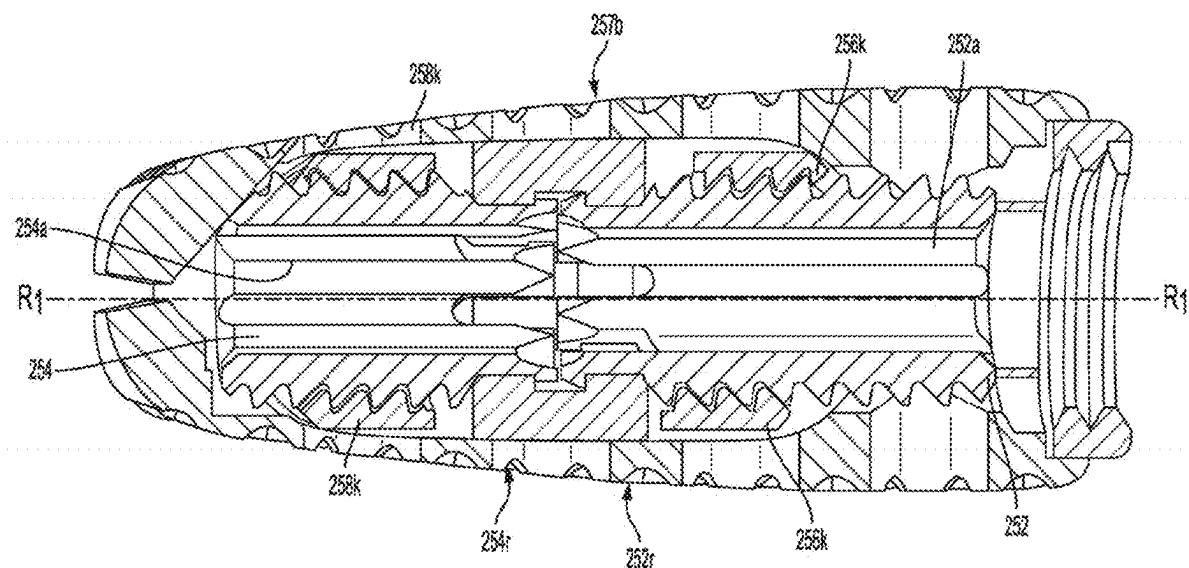


FIG. 15

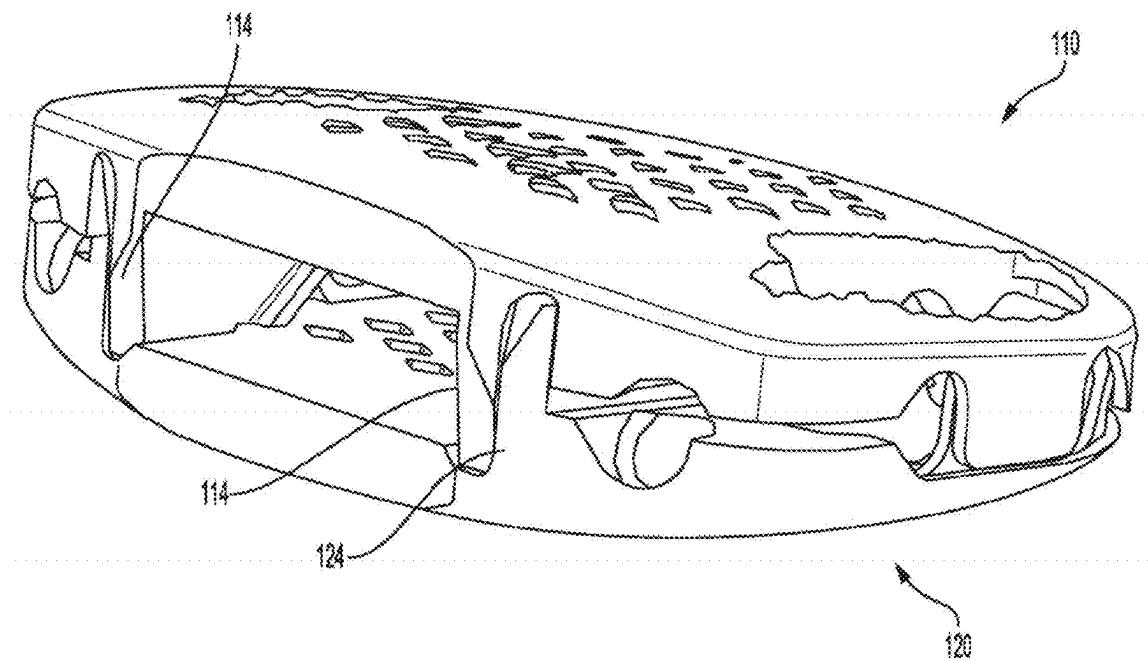
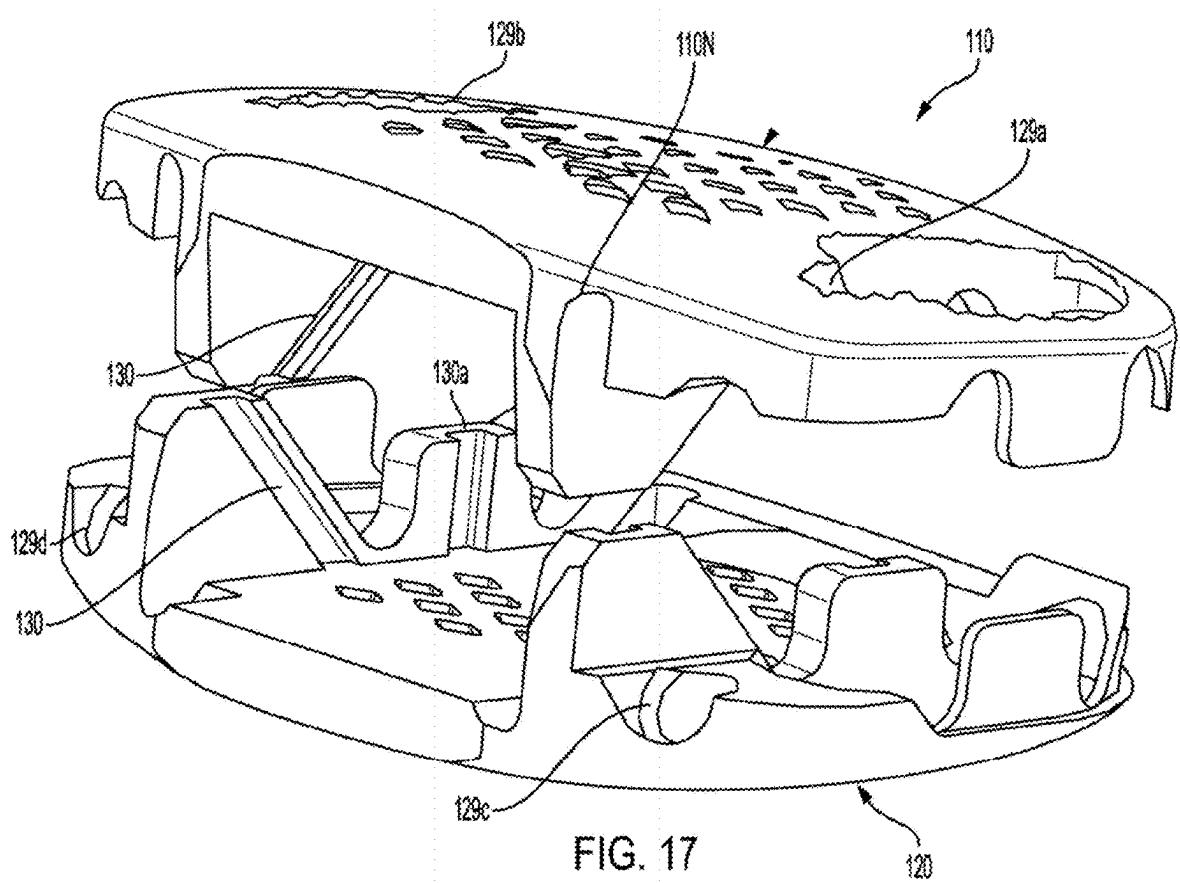
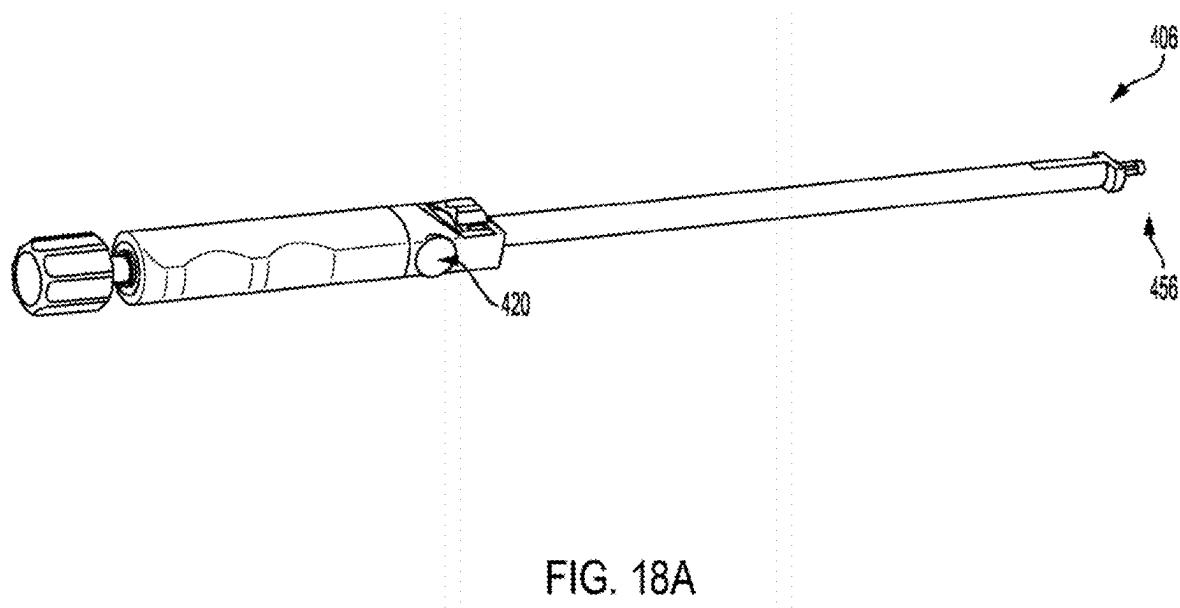


FIG. 16





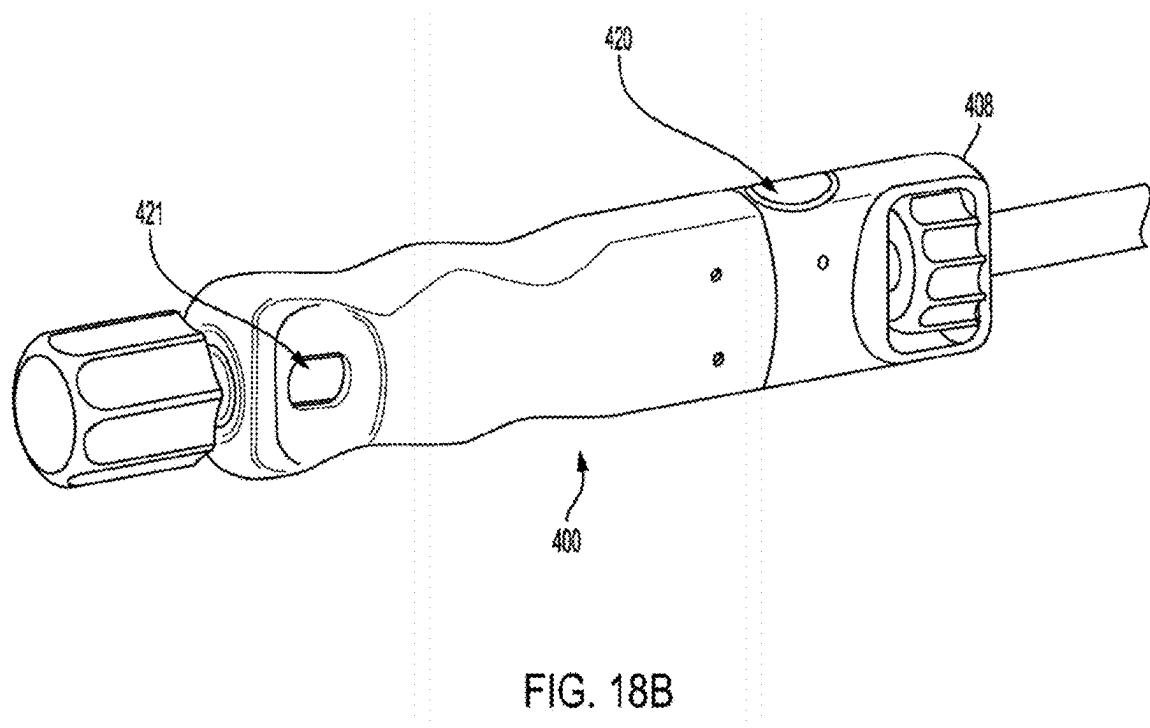


FIG. 18B

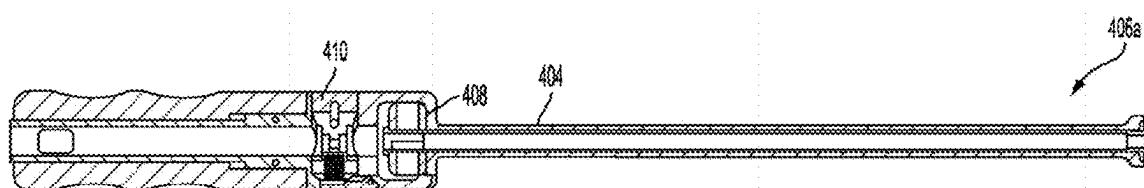


FIG. 19A

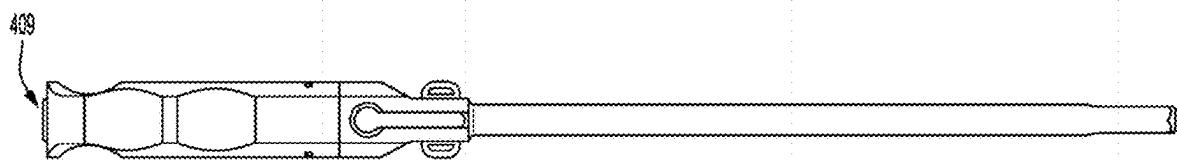


FIG. 19B

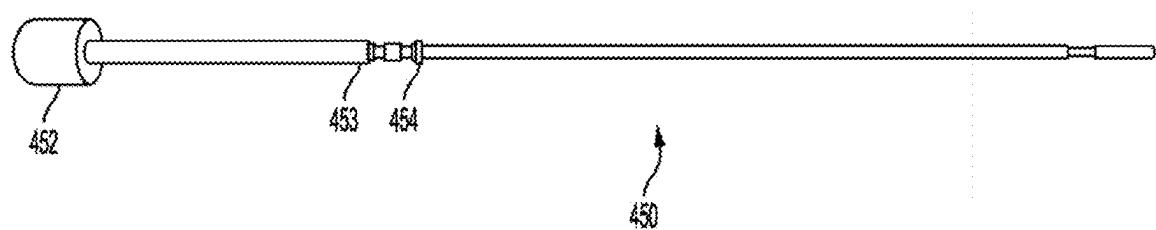


FIG. 19C

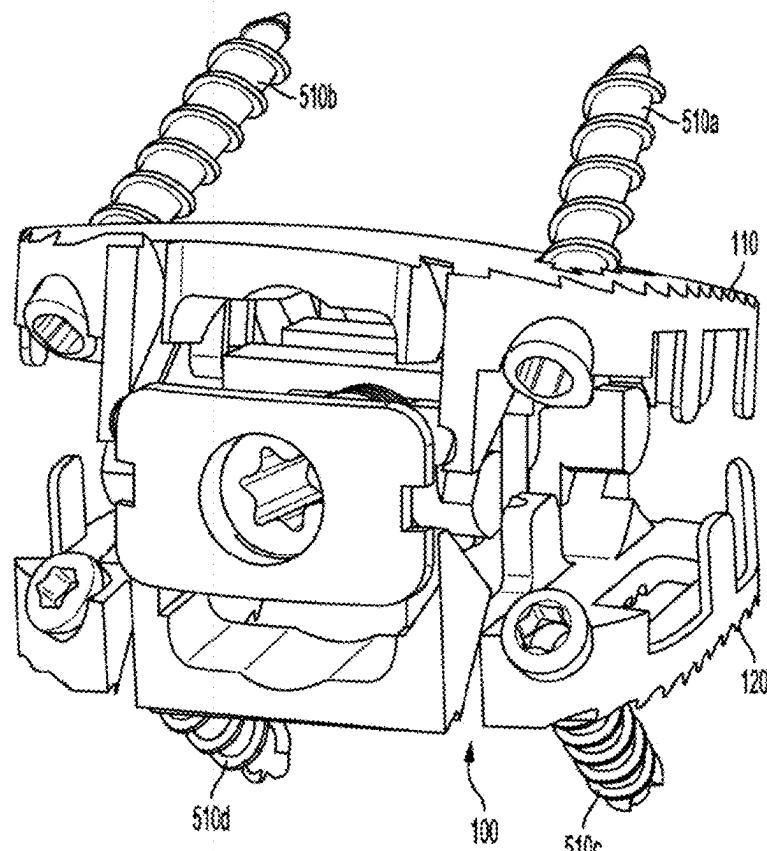


FIG. 20

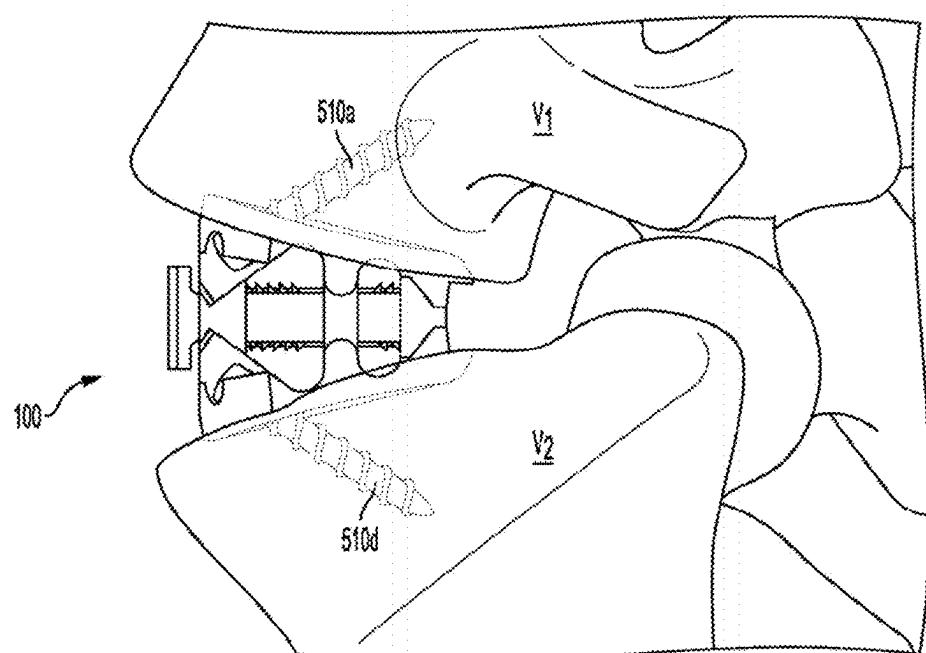


FIG. 21A

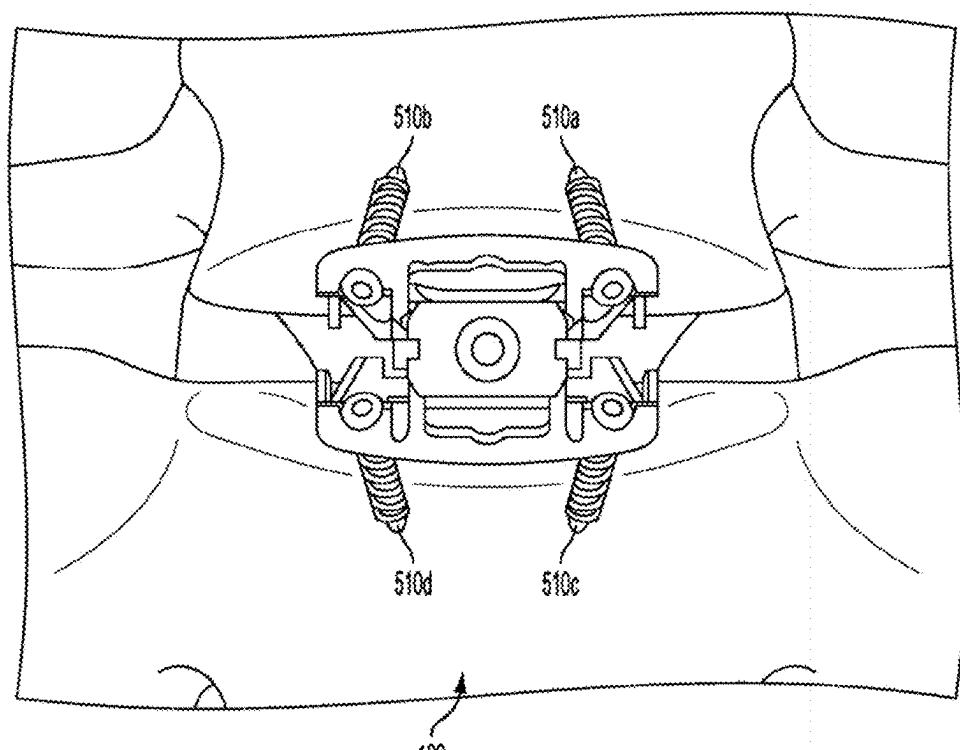


FIG. 21B

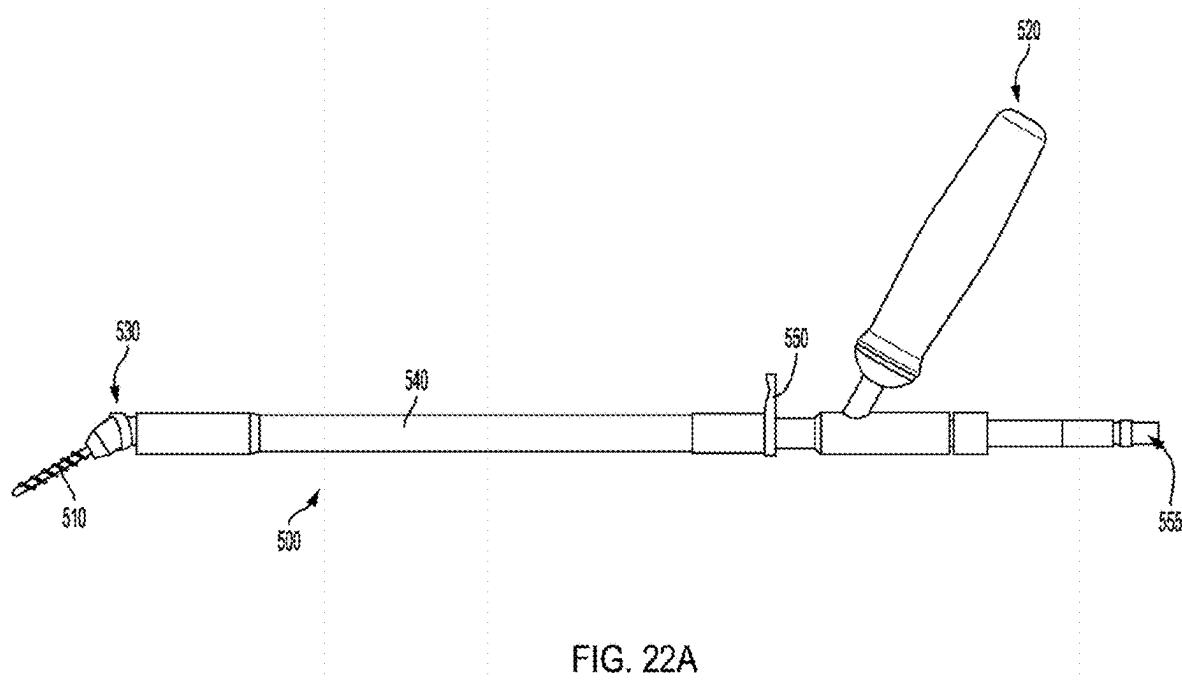


FIG. 22A

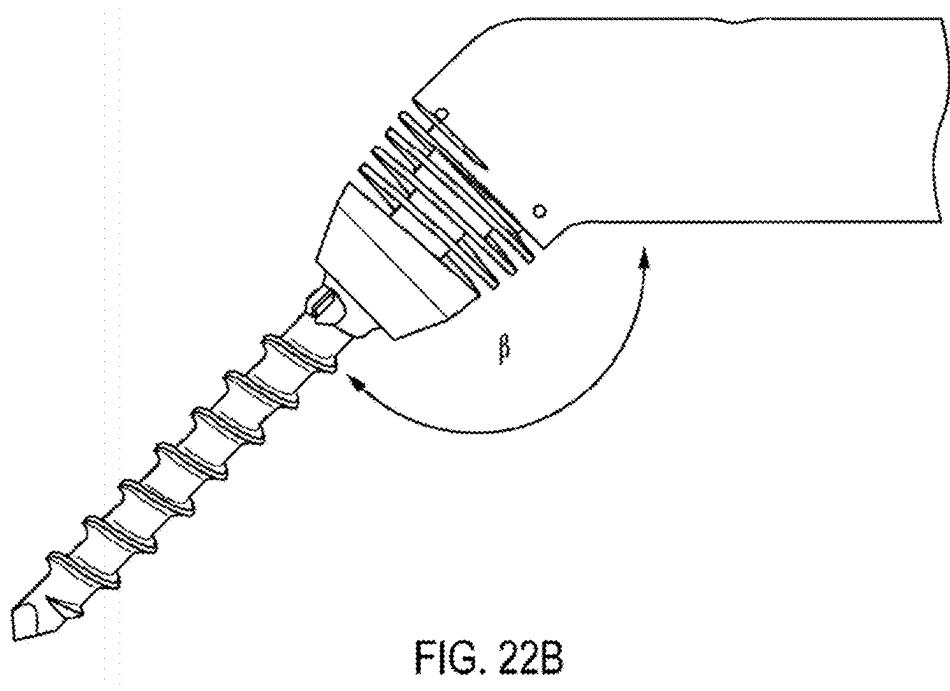
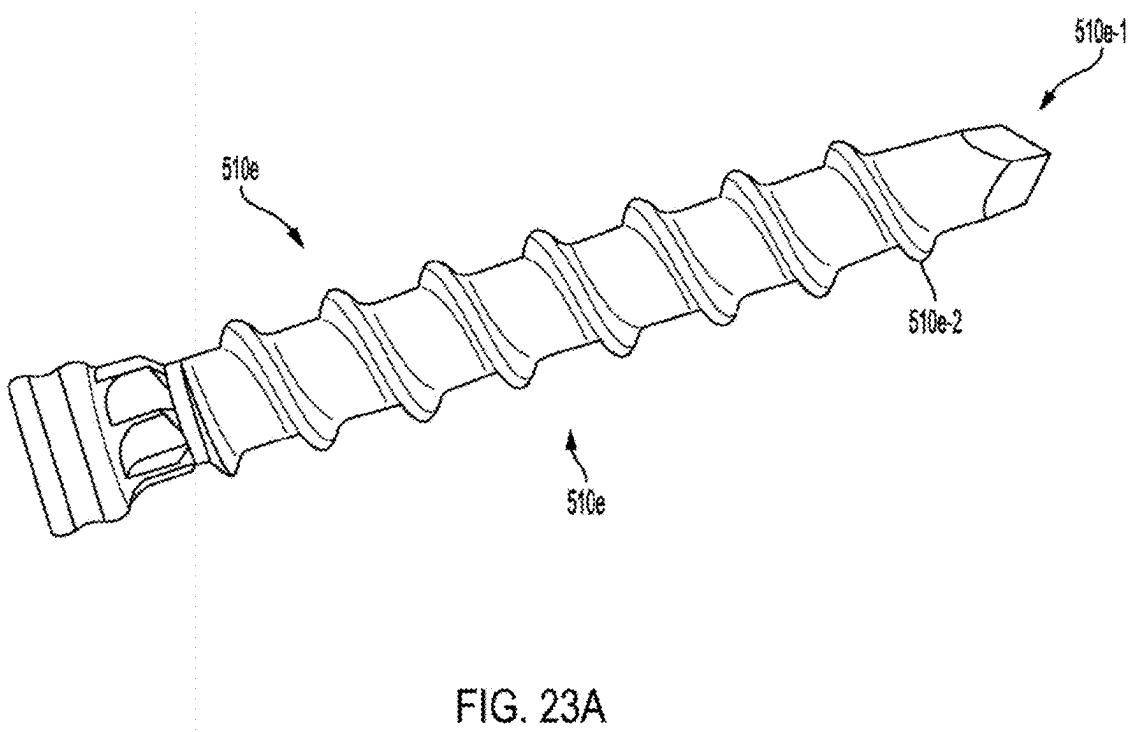


FIG. 22B



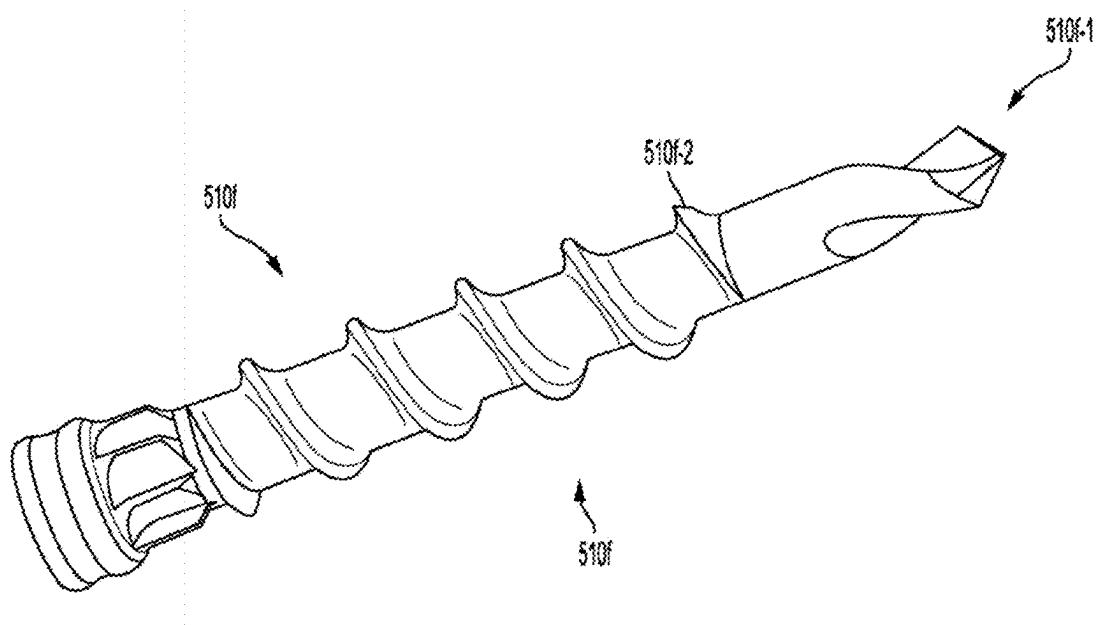


FIG. 23B

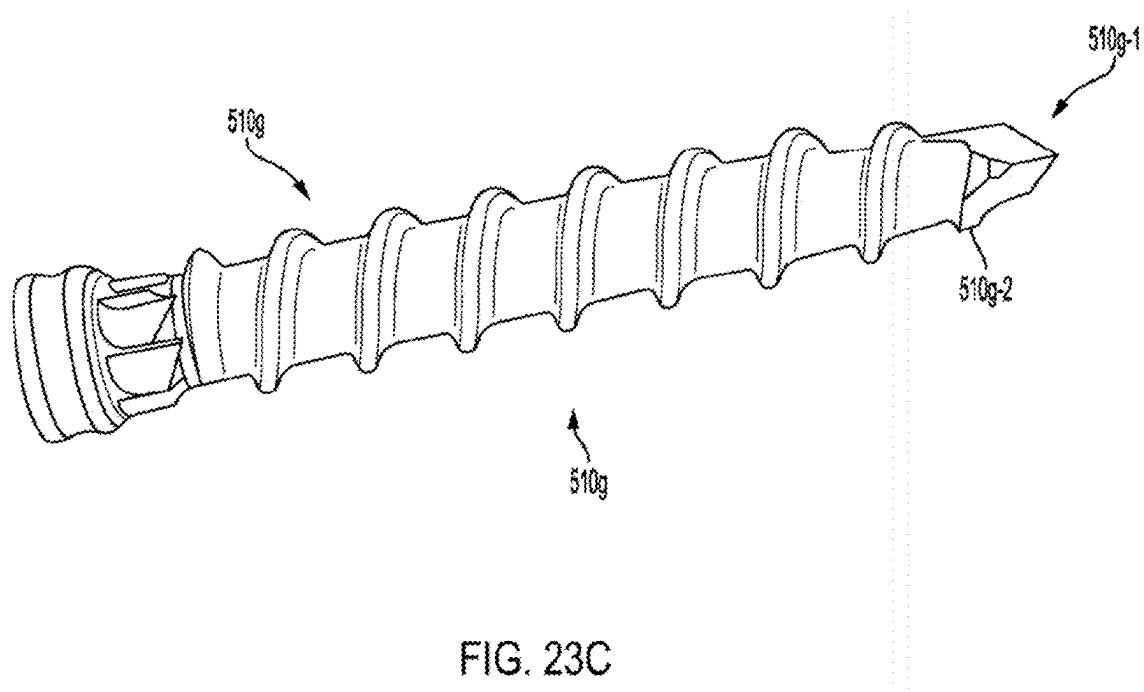


FIG. 23C

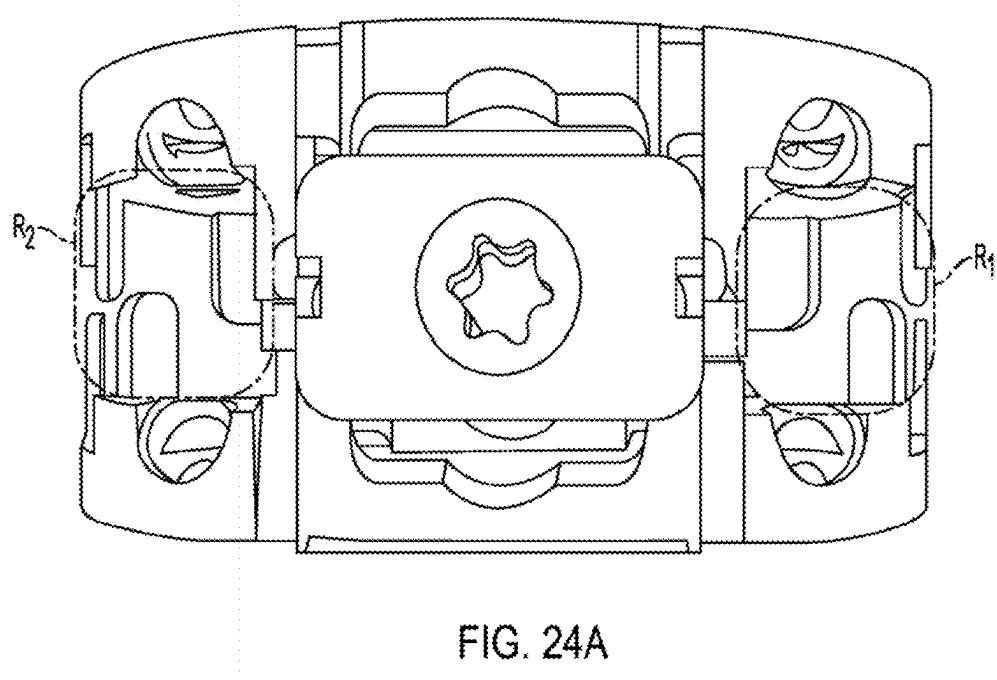


FIG. 24A

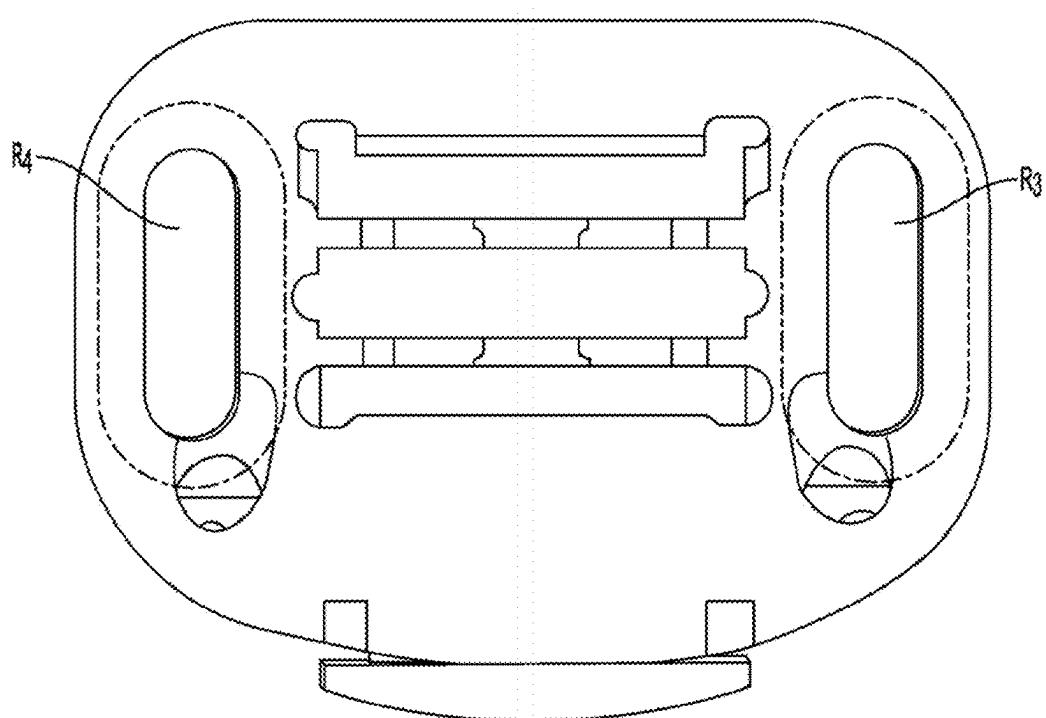


FIG. 24B

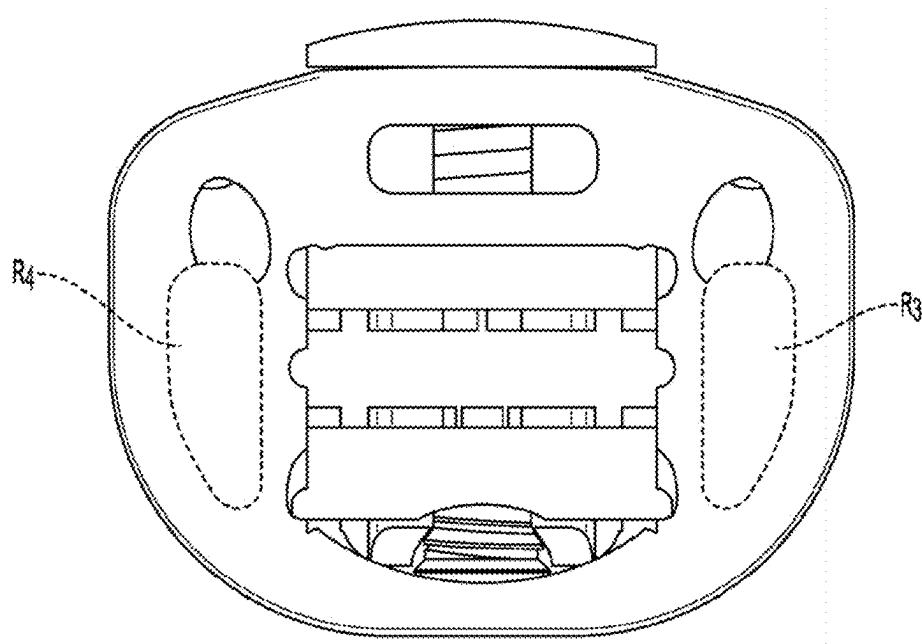


FIG. 24C

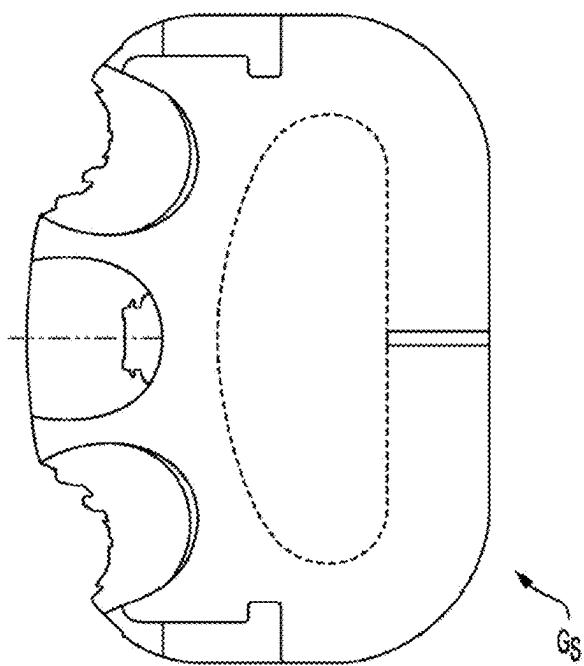
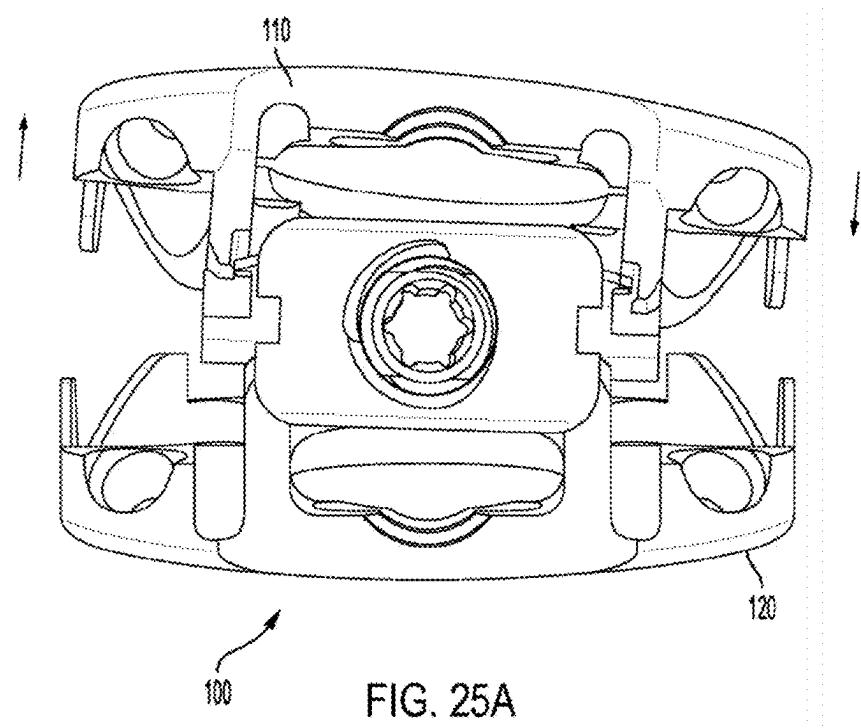
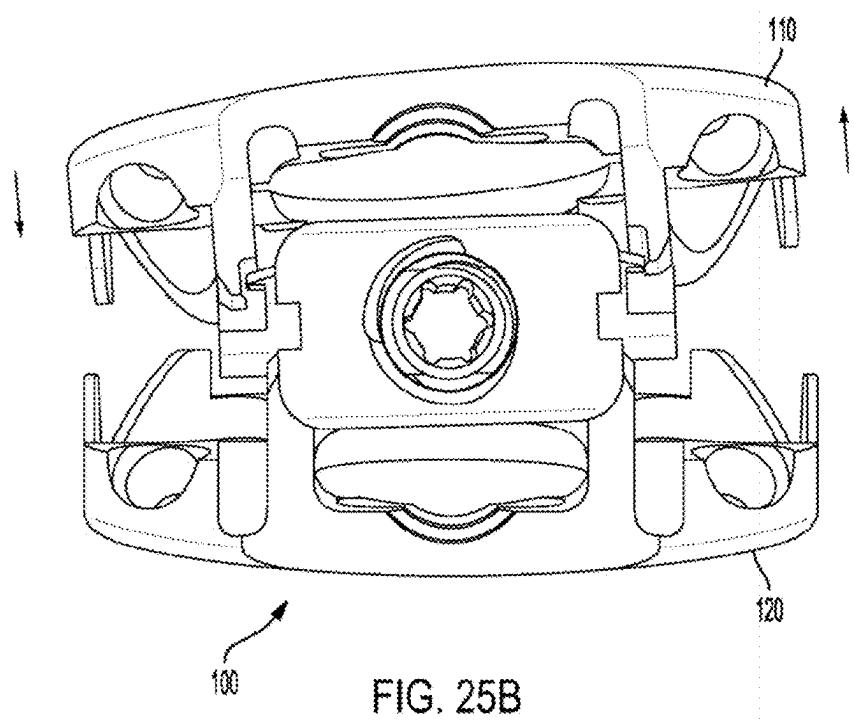
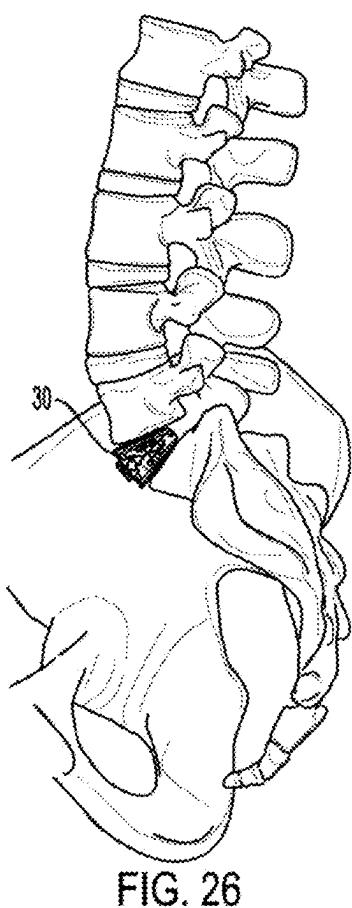


FIG. 24D







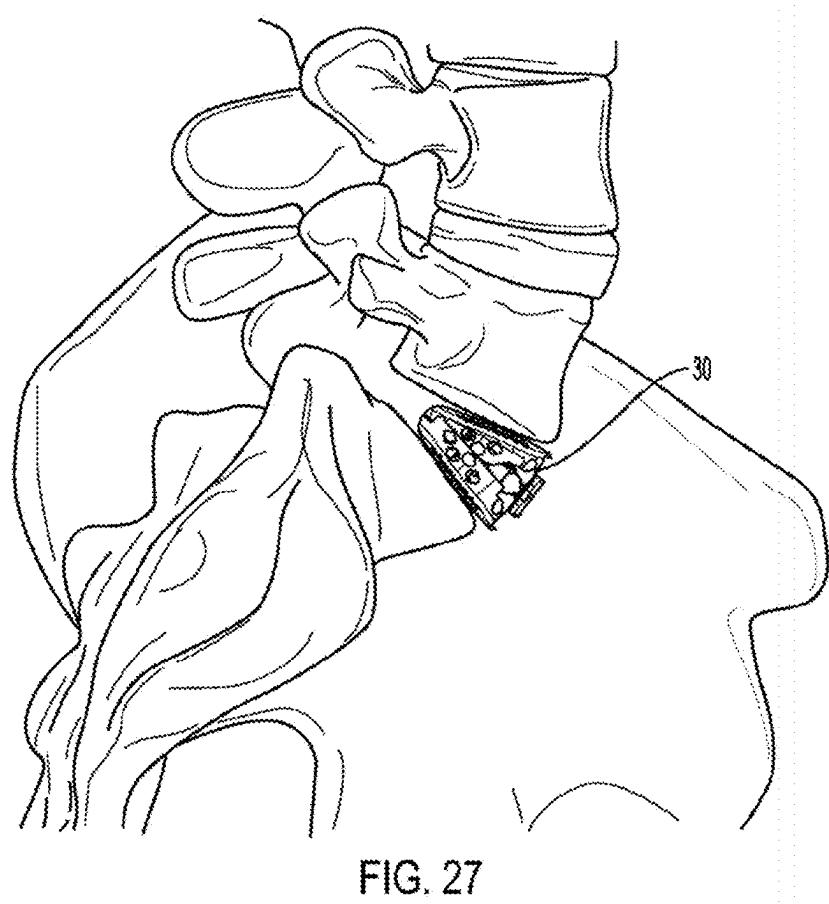


FIG. 27

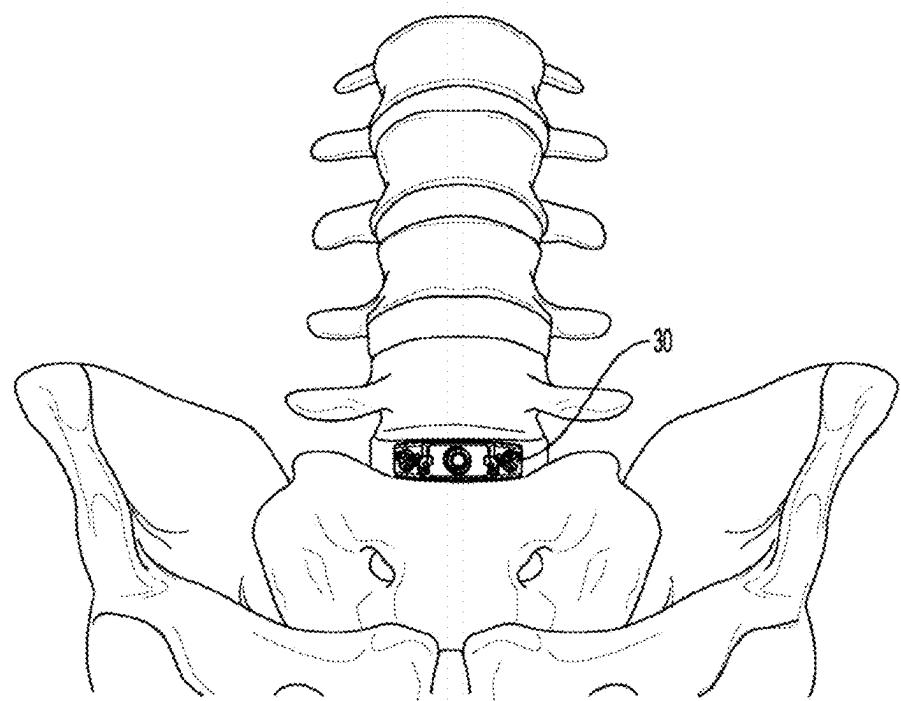
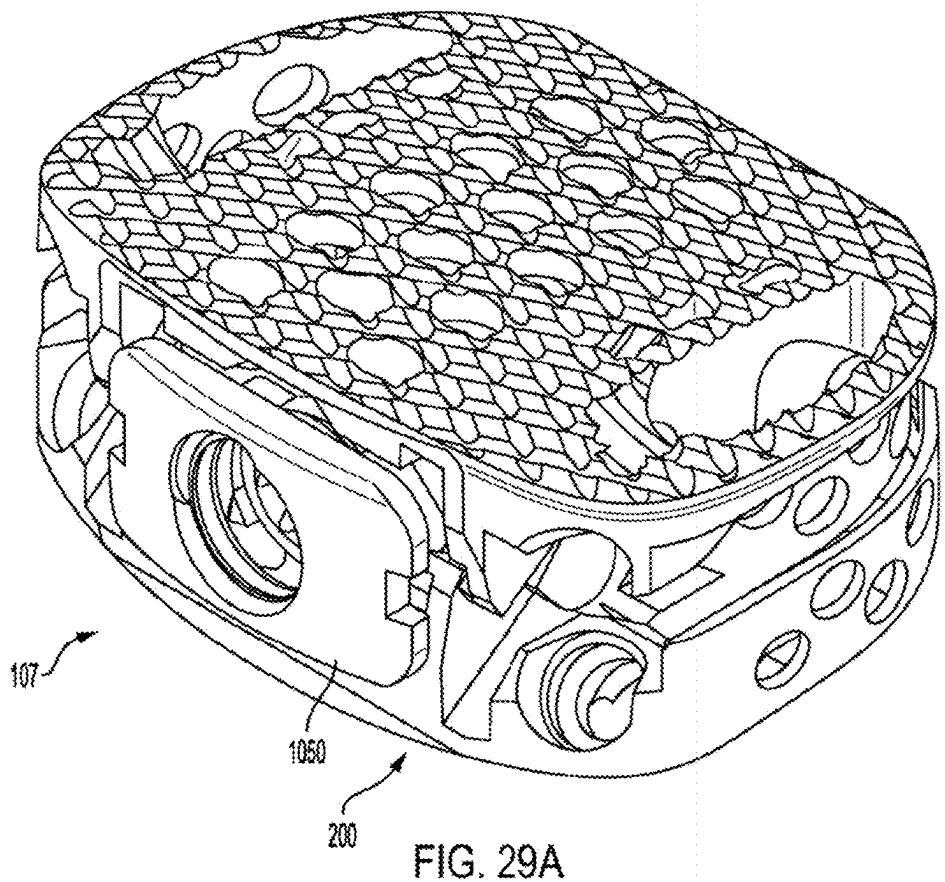


FIG. 28



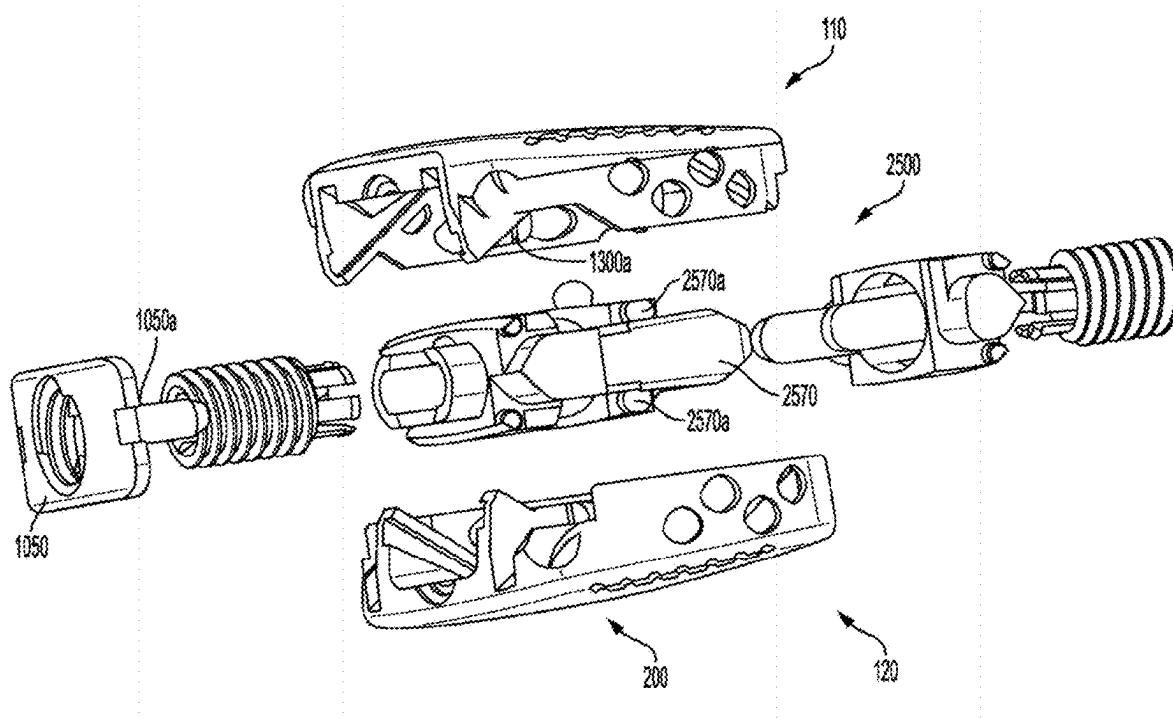


FIG. 29B

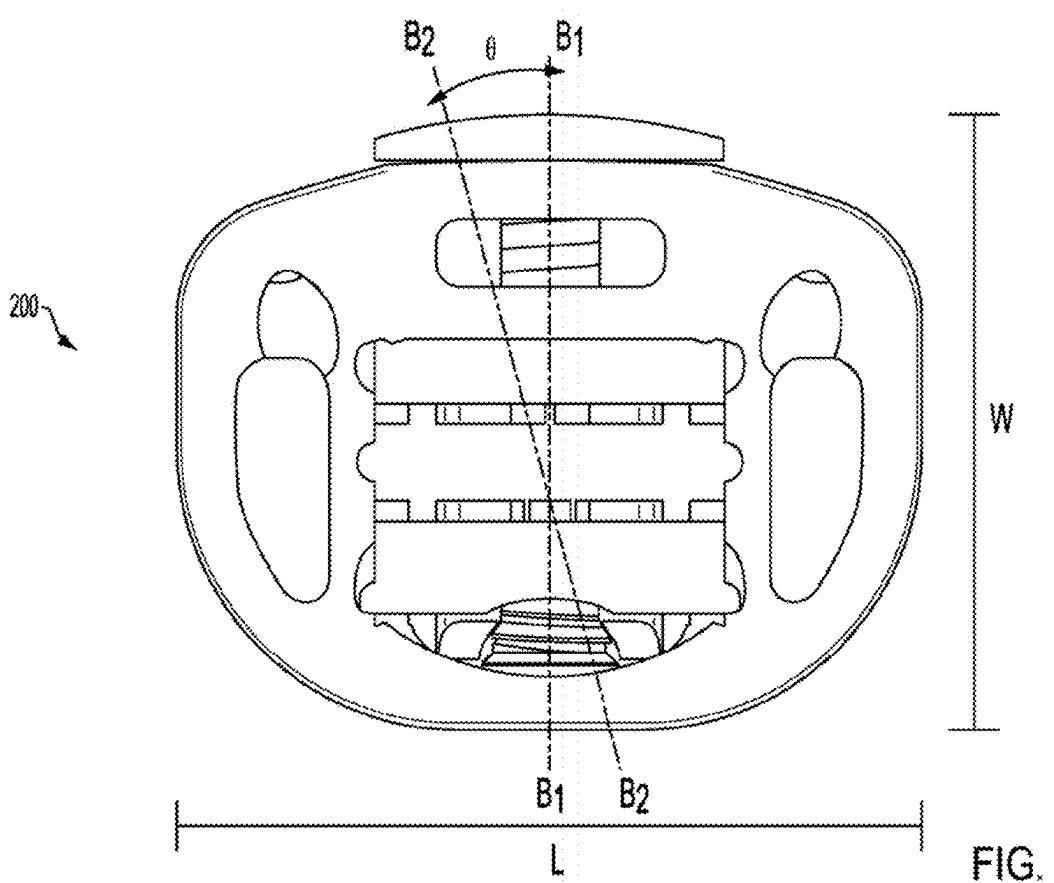


FIG. 30A

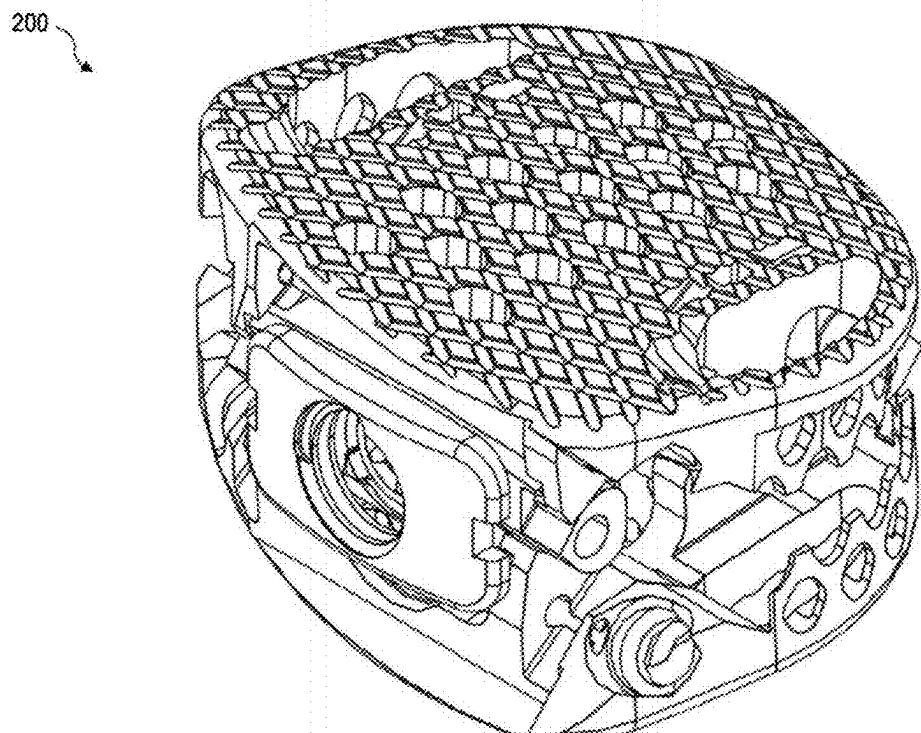
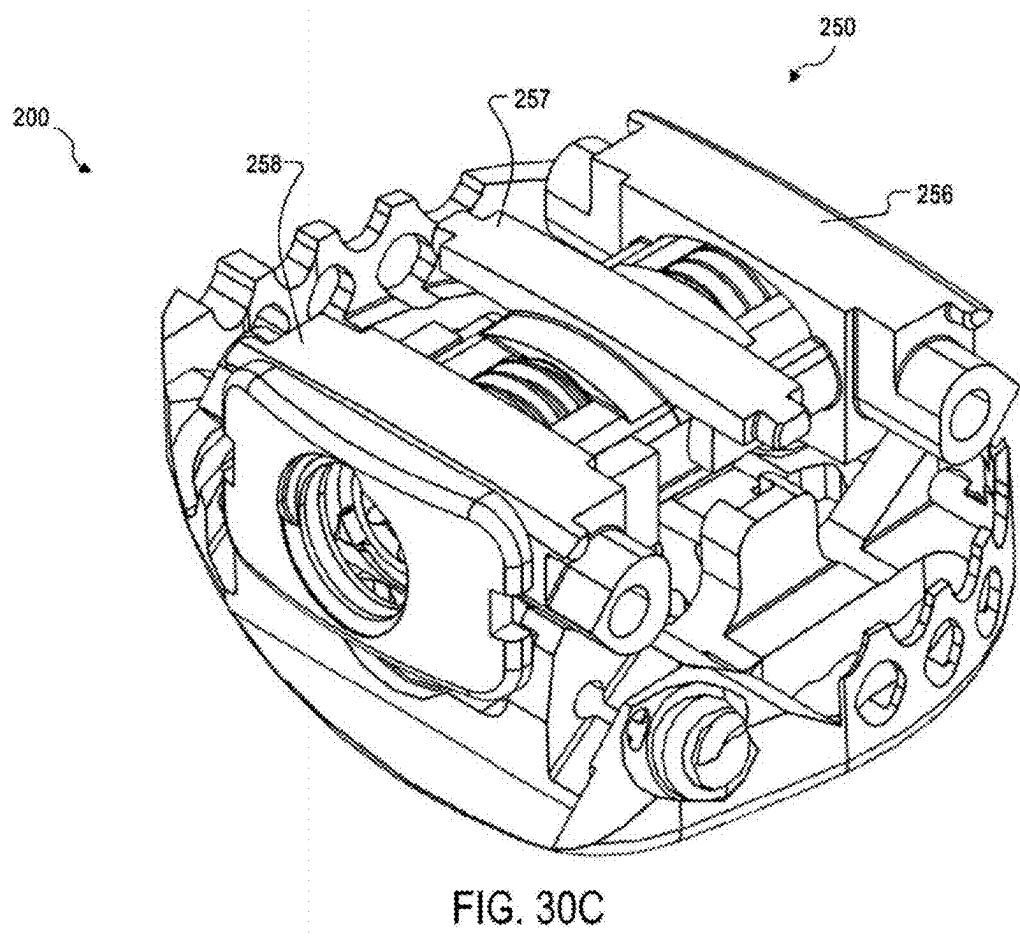
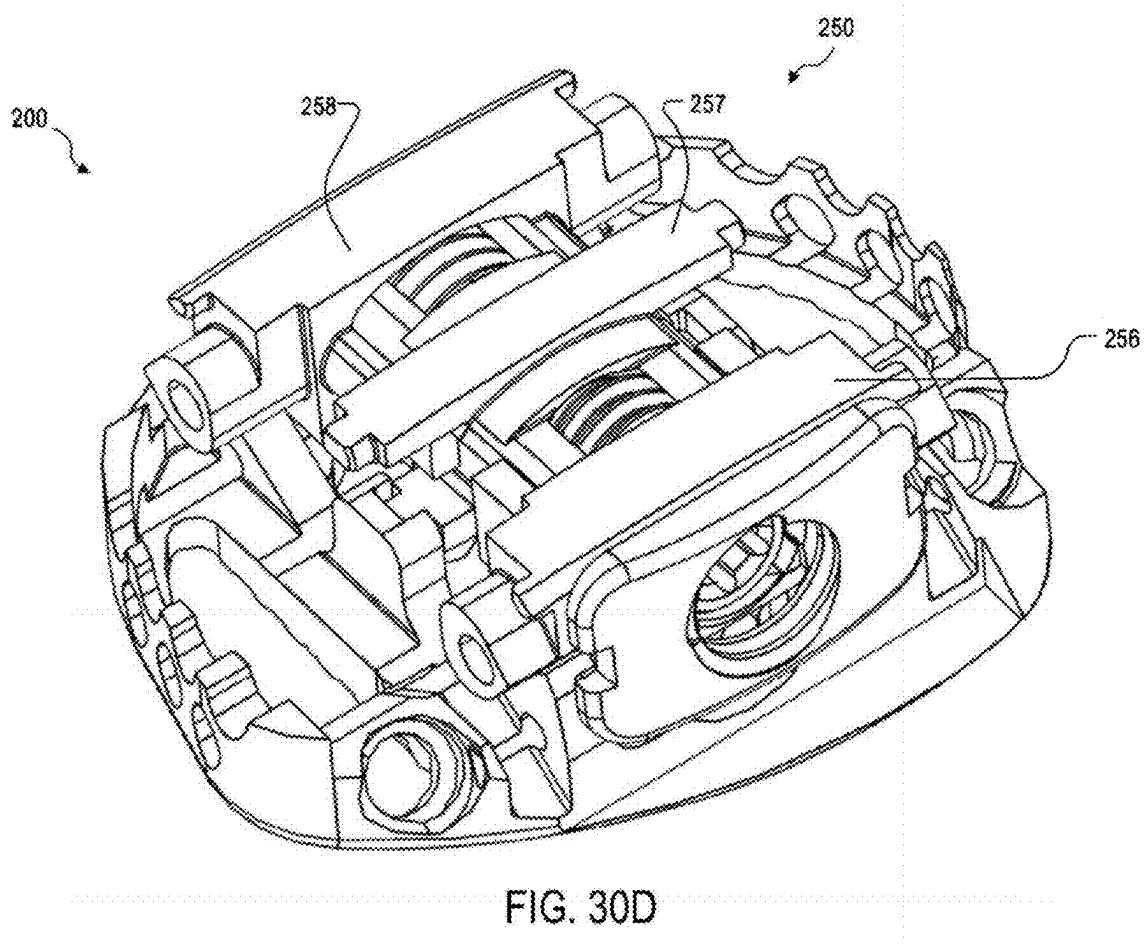


FIG. 30B





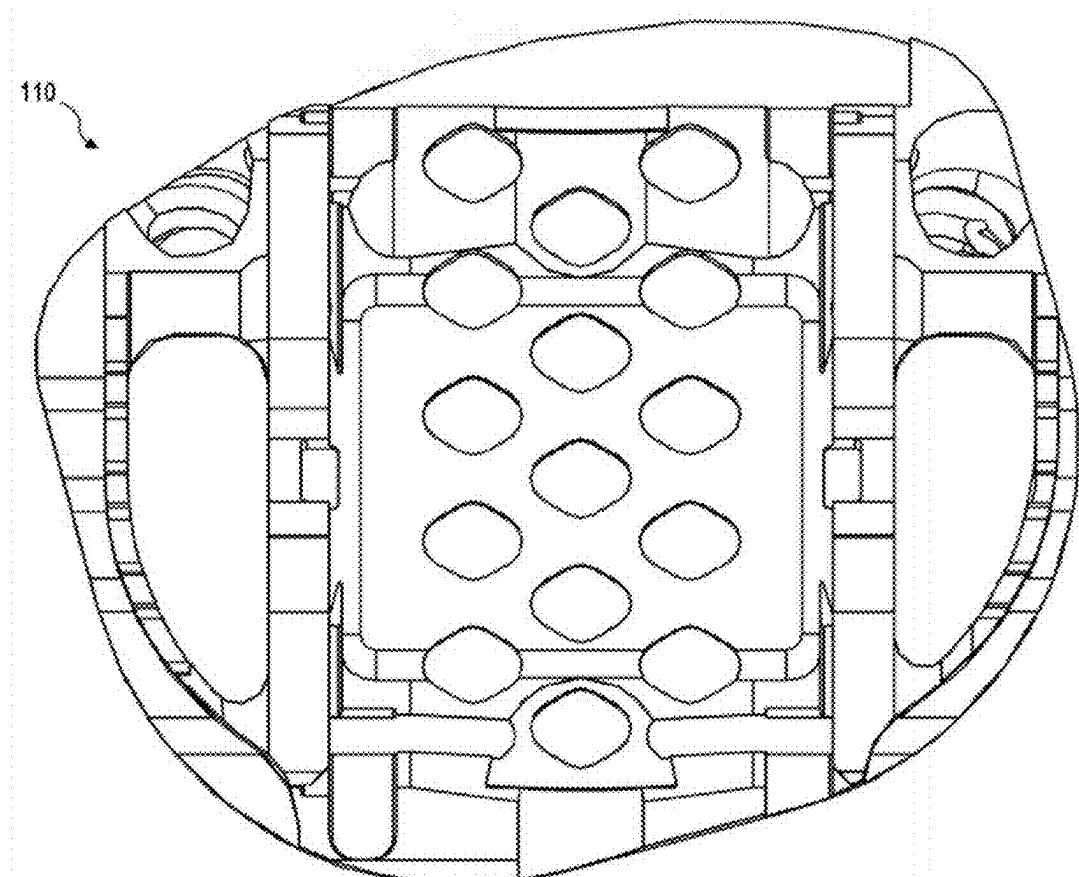


FIG. 30E

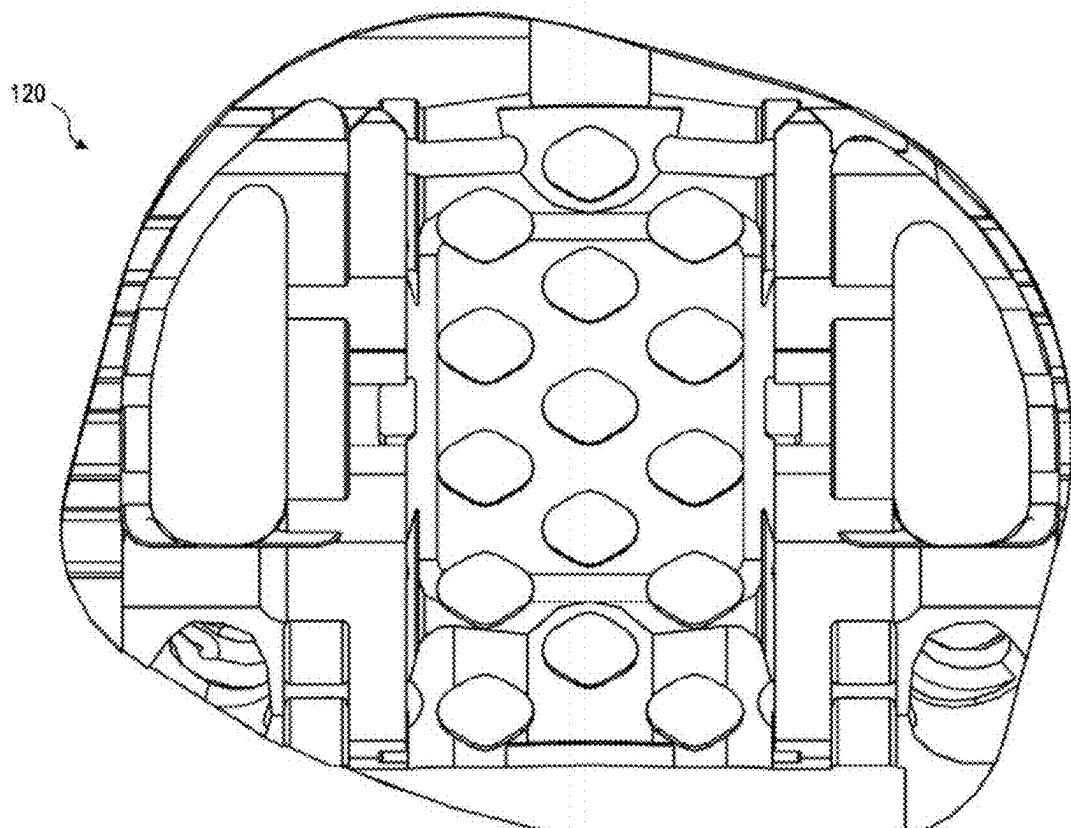


FIG. 30F

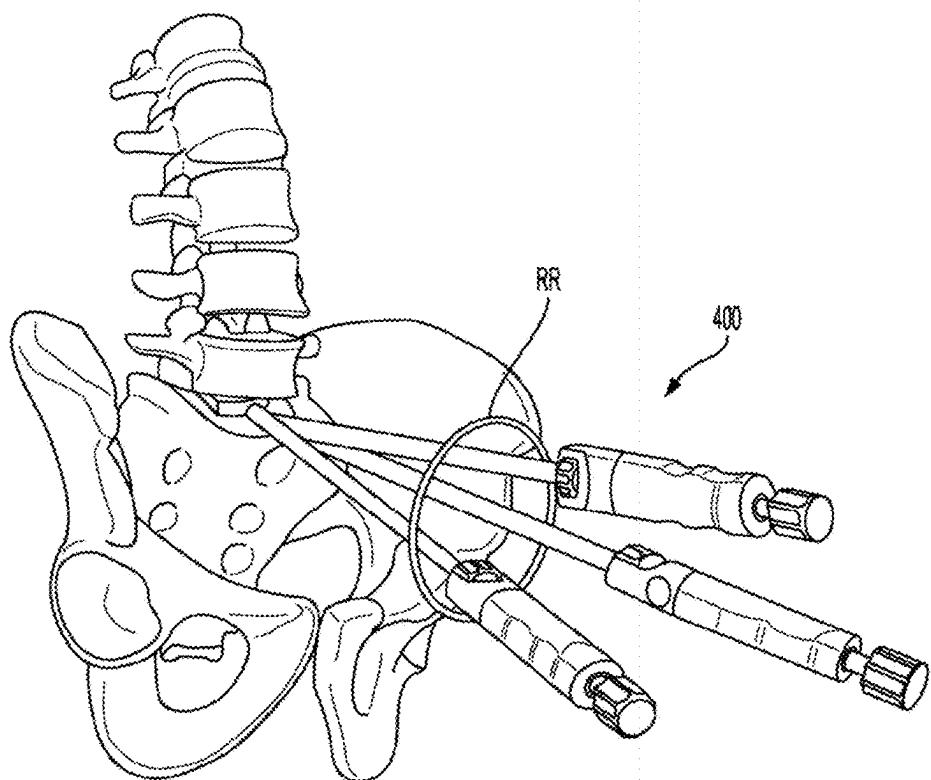


FIG. 31

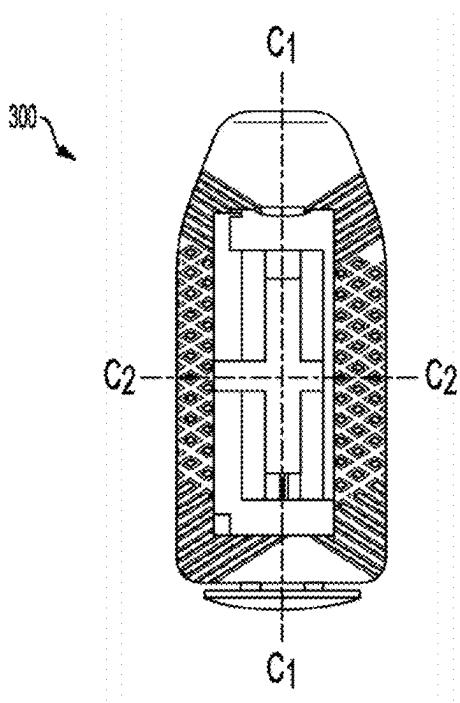
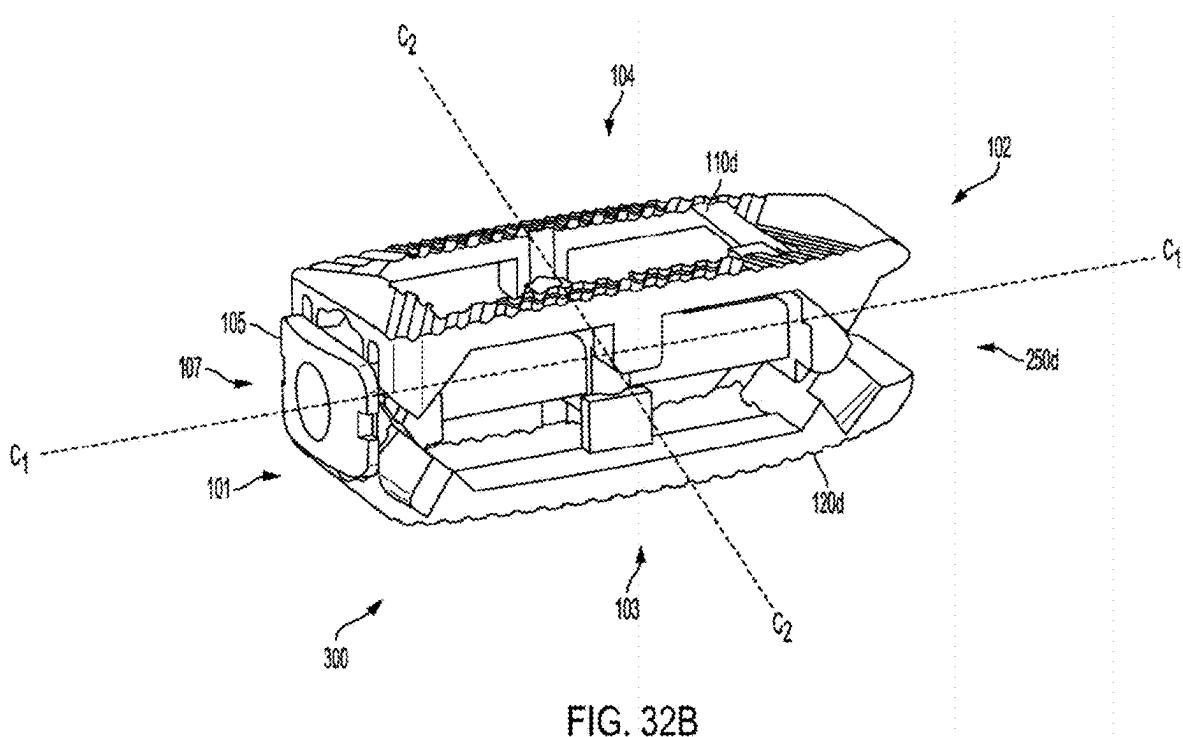


FIG. 32A



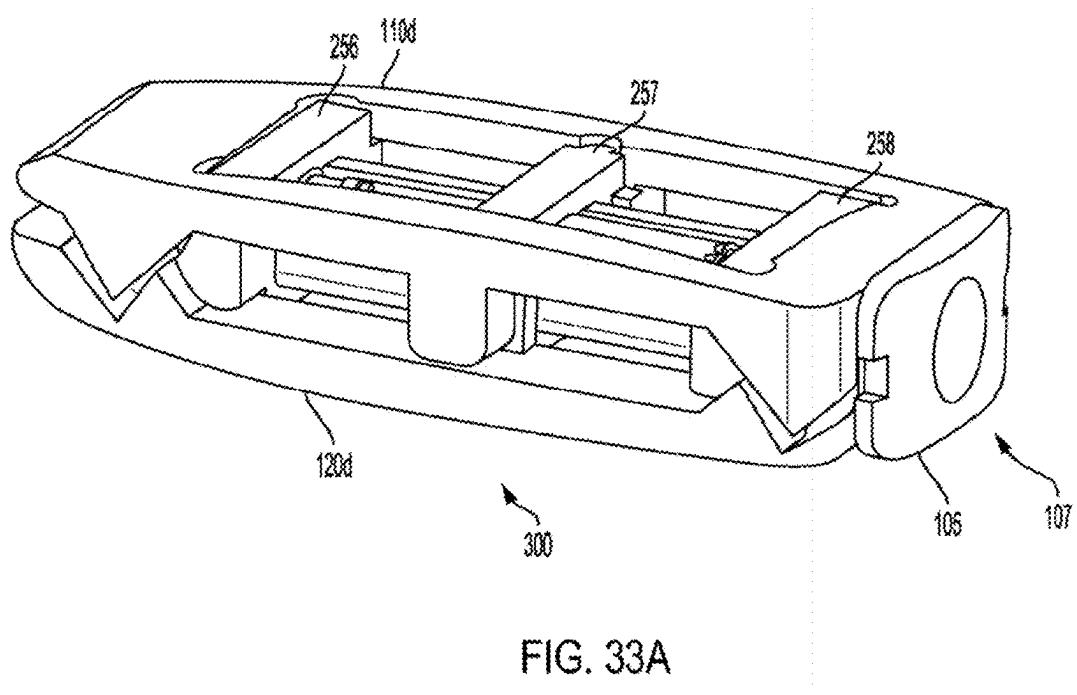
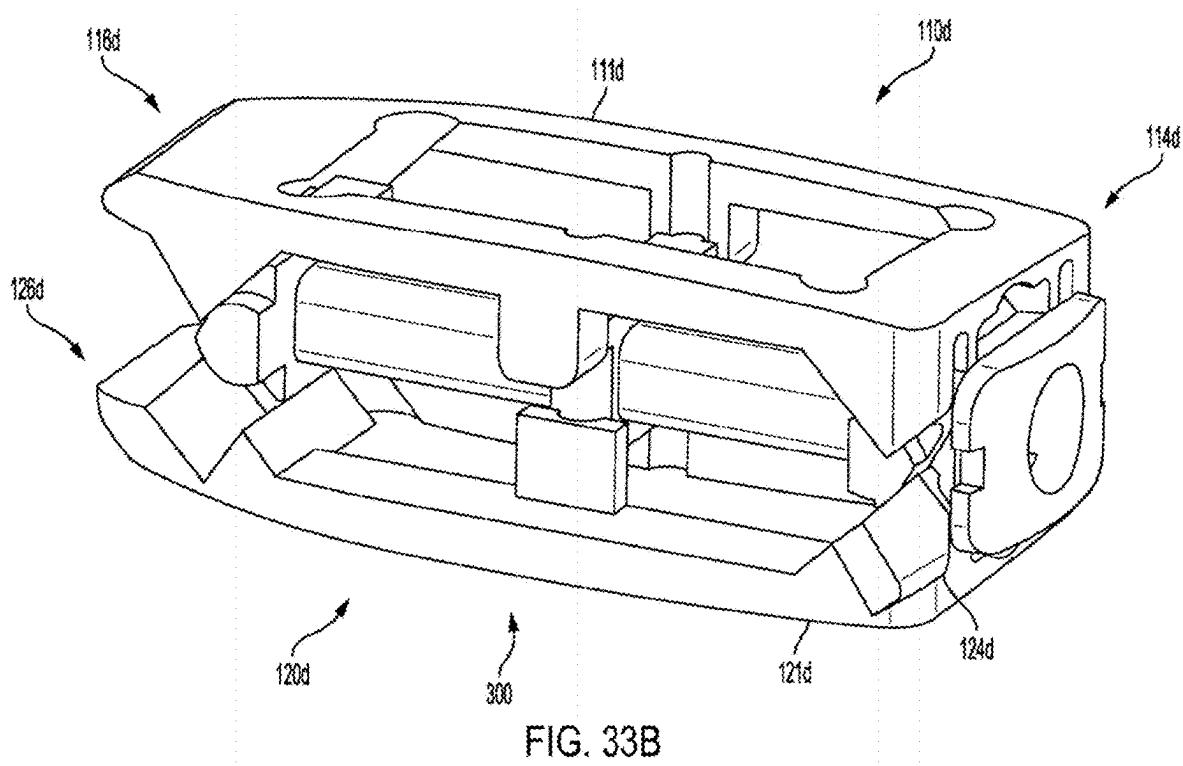


FIG. 33A



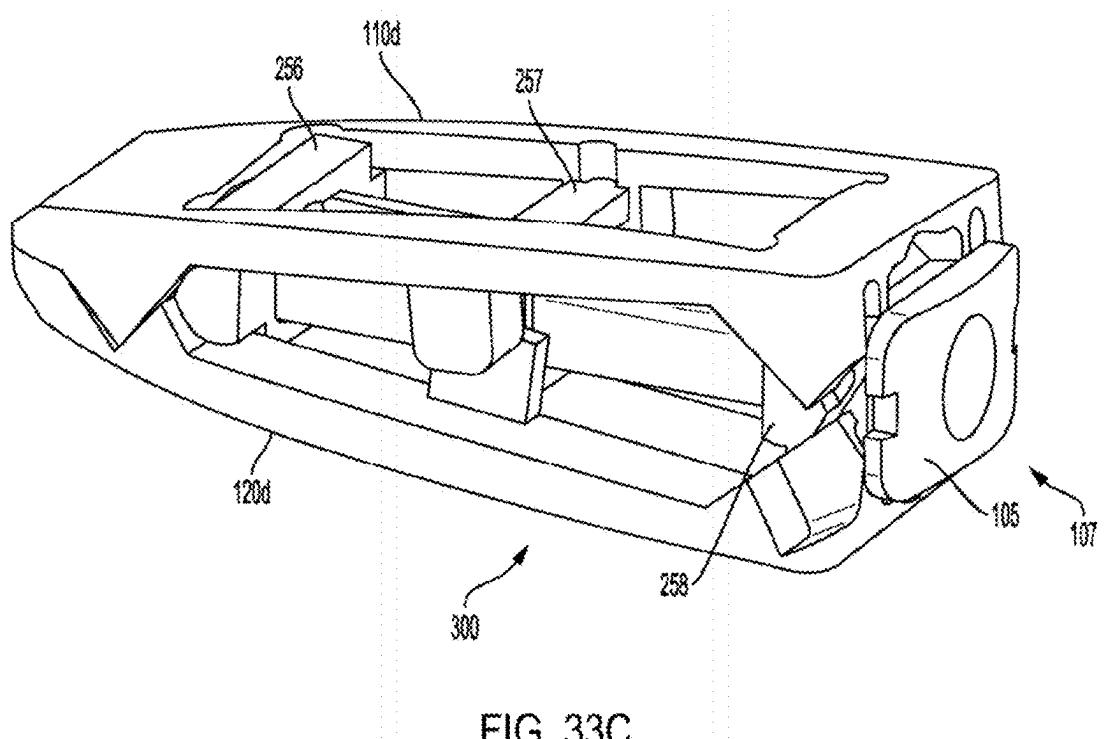


FIG. 33C

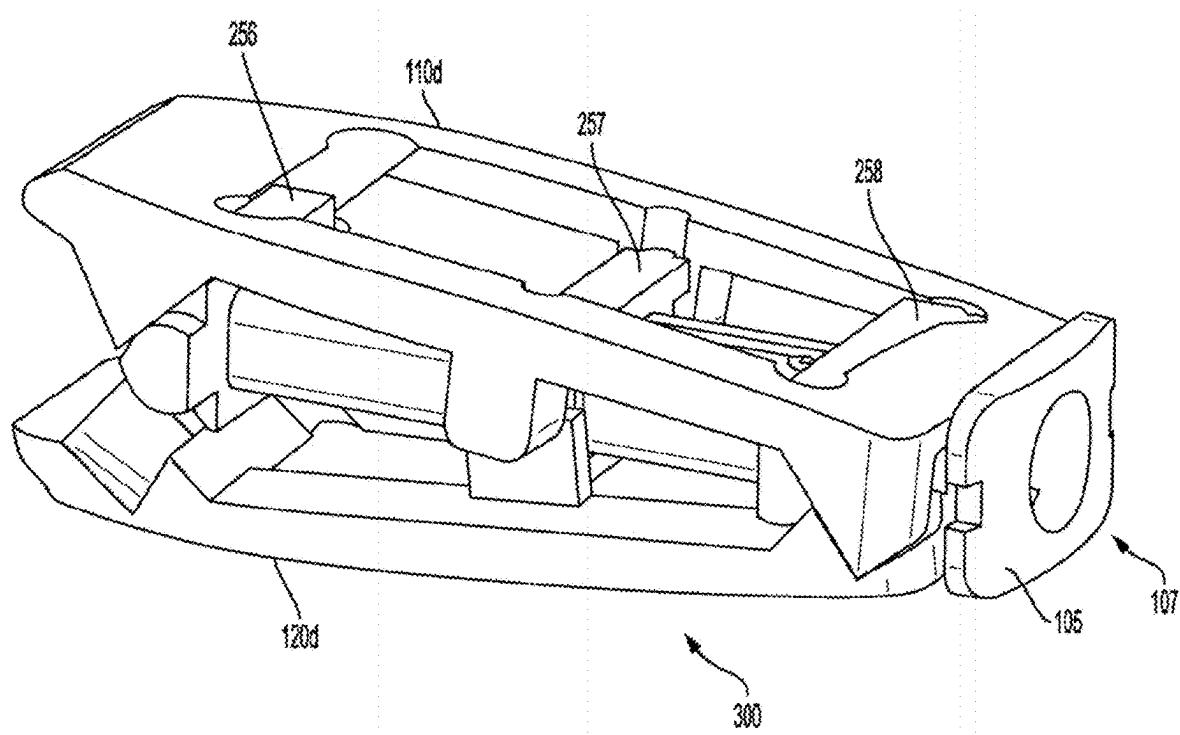
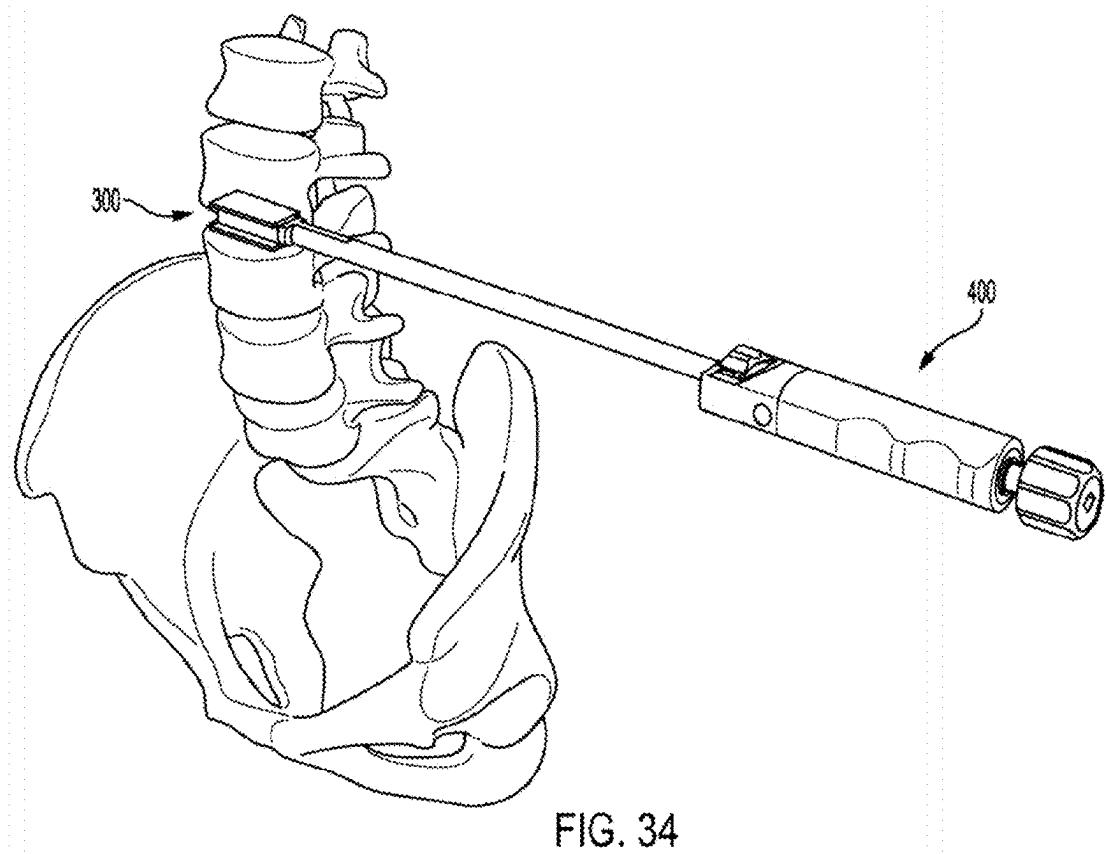


FIG. 33D



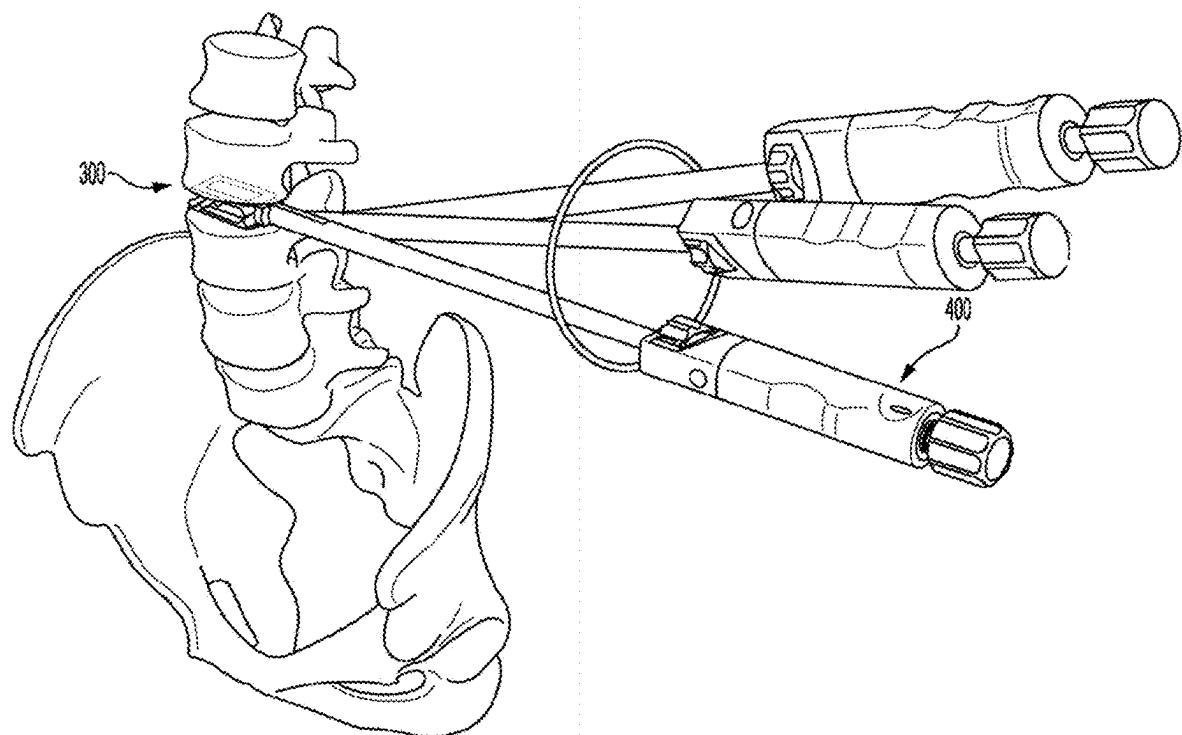


FIG. 35

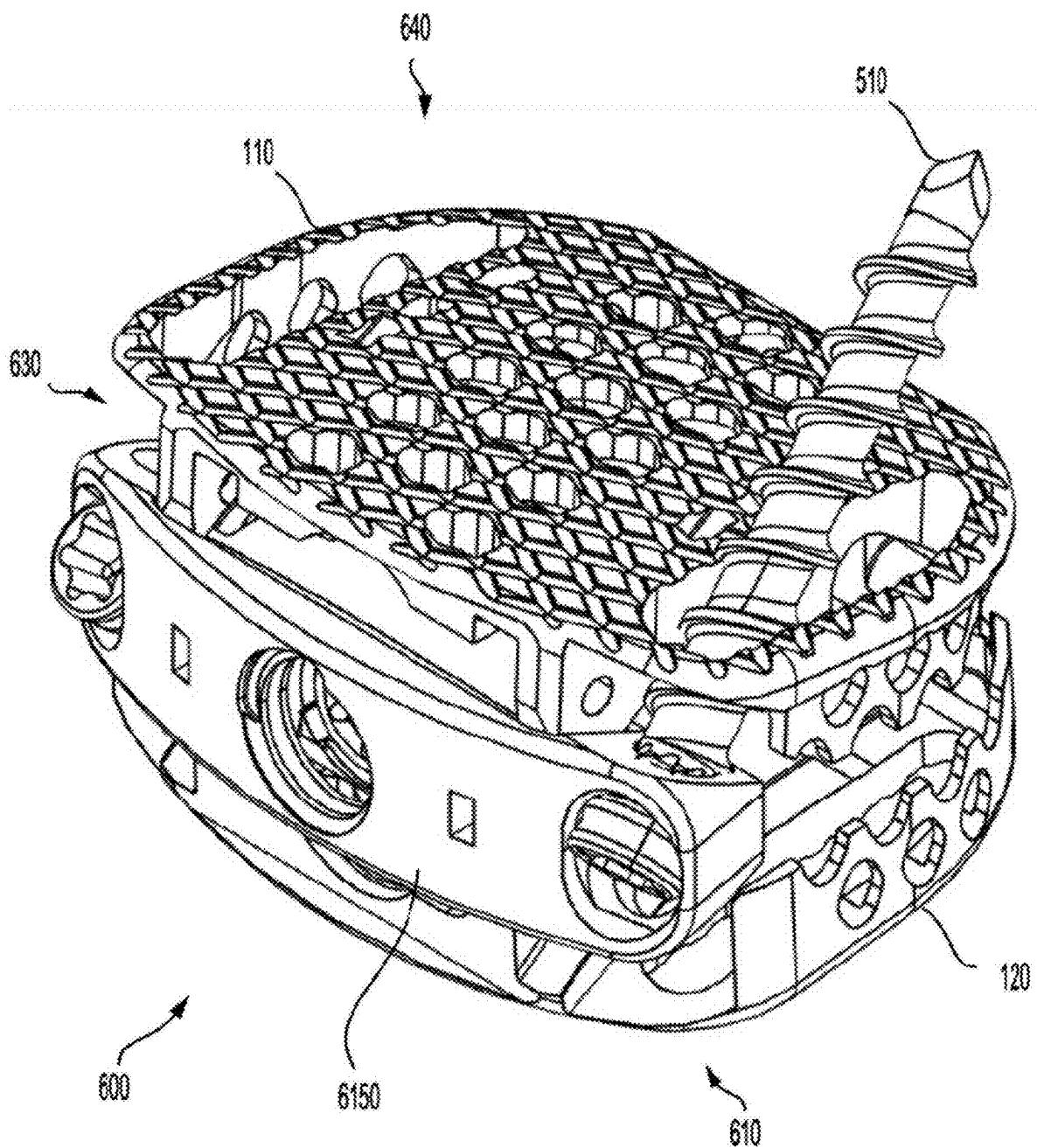


FIG. 36

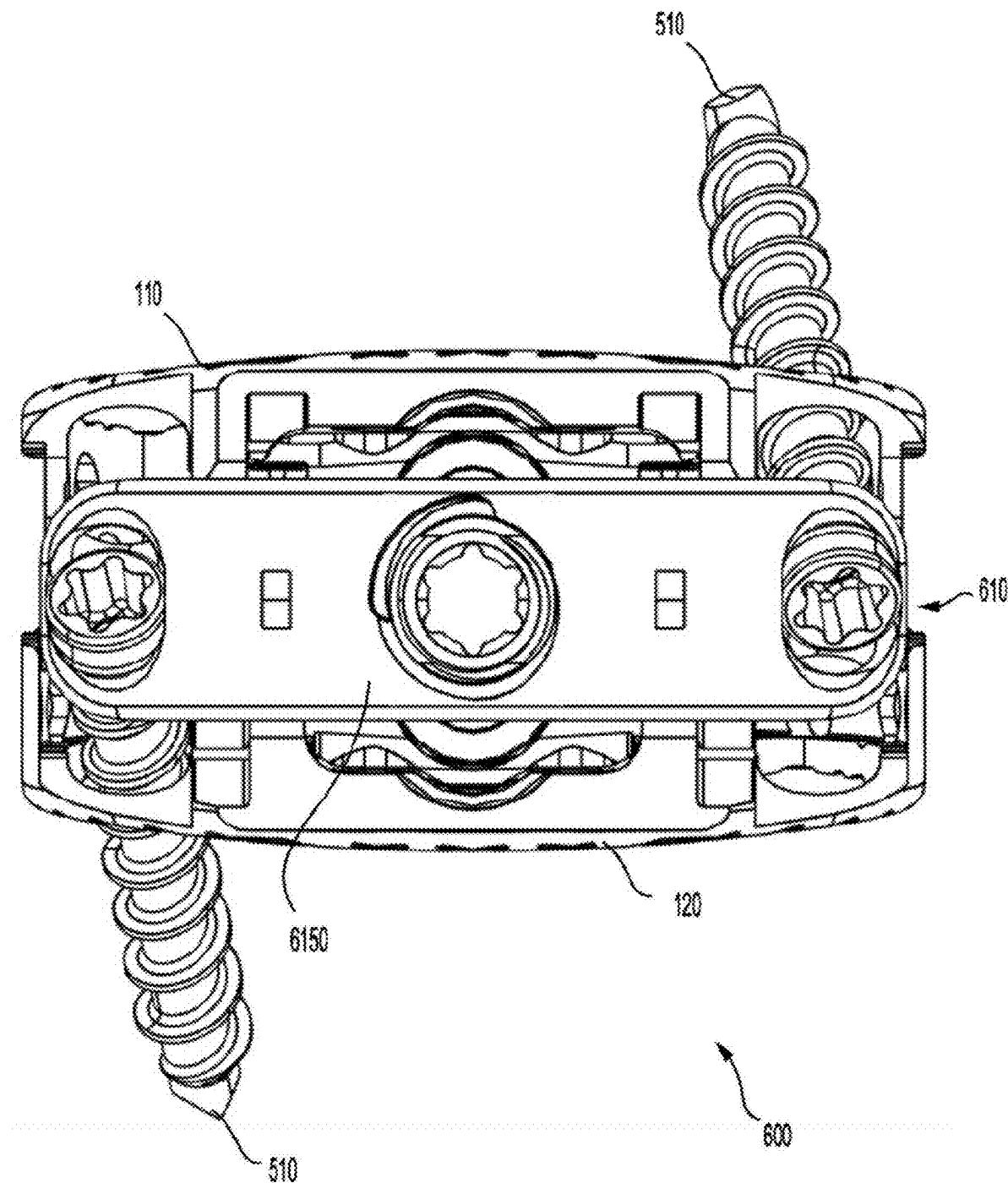


FIG. 37

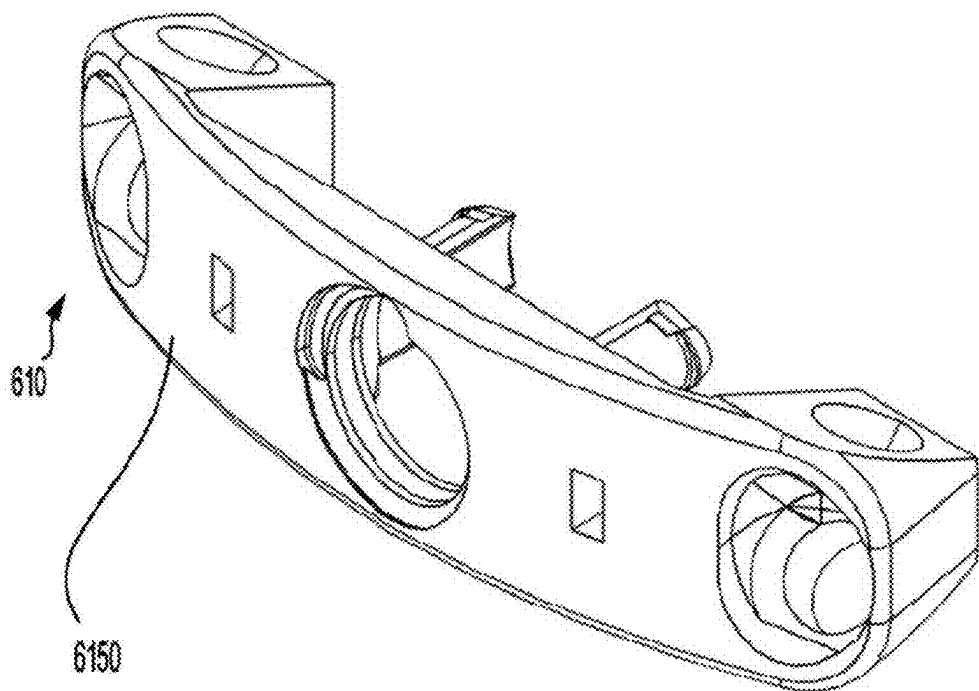


FIG. 38A

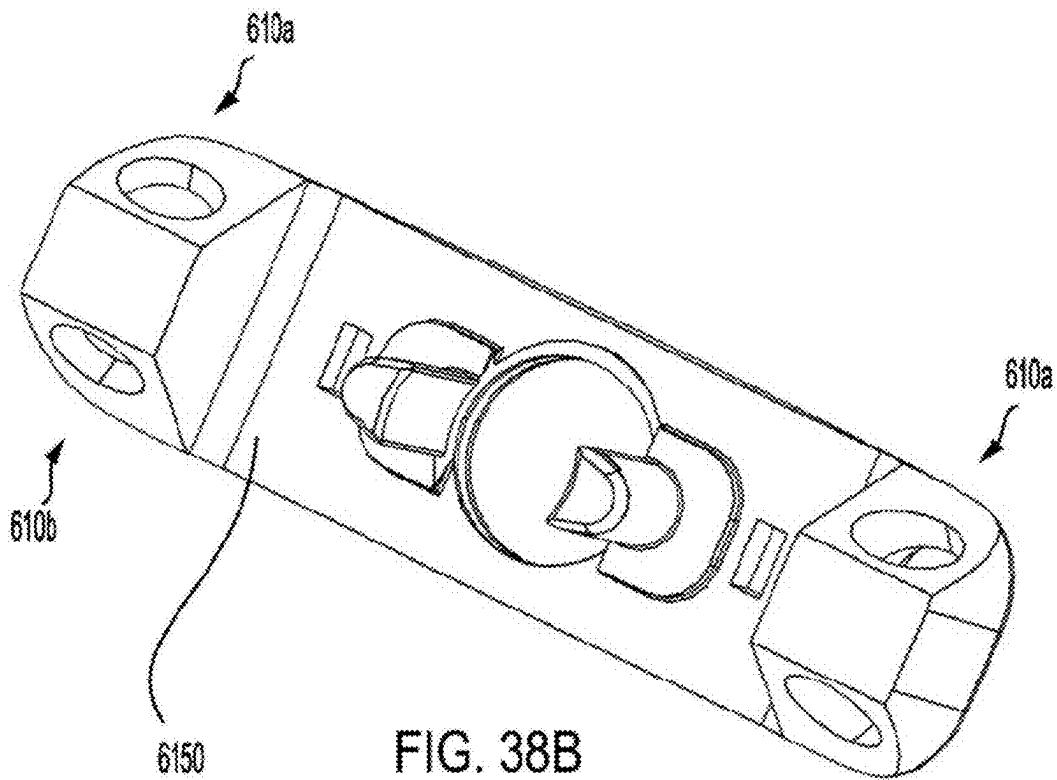
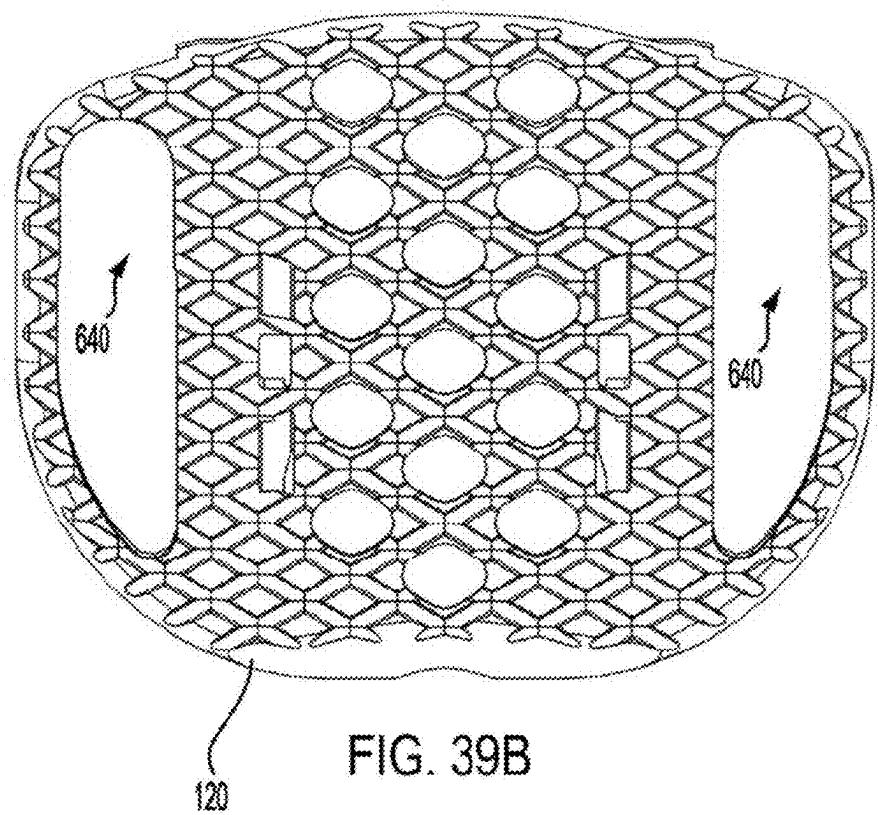
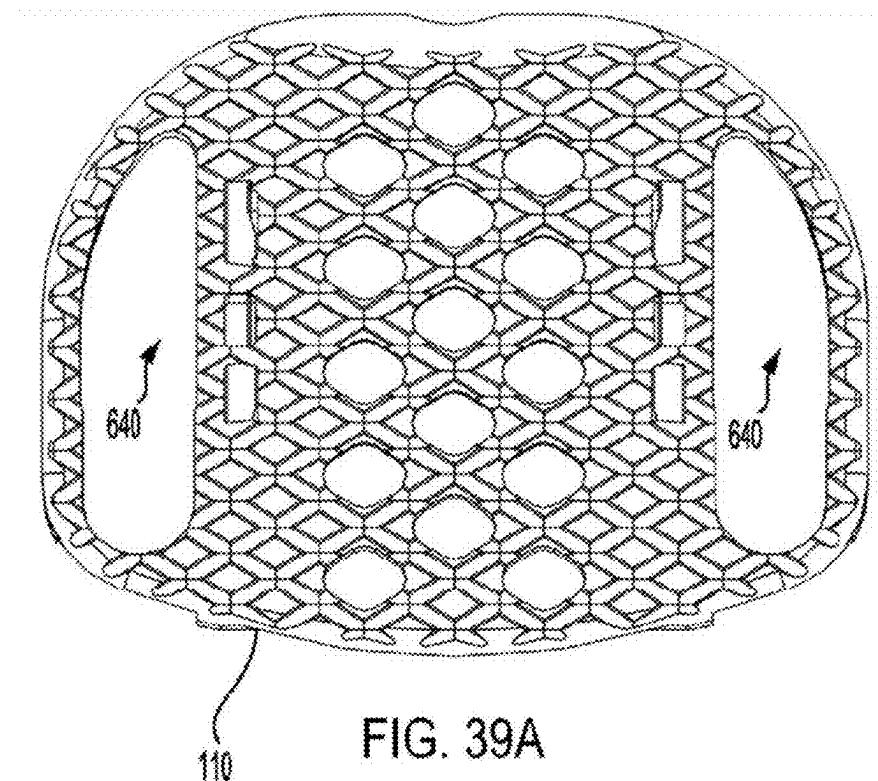


FIG. 38B



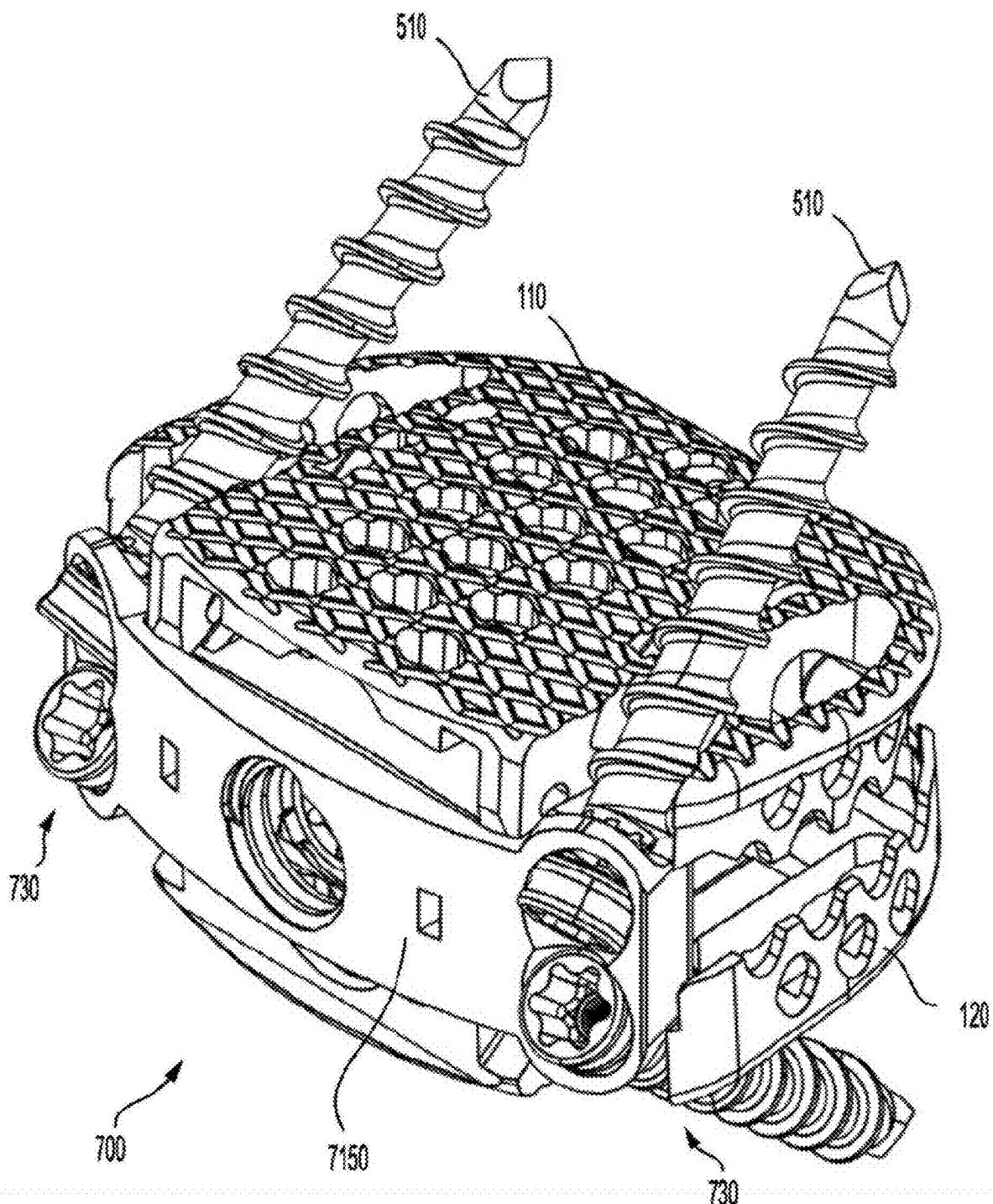


FIG. 40

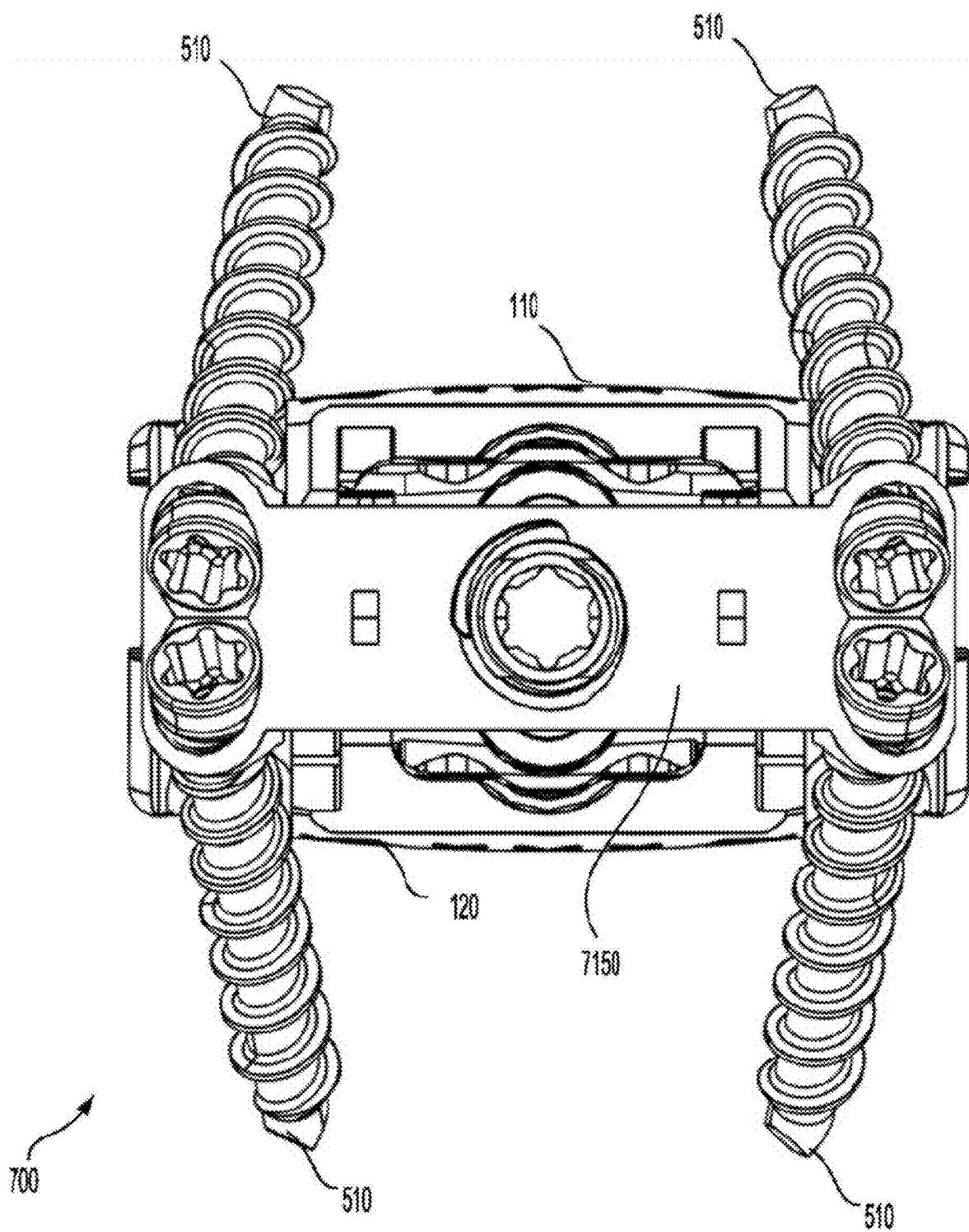
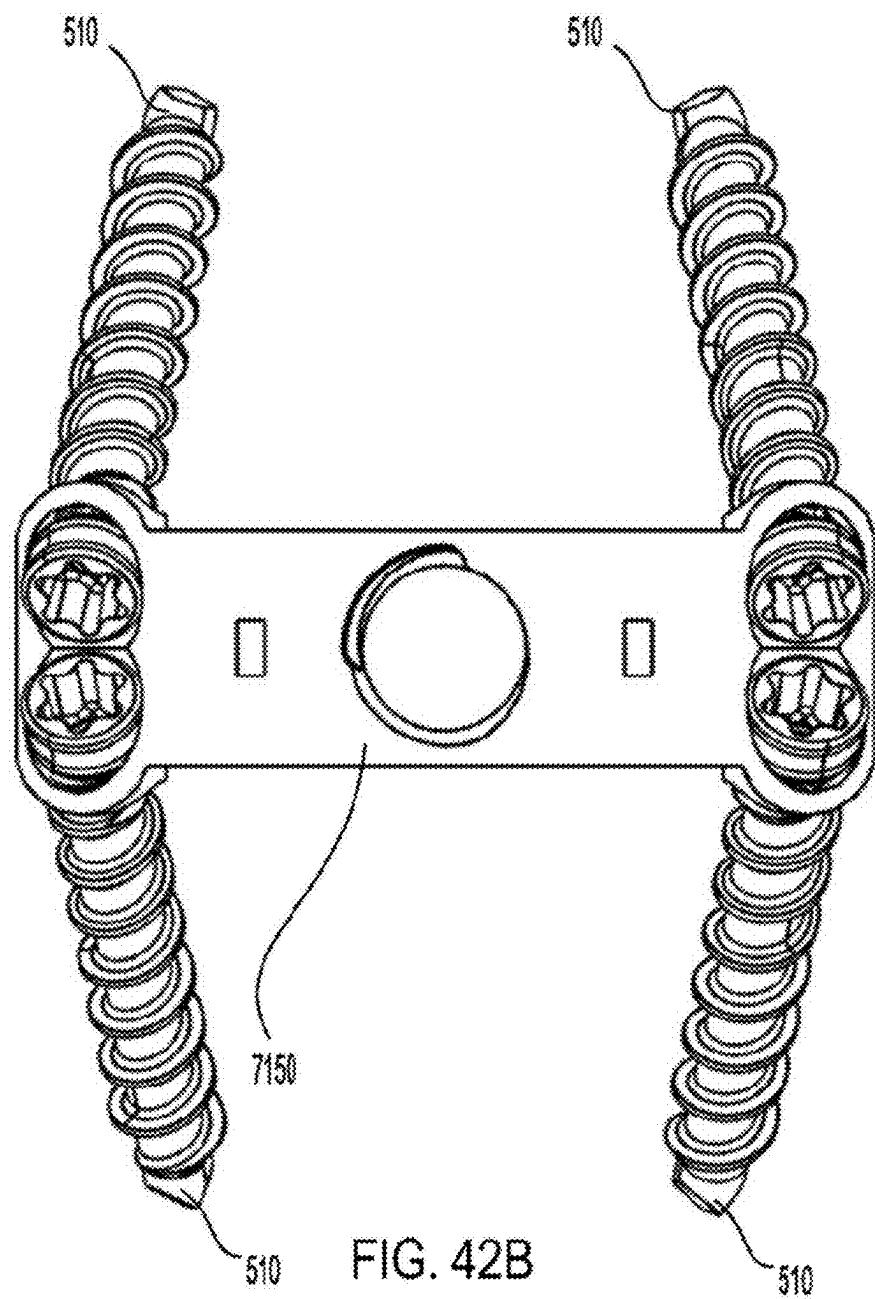
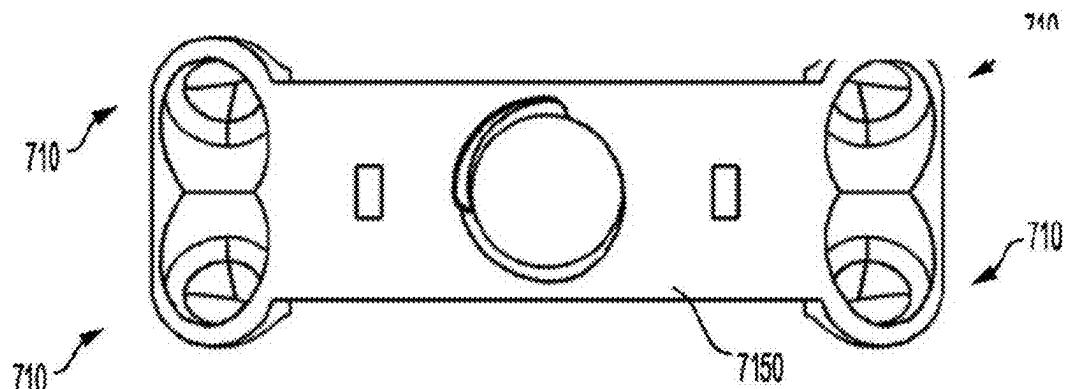
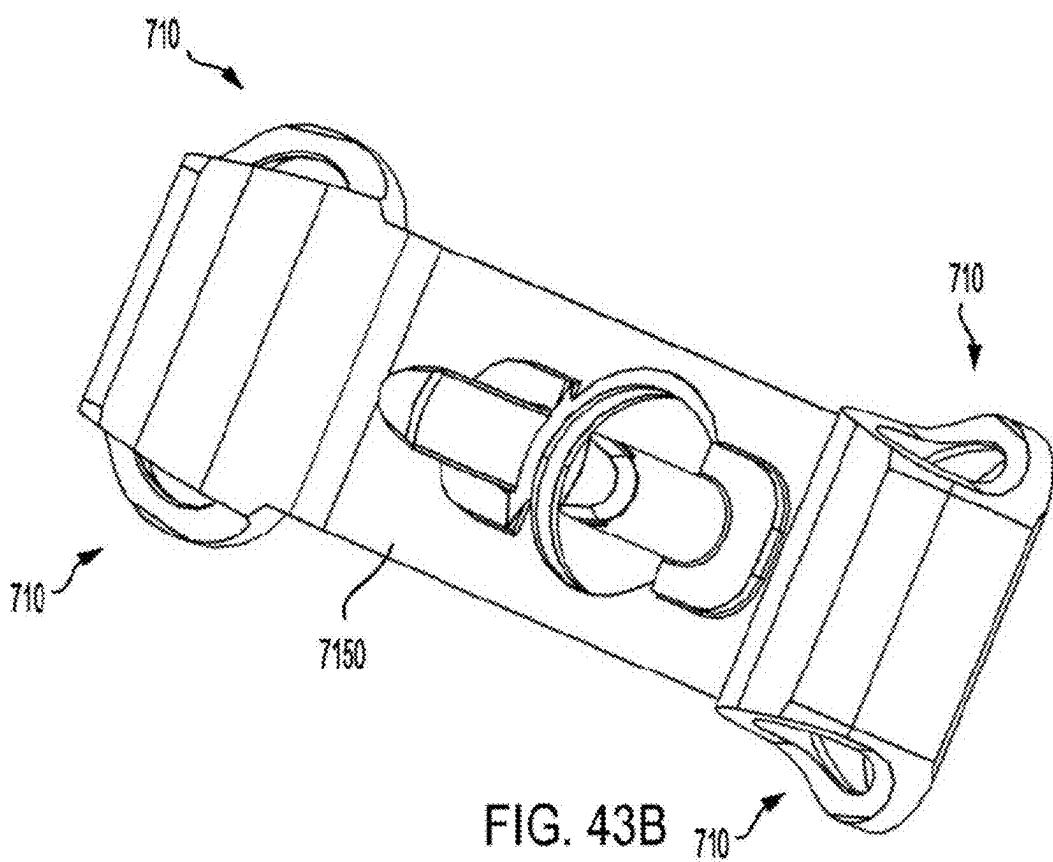
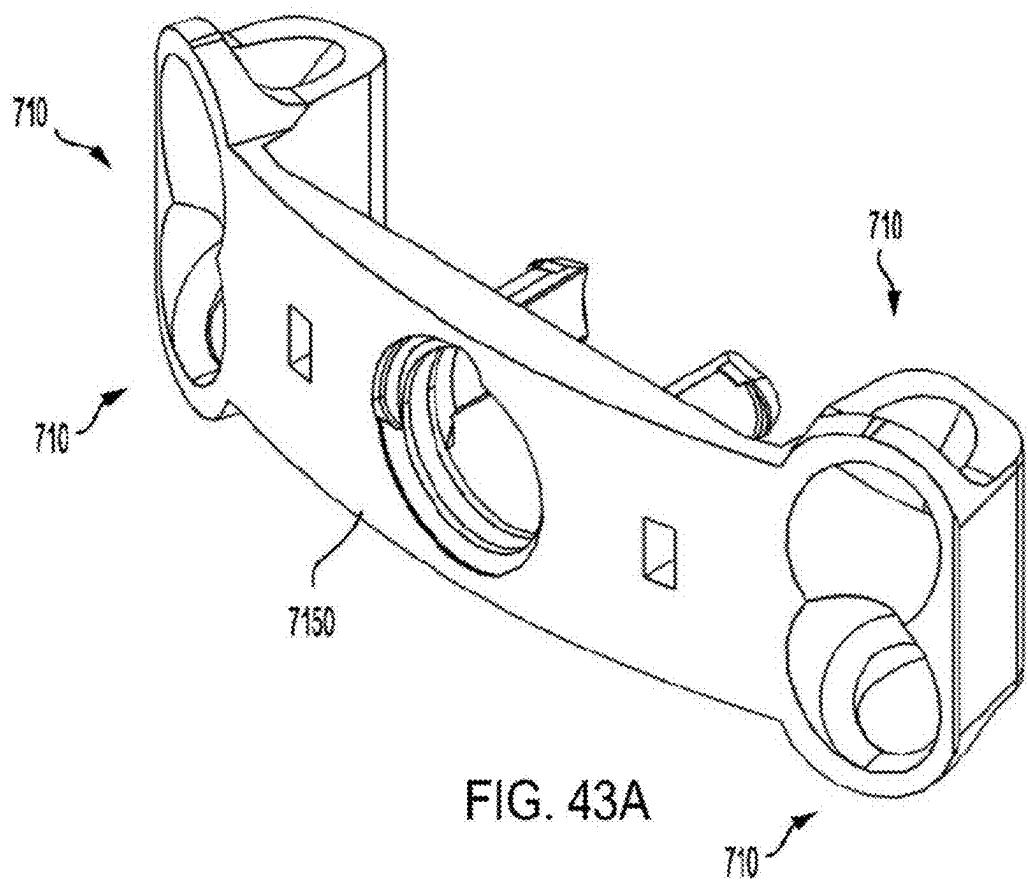


FIG. 41





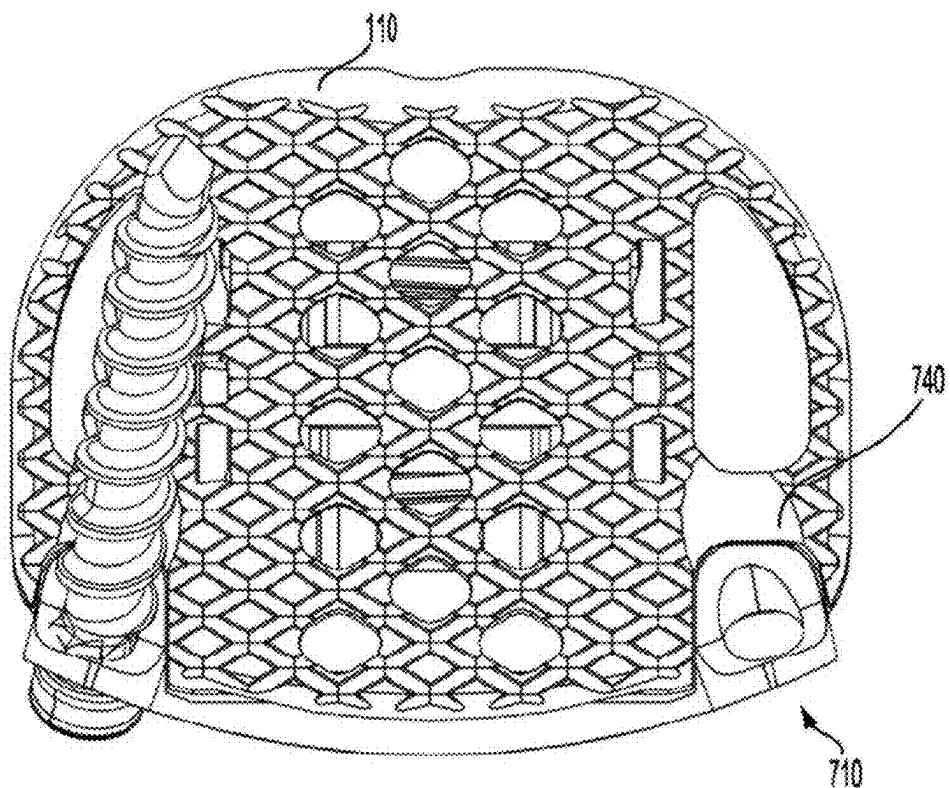


FIG. 44A

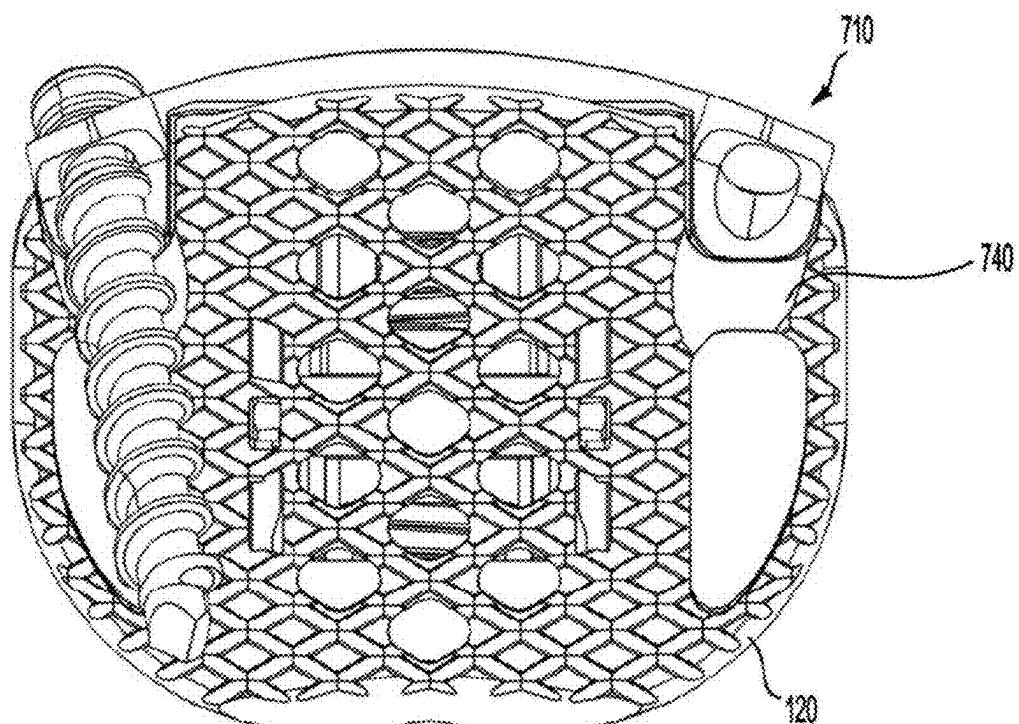


FIG. 44B

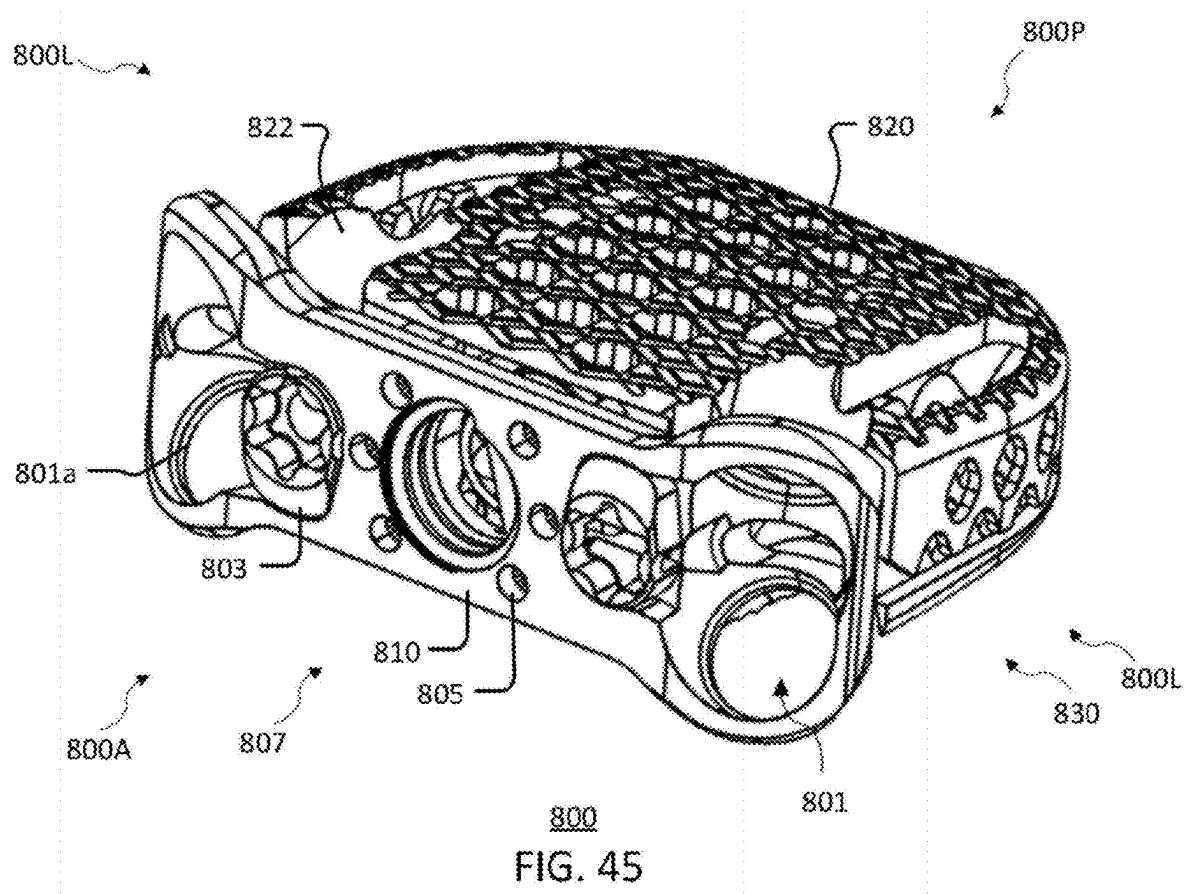
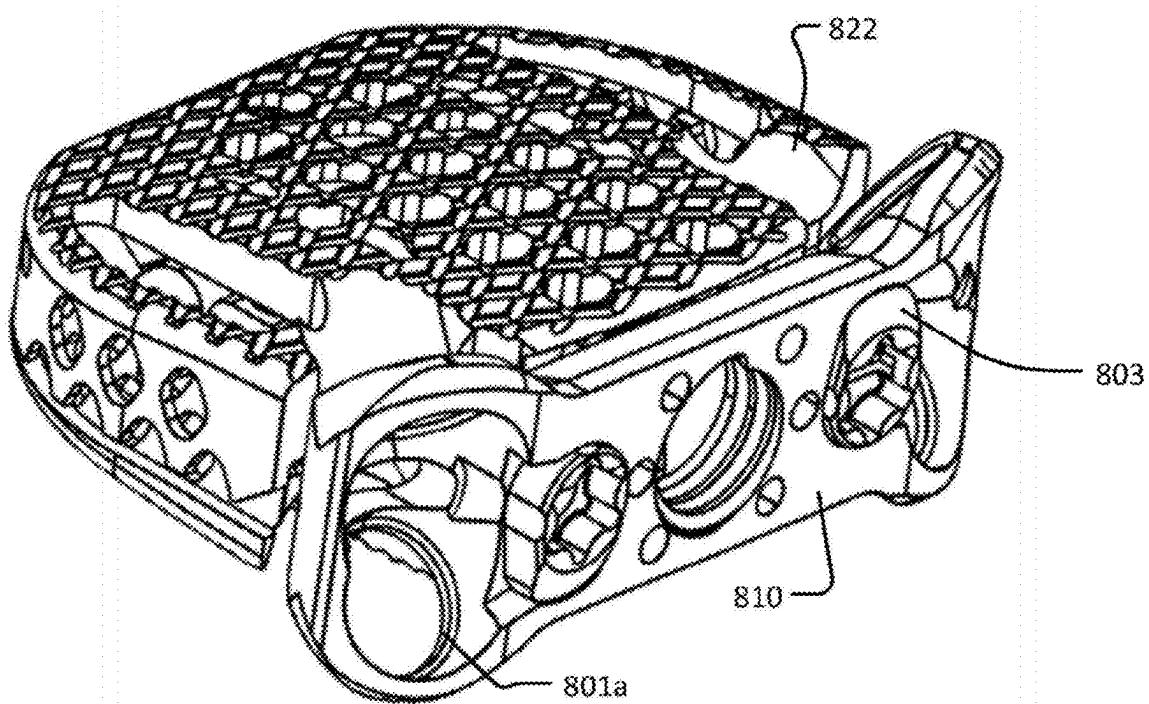


FIG. 45



800
FIG. 46

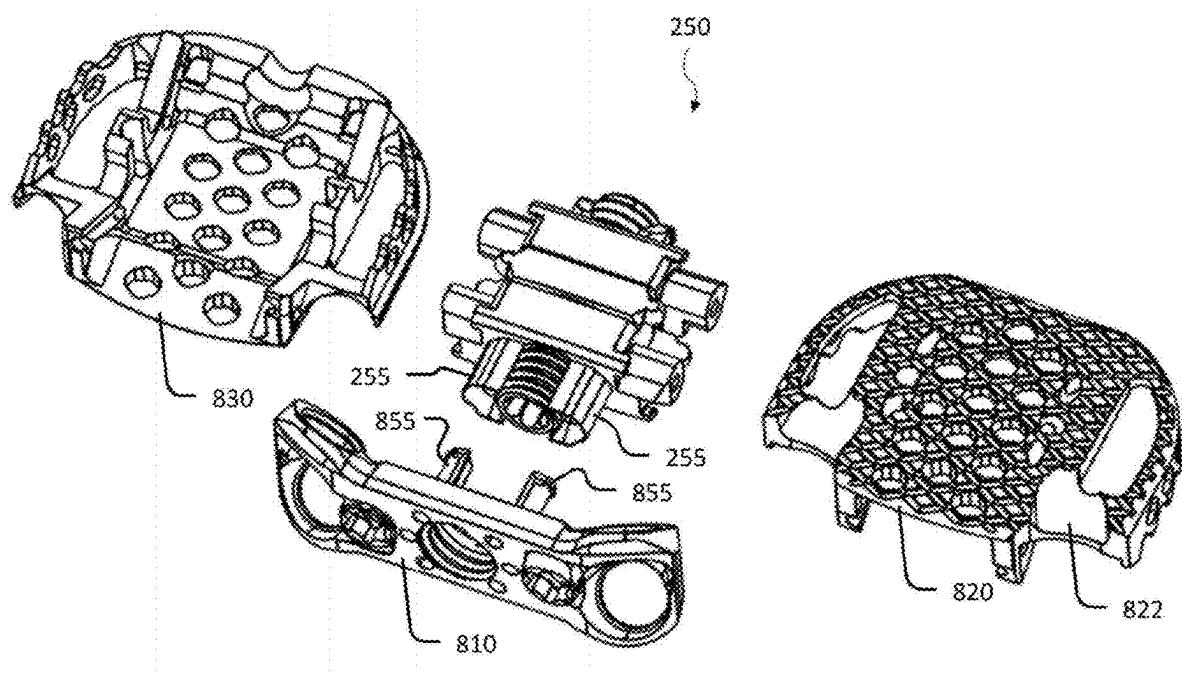


FIG. 47

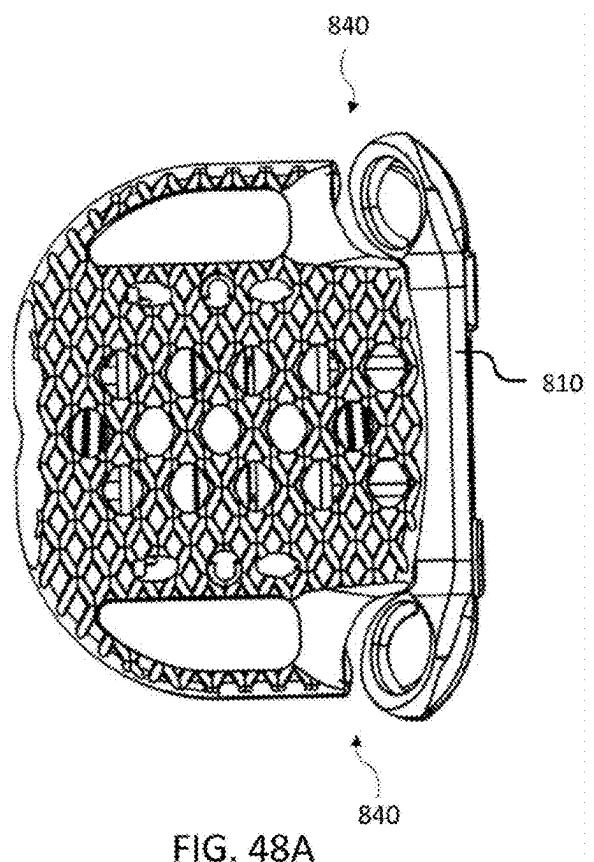


FIG. 48A

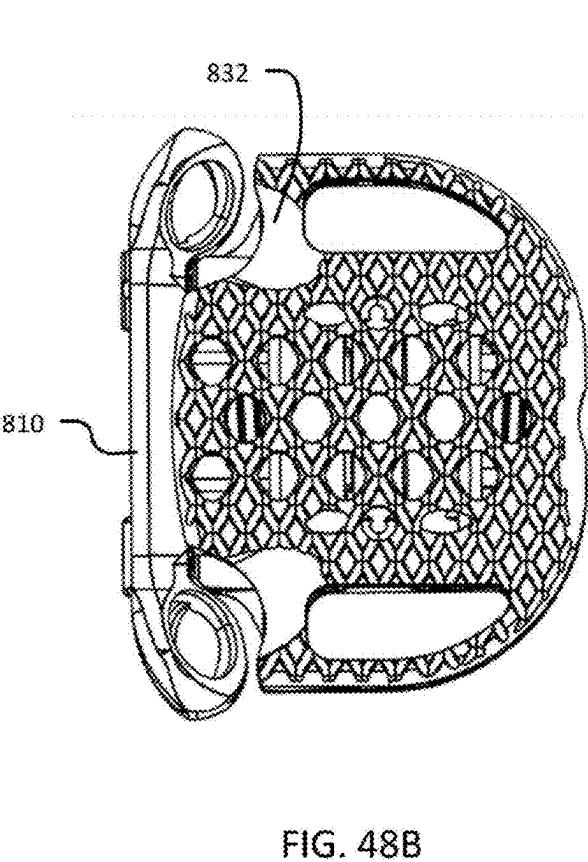
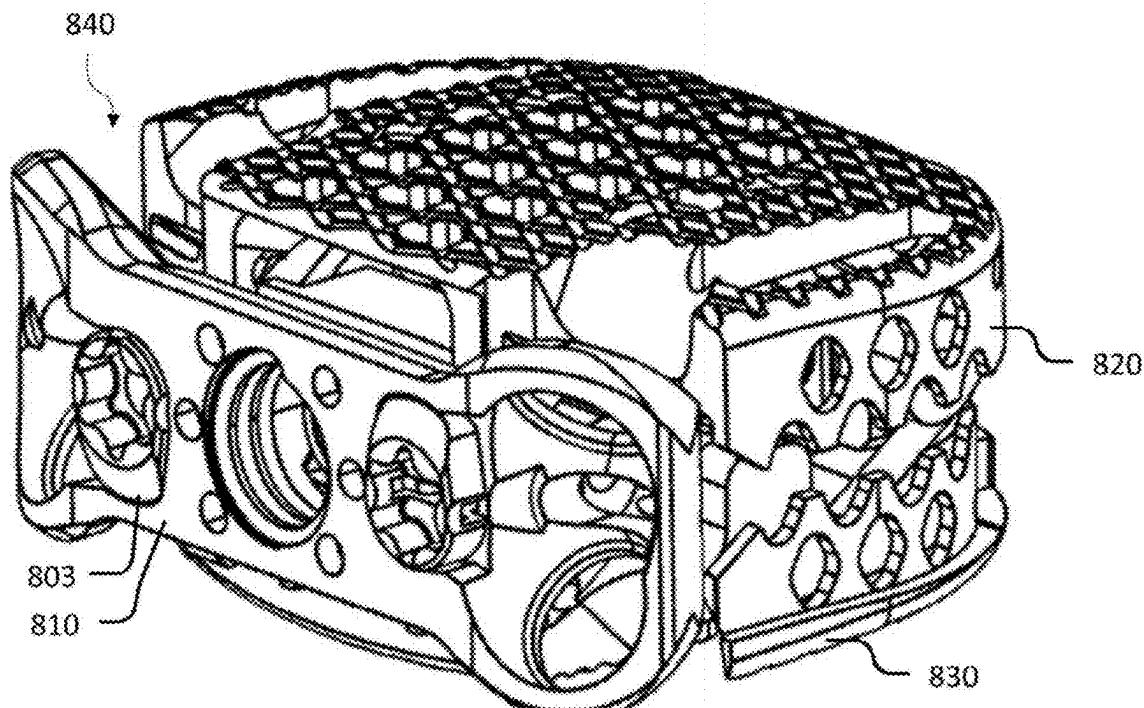
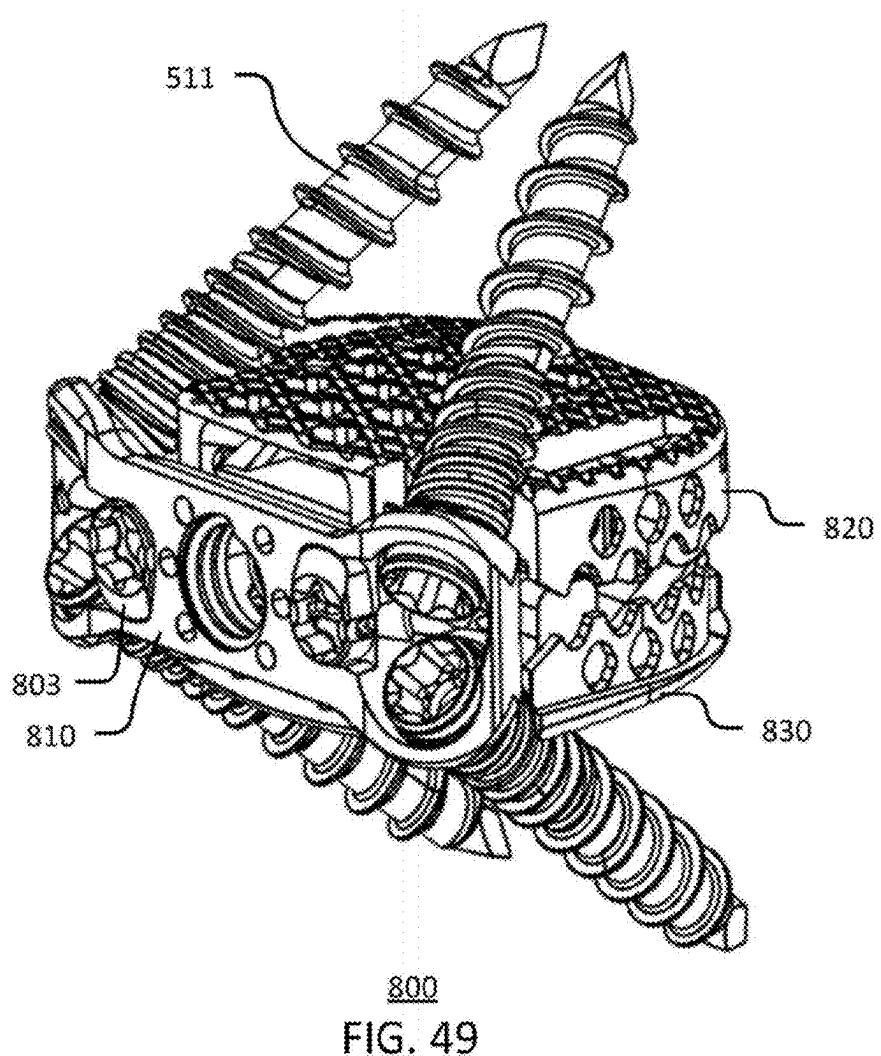
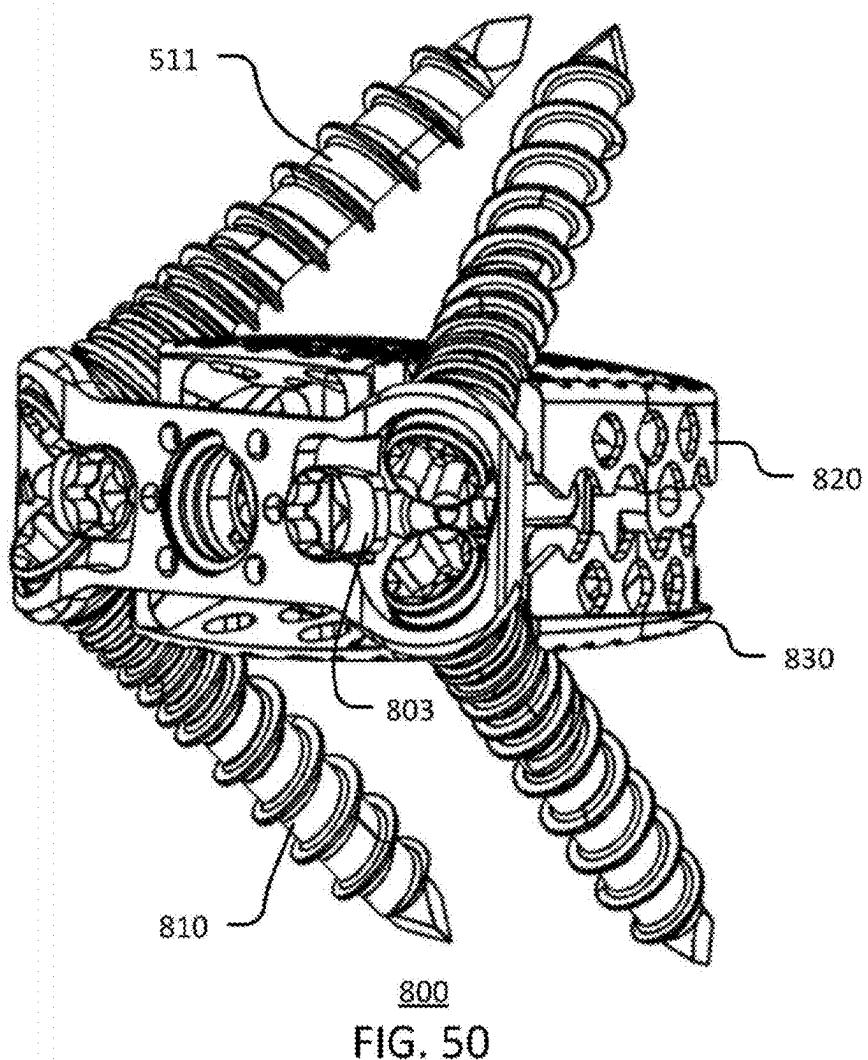


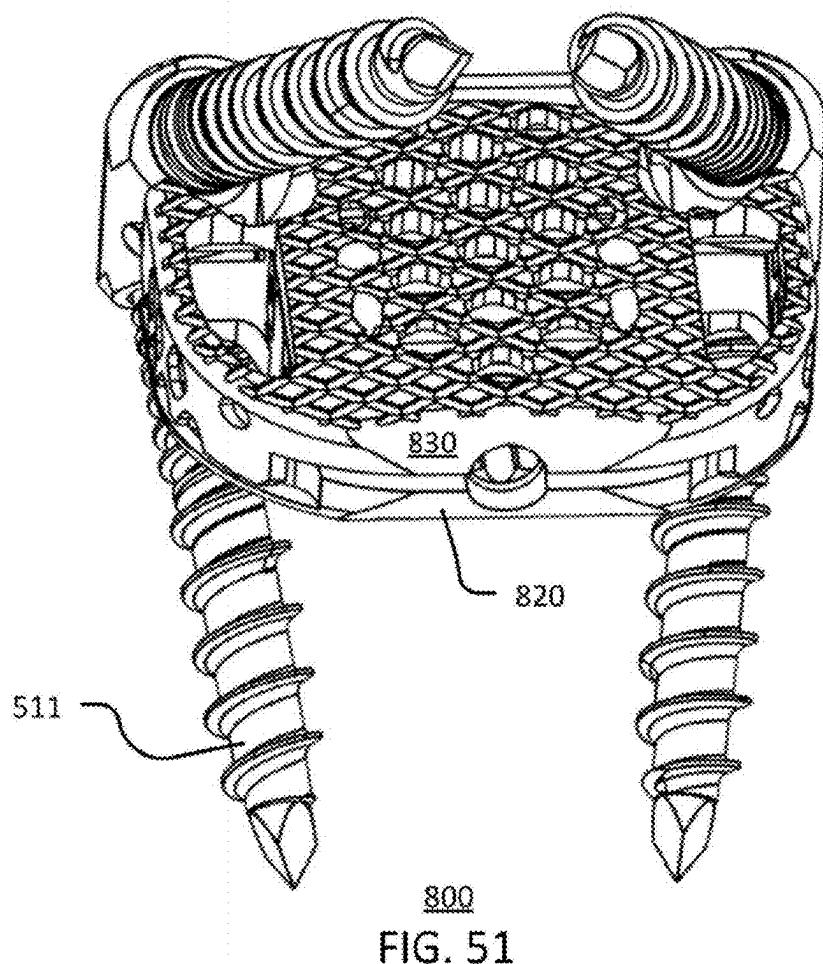
FIG. 48B

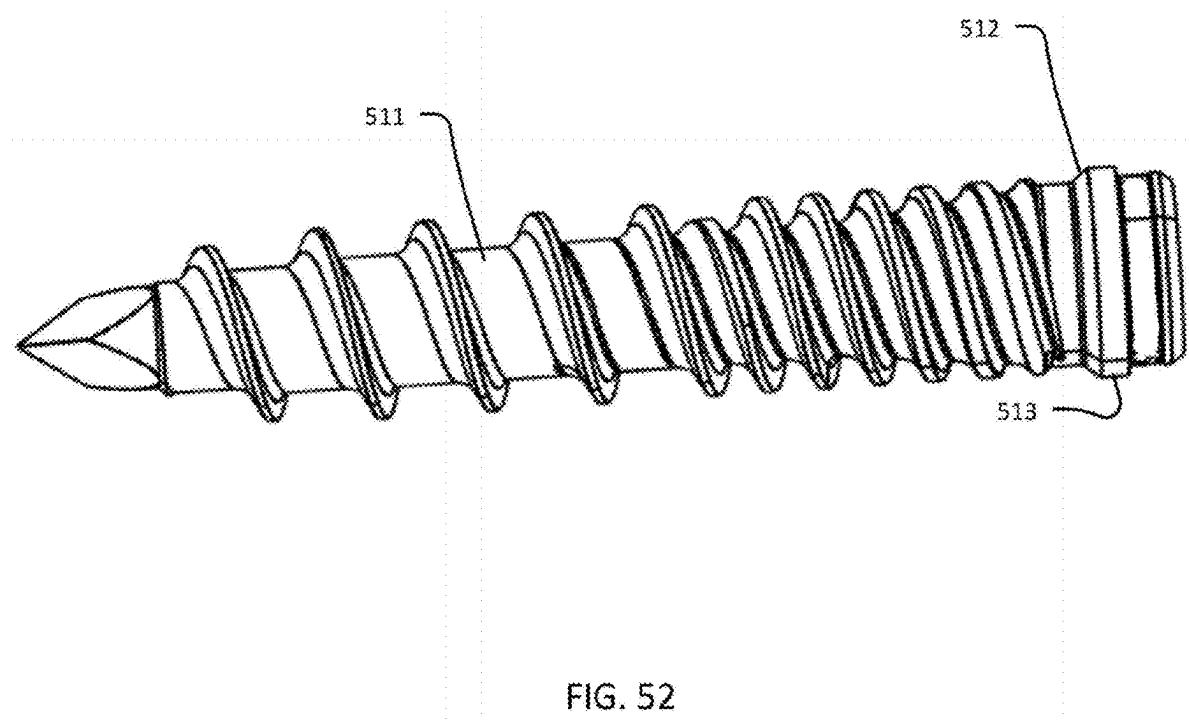


800
FIG. 48C









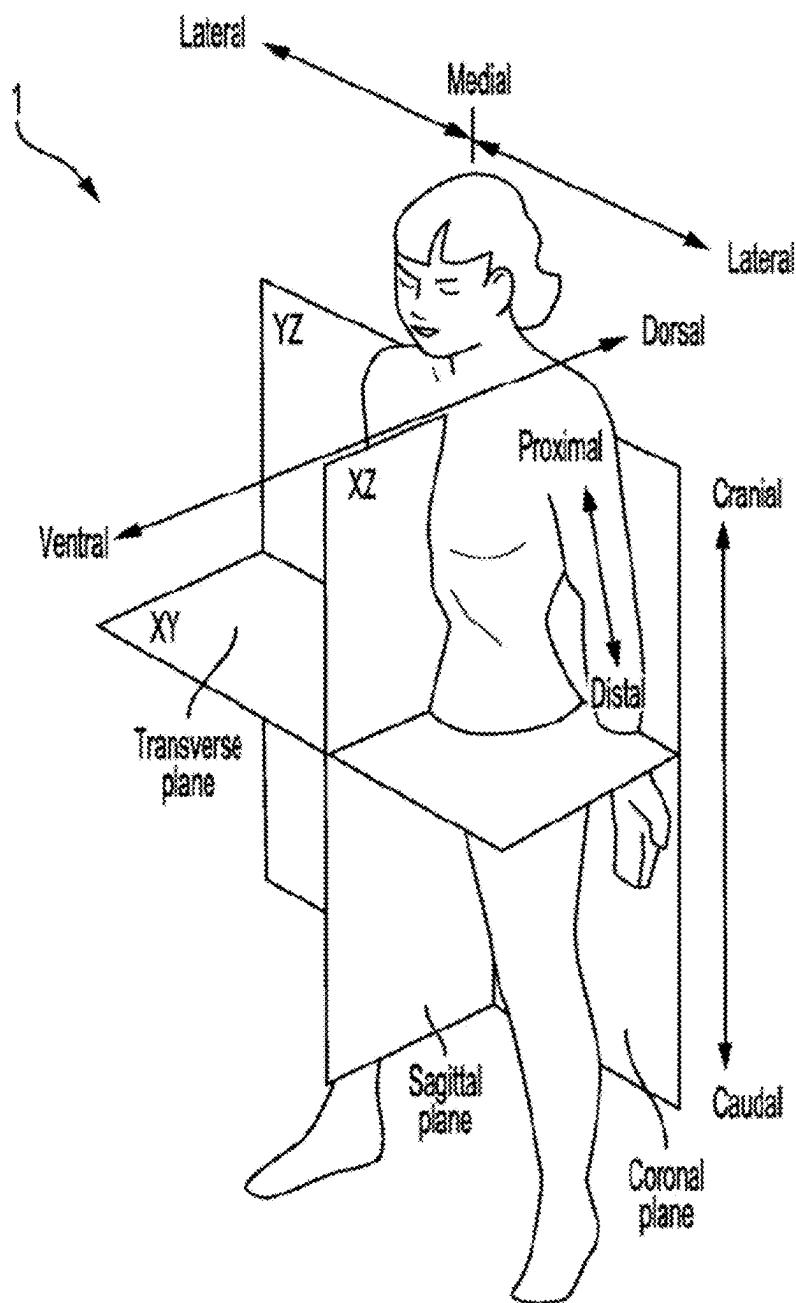


FIG. 53

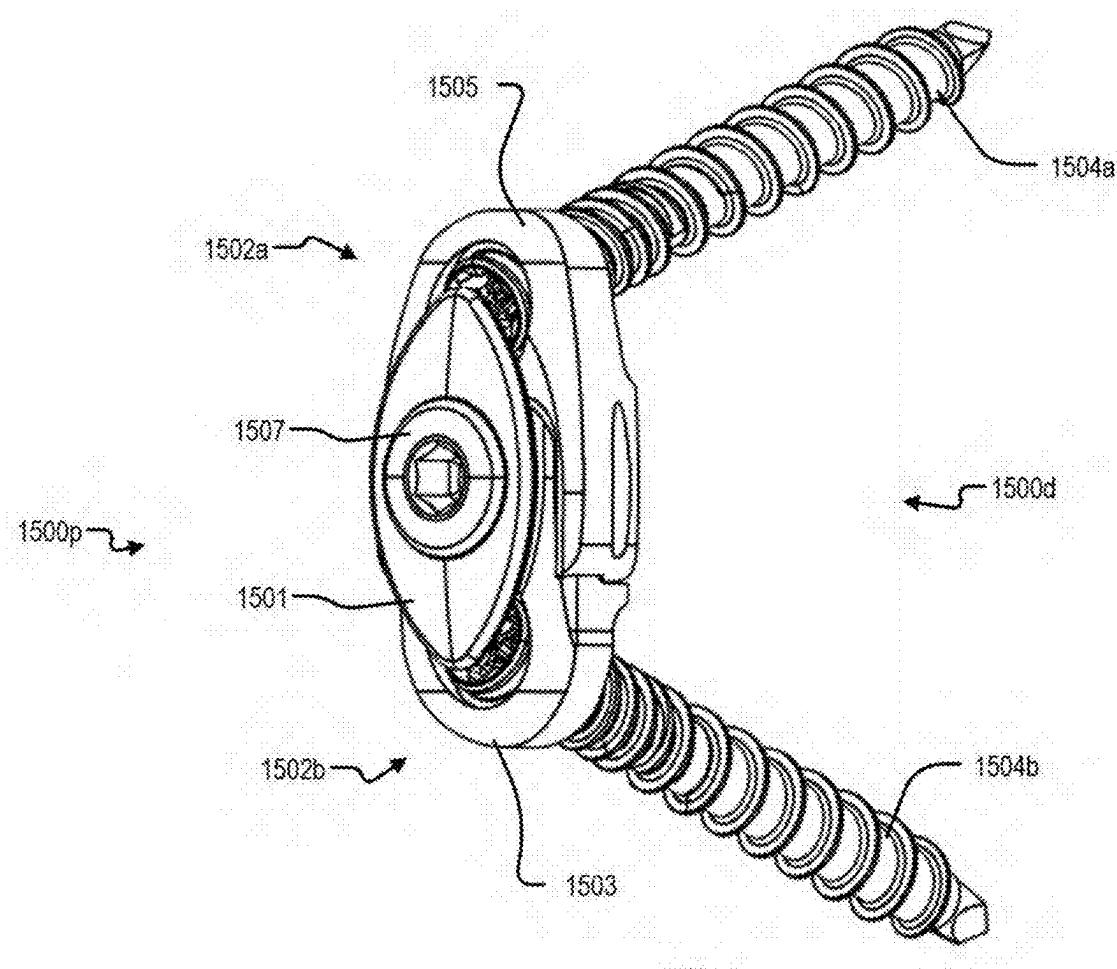


FIG. 54

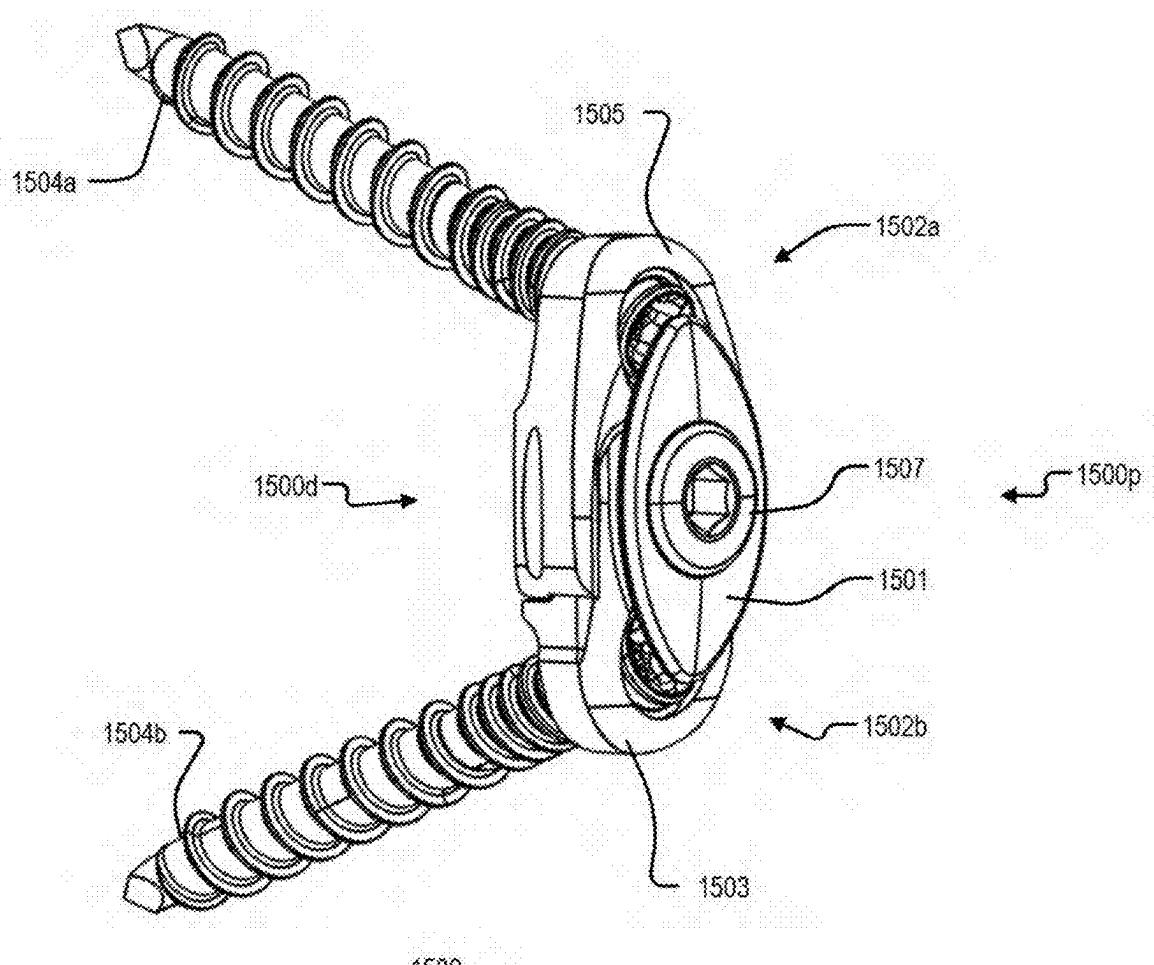


FIG. 55

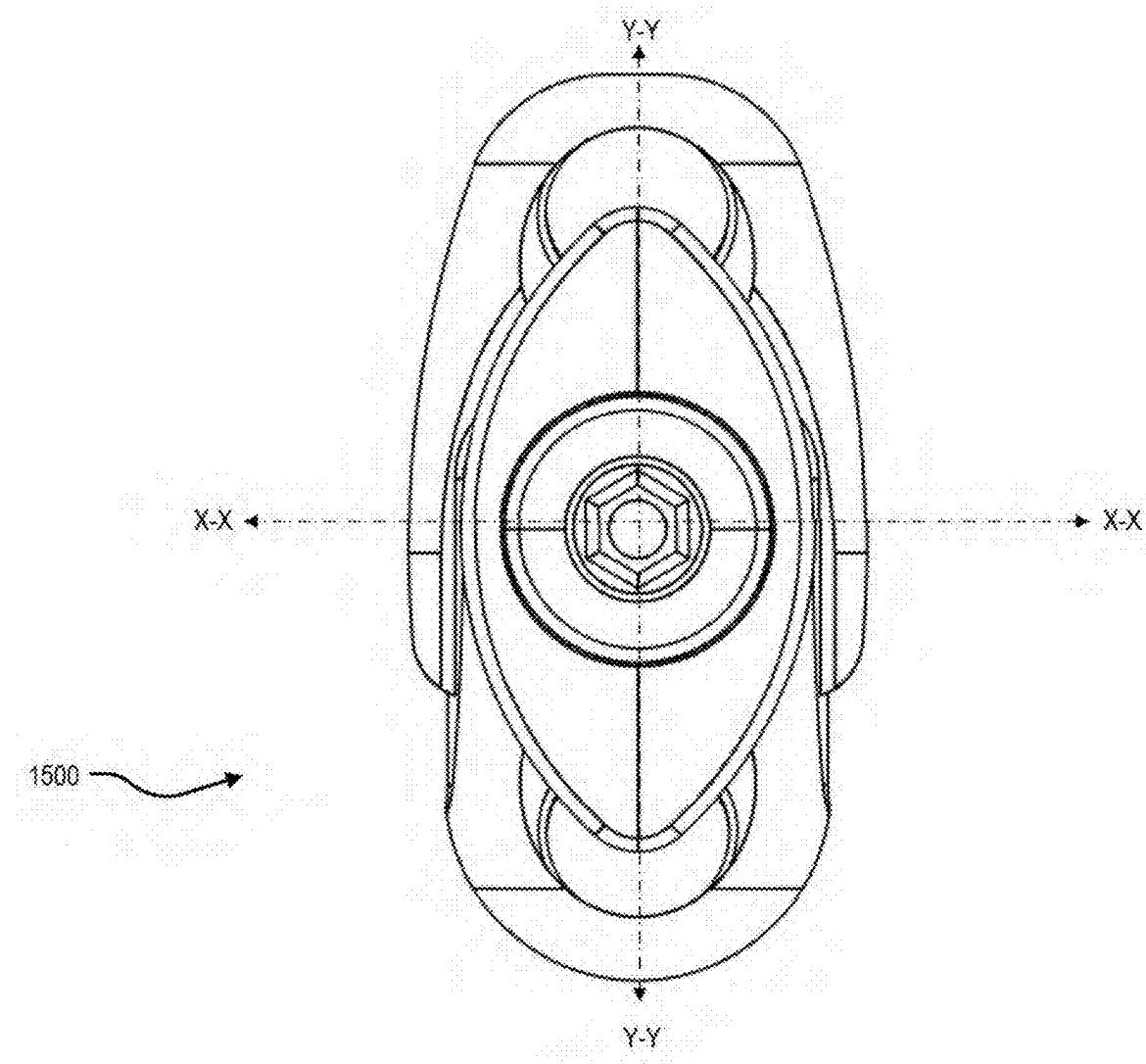


FIG. 56

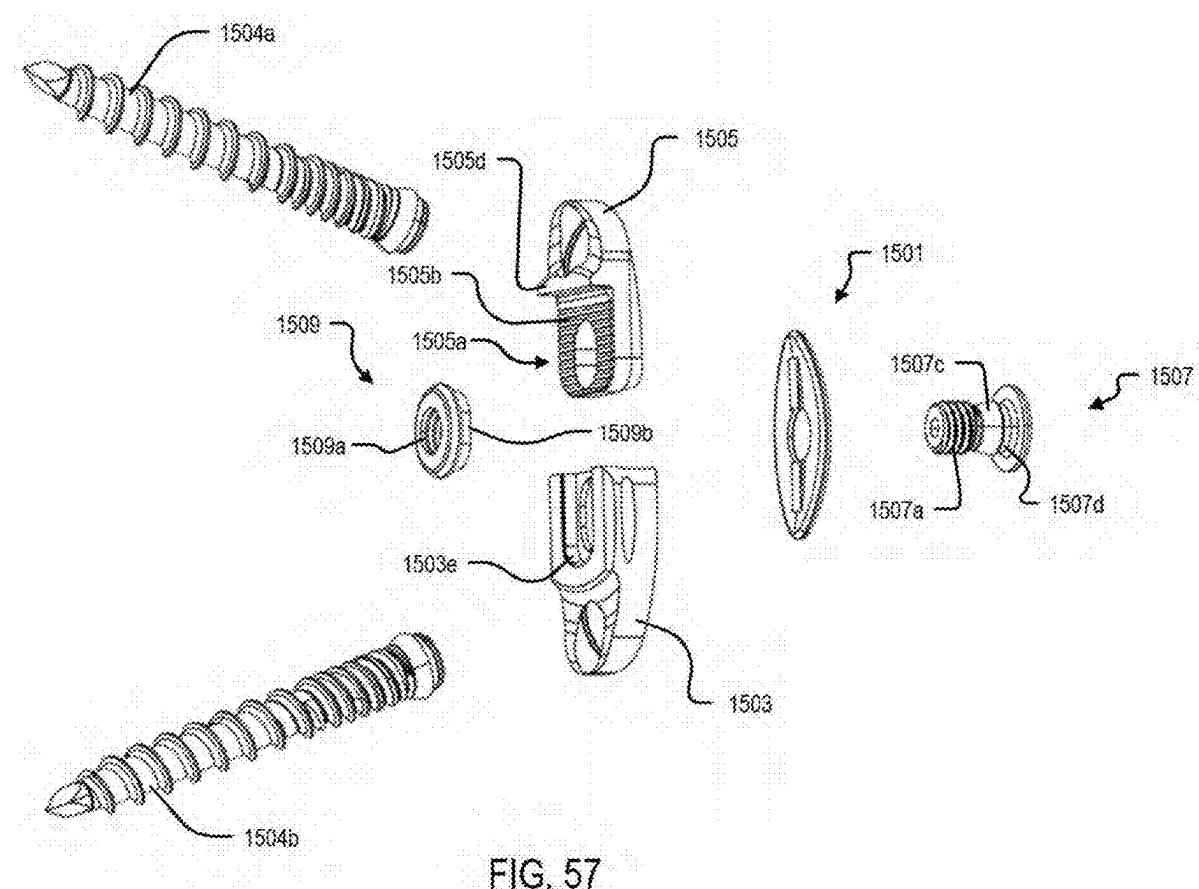


FIG. 57

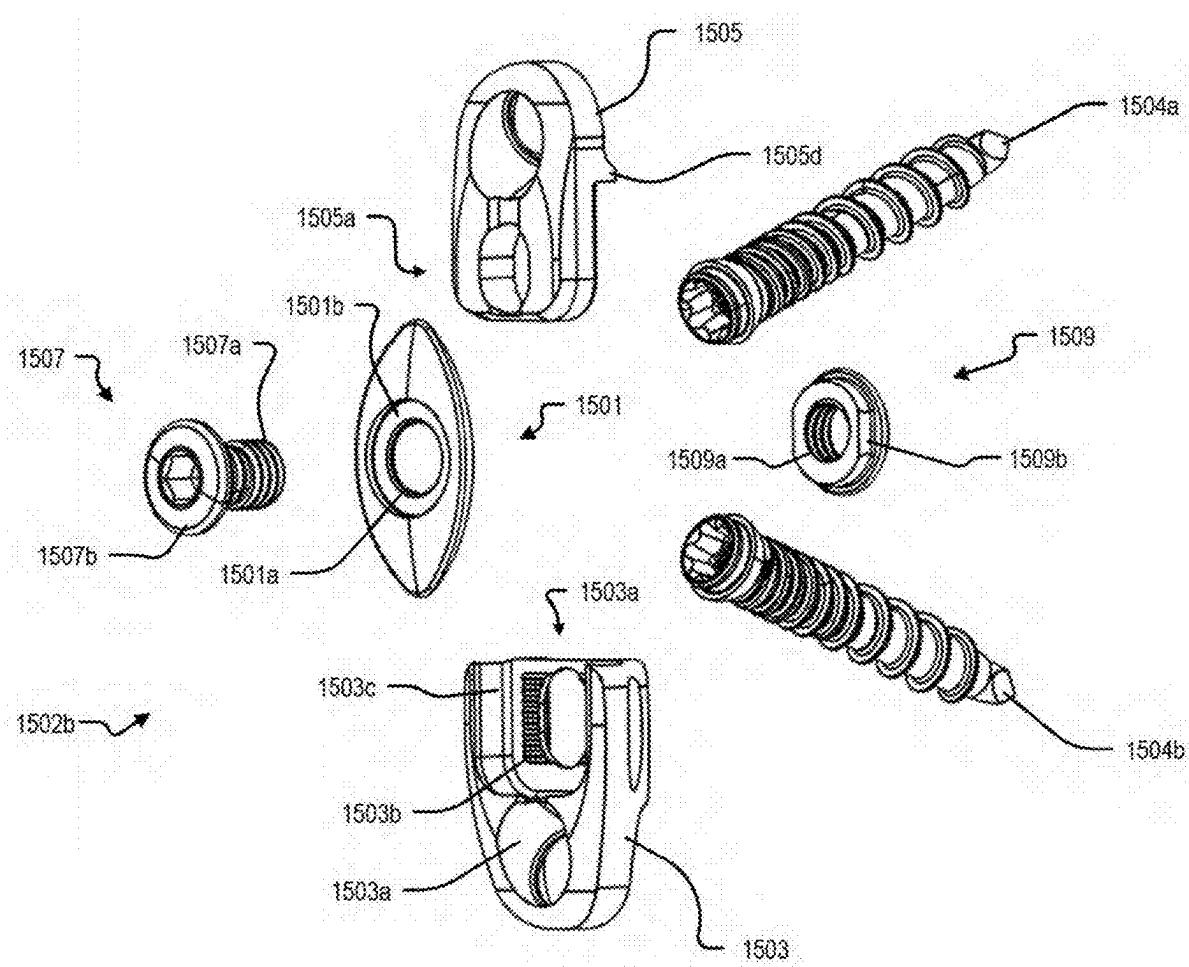


FIG. 58

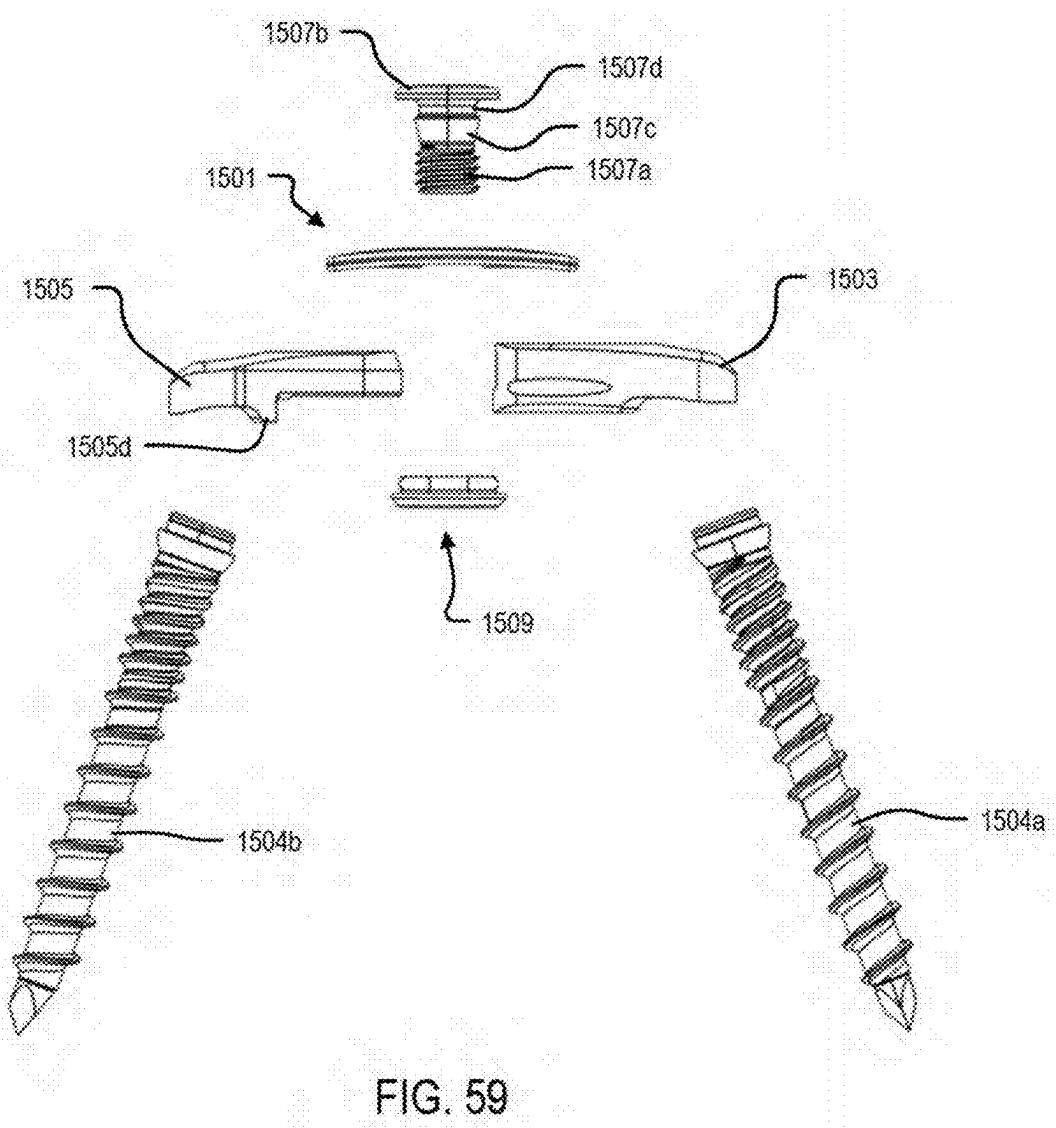


FIG. 59

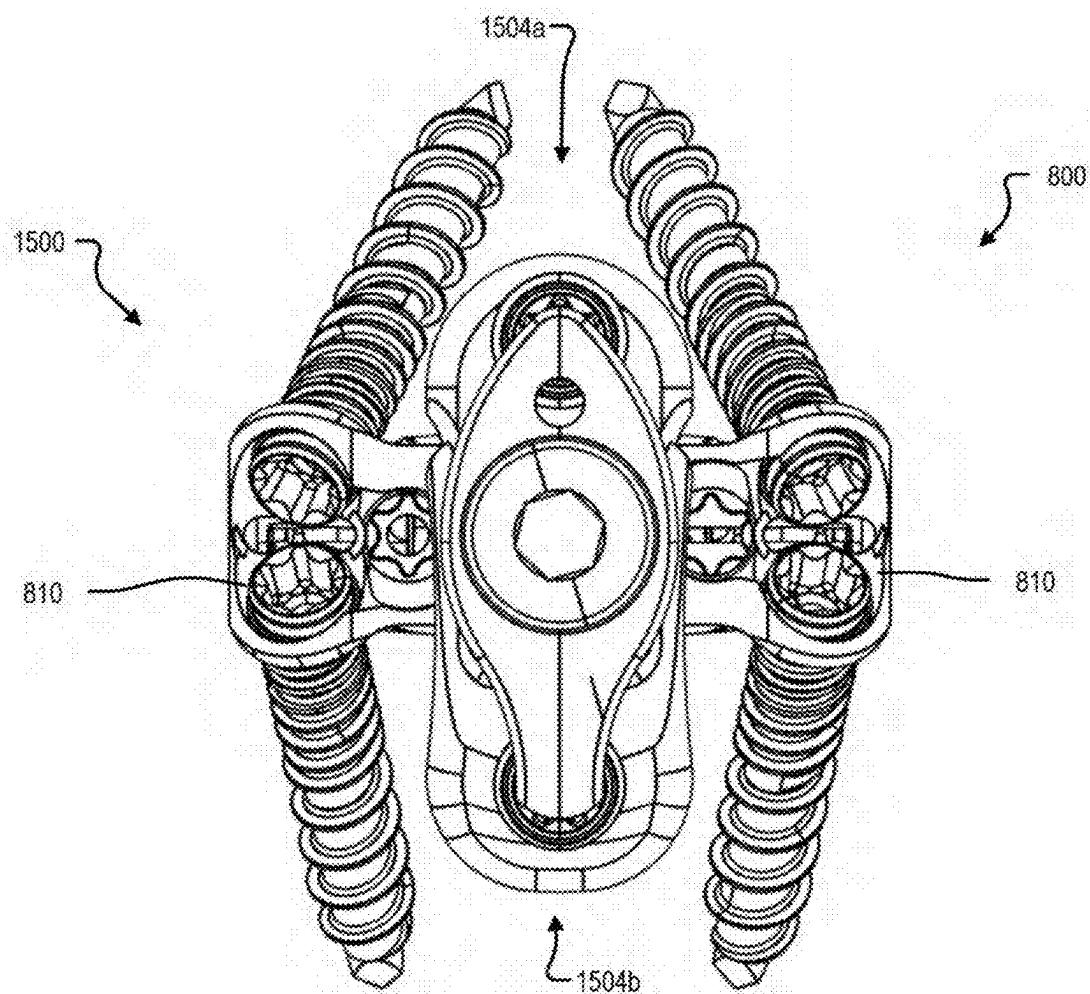


FIG. 60

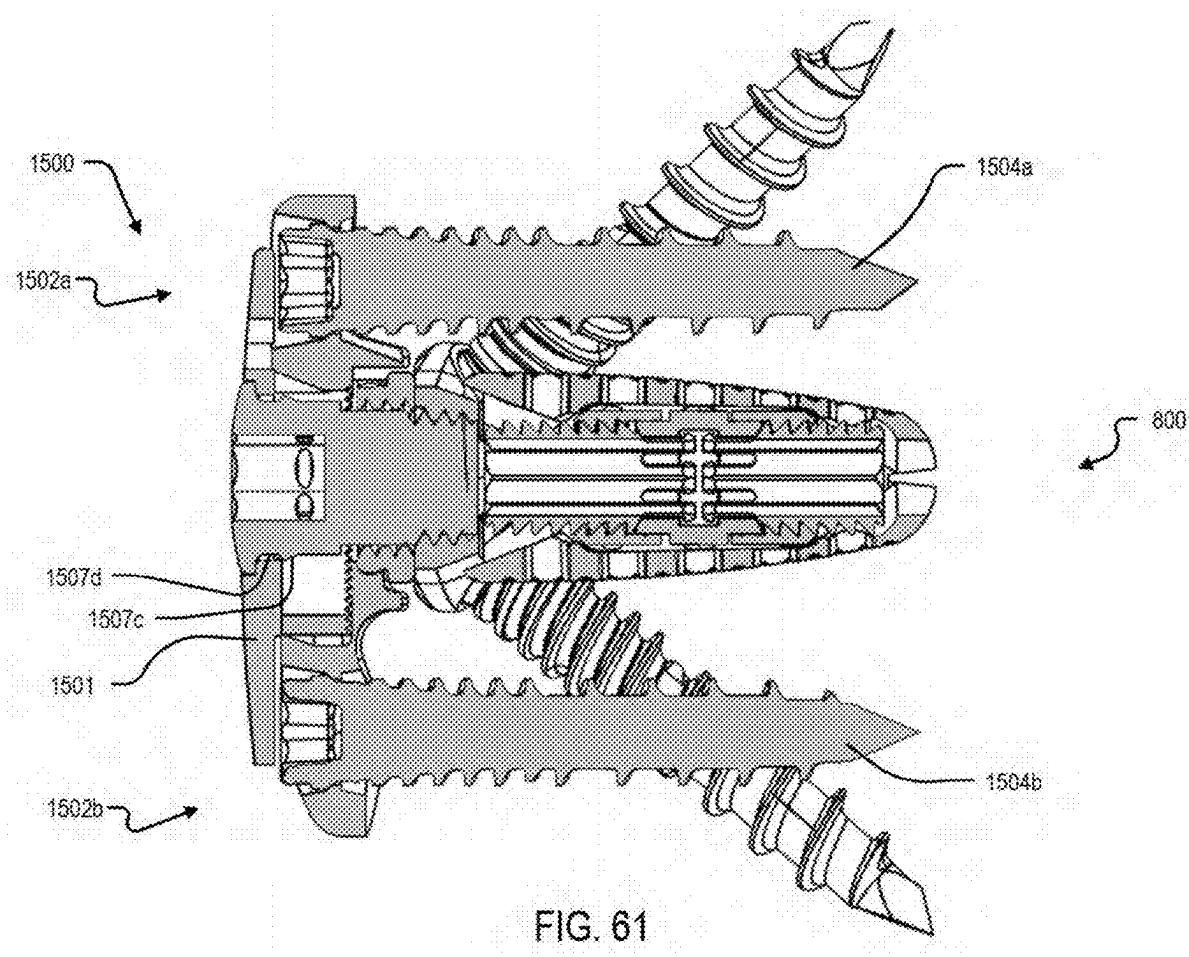
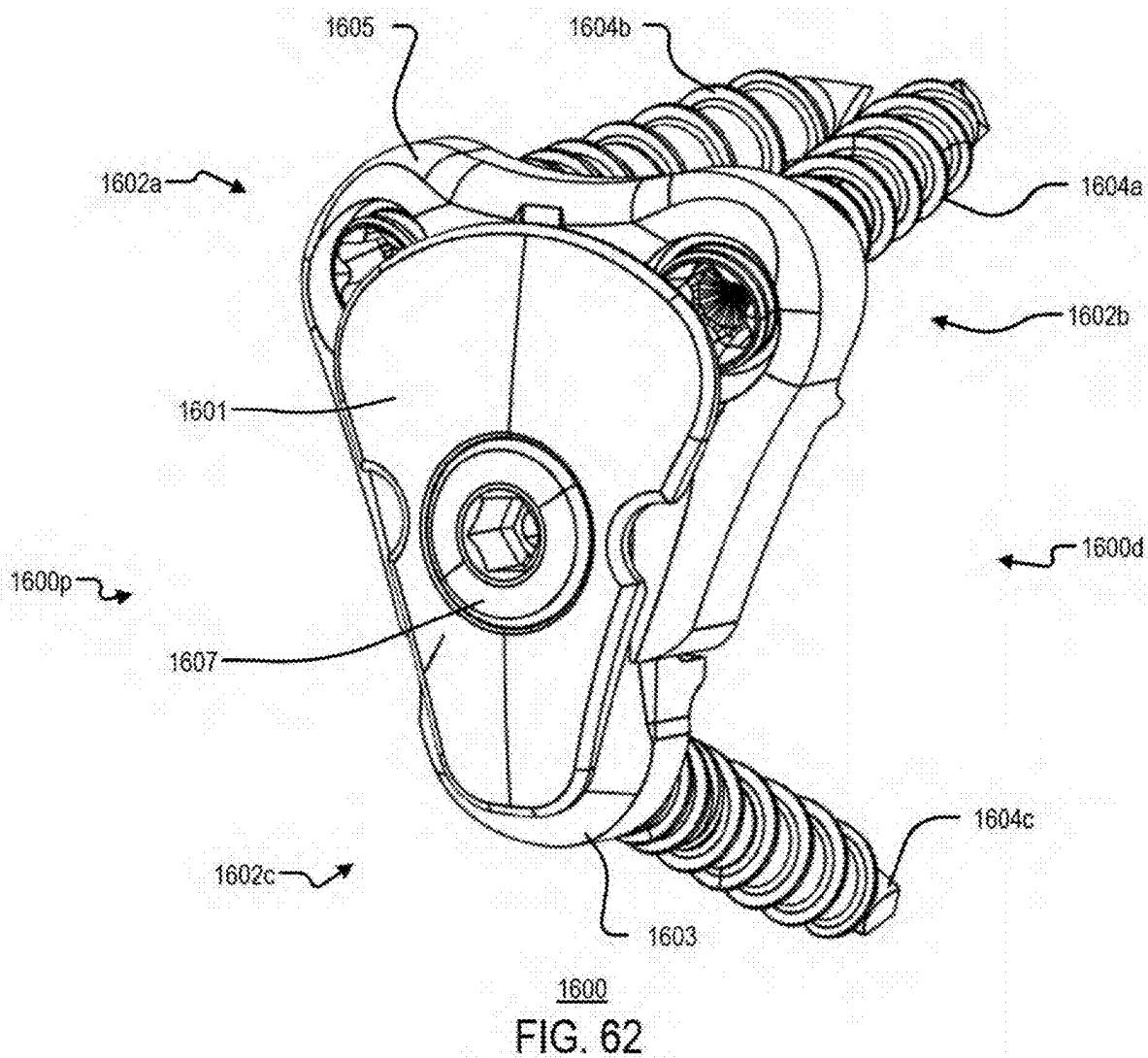
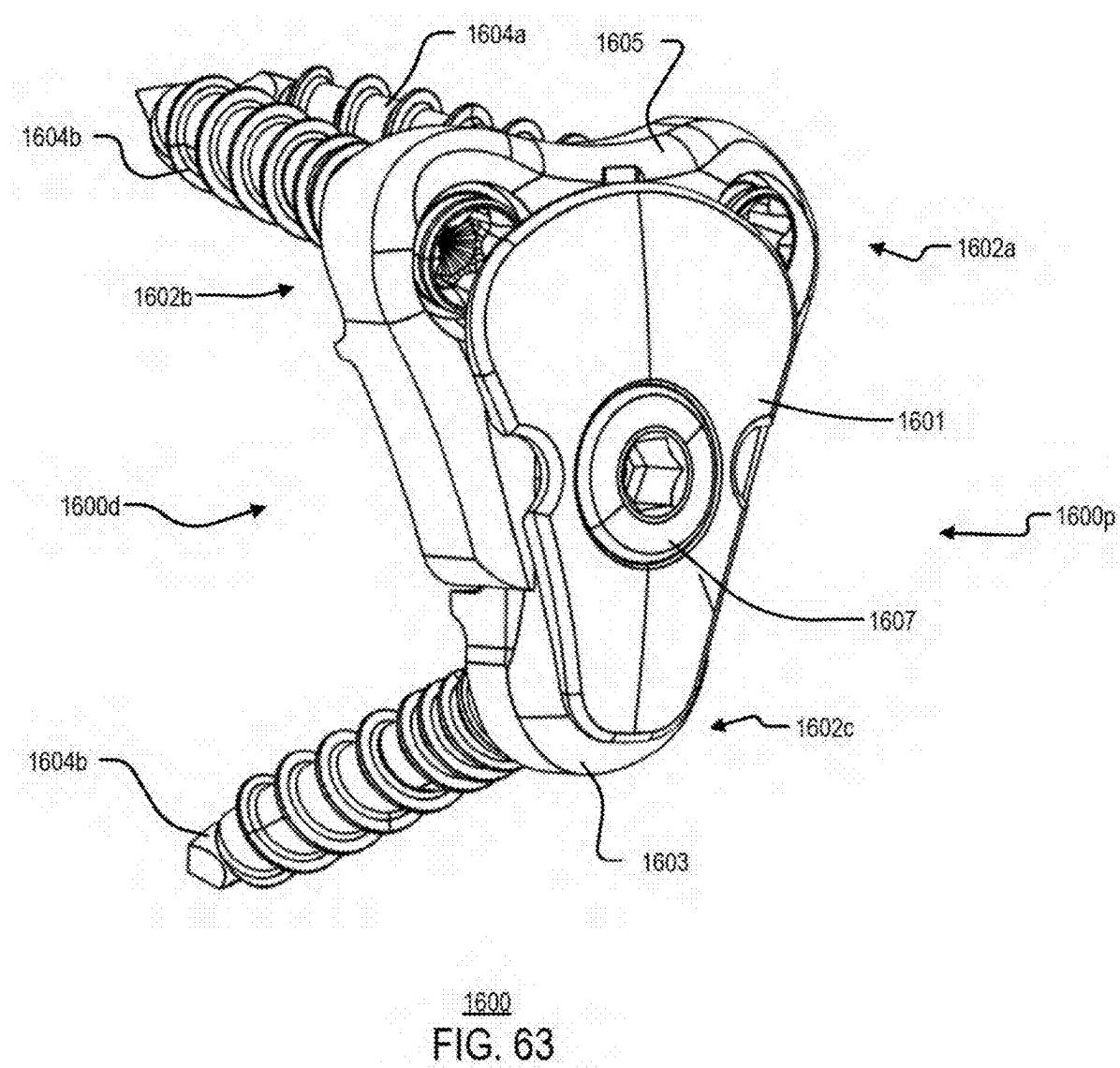
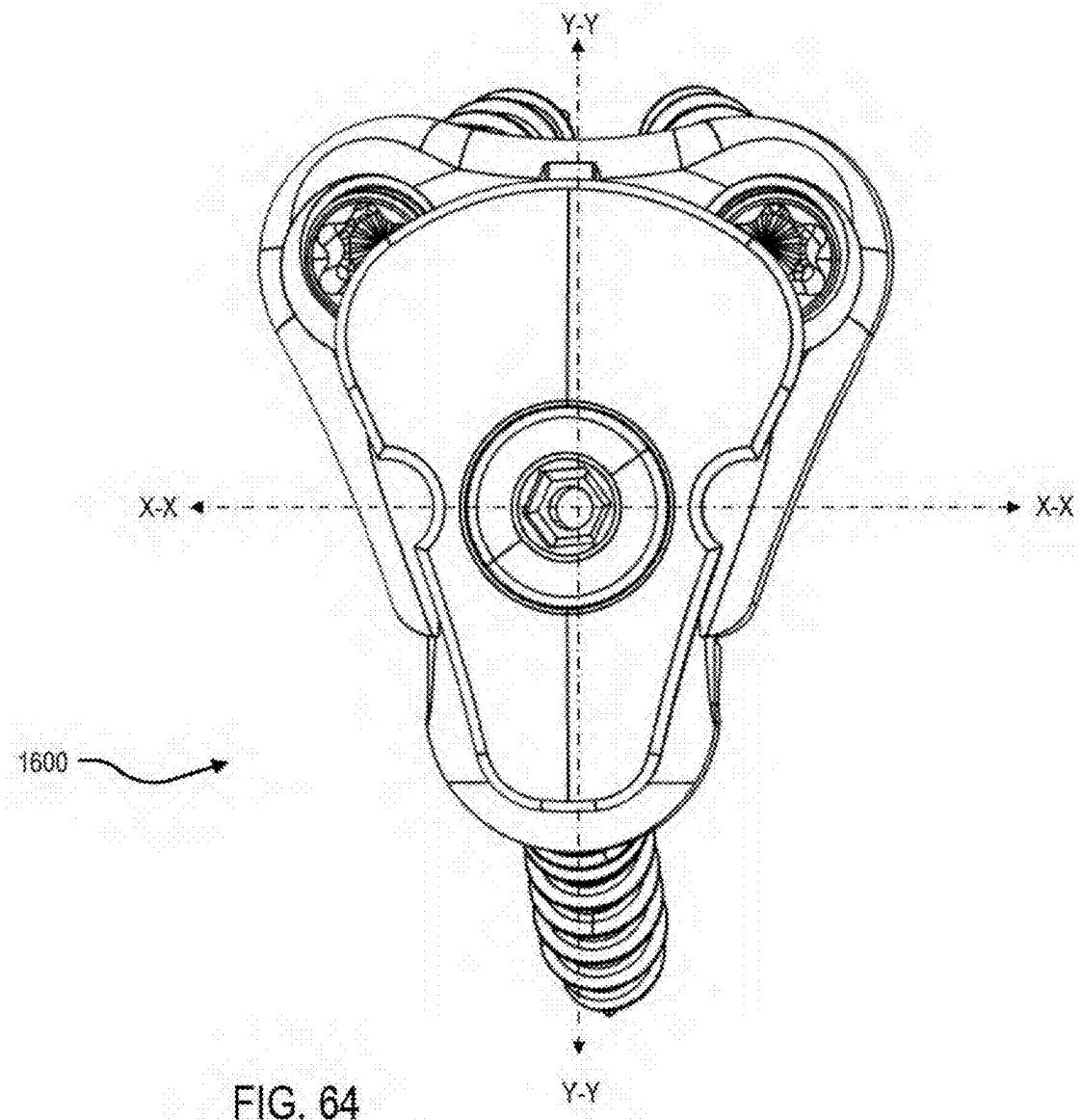
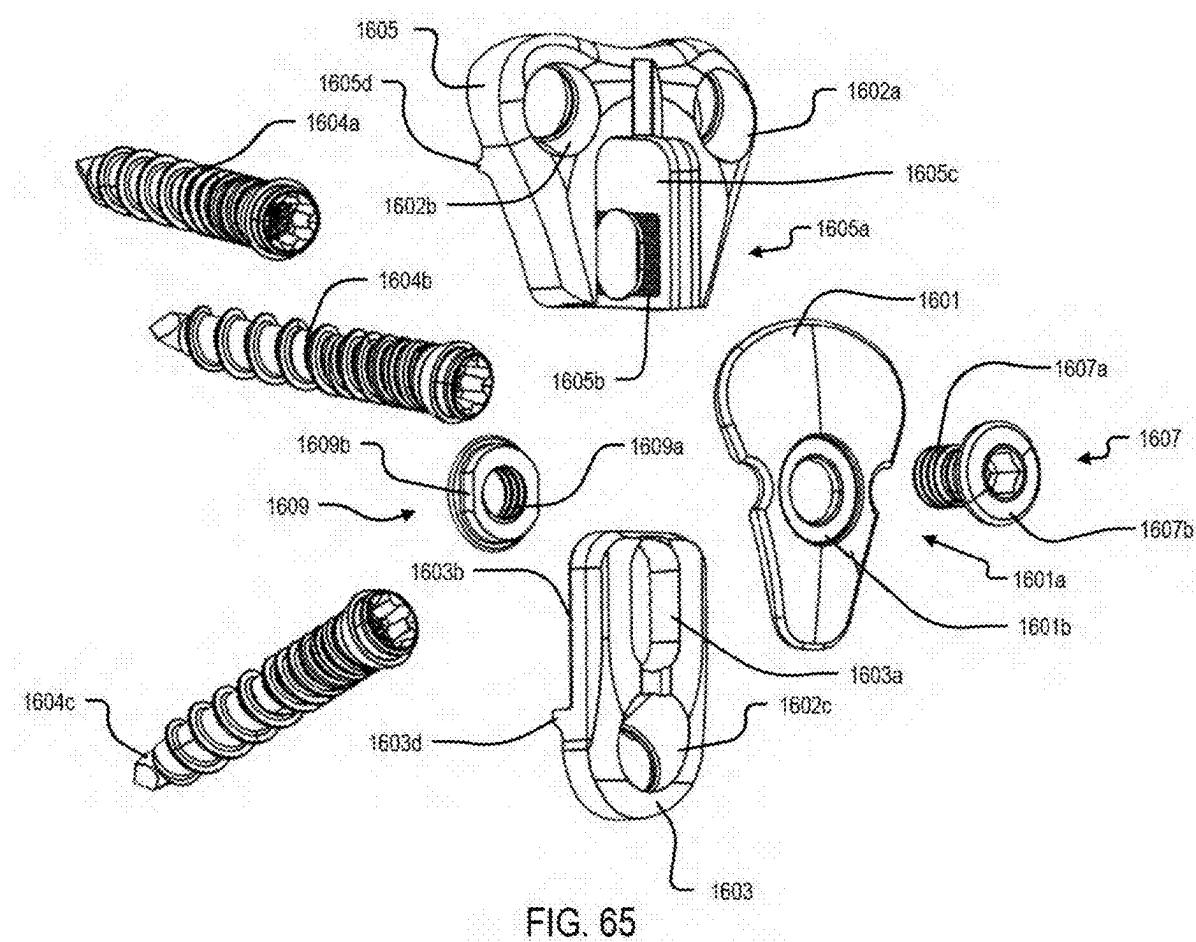


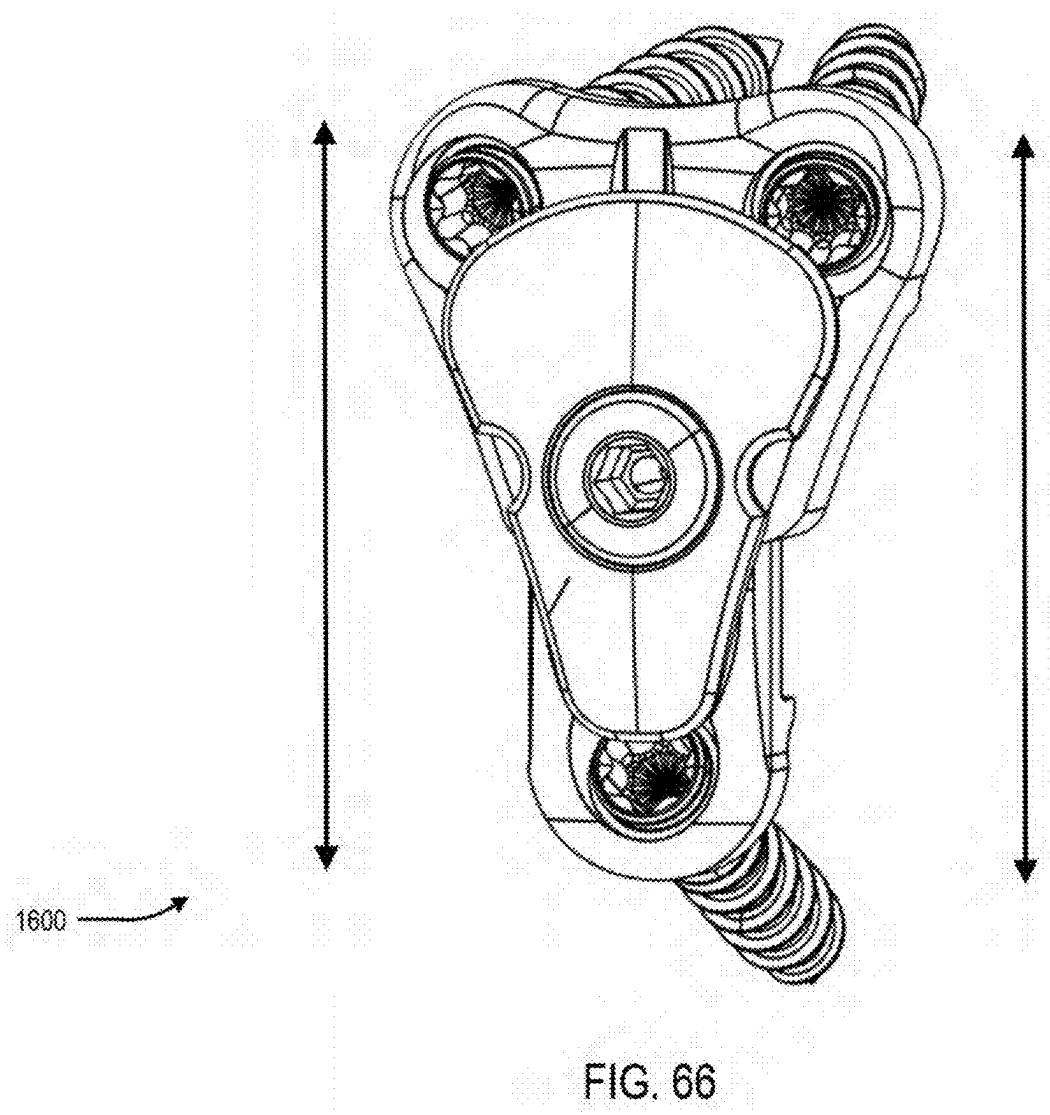
FIG. 61











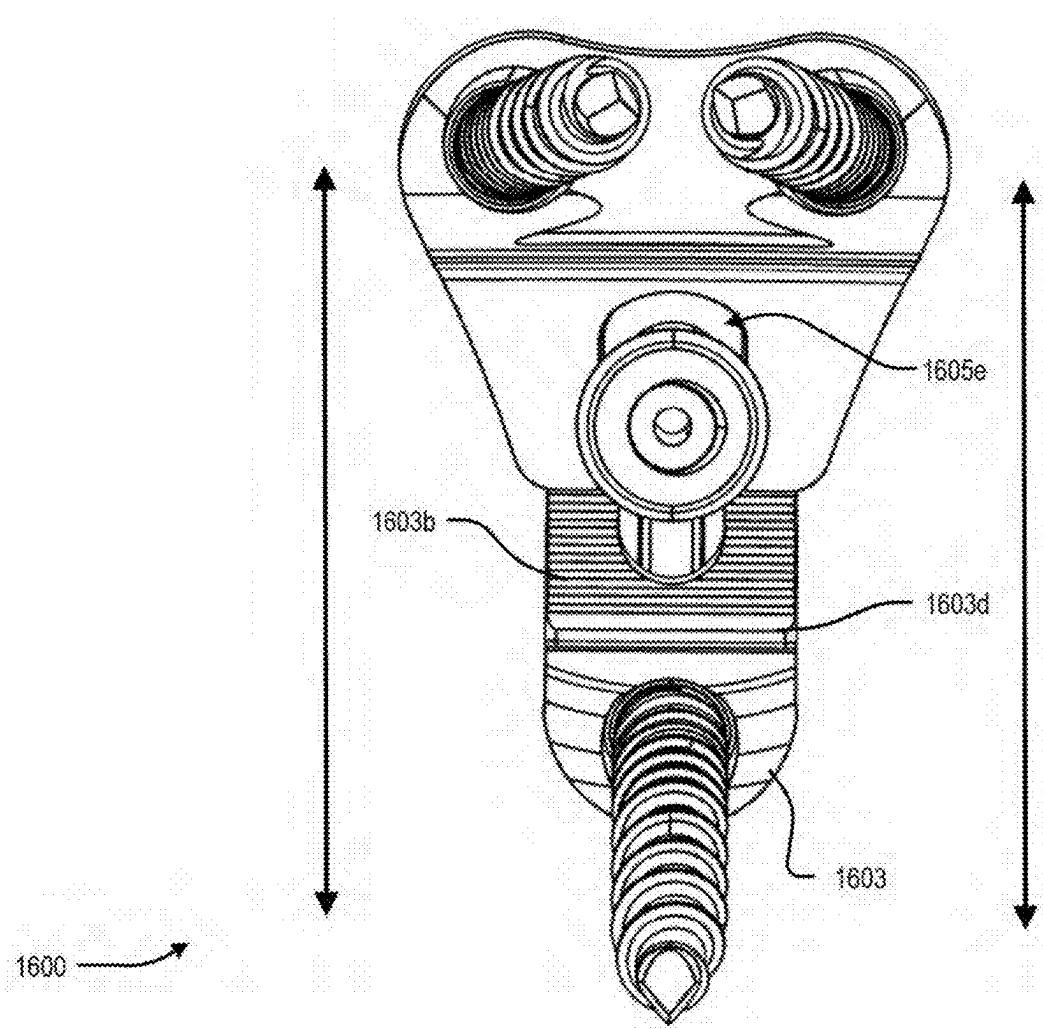
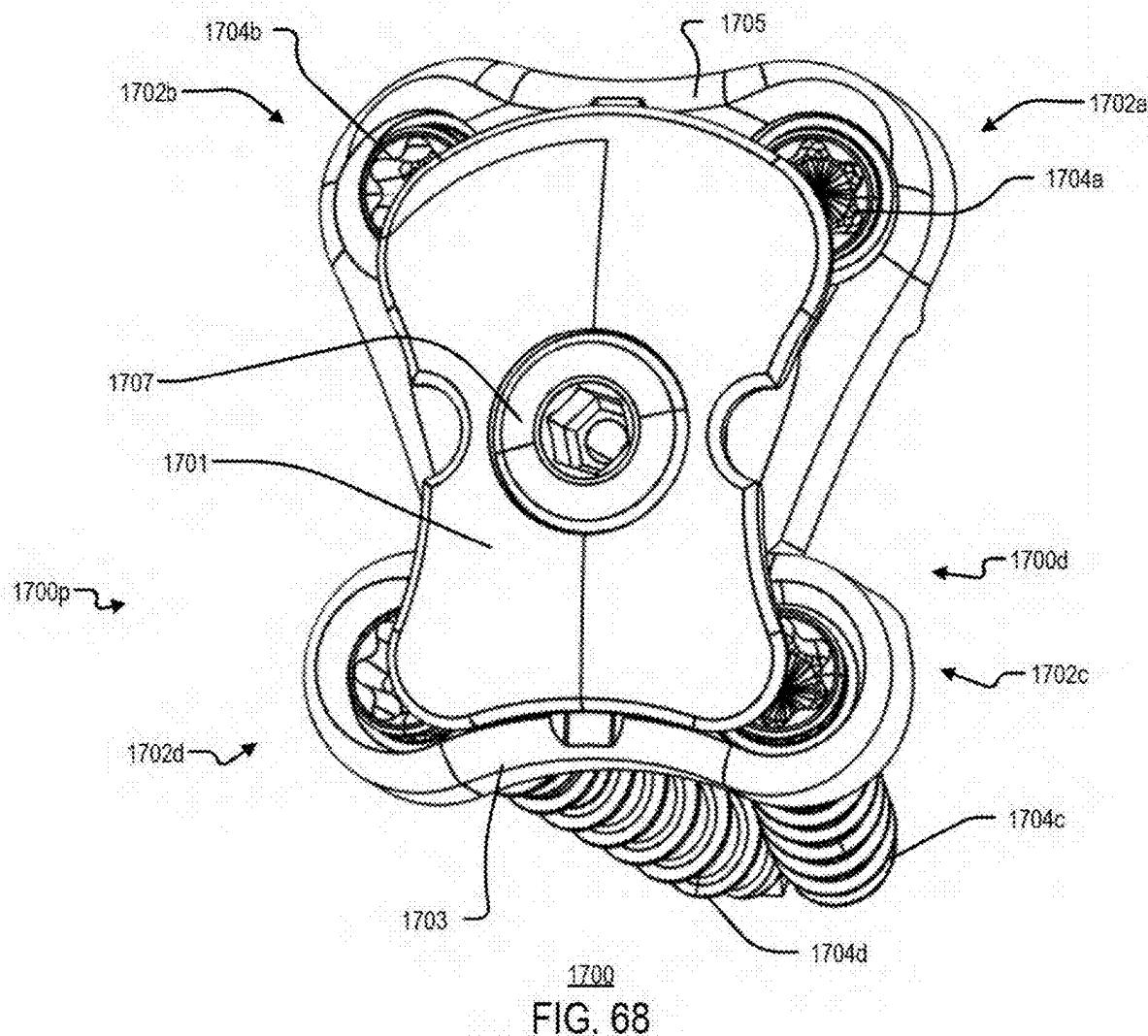


FIG. 67



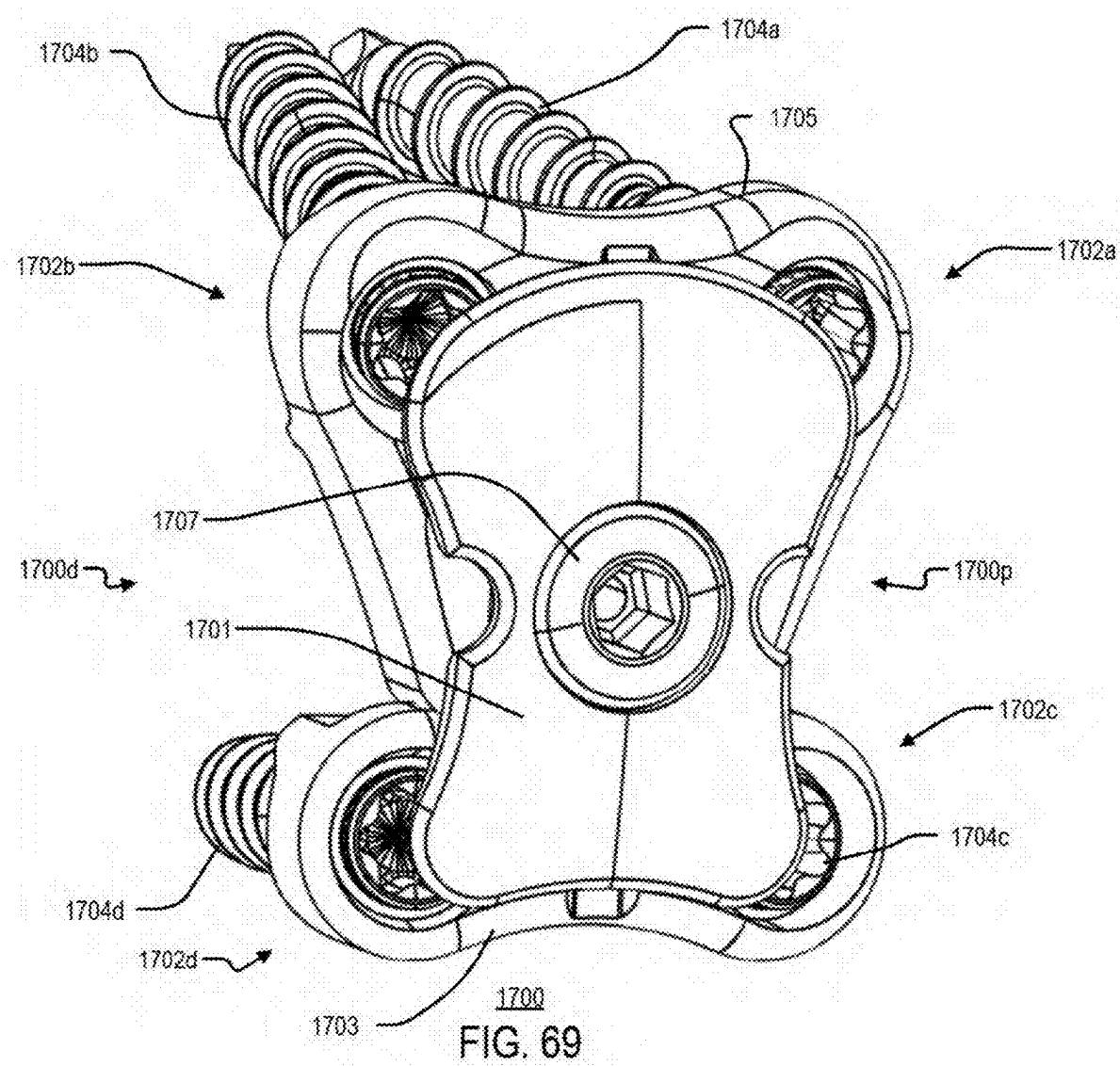


FIG. 69

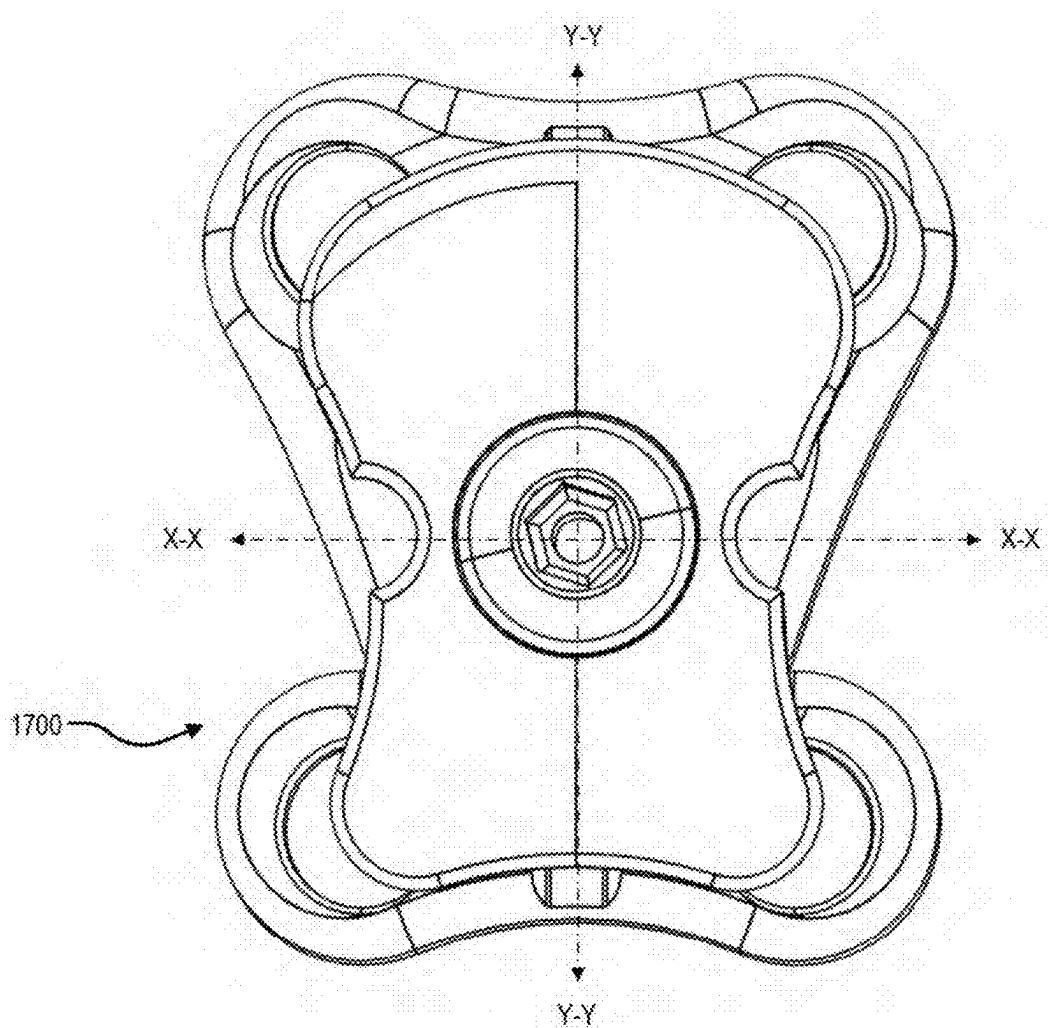


FIG. 70

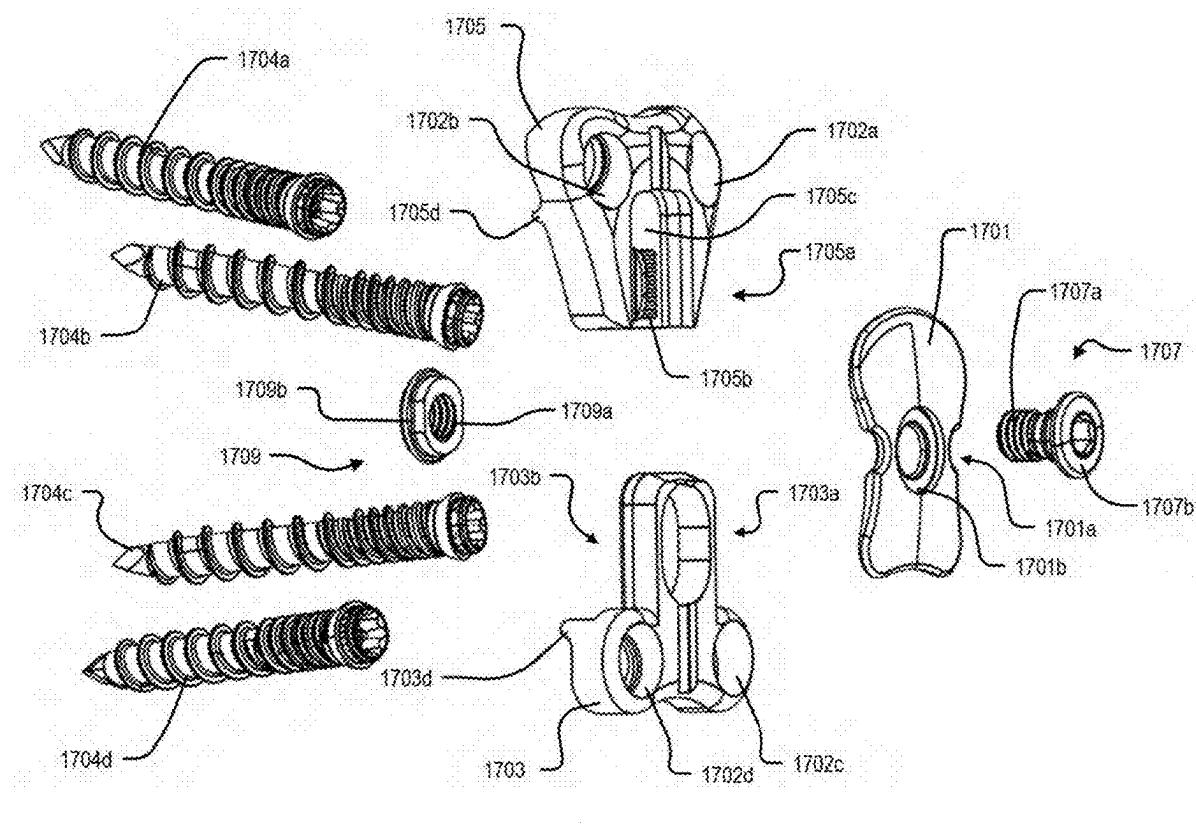


FIG. 71

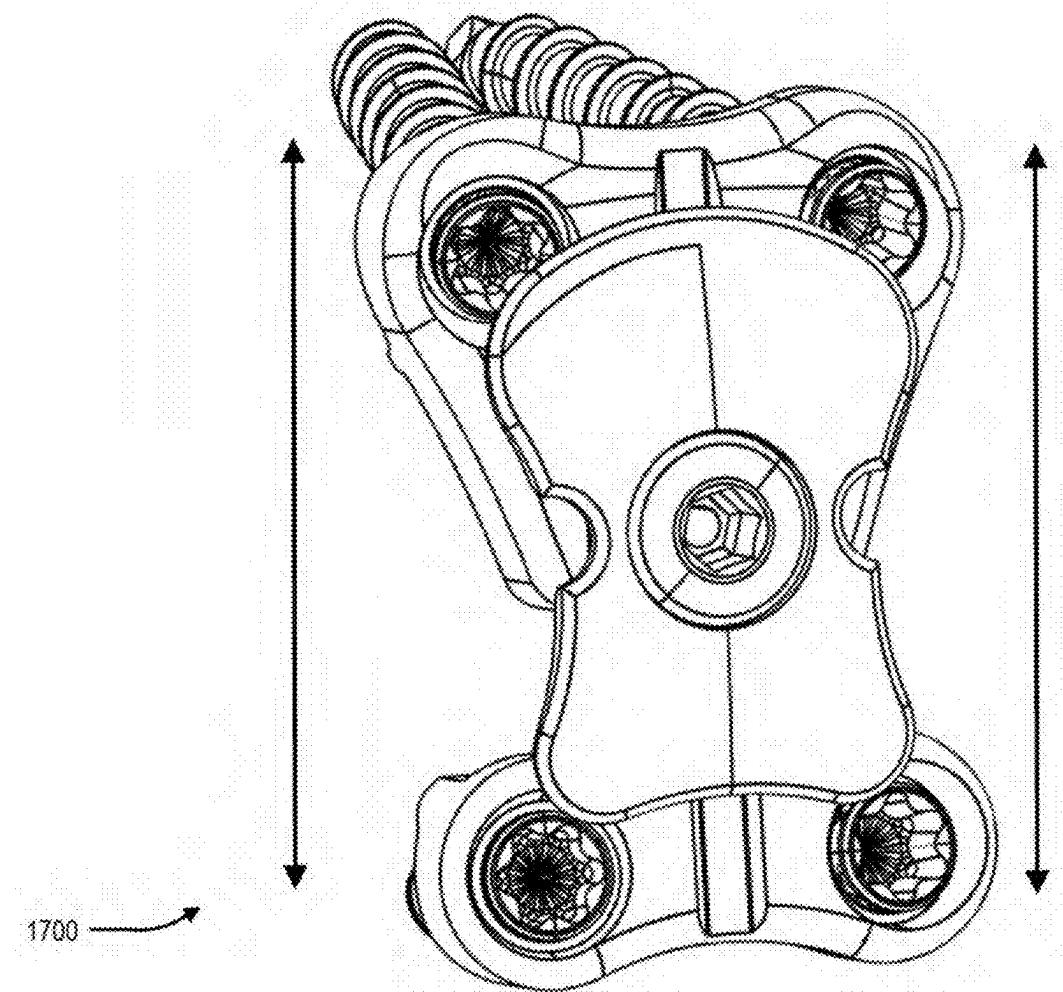
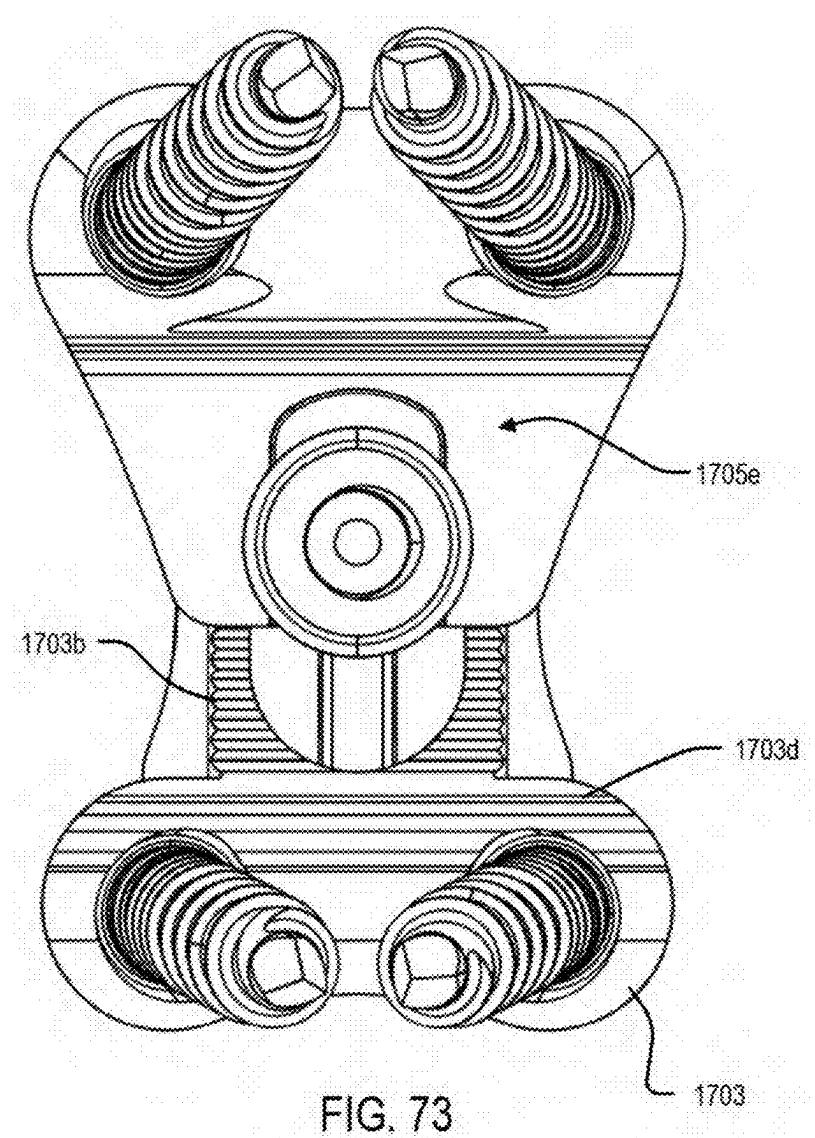


FIG. 72



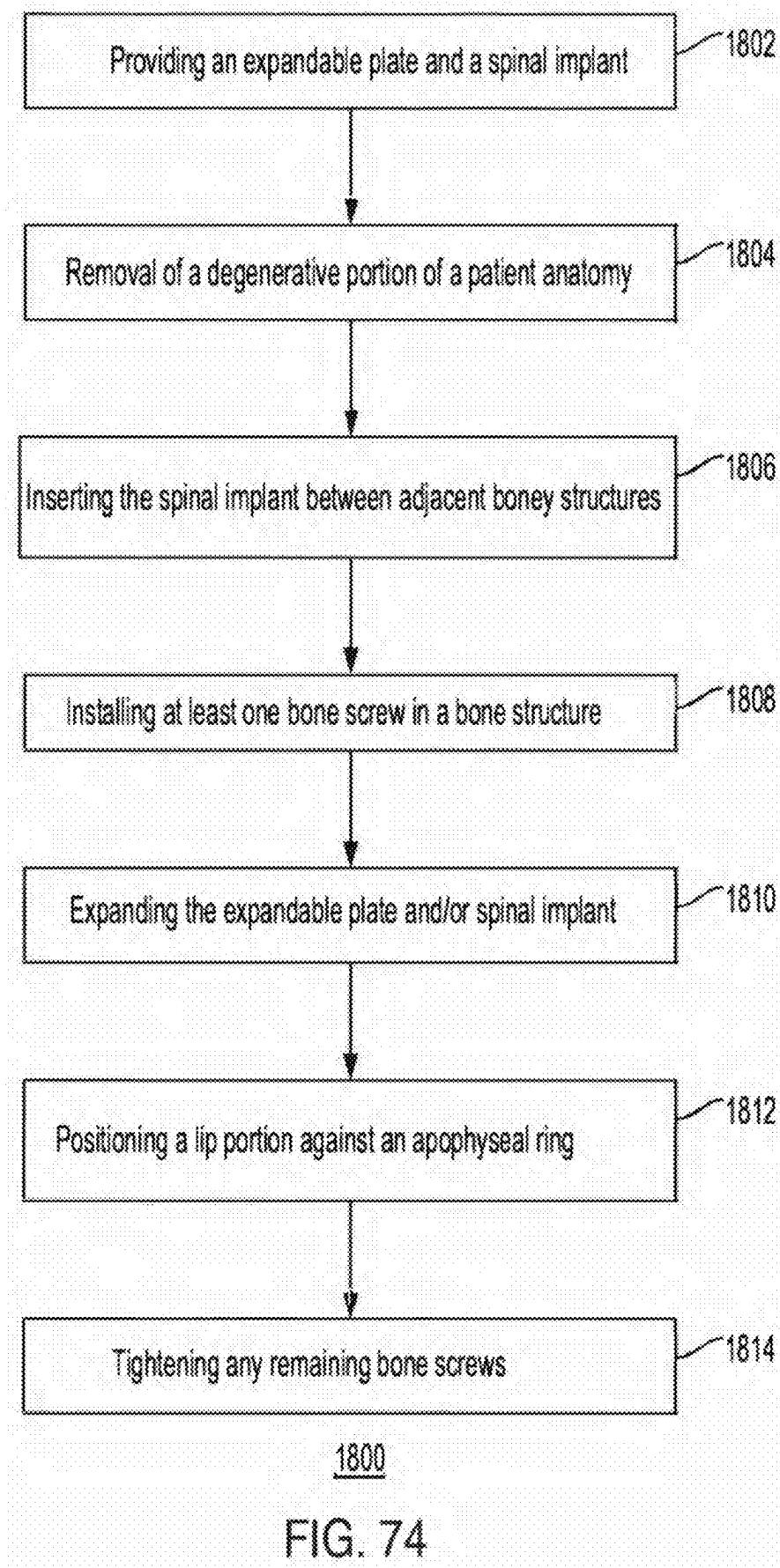
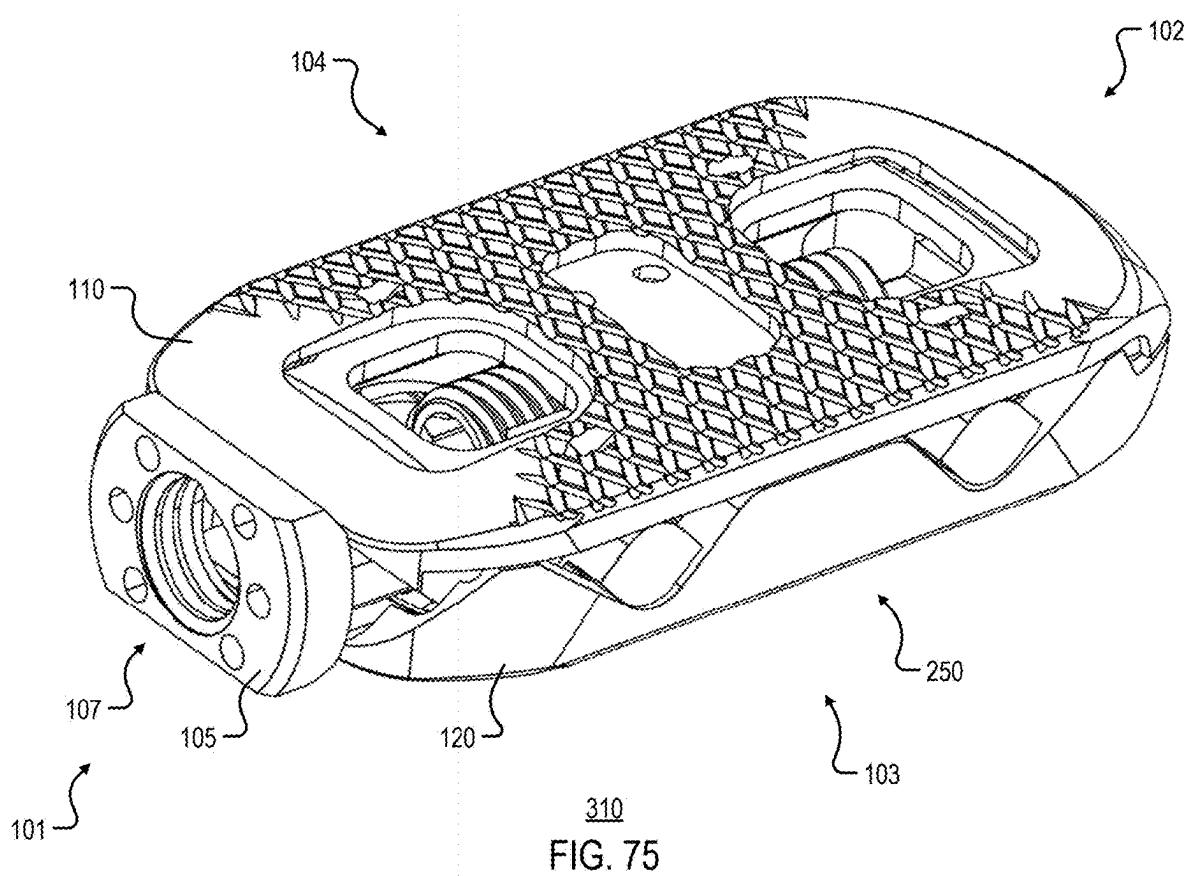
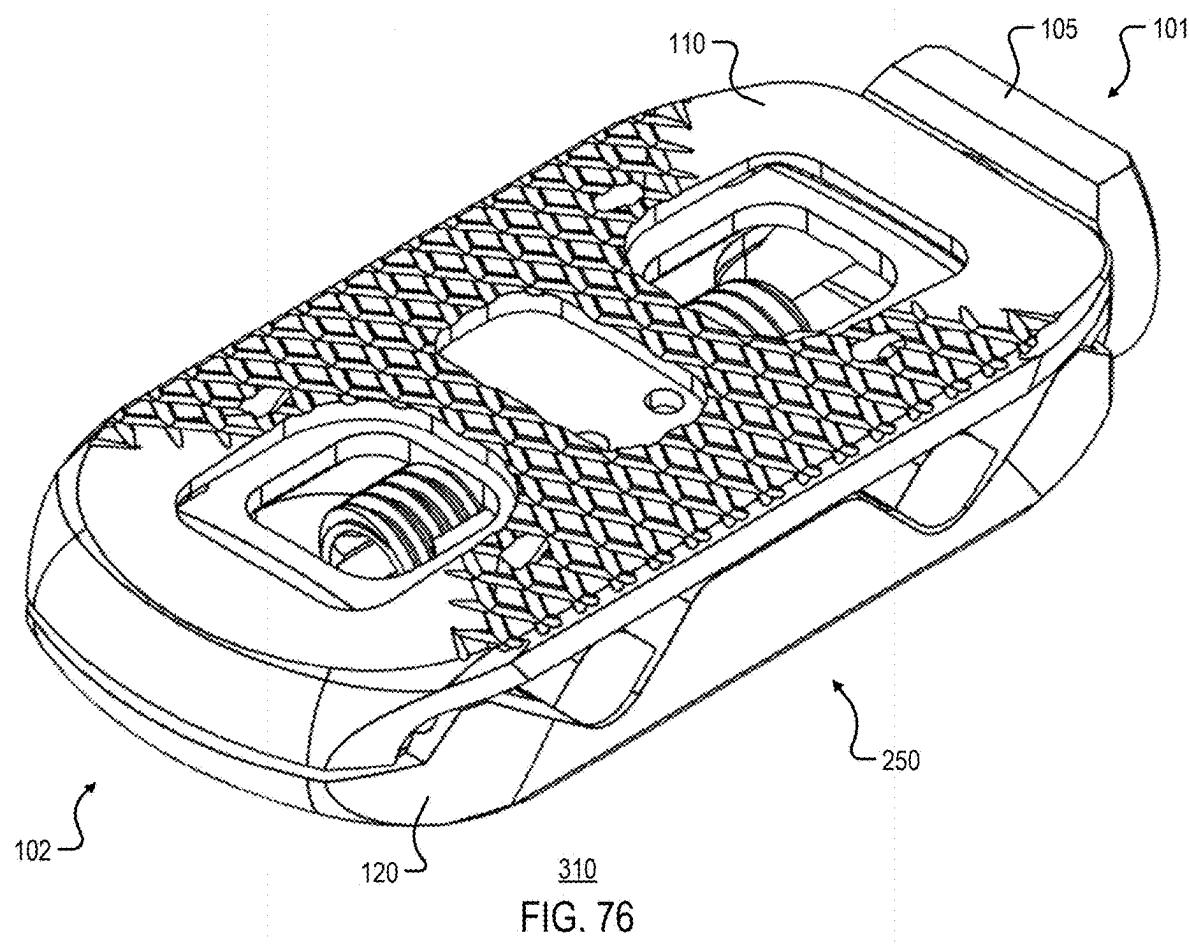


FIG. 74





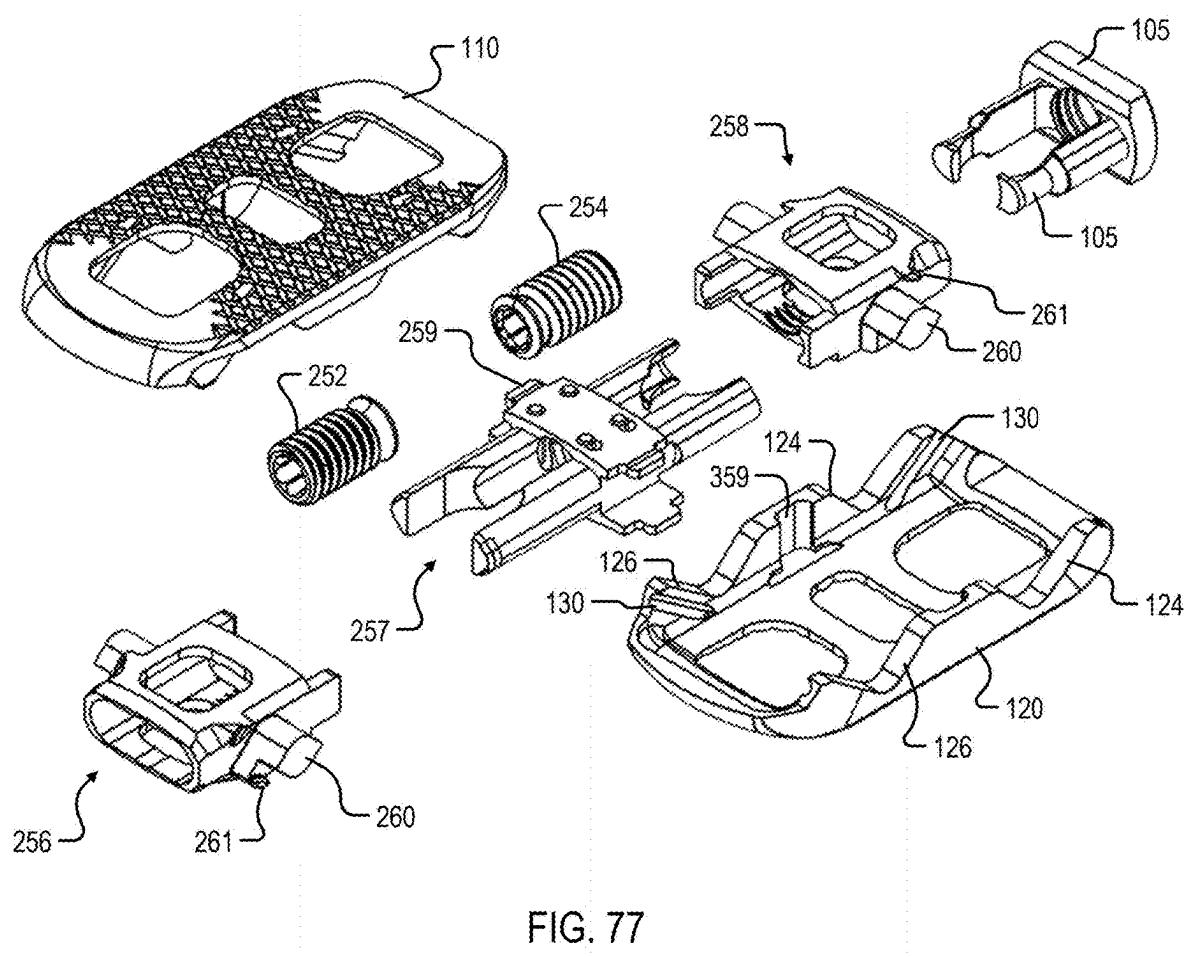


FIG. 77

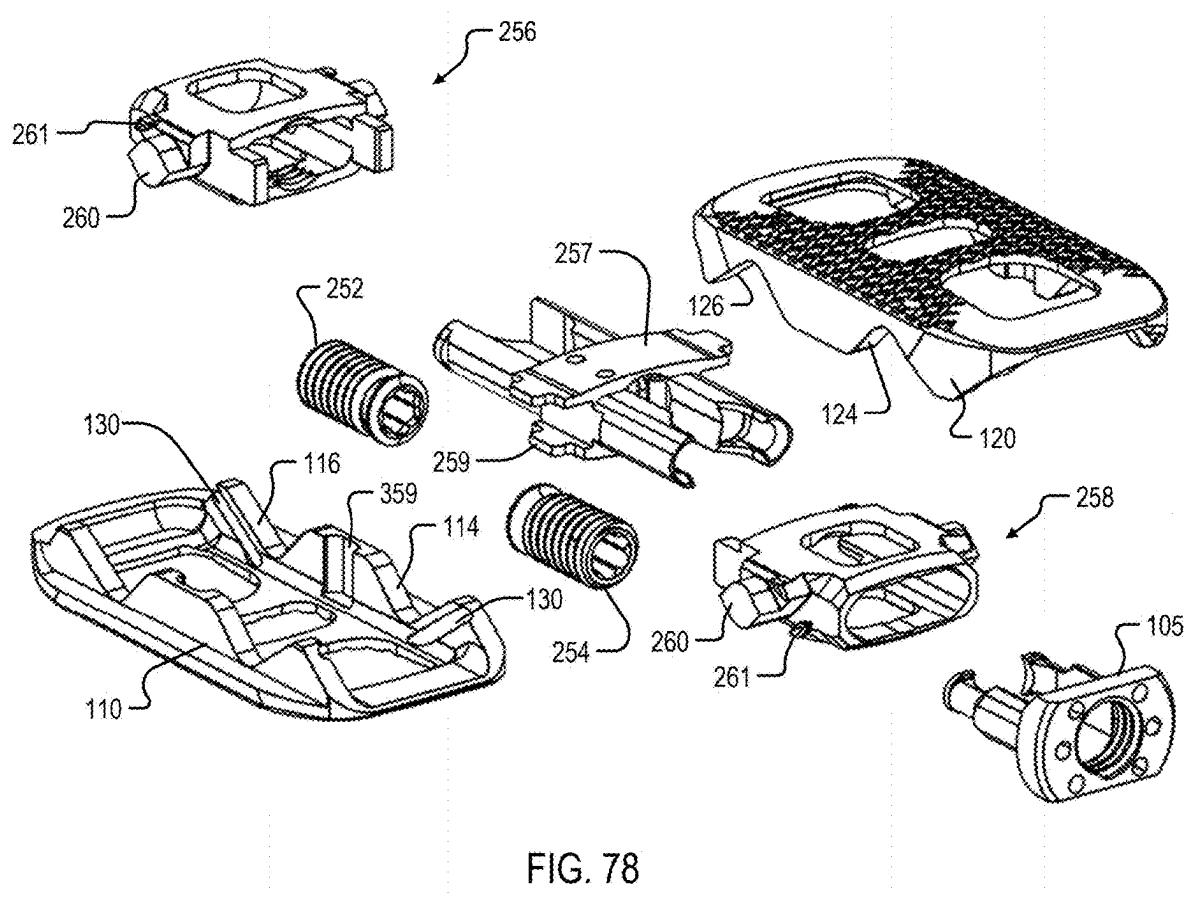


FIG. 78

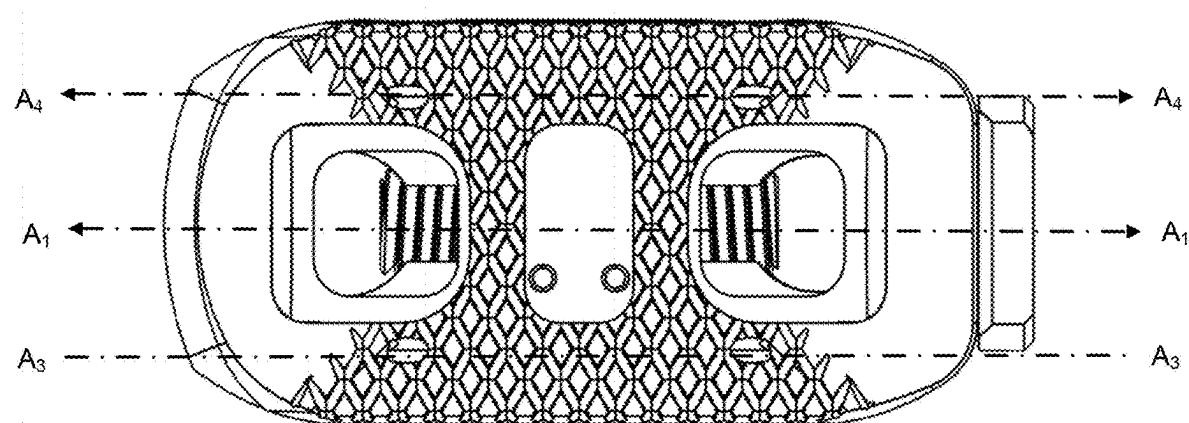


FIG. 79

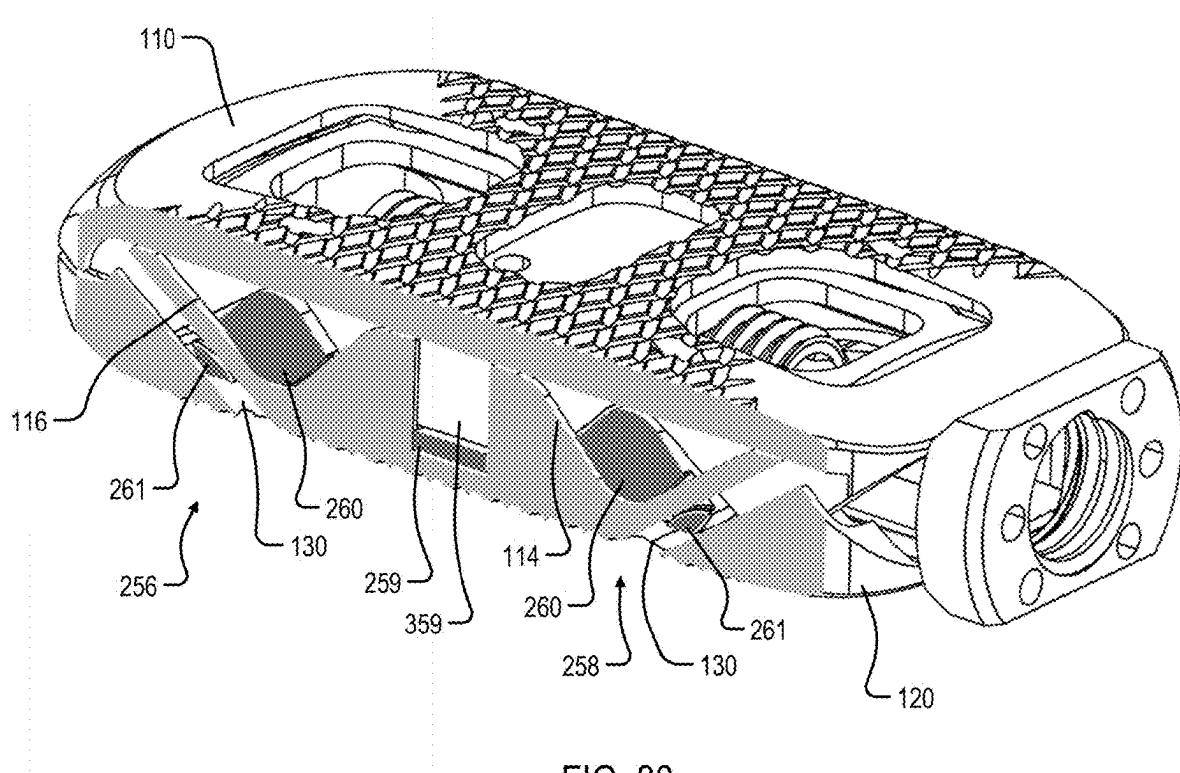


FIG. 80

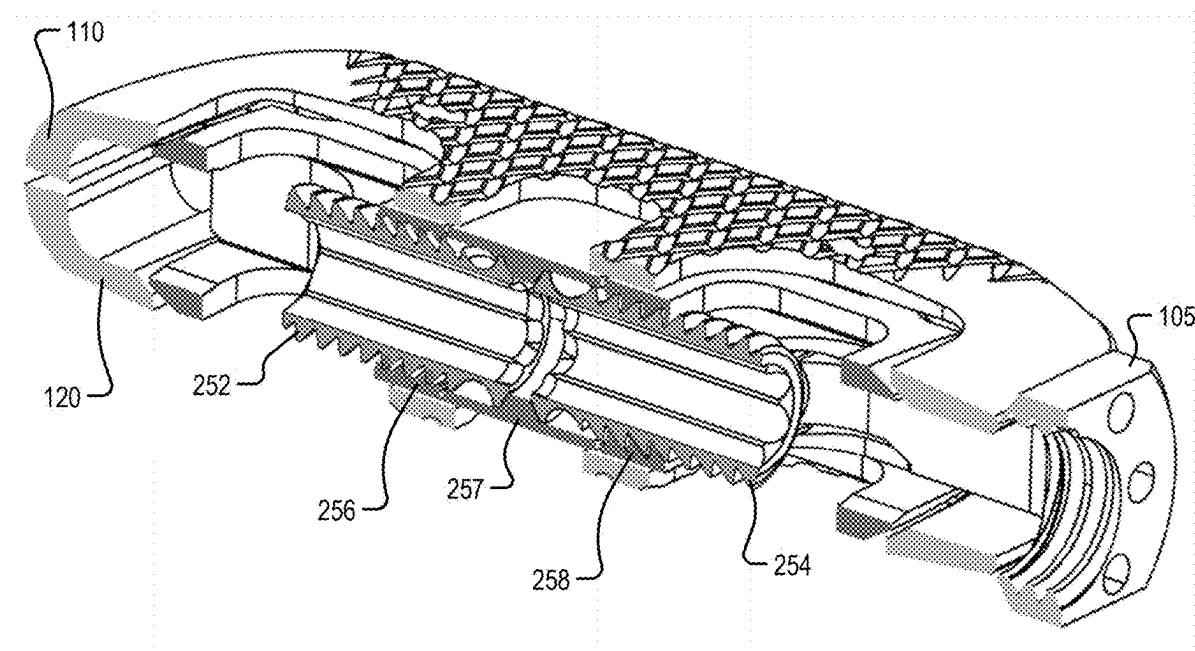


FIG. 81

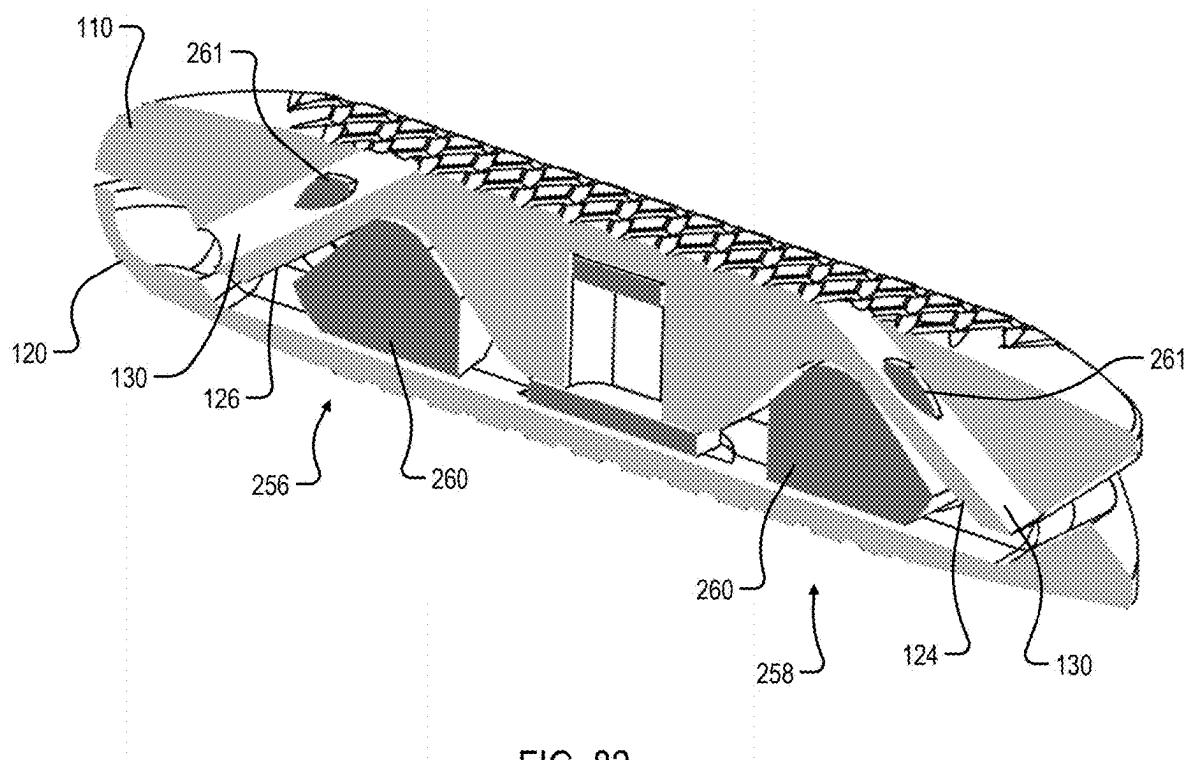
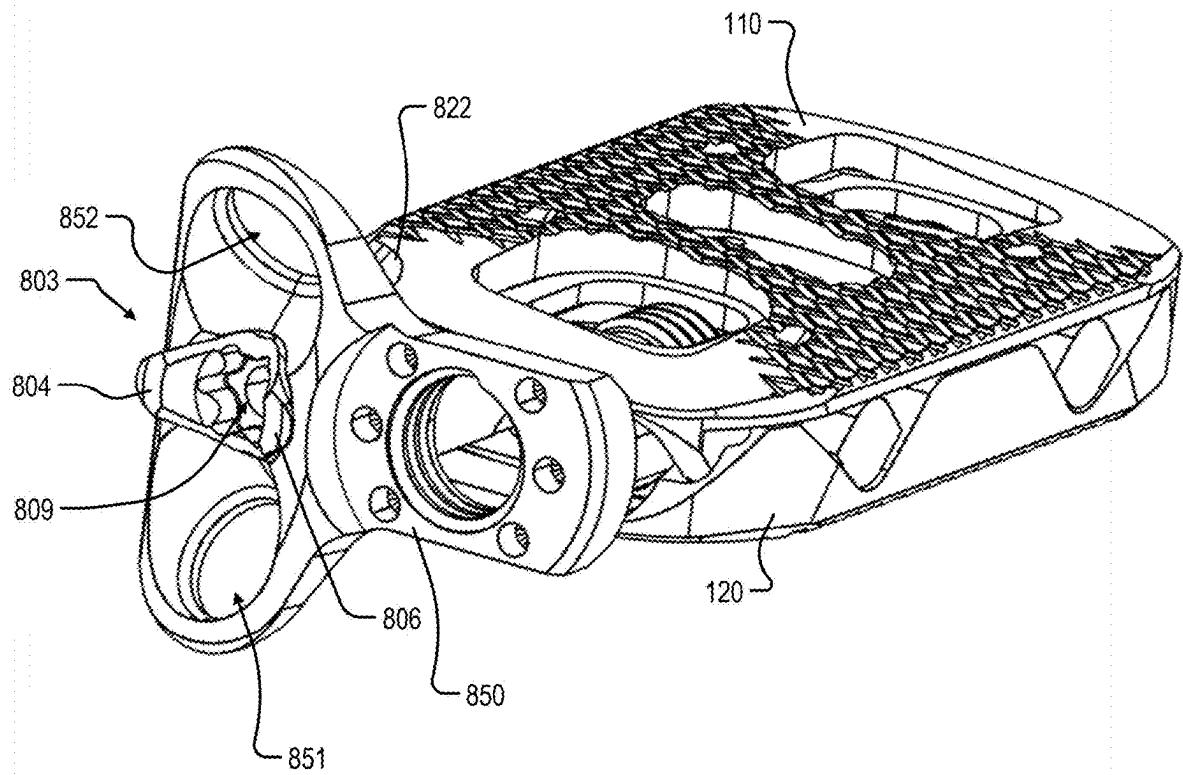
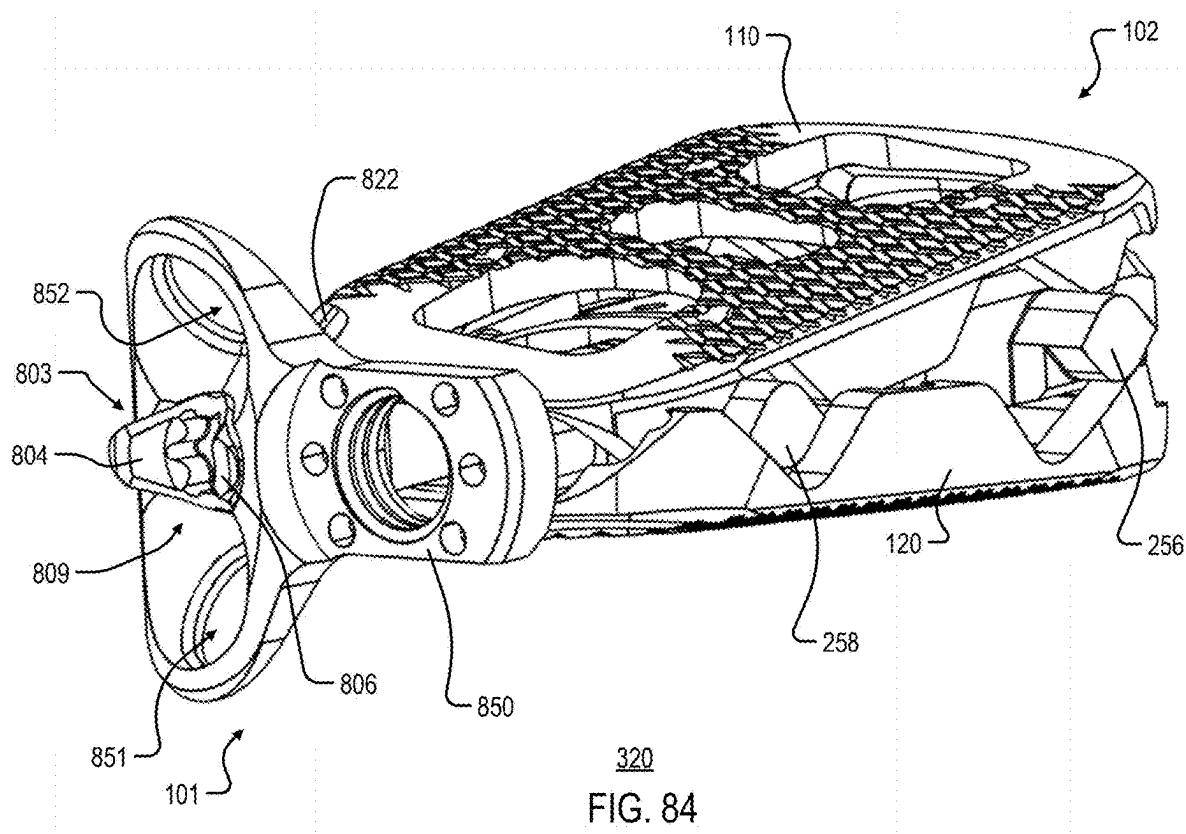


FIG. 82



320

FIG. 83



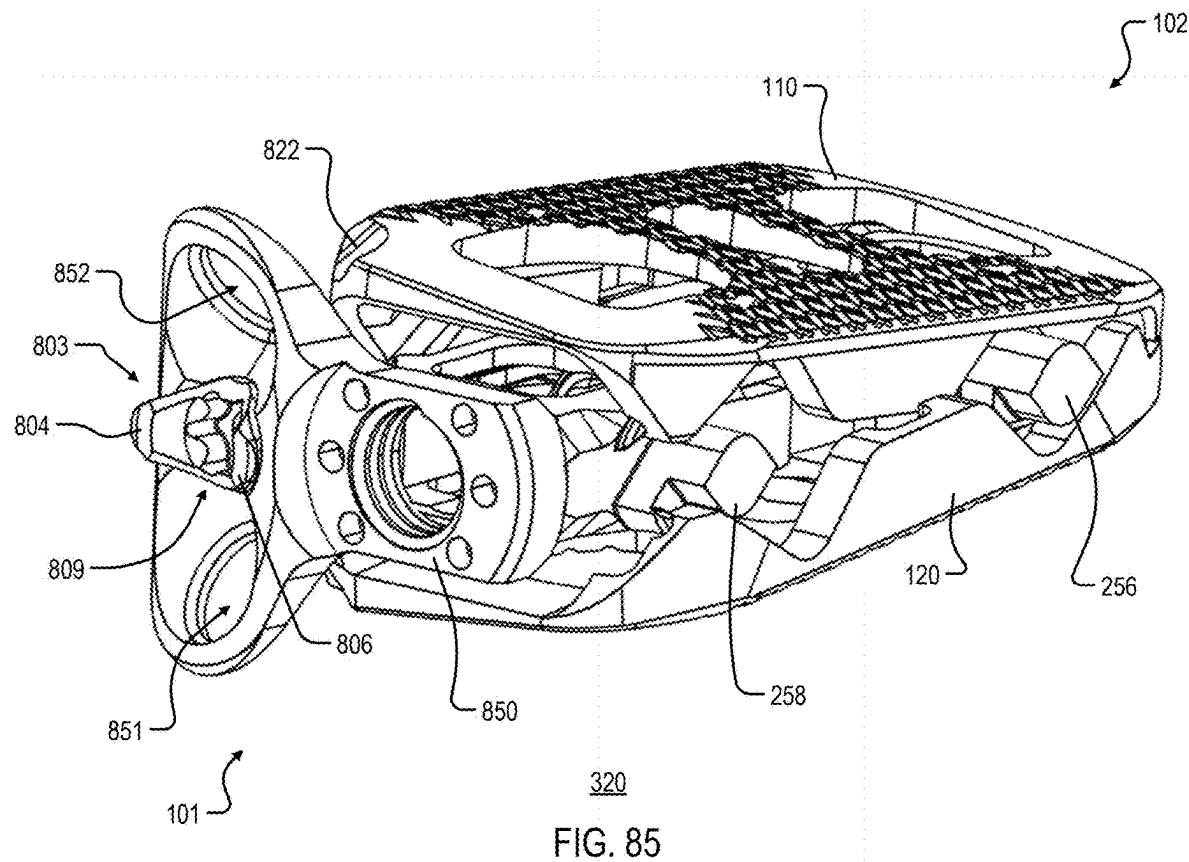
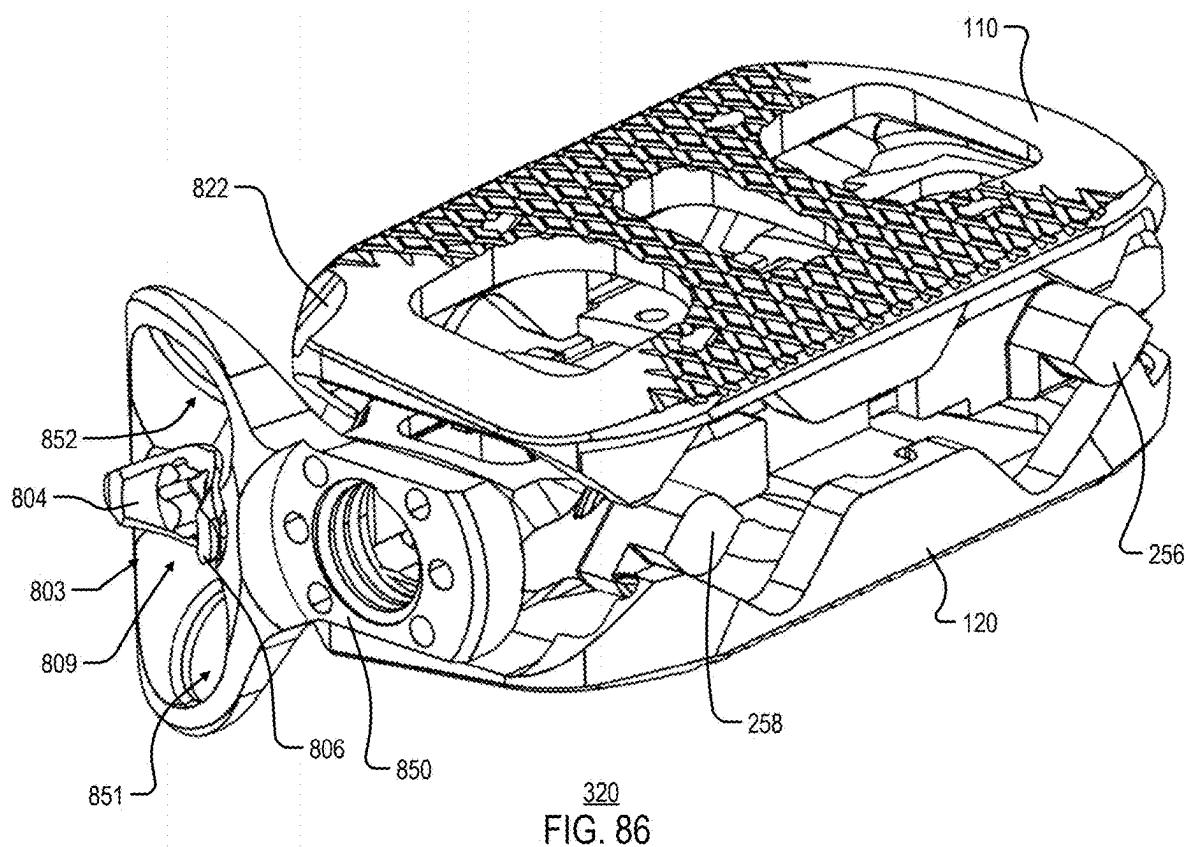
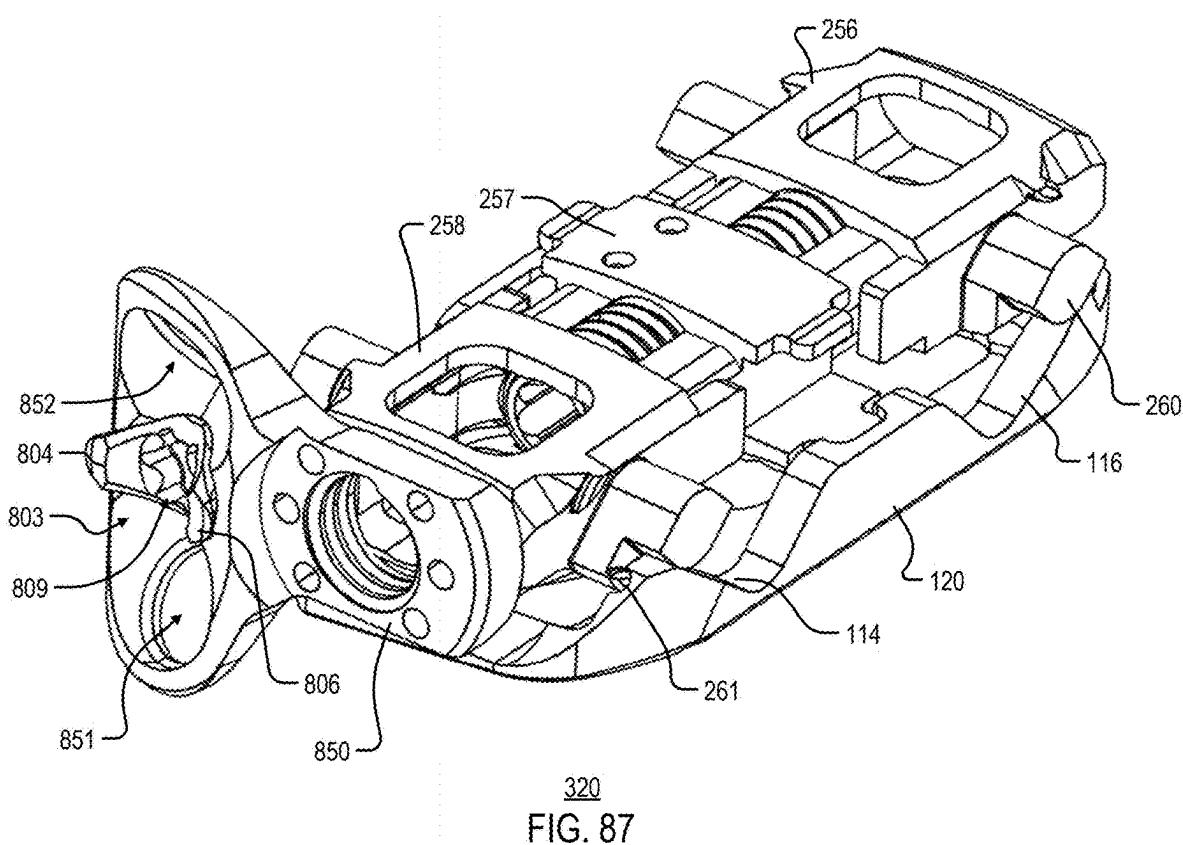
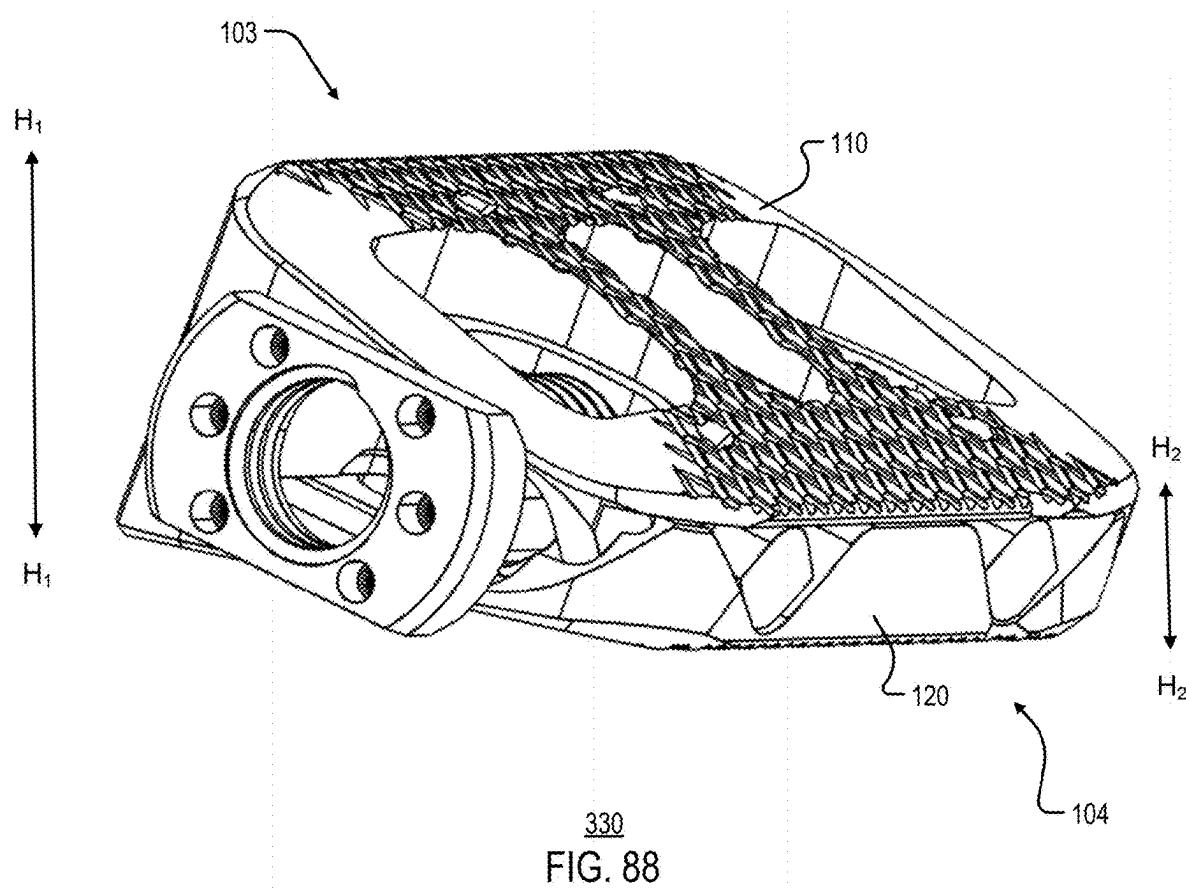
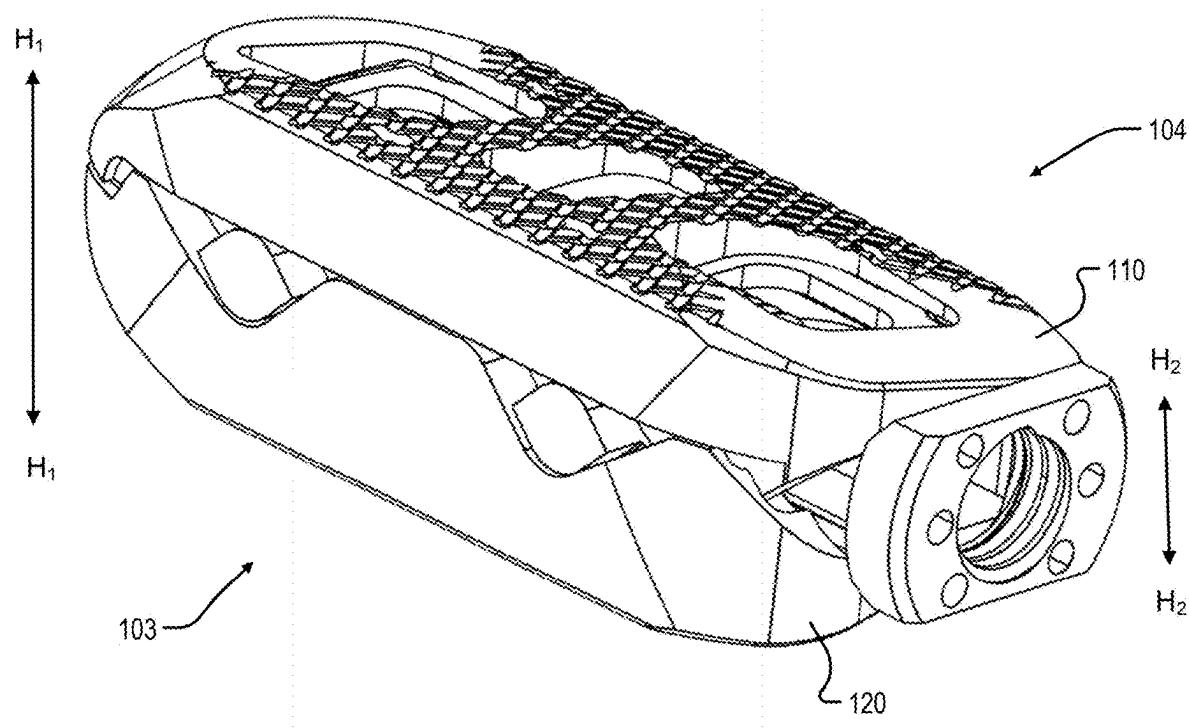


FIG. 85









330
FIG. 89

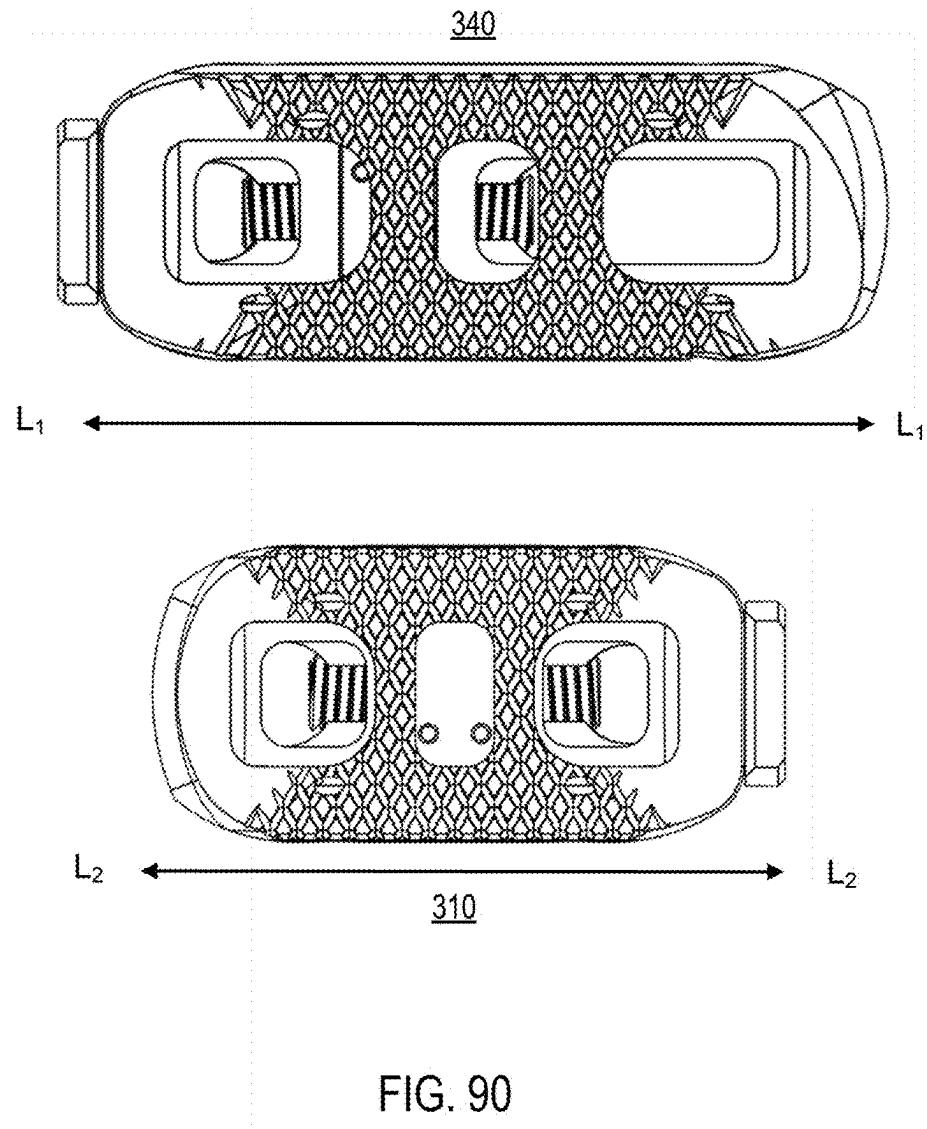


FIG. 90

DUAL EXPANDABLE INTER-BODY DEVICE

CROSS-REFERENCE TO RELATED APPLICATIONS

[0001] This application is a continuation of U.S. patent application Ser. No. 17/887,957, titled Dual expandable inter-body device, filed Aug. 15, 2022, which is a continuation in part of U.S. patent application Ser. No. 17/391,403, titled Expandable inter-body device, expandable plate system, and associated methods, filed Aug. 2, 2021, now U.S. Pat. No. 11,833,059, which is a continuation in part of U.S. patent application Ser. No. 17/246,932, titled Expandable Inter-Body Device, System, and Method, filed May 3, 2021, now U.S. Pat. No. 11,963,881, which is a continuation in part of U.S. patent application Ser. No. 17/123,889, titled Expandable Inter-Body Device, System, and Method, filed Dec. 16, 2020, now U.S. Pat. No. 11,564,724, which claims priority to and incorporates by reference co-related patent applications, PCT/IB2020/000953, titled Expandable Inter-Body Device, System, and Method, filed Nov. 5, 2020; PCT/IB2020/000932, titled Screwdriver and Complimentary Screws, filed Nov. 5, 2020; and PCT/IB2020/000942, titled Expandable Inter-Body Device, System, and Method, filed Nov. 5, 2020. This application is also a continuation in part of U.S. patent application Ser. No. 17/123,897, titled Expandable inter-body device, system and method, filed Dec. 16, 2020, now U.S. Pat. No. 11,617,658. The contents of each are hereby incorporated in their entirieties. This application also incorporates by reference: U.S. Pat. No. 11,285,014 titled Expandable inter-body device, system and method, filed May 4, 2021; U.S. Pat. No. 11,096,796, titled Interbody spinal implant having a roughened surface topography on one or more internal surfaces, and filed on Mar. 4, 2013; and U.S. Pat. No. 10,821,000, titled Titanium implant surfaces free from alpha case and with enhanced osteoinduction, and filed Jun. 29, 2017.

FIELD

[0002] The present disclosure generally relates to medical devices for the treatment of musculoskeletal disorders, and more particularly to a surgical device that includes an expandable spinal implant, systems for implanting and manipulating the expandable spinal implant, and a method for treating a spine.

BACKGROUND

[0003] Spinal disorders such as degenerative disc disease, disc herniation, osteoporosis, spondylolisthesis, stenosis, scoliosis and other curvature abnormalities, kyphosis, tumor, and fracture may result from factors including trauma, disease and degenerative conditions caused by injury and aging. Spinal disorders typically result in symptoms including pain, nerve damage, and partial or complete loss of mobility.

[0004] Non-surgical treatments, such as medication, rehabilitation and exercise can be effective, however, they may fail to relieve the symptoms associated with these disorders. Surgical treatment of these spinal disorders includes fusion, fixation, correction, discectomy, laminectomy and implantable prosthetics. As part of these surgical treatments, spinal constructs, such as, for example, bone fasteners, spinal rods and interbody devices can be used to provide stability to a treated region. For example, during surgical treatment, inter-

body devices may be introduced to a space between adjacent vertebral bodies (the interbody space) to properly space the vertebral bodies and provide a receptacle for bone growth promoting materials, e.g., grafting.

[0005] More recently, interbody devices have been introduced that provide additional capability beyond static spacing of the vertebral bodies. For example, some devices have expansion capability such that the implant may be introduced to the interbody space in a collapsed state and then expanded to produce additional spacing and, in some cases, introduce or restore curvature to the spine by expanding selectively. However, many existing expandable interbody designs have limited ranges of expansion.

[0006] An additional problem exists related to subsidence of spinal surfaces due to existing interbody devices having inadequately-sized load-bearing surfaces. In the case of expandable devices, the loads on the load-bearing surfaces, including loads generated during expansion of the implant, are often significant. An expandable implant with relatively large surface areas is needed to bear the loads, including the loads generated during implant expansion, in an attempt to avoid a need for follow-on surgery due to subsidence of spinal surfaces.

[0007] A further problem is instability of existing expandable interbody devices as they are expanded. Often, the load-bearing surfaces move relative to one another, as well as relative to an inserter, as the interbody device is expanded such that there is a risk of undesired shifts in the positioning of the interbody device within the intervertebral space. Additionally, and depending at least partly on the particular insertion technique employed, anatomical features such as the iliac crest and rib cage pose challenges to the adjustment of inter-body designs in situ.

[0008] The present disclosure seeks to address these and other shortcomings in the existing relevant arts.

SUMMARY

[0009] The techniques of this disclosure generally relate to highly adjustable interbody devices that are expandable to selectively increase/decrease a spacing distance between endplates of the interbody device and adjustable to selectively increase/decrease an angle of inclination between endplates of the interbody device. Additionally, at least in some embodiments, the techniques of this disclosure relate to a plate that may further be an expandable plate configured to be positioned external to and adjacent to a disc space that is securely connected to an adjustable interbody device configured to be positioned within the disc space. For example, an interbody device may be positioned between superior and inferior endplates and the expandable plate may be securely connected to the interbody device and be positioned outside of the disc space such that bone screws may selectively penetrate into the superior and inferior endplates.

[0010] The details of one or more aspects of the disclosure are set forth in the accompanying drawings and the description below. Other features, objects, and advantages of the techniques described in this disclosure will be apparent from the description and drawings, and from the claims.

[0011] In a first aspect, an expandable implant movable between a contracted position and an expanded position is disclosed. In various embodiments, the implant may include an expandable body having a length extending from a proximal end to a distal end in a proximal-to-distal direction, a width extending from a first lateral side to a second lateral

side in a widthwise direction, and a height extending from a superior end to an inferior end in a vertical direction, for example. In various embodiments, the length may be greater than the width. The expandable body may further include a superior endplate including a first outside surface and a first inside surface opposite the first outside surface, the first inside surface including first proximal ramps and first distal ramps disposed opposite the first proximal ramps, for example. The expandable body may further include an inferior endplate including a second outside surface and a second inside surface opposite the second outside surface, the second inside surface including second proximal ramps and second distal ramps disposed opposite the second proximal ramps, for example. The expandable body may further include a moving mechanism for expanding the superior endplate and the inferior endplate. In various embodiments, the moving mechanism may include a support block coupled to the superior endplate and the inferior endplate, the support block rotatably supporting a proximal set screw and a distal set screw along a rotation axis extending parallel to the proximal-to-distal direction, for example. In various embodiments, the moving mechanism may include a proximal trolley movably coupled to the proximal set screw, the proximal trolley including first superior ramped surfaces and first inferior ramped surfaces, for example. In various embodiments, the moving mechanism may include a distal trolley movably coupled to the distal set screw, the distal trolley including second superior ramped surfaces and second inferior ramped surfaces, for example. In at least some embodiments, in a contracted position the proximal trolley and the distal trolley may be disposed in a medial position within the expandable body, for example. In at least some embodiments, in a first expanded position, the proximal trolley may be disposed adjacent a proximal side of the expandable body and a spacing between the superior and inferior endplates at the proximal end is greater than a spacing between the superior and inferior endplates at the proximal end in the contracted position, for example. In at least some embodiments, in a second expanded position a spacing between the superior and inferior endplates at the distal end is greater than a spacing between the superior and inferior endplates at the distal end in the contracted position.

[0012] In another aspect, a laterally insertable spinal implant is disclosed. The implant may include an expandable body having a length extending from a proximal end to a distal end in a proximal-to-distal direction, a width extending from a first lateral side to a second lateral side in a widthwise direction, and a height extending from a superior end to an inferior end in a vertical direction, for example. In various embodiments, the length may be greater than the width, for example. The implant may further include a superior endplate including a first outside surface and a first inside surface opposite the first outside surface, the first inside surface including first proximal ramps and first distal ramps disposed opposite the first proximal ramps, for example. The implant may further include an inferior endplate including a second outside surface and a second inside surface opposite the second outside surface, the second inside surface including second proximal ramps and second distal ramps disposed opposite the second proximal ramps, for example. The implant may further include a support block coupled to the superior endplate and the inferior endplate, the support block having a proximal screw guide and a distal screw guide opposite the proximal screw guide,

for example. In various embodiments, the proximal screw guide may define a first rotation axis and the distal screw guide may define a second rotation axis, and the first and second rotation axes may extend in the proximal-to-distal direction, for example. The implant may further include a proximal set screw rotatably supported by the proximal screw guide and a distal set screw rotatably supported by the distal screw guide, for example. The implant may further include a proximal trolley coupled to the proximal set screw and including first superior ramped surfaces and first inferior ramped surfaces, for example. The implant may further include a distal trolley coupled to the distal set screw and including second superior ramped surfaces and second inferior ramped surfaces, for example. In at least some embodiments, the proximal trolley is coupled to the proximal set screw and movable toward and away from the proximal end of the expandable body in the proximal-to-distal direction by rotation of the proximal set screw along the first rotation axis, the distal trolley is coupled to the distal set screw and movable toward and away from the distal end of the expandable body in the proximal-to-distal direction by rotation of the distal set screw along the second rotation axis, for example. In various embodiments, the proximal trolley and the distal trolley are configured to simultaneously distract the superior and inferior endplates in a parallel manner upon simultaneous rotation of both the proximal set screw and distal set screw in a first direction and simultaneously contract the superior and inferior endplates in a parallel manner upon simultaneous rotation of both the proximal set screw and distal set screw in a second direction opposite the first direction, for example. In various embodiments, the proximal set screw is configured to urge the proximal trolley towards the proximal end of the expandable body in the proximal-to-distal direction upon independent rotation of the proximal set screw in the first direction, thereby distracting the superior and inferior endplates at the proximal end of the expandable body, for example. In various embodiments, the distal set screw is configured to urge the distal trolley towards the distal end of the expandable body in the proximal-to-distal direction upon independent rotation of the distal set screw in the first direction, thereby distracting the superior and inferior endplates at the distal end of the expandable body, for example.

[0013] In another aspect, a spinal implant configured for lateral insertion surgical techniques is disclosed. The implant may include a superior endplate and an inferior endplate extending in a proximal to distal direction, for example. In various embodiments, the superior endplate may include a first outside surface and a first inside surface opposite the first outside surface, the first outside surface including at least one bone screw relief and the first inside surface including a first plurality of guide walls, for example. In various embodiments the superior endplate may further include a first proximal end and a first distal end opposite the first proximal end, first proximal ramps and first distal ramps disposed opposite the first proximal ramps, and a first lateral surface and a second lateral surface opposite the first lateral surface, the first and second lateral surfaces extending between the first proximal end and the first distal end, for example. The implant may further include an inferior endplate having a second outside surface and a second inside surface opposite the second outside surface, the second outside surface including at least one bone screw relief and the second inside surface including a second plurality of guide walls, for example. In various embodiments the inferior endplate may further include a second proximal end and a second distal end opposite the second proximal end, second proximal ramps and second distal ramps disposed opposite the second proximal ramps, and a third lateral surface and a fourth lateral surface opposite the third lateral surface, the third and fourth lateral surfaces extending between the second proximal end and the second distal end, for example. The implant may further include a support block coupled to the superior endplate and the inferior endplate, the support block having a proximal screw guide and a distal screw guide opposite the proximal screw guide, for example. The proximal screw guide may define a first rotation axis and the distal screw guide may define a second rotation axis, and the first and second rotation axes may extend in the proximal-to-distal direction, for example. The implant may further include a proximal set screw rotatably supported by the proximal screw guide and a distal set screw rotatably supported by the distal screw guide, for example. The implant may further include a proximal trolley coupled to the proximal set screw and including first superior ramped surfaces and first inferior ramped surfaces, for example. The implant may further include a distal trolley coupled to the distal set screw and including second superior ramped surfaces and second inferior ramped surfaces, for example. In at least some embodiments, the proximal trolley is coupled to the proximal set screw and movable toward and away from the proximal end of the expandable body in the proximal-to-distal direction by rotation of the proximal set screw along the first rotation axis, the distal trolley is coupled to the distal set screw and movable toward and away from the distal end of the expandable body in the proximal-to-distal direction by rotation of the distal set screw along the second rotation axis, for example. In various embodiments, the proximal trolley and the distal trolley are configured to simultaneously distract the superior and inferior endplates in a parallel manner upon simultaneous rotation of both the proximal set screw and distal set screw in a first direction and simultaneously contract the superior and inferior endplates in a parallel manner upon simultaneous rotation of both the proximal set screw and distal set screw in a second direction opposite the first direction, for example. In various embodiments, the proximal set screw is configured to urge the proximal trolley towards the proximal end of the expandable body in the proximal-to-distal direction upon independent rotation of the proximal set screw in the first direction, thereby distracting the superior and inferior endplates at the proximal end of the expandable body, for example. In various embodiments, the distal set screw is configured to urge the distal trolley towards the distal end of the expandable body in the proximal-to-distal direction upon independent rotation of the distal set screw in the first direction, thereby distracting the superior and inferior endplates at the distal end of the expandable body, for example.

plurality of guide walls, for example. In various embodiments, the inferior endplate may further include a second proximal end and a second distal end opposite the second proximal end, second proximal ramps and second distal ramps disposed opposite the second proximal ramps, and a third lateral surface and a fourth lateral surface opposite the third lateral surface, the third and fourth lateral surfaces extending between the second proximal end and the second distal end, for example. The implant may further include a proximal plate including a plurality of bone screw apertures and a central aperture, for example. The implant may further include a moving mechanism operably coupled to the proximal plate, superior endplate and the inferior endplate, for example. The moving mechanism may further include a support block and a first trolley, and a second trolley disposed on opposite sides of the support block, a rotatable first set screw and a rotatable second set screw opposite the first set screw, for example. In various embodiments, the first set screw and second set screw may be configured to rotate in a first rotation direction and a second rotation direction about a rotation axis projecting in a direction substantially parallel to the length of the expandable body, and the proximal plate may be directly connected to the support block, for example. In at least some embodiments, the first trolley may be operably coupled to the first set screw and movable toward and away the support block in the proximal to distal direction by rotation of the first set screw along the rotation axis, the second trolley may be operably coupled to the second set screw and movable toward and away the support block in the proximal to distal direction by rotation of the second set screw along the rotation axis, for example. In at least some embodiments, the first trolley may include a first side surface and a second side surface opposite the first side surface and has a first plurality of projections projecting from the first and second side surfaces, for example. In at least some embodiments, the second trolley may include a third side surface and a fourth side surface opposite the third side surface and have a second plurality of projections projecting from the third and fourth side surfaces, for example. In at least some embodiments, the first and second plurality of projections correspond to a cross sectional shape of the first and second plurality of guide walls and are operably coupled thereto, respectively, such that the first and second plurality of projections move along the first and second plurality of guide walls, respectively, for example. In various embodiments, the moving mechanism may be configured to operably adjust a spacing between the superior and inferior endplates upon simultaneous rotation of the first and second set screws along the rotation axis. In various embodiments, the moving mechanism may be configured to operably adjust an angle of inclination between the superior and inferior endplates upon rotating either one of the first set screw and second set screw along the rotation axis, for example.

BRIEF DESCRIPTION OF DRAWINGS

[0014] FIG. 1A is a perspective view of one embodiment of an expandable spinal implant in a fully contracted position in accordance with the principles of the present disclosure;

[0015] FIG. 1B is an exploded parts view of the embodiment of FIG. 1A in accordance with the principles of the present disclosure;

[0016] FIG. 1C is a perspective view of one embodiment of an expandable spinal implant in a contracted or closed configuration in accordance with the principles of the present disclosure;

[0017] FIG. 1D is a perspective view of one embodiment of an expandable spinal implant in an expanded or opened configuration in accordance with the principles of the present disclosure;

[0018] FIGS. 2A and 2B are a top down views of the embodiment of FIGS. 1A and 1B in accordance with the principles of the present disclosure;

[0019] FIGS. 2C and 2D are side views of the embodiment of FIGS. 1A and 1B in a contracted position in accordance with the principles of the present disclosure;

[0020] FIGS. 2E and 2F are side views of the embodiment of FIGS. 1A and 1B in an expanded position in accordance with the principles of the present disclosure;

[0021] FIG. 3A is a perspective view of one embodiment of an expandable spinal implant in a closed configuration in accordance with the principles of the present disclosure;

[0022] FIG. 3B is a perspective view of one embodiment of an expandable spinal implant in an expanded configuration in accordance with the principles of the present disclosure;

[0023] FIG. 4A is a top down view of the embodiment of FIGS. 2A-2C in accordance with the principles of the present disclosure;

[0024] FIG. 4B is a side view of the embodiment of FIGS. 2A-2C in a contracted position in accordance with the principles of the present disclosure;

[0025] FIG. 4C is a side view of the embodiment of FIGS. 2A-2C in a partially expanded and inclined position in accordance with the principles of the present disclosure;

[0026] FIG. 4D is a side view of the embodiment of FIGS. 2A-2C in a fully expanded position in accordance with the principles of the present disclosure;

[0027] FIG. 5A is a top down view of one embodiment in accordance with the principles of the present disclosure;

[0028] FIG. 5B is a front side view of the embodiment of FIG. 5A in accordance with the principles of the present disclosure;

[0029] FIG. 5C is an alternate side view of the embodiment of FIG. 5A in accordance with the principles of the present disclosure;

[0030] FIGS. 6A-6C are top down views of three exemplary footprint sizes of a top endplate in accordance with the principles of the present disclosure;

[0031] FIGS. 7A-7C are top down views of three exemplary footprint sizes of a bottom endplate in accordance with the principles of the present disclosure;

[0032] FIG. 8 is perspective view of one embodiment of an expandable spinal implant system in accordance with the principles of the present disclosure;

[0033] FIG. 9A is a cutout perspective showing a surgical tool in a first adjustment position where an exemplary spinal implant is in a contracted position;

[0034] FIG. 9B is a cutout perspective showing the surgical tool in the first adjustment position after adjusting the exemplary spinal implant from the contracted position to a first expanded position;

[0035] FIG. 10A is a cutout perspective showing the surgical tool in a second adjustment position where the exemplary spinal implant is in the first expanded position of FIG. 9B;

[0036] FIG. 10B is a cutout perspective showing the surgical tool in the second position after adjusting the exemplary spinal implant from the first expanded position to an expanded and angled position;

[0037] FIGS. 11A and 11B are perspective views of a moving mechanism in a contracted position and an expanded position, respectively, in accordance with the principles of the present disclosure;

[0038] FIGS. 12A and 12B are perspective views of the moving mechanism of FIGS. 11A and 11B in the contracted position and the expanded position, respectively, with a bottom endplate in accordance with the principles of the present disclosure;

[0039] FIGS. 13A and 13B are perspective views of the moving mechanism of FIGS. 12A and 12B in the contracted position and the expanded position, respectively, with a top endplate and the bottom endplate in accordance with the principles of the present disclosure;

[0040] FIGS. 14A and 14B are cut-out views of a moving mechanism in accordance with the principles of the present disclosure;

[0041] FIG. 15 is a cross section of the moving mechanism of FIGS. 14A and 14B along a longitudinal axis thereof in accordance with the principles of the present disclosure;

[0042] FIG. 16 is a perspective view of a top endplate and bottom endplate of one embodiment of an expandable spinal implant in accordance with the principles of the present disclosure;

[0043] FIG. 17 is an exploded view of the top endplate and bottom endplate of FIG. 16 in accordance with the principles of the present disclosure;

[0044] FIGS. 18A-18B are perspective views of a first surgical tool of an expandable spinal implant system in accordance with the principles of the present disclosure;

[0045] FIGS. 19A-19C are side views of first surgical tool and adjustment rod of an expandable spinal implant system, respectively, in accordance with the principles of the present disclosure;

[0046] FIG. 20 illustrates a perspective view of one embodiment of an expandable spinal implant system having anchoring screws in accordance with the principles of the present disclosure;

[0047] FIGS. 21A-21B illustrate a lateral side view and front side view, respectively, of one embodiment of an expandable spinal implant system having anchoring screws in accordance with the principles of the present disclosure;

[0048] FIG. 22A is a side view of a second surgical device suitable for use with the embodiment of FIG. 20 in accordance with the principles of the present disclosure;

[0049] FIG. 22B is a side view of an enlarged region of FIG. 22A in accordance with the principles of the present disclosure;

[0050] FIGS. 23A-23C are various perspective views of exemplary anchoring screws suitable for use with the embodiment of FIG. 20 in conjunction with the second surgical tool of FIGS. 22A-22B in accordance with the principles of the present disclosure;

[0051] FIGS. 24A-24D are various side views and top down views of exemplary bone grafts in accordance with the principles of the present disclosure;

[0052] FIG. 25A and FIG. 25B illustrate a first bent position and a second bent position, respectively, of one embodiment of an expandable spinal implant in accordance with the principles of the present disclosure;

[0053] FIGS. 26-28 illustrate a left side view, right side view, and front side view, respectively, of an installed expandable spinal implant positioned between adjacent vertebral bodies in accordance with the principles of the present disclosure;

[0054] FIG. 29A is a perspective view of one embodiment of an expandable spinal implant in accordance with the principles of the present disclosure;

[0055] FIG. 29B is an exploded view of the embodiment of FIG. 29A in accordance with the principles of the present disclosure;

[0056] FIG. 30A is a top down view of one embodiment of an expandable spinal implant in accordance with the principles of the present disclosure;

[0057] FIG. 30B is perspective view of one embodiment of an expandable spinal implant in accordance with the principles of the present disclosure;

[0058] FIG. 30C is a perspective view of one embodiment of an expandable spinal implant with a top endplate removed in accordance with the principles of the present disclosure;

[0059] FIG. 30D is an alternate perspective view of one embodiment of an expandable spinal implant with a top endplate removed in accordance with the principles of the present disclosure;

[0060] FIG. 30E is a top down view of one embodiment of a top endplate in accordance with the principles of the present disclosure;

[0061] FIG. 30F is a top down view of one embodiment of a bottom endplate in accordance with the principles of the present disclosure;

[0062] FIG. 31 is a perspective view of one embodiment of an expandable spinal implant system illustrating three alternate angular positions of an insertion tool in accordance with the principles of the present disclosure;

[0063] FIG. 32A is a top down view of one embodiment of an expandable spinal implant in accordance with the principles of the present disclosure;

[0064] FIG. 32B is a perspective view of the embodiment of FIG. 32A in accordance with the principles of the present disclosure;

[0065] FIG. 33A is a perspective view of one embodiment of an expandable spinal implant in accordance with the principles of the present disclosure;

[0066] FIG. 33B is a perspective view of the embodiment of FIG. 33A in an expanded position in accordance with the principles of the present disclosure;

[0067] FIG. 33C is a perspective view of the embodiment of FIG. 33A in a first tilted position in accordance with the principles of the present disclosure;

[0068] FIG. 33D is a perspective view of the embodiment of FIG. 33A in a second tilted position in accordance with the principles of the present disclosure;

[0069] FIG. 34 is a perspective view of one embodiment of an expandable spinal implant system in accordance with the principles of the present disclosure;

[0070] FIG. 35 is a perspective view of one embodiment of an expandable spinal implant system illustrating three alternate angular positions of an insertion tool in accordance with the principles of the present disclosure;

[0071] FIG. 36 is a perspective view of one embodiment of an expandable spinal implant including a screw guide endplate having at least one aperture configured to receive a anchoring screw therein;

- [0072] FIG. 37 is a front view of the embodiment of FIG. 36;
- [0073] FIGS. 38A and 38B are various perspective views of a screw guide endplate having at least one aperture configured to receive a anchoring screw therein;
- [0074] FIGS. 39A and 39B are top down view of a top endplate and a bottom endplate including at least one slotted aperture configured to receive a anchoring screw therein;
- [0075] FIG. 40 is a perspective view of one embodiment of an expandable spinal implant including a screw guide endplate having at least one aperture configured to receive a anchoring screw therein;
- [0076] FIG. 41 is a front view of the embodiment of FIG. 40;
- [0077] FIG. 42A is a front views of a screw guide endplate having at least one aperture configured to receive a anchoring screw therein;
- [0078] FIG. 42B is a front view of the screw guide endplate of FIG. 42A including anchoring screws installed in each of the corresponding apertures;
- [0079] FIG. 43A and FIG. 43B are various perspective views of a screw guide endplate having at least one aperture configured to receive a anchoring screw therein;
- [0080] FIGS. 44A and 44B are top down views of a top endplate and a bottom endplate including at least one recessed portion configured to accommodate a anchoring screw;
- [0081] FIG. 45 is a perspective view of an additional embodiment of an expandable spinal implant including an anterior endplate in accordance with the principles of the present disclosure;
- [0082] FIG. 46 is an alternate perspective view of the embodiment of FIG. 45 in accordance with the principles of the present disclosure;
- [0083] FIG. 47 is an exploded parts view diagram of the embodiment of FIG. 45 in accordance with the principles of the present disclosure;
- [0084] FIG. 48A is a first view of a bottom endplate of the embodiment of FIG. 45 in accordance with the principles of the present disclosure;
- [0085] FIG. 48B is a second view of a bottom endplate of the embodiment of FIG. 45 in accordance with the principles of the present disclosure;
- [0086] FIG. 48C is a perspective view of the embodiment of FIG. 45 in the expanded position in accordance with the principles of the present disclosure;
- [0087] FIG. 49 is a perspective view of the embodiment of FIG. 45 including a plurality of bone screws in accordance with the principles of the present disclosure;
- [0088] FIG. 50 is an alternate perspective view of the embodiment of FIG. 45 including a plurality of bone screws in accordance with the principles of the present disclosure;
- [0089] FIG. 51 is a rear perspective view of the embodiment of FIG. 45 including a plurality of bone screws in accordance with the principles of the present disclosure;
- [0090] FIG. 52 is a side view of an example bone screw;
- [0091] FIG. 53 is a reference diagram illustrating various cardinal directions and planes with respect to a patient that the exemplary embodiments of FIGS. 1-44B may operate, adjust, and/or move along in accordance with the principles of the present disclosure;
- [0092] FIG. 54 is a perspective view of a first expandable plate embodiment for coupling to disclosed spinal implants;
- [0093] FIG. 55 is an alternate perspective view of a first expandable plate embodiment for coupling to disclosed spinal implants;
- [0094] FIG. 56 is a front view of a first expandable plate embodiment for coupling to disclosed spinal implants;
- [0095] FIG. 57 is a perspective exploded parts view of a first expandable plate embodiment for coupling to disclosed spinal implants;
- [0096] FIG. 58 is an alternate perspective exploded parts view of a first expandable plate embodiment for coupling to disclosed spinal implants;
- [0097] FIG. 59 is an alternate perspective exploded parts view of a first expandable plate embodiment for coupling to disclosed spinal implants;
- [0098] FIG. 60 is a front view of a first expandable plate embodiment coupled to a spinal implant;
- [0099] FIG. 61 is a cross section view of FIG. 60;
- [0100] FIG. 62 is a perspective view of a second expandable plate embodiment for coupling to disclosed spinal implants;
- [0101] FIG. 63 is an alternate perspective view of a second expandable plate embodiment for coupling to disclosed spinal implants;
- [0102] FIG. 64 is a front view of a second expandable plate embodiment for coupling to disclosed spinal implants;
- [0103] FIG. 65 is a perspective exploded parts view of a second expandable plate embodiment for coupling to disclosed spinal implants;
- [0104] FIG. 66 is a perspective view of a second expandable plate embodiment in an expanded position;
- [0105] FIG. 67 is an alternate perspective view of a second expandable plate embodiment in an expanded position;
- [0106] FIG. 68 is a perspective view of a third expandable plate embodiment for coupling to disclosed spinal implants;
- [0107] FIG. 69 is an alternate perspective view of a third expandable plate embodiment for coupling to disclosed spinal implants;
- [0108] FIG. 70 is a front view of a third expandable plate embodiment for coupling to disclosed spinal implants;
- [0109] FIG. 71 is a perspective exploded parts view of a third expandable plate embodiment for coupling to disclosed spinal implants;
- [0110] FIG. 72 is a perspective view of a third expandable plate embodiment in an expanded position;
- [0111] FIG. 73 is a perspective view of a third expandable plate embodiment in an expanded position;
- [0112] FIG. 74 is a flow chart of a method of operation of various expandable plates;
- [0113] FIG. 75 is a front perspective view of one embodiment of an expandable spinal implant in accordance with the principles of the present disclosure;
- [0114] FIG. 76 is a rear perspective view of one embodiment of an expandable spinal implant in accordance with the principles of the present disclosure;
- [0115] FIG. 77 is a first exploded parts view of one embodiment of an expandable spinal implant in accordance with the principles of the present disclosure;
- [0116] FIG. 78 is a first exploded parts view of one embodiment of an expandable spinal implant in accordance with the principles of the present disclosure;
- [0117] FIG. 79 is a top view showing various section lines of one embodiment of an expandable spinal implant in accordance with the principles of the present disclosure;

- [0118] FIG. 80 is a perspective cross section drawing through section A₃ of FIG. 79;
- [0119] FIG. 81 is a perspective cross section drawing through section A₁ of FIG. 79;
- [0120] FIG. 82 is a perspective cross section drawing through section A₄ of FIG. 79;
- [0121] FIG. 83 is a front perspective view of one embodiment of an expandable spinal implant in accordance with the principles of the present disclosure;
- [0122] FIG. 84 is a front perspective view of the embodiment of FIG. 83 in a partially expanded first position in accordance with the principles of the present disclosure;
- [0123] FIG. 85 is a front perspective view of the embodiment of FIG. 83 in a partially expanded second position in accordance with the principles of the present disclosure;
- [0124] FIG. 86 is a front perspective view of the embodiment of FIGS. 83-85 in a fully expanded position in accordance with the principles of the present disclosure;
- [0125] FIG. 87 is a partial parts view of the embodiment of FIG. 86 with the superior endplate removed for ease of understanding in accordance with the principles of the present disclosure;
- [0126] FIG. 88 is a front perspective view of one embodiment in accordance with the principles of the present disclosure;
- [0127] FIG. 89 is a front perspective view of one embodiment in accordance with the principles of the present disclosure; and
- [0128] FIG. 90 is a top-down view of one embodiment in accordance with the principles of the present disclosure.

DETAILED DESCRIPTION

[0129] The exemplary embodiments of, for example, an anterior expandable inter-body device, lateral expandable inter-body device, inter-body device systems, and inter-body device methods of use are discussed in terms of medical devices for the treatment of musculoskeletal disorders and more particularly, in terms of various inter-body devices suitable as spinal implants for anterior surgical techniques, oblique surgical techniques, and lateral surgical techniques. Exemplary embodiments are also discussed with related emphasis on specialized adjustment instruments such as, for example, an instrument capable of adjusting a spacing of the aforementioned various interbody devices between adjacent vertebrates of a spine by expansion and contraction as well as adjusting an angle of inclination with respect to the coronal plane and/or sagittal plane of a patient. Disclosed devices and systems may be capable of adjusting the curvature of a patient's spine for lordosis correction and a kyphosis correction. Likewise, an instrument capable of installing various anchoring screws is described in conjunction with disclosed inter-body devices.

[0130] As used herein, standard anatomical terms of location have their ordinary meaning as they would be understood by a person of ordinary skill in the art unless clearly defined or explained otherwise. It should be understood that various aspects disclosed herein may be combined in different combinations than the combinations specifically presented in the description and accompanying drawings. For example, characteristics of one embodiment may be combined or substituted with characteristics of another different embodiment unless those characteristics are clearly explained as being mutually exclusive. It should also be understood that, depending on the example, certain acts or

events of any of the processes or methods described herein may be performed in a different sequence, may be added, merged, or left out altogether (e.g., all described acts or events may not be necessary to carry out the disclosed techniques and methods). In addition, while certain aspects of this disclosure are described as being performed by a single module or unit for purposes of clarity, it should be understood that the techniques of this disclosure may be performed by a combination of units or modules associated with, for example, a medical device.

[0131] In some embodiments, the present system includes an expandable spinal implant suitable for insertion for oblique techniques, postero-lateral procedures and/or transforaminal lumbar interbody fusions (sometimes referred to as TLIF procedures), direct posterior (sometimes referred to as PLIF procedures), direct lateral (sometimes referred to as DLIF procedures), anterior lumbar interbody fusions (sometimes referred to as ALIF procedures), or variations of these procedures, in which the present implant is inserted into an intervertebral space and then expanded in order to impart and/or augment a lordotic and/or kyphotic curve of the spine.

[0132] In some embodiments, the spinal implant system may also be employed to restore and/or impart sagittal balance to a patient by increasing and/or restoring an appropriate lordotic and/or kyphotic angle between vertebral bodies at a selected level where the spinal implant is implanted and expanded. Additionally, some embodiments may also be employed to restore and/or impart coronal balance for correction of, for example, scoliosis. In the various embodiments described, the spinal implant system may be useful in a variety of complex spinal procedures for treating spinal conditions beyond one-level fusions. Furthermore, the spinal implant system described in the enclosed embodiments may also be used as a fusion device with an expandable height for tailoring the implant to a particular interbody disc space to restore the spacing between adjacent vertebral bodies and facilitate spinal fusion between the adjacent vertebral bodies.

[0133] In some embodiments, and as mentioned above, the present disclosure may be employed to treat spinal disorders such as, for example, degenerative disc disease, disc herniation, osteoporosis, spondylolisthesis, stenosis, scoliosis and other curvature abnormalities, kyphosis, tumor and fractures. In some embodiments, the present disclosure may be employed with other osteal and bone related applications, including those associated with diagnostics and therapeutics. In some embodiments, the disclosed spinal implant system may be alternatively employed in a surgical treatment with a patient in a prone or supine position, and/or employ various surgical approaches to the spine, including anterior, posterior, posterior mid-line, direct lateral, postero-lateral oblique, and/or antero lateral oblique approaches, and in other body regions. The present disclosure may also be alternatively employed with procedures for treating the lumbar, cervical, thoracic, sacral and pelvic regions of a spinal column. The spinal implant system of the present disclosure may also be used on animals, bone models and other non-living substrates, such as, for example, in training, testing and demonstration.

[0134] The present disclosure may be understood more readily by reference to the following detailed description of the embodiments taken in connection with the accompanying drawing figures, which form a part of this disclosure. It

is to be understood that this application is not limited to the specific devices, methods, conditions or parameters described and/or shown herein, and that the terminology used herein is for the purpose of describing particular embodiments by way of example only and is not intended to be limiting. In some embodiments, as used in the specification and including the appended claims, the singular forms "a," "an," and "the" include the plural, and reference to a particular numerical value includes at least that particular value, unless the context clearly dictates otherwise. Ranges may be expressed herein as from "about" or "approximately" one particular value and/or to "about" or "approximately" another particular value. When such a range is expressed, another embodiment includes from the one particular value and/or to the other particular value. Similarly, when values are expressed as approximations, by use of the antecedent "about," it will be understood that the particular value forms another embodiment. It is also understood that all spatial references, such as, for example, horizontal, vertical, top, upper, lower, bottom, left and right, are for illustrative purposes only and can be varied within the scope of the disclosure. For example, the references "upper" and "lower" are relative and used only in the context to the other, and are not necessarily "superior" and "inferior". Generally, similar spatial references of different aspects or components, e.g., a "proximal end" of an end plate and a "proximal end" of a wedge, indicate similar spatial orientation and/or positioning, i.e., that each "proximal end" is situated on or directed towards the same end of the device. Further, the use of various spatial terminology herein should not be interpreted to limit the various insertion techniques or orientations of the implant relative to the positions in the spine.

[0135] As used in the specification and including the appended claims, "treating" or "treatment" of a disease or condition refers to performing a procedure that may include administering one or more drugs, biologics, bone grafts (including allograft, autograft, xenograft, for example) or bone-growth promoting materials to a patient (human, normal or otherwise or other mammal), employing implantable devices, and/or employing instruments that treat the disease, such as, for example, micro-discectomy instruments used to remove portions bulging or herniated discs and/or bone spurs, in an effort to alleviate signs or symptoms of the disease or condition. Alleviation can occur prior to signs or symptoms of the disease or condition appearing, as well as after their appearance. Thus, treating or treatment includes preventing or prevention of disease or undesirable condition (e.g., preventing the disease from occurring in a patient, who may be predisposed to the disease but has not yet been diagnosed as having it). In addition, treating or treatment does not require complete alleviation of signs or symptoms, does not require a cure, and specifically includes procedures that have only a marginal effect on the patient. Treatment can include inhibiting the disease, e.g., arresting its development, or relieving the disease, e.g., causing regression of the disease. For example, treatment can include reducing acute or chronic inflammation; alleviating pain and mitigating and inducing re-growth of new ligament, bone and other tissues; as an adjunct in surgery; and/or any repair procedure. Also, as used in the specification and including the appended claims, the term "tissue" includes soft tissue, ligaments, tendons, cartilage and/or bone unless specifically referred to otherwise. The term "bone growth promoting material" as used herein may include, but is not limited to: bone graft

(autograft, allograft, xenograft) in a variety of forms and compositions (including but not limited to morselized bone graft); osteoinductive material such as bone morphogenetic proteins (BMP) (including but not limited to INFUSE® available from Medtronic) and alternative small molecule osteoinductive substances; osteoconductive materials such as demineralized bone matrix (DBM) in a variety of forms and compositions (putty, chips, bagged (including but not limited to the GRAFTON® family of products available from Medtronic)); collagen sponge; bone putty; ceramic-based void fillers; ceramic powders; and/or other substances suitable for inducing, conducting or facilitating bone growth and/or bony fusion of existing bony structures. Such bone growth promoting materials may be provided in a variety of solids, putties, liquids, colloids, solutions, or other preparations suitable for being packed or placed into or around the various implants 100, 200, 300 and embodiments described herein.

[0136] Various embodiments and components may be coated with a ceramic, titanium, and/or other biocompatible material to provide surface texturing at (a) the macro scale, (b) the micro scale, and/or (c) the nano scale, for example. Similarly, components may undergo a subtractive manufacturing process providing for surface texturing configured to facilitate osseointegration and cellular attachment and osteoblast maturation. Example surface texturing of additive and subtractive manufacturing processes may comprise (a) macro-scale structural features having a maximum peak-to-valley height of about 40 microns to about 500 microns, (b) micro-scale structural features having a maximum peak-to-valley height of about 2 microns to about 40 microns, and/or (c) nano-scale structural features having a maximum peak-to-valley height of about 0.05 microns to about 5 microns. In various embodiments, the three types of structural features may be overlapping with one another, for example. Additionally, such surface texturing may be applied to any surface, e.g., both external exposed facing surfaces of components and internal non exposed surfaces of components. Further discussion regarding relevant surface texturing and coatings is described in, for example, U.S. Pat. No. 11,096,796, titled Interbody spinal implant having a roughened surface topography on one or more internal surfaces, and filed on Mar. 4, 2013—the entire disclosure of which is incorporated herein by reference in its entirety. Accordingly, it shall be understood that any of the described coating and texturing processes of U.S. Pat. No. 11,096,796, may be applied to any component of the various embodiments disclosed herein, e.g., the exposed surfaces and internal surfaces of endplates. Another example technique for manufacturing an orthopedic implant having surfaces with osteoinducing roughness features including micro-scale structures and nano-scale structures is disclosed in U.S. Pat. No. 10,821,000, the entire contents of which are incorporated herein by reference. Additionally, an example of a commercially available product may be the Adaptix™ Interbody System sold by Medtronic Spine and comprising a titanium cage made with Titan nanoLOCK™.

[0137] The components of the expandable spinal implant systems described herein can be fabricated from biologically acceptable materials suitable for medical applications, including metals, synthetic polymers, ceramics and bone material and/or their composites. For example, the components of expandable spinal implant system, individually or collectively, can be fabricated from materials such as stain-

less steel alloys, commercially pure titanium, titanium alloys, Grade 5 titanium, super-elastic titanium alloys, cobalt-chrome alloys, stainless steel alloys, superelastic metallic alloys (e.g., Nitinol, super elasto-plastic metals, such as GUM METAL®), ceramics and composites thereof such as calcium phosphate (e.g., SKELITE™), thermoplastics such as polyaryletherketone (PAEK) including polyetheretherketone (PEEK), polyetherketoneketone (PEKK) and polyetherketone (PEK), carbon-PEEK composites, PEEK-BaSO₄ polymeric rubbers, polyethylene terephthalate (PET), fabric, silicone, polyurethane, silicone-polyurethane copolymers, polymeric rubbers, polyolefin rubbers, hydrogels, semi-rigid and rigid materials, elastomers, rubbers, thermoplastic elastomers, thermoset elastomers, elastomeric composites, rigid polymers including polyphenylene, polyamide, polyimide, polyetherimide, polyethylene, epoxy, bone material including autograft, allograft, xenograft or transgenic cortical and/or corticocancellous bone, and tissue growth or differentiation factors, partially resorbable materials, such as, for example, composites of metals and calcium-based ceramics, composites of PEEK and calcium based ceramics, composites of PEEK with resorbable polymers, totally resorbable materials, such as, for example, calcium based ceramics such as calcium phosphate, tri-calcium phosphate (TCP), hydroxyapatite (HA)-TCP, calcium sulfate, or other resorbable polymers such as polyactide, polyglycolide, polytyrosine carbonate, polycaprolactone and their combinations.

[0138] Various components of spinal implant system may be formed or constructed of material composites, including but not limited to the above-described materials, to achieve various desired characteristics such as strength, rigidity, elasticity, compliance, biomechanical performance, durability and radiolucency or imaging preference. The components of expandable spinal implant system, individually or collectively, may also be fabricated from a heterogeneous material such as a combination of two or more of the above-described materials. The components of the expandable spinal implant systems may be monolithically formed, integrally connected or include fastening elements and/or instruments, as described herein. For example, in some embodiments the expandable spinal implant systems may comprise expandable spinal implants 100, 200, 300 comprising PEEK and/or titanium structures with radiolucent markers (such as tantalum pins and/or spikes) selectively placed in the implant to provide a medical practitioner with placement and/or sizing information when the expandable spinal implant 100, 200, 300 is placed in the spine. The components of the expandable spinal implant system may be formed using a variety of subtractive and additive manufacturing techniques, including, but not limited to machining, milling, extruding, molding, 3D-printing, sintering, coating, vapor deposition, and laser/beam melting. Furthermore, various components of the expandable spinal implant system may be coated or treated with a variety of additives or coatings to improve biocompatibility, bone growth promotion or other features. For example, the endplates 110, 120, may be selectively coated with bone growth promoting or bone ongrowth promoting surface treatments that may include, but are not limited to: titanium coatings (solid, porous or textured), hydroxyapatite coatings, or titanium plates (solid, porous or textured).

[0139] The expandable spinal implant system may be employed, for example, with a minimally invasive proce-

dure, including percutaneous techniques, mini-open and open surgical techniques to deliver and introduce instrumentation and/or one or more spinal implants at a surgical site within a body of a patient, for example, a section of a spine. In some embodiments, the expandable spinal implant system may be employed with surgical procedures, as described herein, and/or, for example, corpectomy, discectomy, fusion and/or fixation treatments that employ spinal implants to restore the mechanical support function of vertebrae. In some embodiments, the expandable spinal implant system may be employed with surgical approaches, including but not limited to: anterior lumbar interbody fusions (ALIF), posterior lumbar interbody fusion (PLIF), oblique lumbar interbody fusion, transforaminal lumbar interbody fusion (TLIF), various types of anterior fusion procedures, and any fusion procedure in any portion of the spinal column (sacral, lumbar, thoracic, and cervical, for example).

[0140] Generally in FIGS. 1-44B, five exemplary embodiments of an expandable spinal implants 100, 200, 300, 600, and 700 are shown (spinal implant 100 is highlighted in exemplary FIGS. 1-28, implant 200 is highlighted in exemplary FIGS. 29-31, implant 300 is highlighted in exemplary FIGS. 32-35, implant 600 is highlighted in exemplary FIGS. 36-39B, implant 700 is highlighted in FIGS. 40-44B). Exemplary embodiments of surgical tools 400, 450, and 500 are highlighted in exemplary FIGS. 8, 18-23C and disclosed in conjunction with an inter-body spinal implant system. For example, surgical tools 400, 450, and 500 are discussed concurrently with exemplary spinal implant 100. It shall be understood that the same or similar surgical tools highlighted in exemplary FIGS. 8, 18-23C may be employed with expandable spinal implants 200, 300, 600, and 700. Similar and/or identical numbering of corresponding elements may be used interchangeably between the various exemplary embodiments of an expandable spinal implants 100, 200, 300, 600, and 700 for ease of understanding and convenience in explanation. For example, moving mechanism 250 is predominately discussed concurrently with exemplary spinal implant 100 and is highlighted in exemplary FIGS. 9A-15 although the same or similar moving mechanism 250 may be employed with expandable spinal implants 200, 300, 600, and 700. FIG. 53 is provided solely as a reference illustration showing a patient 1 and various standard medical terms and orientations with respect to cardinal directions and planes of the body of patient 1 in which expandable spinal implants 100, 200, 300, 600, and 700 may act.

[0141] Referring generally to FIGS. 1-28 a first exemplary expandable spinal implant 100, moving mechanism 250, first surgical tool 400, and second surgical tool 500 are illustrated. Spinal implant 100 may be configured to be inserted in an intervertebral disc space between adjacent vertebral bodies accordingly to a variety of surgical techniques, e.g., anterior techniques, oblique techniques, and lateral techniques.

[0142] FIG. 1A shows the spinal implant 100 in a perspective view and FIG. 1B shows the spinal implant 100 in an exploded parts view. Exemplary spinal implant 100 includes a top endplate 110 (first endplate) and a bottom endplate 120 (second endplate) and a moving mechanism 250, which will be described in greater detail below. Spinal implant 100 includes a proximal end 101 and a distal end 102 opposite the proximal end 101, and a first lateral end 103 and a second lateral end 104 opposite the first lateral end

103. The first and second lateral ends **103**, **104** extend between the proximal end **101** and the distal end **102**. The proximal end **101** includes an exposed screw guide endplate **105** defining a corresponding screw guide aperture **107**, which are disposed between endplates **110** and **120**. The screw guide endplate **105** and guide aperture **107** will be described in greater detail below.

[0143] Top endplate **110** may include a first outside surface **111** and a first inside surface **112** opposite the first outside surface **111**. Similarly, bottom endplate **120** may include a second outside surface **121** and a second inside surface **122**. The outside surfaces **111**, **121** may be configured to be positioned between and/or contact vertebral bodies in a patient's spine and have various surface characteristics. For example, in some embodiments, outside surfaces **111** and **122** may have a substantially linear surface profiles extending across faces of textured surfaces thereof. In other embodiments, outside surfaces **111** and **122** may have curved surface profiles extending across faces of textured surfaces thereof. Further details of endplates **110**, **120** will be described in greater detail below. Inside surfaces **111**, **122**, may surround moving mechanism **250** and have various contours, guides, cavities, and other operable characteristics that facilitate movement and/or provide mechanical advantage to other operable and movable corresponding parts to facilitate contraction, angular adjustment, lateral bending, absorption of compression forces, shear forces, etc. as will be explained in greater detail below.

[0144] In the exemplary embodiment, top endplate **110** includes a pair of first proximal ramps **114** and a pair of first distal ramps **116** opposite the first proximal ramps **114**. Each ramp of the first proximal ramps **114** includes an inclined surface extending away from inside surface **112** and moving mechanism **250**. Similarly, each ramp of first distal ramps **116** includes an inclined surface extending away from inside surface **112** and moving mechanism **250**. Bottom endplate **120** includes a pair of second proximal ramps **124** and a pair of second distal ramps **126** opposite the second proximal ramps **124**. Each ramp of the second proximal ramps **124** includes an inclined surface extending away from inside surface **122** and moving mechanism **250**. Similarly, each ramp of second distal ramps **126** includes an inclined surface extending away from inside surface **122** and moving mechanism **250**. Furthermore, each ramp **114**, **116**, **124**, **126** includes a corresponding guide wall **130** extending along an inside surface thereof and extending in a direction substantially parallel to the inclined surface of the corresponding ramp.

[0145] Exemplary spinal implant **100** includes a moving mechanism **250** that is operably coupled to top endplate **110** and bottom endplate **120** as will be explained in greater detail below. Moving mechanism **250** includes a first set screw **252** and a corresponding first trolley **256** operably coupled thereto, and a second set screw **254** and a corresponding second trolley **258** operably coupled thereto. A first functional feature of moving mechanism **250** is that it is further configured to increase and decrease a spacing between the top and bottom endplates **110**, **120** upon simultaneous rotation of the first and second set screws **252**, **254** in a clockwise and counterclockwise direction, respectively. A second functional feature of moving mechanism **250** is that it is further configured to increase and decrease an angle of inclination between the top and bottom endplates **110**, **120** upon rotation of the first set screw **252** in a clockwise and

counterclockwise direction, respectively. Additional functions and attributes of moving mechanism **250** will be described in greater detail below.

[0146] FIG. 1C is a perspective view of spinal implant **100** in a contracted position and FIG. 1D is a perspective view of spinal implant **100** in an expanded position. In the contracted position of FIG. 1C, top endplate **110** and bottom endplate **120** are contracted to a fully closed position. In the expanded position of FIG. 1B, top endplate **110** and bottom endplate **120** are expanded to a mid-way position, i.e., endplates **110** and **120** can additionally expand if desired. In some embodiments, top endplate **110** may be referred to as an anterior wedge or anterior endplate and bottom endplate **120** may be referred to as a posterior wedge or posterior endplate.

[0147] As explained above, spinal implant **100** includes a proximal end **101** and a distal end **102** opposite the proximal end **101**, and a first lateral end **103** and a second lateral end **104** opposite the first lateral end **103**. It shall be understood that reference to other parts of spinal implant **100** may be in terms of the above orientation with reference to spinal implant **100** generally, e.g., endplate **110** may also include a proximal end **101** and a distal end **102** opposite the proximal end **101**, and a first lateral end **103** and a second lateral end **104** opposite the first lateral end **103**.

[0148] FIGS. 2A and 2B illustrate a top down view of spinal implant **100**. Spinal implant **100** has a length **L** and a width **W** predominately defined by a footprint of endplates **110**, **120**. Spinal implant **100** has a first reference axis **A₁** and a second reference axis **A₂**. First reference axis **A₁** may be understood as a projection passing through a central portion of guide aperture **107** in a direction parallel to an end surface of first and second lateral ends **103**, **104**, e.g., first reference axis **A₁** may pass through the center of spinal implant **100** in a width wise direction. Second reference axis **A₂** may be understood as a projection intersecting first reference axis **A₁** and passing through the center of spinal implant **100** in a length wise direction. Top endplate **110** may have a plurality of channels **111c** spaced apart from one another and extending in a length wise direction thereof, e.g., in a direction parallel with reference axis **A₂**. Similarly, bottom endplate **120** may have a plurality of channels **122c** spaced apart from one another and extending in a length wise direction thereof, e.g., in a direction parallel with reference axis **A₂**. In the exemplary embodiment, channels **111c**, **122c** may each have an inclined edge portion that assists with positioning the spinal implant **100** between vertebral bodies and provides a surface for promoting bone growth thereon.

[0149] FIGS. 2C and 2D illustrate spinal implant **100** in a side view in a contracted position and FIGS. 2E and 2F illustrate spinal implant **100** in a side view in an expanded position. It shall be understood that FIGS. 2C-2F schematically illustrate spinal implant **100** with some internal parts being illustrated or simplified and others being omitted for ease of explanation. For example, FIGS. 2C-2F are illustrated schematically solely to assist in explaining various positions of first and second endplates **110**, **120** with respect to one another. In the contracted position, a first height **H_{1A}** of proximal end **101** may be about 10 mm and in the expanded position a second height **H_{1B}** of proximal end **101** may be about 22 mm. In the contracted position, a first height **H_{2A}** of distal end **102** may be about 7 mm and in the expanded position a second height **H_{2B}** of distal end **102** may be about 12 mm. Additionally, in the contracted position, a first angle

of inclination θ_1 between endplates 110, 120 may be about 7° and in the expanded position a second angle of inclination θ_2 between endplates 110, 120 may be about 25°. Although specific ranges are provided herein with reference to exemplary spinal implant 100, other embodiments may have alternate corresponding dimensions, i.e., height, from those provided above. Likewise, other embodiments may have alternate corresponding angles of inclination between endplates 110, 120.

[0150] FIGS. 3A and 3B are perspective view of an alternate embodiment of a second spinal implant 200. Spinal implant 200 may have the same characteristics or similar characteristics as spinal implant 100. As illustrated, spinal implant 200 includes a top patterned endplate 110a and a bottom patterned endplate 120a. Top patterned endplate 110a includes an outside surface 111 and an inside surface 112 opposite the outside surface 111. Similarly, bottom patterned endplate 120a includes a first outside surface 121 and a first inside surface 122 opposite the outside surface 111. As illustrated, the outside surface 111 includes a plurality of raised diamond shaped surfaces 111d (a diamond tread pattern) and a plurality of first openings 111a that may each have a diamond like shape, a circular shape, and/or a diamond like shape including chamfered or rounded corners. Although not visible in FIGS. 3A and 3B, it shall be understood that bottom patterned endplate 120a may also have a plurality of raised diamond shaped surfaces and a plurality of openings the same as or similar to the plurality of raised diamond shaped surfaces 111d and the plurality of first openings 111a of top patterned endplate 110a.

[0151] As illustrated, the plurality of first openings 111a are circular and disposed in a central region of top patterned endplate 110a, although they may have alternate shapes and/or be disposed in alternate locations in other embodiments. For example, first and second outside surfaces 111 and 122 may comprise various anti-migration, anti-expulsion, and/or osseointegration features including, but not limited to: ridges, teeth, pores, and coatings (including but not limited to porous titanium coatings such as those provided on Capstone PTCTM implants available from Medtronic). The endplates 110a, 120a may further comprise at least one second opening 115 defined therein, and configured to allow bone growth materials to be packed, placed, or loaded into spinal implant 200. In the exemplary embodiment a pair of second openings 115 are shown with each having a D like shape.

[0152] FIG. 4A illustrates spinal implant 200 in a top down view and each of FIGS. 4B-4D illustrate spinal implant 200 in a side view in a different respective position. FIG. 4B illustrates spinal implant 200 in a first position, FIG. 4C illustrates spinal implant 200 in a second position and FIG. 4D illustrates spinal implant 200 in a third position. In the first position, a first height H_{1,A} of proximal end 101 may be about 10 mm, in the second position a second height H_{1,B} of proximal end 101 may be about 18 mm, and in the third position a third height H_{1,C} of proximal end 101 may be about 18 mm. In the first position, a first height H_{2,A} of distal end 102 may be about 6 mm, in the second position a second height H_{2,B} of distal end 102 may be about 5 mm, and in the third position a third height H_{2,C} of distal end 102 may be about 11.8 mm (approximately 12 mm). Additionally, in the first position, a first angle of inclination θ_1 between endplates 110a, 120a may be about 9°, in the second position a second angle of inclination θ_2 between endplates 110a, 120a

may be about 30°, and in the third position a third angle of inclination θ_3 between endplates 110a, 120a may be about 13°. In some embodiments, the first position may correspond to a fully contracted position, the second position may correspond to a maximum inclination angle, and the third position may correspond to a fully expanded position. Although specific ranges are provided herein with reference to exemplary spinal implant 100, other embodiments may have alternate corresponding dimensions, i.e., height, from those provided above. Likewise, other embodiments may have alternate corresponding angles of inclination between endplates 110a, 120a.

[0153] FIG. 5A is a top down view of a spinal implant 300. Spinal implant 300 may have the same characteristics or similar characteristics as spinal implant 200 and spinal implant 100. FIGS. 5B and 5C are alternate side views of the embodiment of FIG. 5A. As illustrated spinal implant 300 includes a first reference axis A₁ and a second reference axis A₂. First reference axis A₁ passes through the center of spinal implant 300 in a width wise direction and second reference axis A₂ passes through the center of spinal implant 300 in a length wise direction. First and second reference axes A₁ and A₂ may be understood as linear projections that are perpendicular with respect to one another. Additionally, first reference axis A₁ may pass through the center of guide aperture 107 and other components operably disposed therein, e.g., moving mechanism 250 as will be discussed in greater detail below.

[0154] As illustrated, spinal implant 300 includes a top curved endplate 110c and a bottom curved endplate 120c. The top curved endplate 110c features a concave surface profile with respect to the first and second reference axes A₁ and A₂ projecting thereunder. The concave surface profile is emphasized by the curved line thereabove. The bottom curved endplate 120 features a convex surface profile with respect to the first and second reference axes A₁ and A₂ projecting thereabove. The convex surface profile is emphasized by the curved line therebelow.

[0155] FIGS. 6A-6C are top down views of three exemplary footprint sizes of a first top endplate 110x, second top endplate 110y, and third top endplate 110z. It shall be understood that first, second, and third top endplates 110x, 110y, and 110z may be substituted for endplates 110, 110a, and 110c in accordance with the principles of the present disclosure. FIGS. 7A-7C are top down views of three exemplary footprint sizes of a first bottom endplate 120x, second bottom endplate 120y, and third bottom endplate 120z. It shall be understood that first, second, and third bottom endplates 120x, 120y, and 120z may be substituted for endplates 120, 120a, and 120c in accordance with the principles of the present disclosure. First top endplate 110x and first bottom endplate 120x may have a length of about 32 mm and a width of about 25 mm. Second top endplate 110y and second bottom endplate 120y may have a length of about 37 mm and a width of about 29 mm. Third top endplate 110z and third bottom endplate 120z may have a length of about 42 mm and a width of about 32 mm. It shall be understood that first top endplate 110x and first bottom endplate 110y are suitable for patients with relatively small vertebrae, second top endplate 110y and second bottom endplate 110y are suitable for patients with relatively larger vertebrae than the previous example, and third top endplate 110z and third bottom endplate 110z are suitable for patients with relatively larger vertebrae than the previous two

examples. In this way, spinal implants **100**, **200**, and **300** may be configured to have any of the exemplary footprint sizes explained above depending on a particular patient's vertebral anatomy. For example, as part of an initial assessment a surgeon may assess which of the available footprint sizes is best suited for a particular patient's vertebral anatomy. It shall be understood that the above exemplary footprint sizes are non-limiting exemplary embodiments and that other footprint sizes may be used with any of spinal implants **100**, **200**, **300** provided the chosen footprint size is suitable for a particular patient's anatomy. However, the three exemplary footprint sizes explained above are generally suitable for the majority of patients.

[0156] FIG. 8 is a perspective view of one embodiment of an expandable spinal implant system **1000** in accordance with the principles of the present disclosure. First surgical tool **400** includes a handle **402**, shaft **404**, tip **406**, locking mechanism **408**, and adjustment knob **452**. Tip **406** is configured to be inserted inside of guide aperture **107** and operably connected to spinal implant **100**. First surgical tool **400** is configured to perform a variety of functions for operably manipulating spinal implant **100**. For example, first surgical tool **400** is configured to operably engage with spinal implant **100** via a secured connection such that a spinal implant **100** may be inserted between vertebral bodies of a patient according to anterior surgical techniques, oblique surgical techniques, and lateral surgical techniques. Additionally, first surgical tool **400** is configured to operably engage with spinal implant **100** to adjust spinal implant **100** from a contracted position to an expanded position and vice-versa. Furthermore, first surgical tool **400** is configured to operably engage with spinal implant **100** to adjust an angle of inclination between endplates **110**, **120**. Further still, spinal implant **100** may be adjusted in situ between vertebral bodies after spinal implant **100** is inserted into a patient. Additional attributes of the surgical tool will be disclosed below with reference to FIGS. 18A-19B.

[0157] FIG. 9A is a cutout perspective showing first surgical tool **400** in a first adjustment position where the spinal implant **100** is in a contracted position and FIG. 9B is a cutout perspective showing first surgical tool **400** in the first adjustment position after adjusting the spinal implant **100** from the contracted position to a first expanded position. As illustrated, tip **406** is inserted through guide aperture **107** and into moving mechanism **250**. Moving mechanism **250** includes a first set screw **252** and a second set screw **254** having respective internal cavities configured to operably receive tip **406**. In some embodiments, first set screw **252** may be referred to as an anterior screw and second set screw **254** may be referred to as a posterior screw. The first and second set screws **252**, **254** have a helical thread pitch that corresponds to keyed projections of first and second trolleys **256**, **258**, respectively. In the exemplary embodiment, the second set screw **254** has a reverse thread pitch and a shorter length than first set screw **252**. In some embodiments, the thread pitch may be an M6 thread pitch, however other embodiments may have other thread pitches.

[0158] Each internal cavity of set screws **252**, **254** comprises an internal circumferential surface that is keyed to the outside circumferential surface **456** of tip **406** of first surgical tool **400**. For example, the outside circumferential surface **456** may resemble the geometry of the tip of a torx driver, hex driver, or the like and the internal circumferential surfaces of the first and second set screws **252**, **254** may

resemble the geometry of the cavity of the head of a torx screw, hex screw, or the like. In some embodiments, the internal circumferential surfaces of the first and second set screws **252**, **254** may be configured for a Torx T20 driver or the like, however other embodiments may be differently sized. In other embodiments, the connection between the outer circumferential surface **456** and the inner circumferential surfaces of first and second set screws **252**, **254** may comprise a variety of drive interfaces including but not limited to: multi-lobular drives; hexalobular drives; cross or Phillips head drives; straight or "flat head" drives; square or other polygonal drives; and/or combinations thereof. It shall be understood that any suitable geometrical shape or surface profile may be used by the exemplary embodiments disclosed herein provided the outside circumferential surface **456** is operably keyed to engage with the internal circumferential surfaces of the first and second set screws **252**, **254**.

[0159] In the exemplary embodiment, outside circumferential surface **456** is engaged with both the first and second set screws **252**, **254** and when first surgical tool **400** is rotated in a first direction (clockwise direction) the outside circumferential surface **456** translates both set screws **252**, **254** thereby causing the first and second trolleys **256**, **258** to move away from one another in opposite directions. In turn, the first and second trolleys **256**, **258** cause the top and bottom endplates **110**, **120** to move apart from one another an equal amount in the expansion direction indicated by the arrows. The expansion direction may be a generally vertical direction projecting away from and perpendicular to the generally horizontal direction of a rotation axis of the moving mechanism. Likewise, when first surgical tool **400** is rotated in a second direction (counter-clockwise direction) the outside circumferential surface **456** translates both set screws **252**, **254** thereby causing the first and second trolleys **256**, **258** to move towards one another (not illustrated). In turn, the first and second trolleys **256**, **258** urge the top and bottom endplates **110**, **120** to move towards one another an equal amount in a contraction direction (not illustrated). The contraction direction may be a generally vertical direction projecting towards and perpendicular to the generally horizontal direction of the rotation axis of the moving mechanism. In summary, when positioning the first surgical tool **400** in the first position and rotating the first surgical tool **400** in either the first or second direction the moving mechanism **250** operably adjusts a spacing between the top and bottom endplates by simultaneous rotation of the first and second set screws **252**, **254** along the rotation axis.

[0160] FIG. 10A is a cutout perspective showing first surgical tool **400** in a second adjustment position where the spinal implant **100** is in the first expanded position of FIG. 9B. As illustrated, first surgical tool **400** is retracted from moving mechanism **250** such that the outside circumferential surface **456** is only engaged with the first set screw **252**, i.e., first surgical tool **400** is in the second position. When first surgical tool **400** is in the second position and rotated in a first direction (clockwise direction) the outside circumferential surface **456** translates only the first set screw **252** thereby causing only the first trolley **256** to move towards the proximal end **101** of spinal implant **100** and allowing the second trolley **258** to remain stationary in place. In turn, the first trolley **256** urges the proximal end **101** of top and bottom endplates **110**, **120** thereby causing top and bottom endplates **110**, **120** to move apart from one another at the proximal end **101** in the direction shown by the arrows

thereby increasing an angle of inclination between the top and bottom endplates 110, 120. Likewise, when first surgical tool 400 is in the second position and is rotated in the second direction (counter-clockwise direction) the outside circumferential surface 456 translates only the first set screw 252 thereby causing the first trolley 256 to move towards the stationary second trolley 258. In effect, the top and bottom endplates 110, 120 move towards one another at the proximal end 101 (not illustrated) thereby decreasing an angle of inclination between the top and bottom endplates 110, 120. In summary, when positioning the first surgical tool 400 in the second position and rotating the first surgical tool 400 in either the first or second direction the moving mechanism 250 operably adjusts an angle of inclination between the top and bottom endplates 110, 120 upon rotating the first set screw along the rotation axis.

[0161] FIGS. 11A and 11B are perspective views of a moving mechanism 250 in a contracted position and an expanded position, respectively. Moving mechanism 250 is suitable for use in any exemplary embodiments disclosed herein. As illustrated moving mechanism 250 includes a screw guide housing 105a coupled to screw guide endplate 105 (not illustrated) and a central buttress block 257. Screw guide housing 105a may operably retain first and second screws 252, 254 therein and thereby define a rotation axis of moving mechanism 250 projecting in a longitudinal direction thereof. First and second trolleys 256, 258 are operably coupled to first and second set screws 252, 254 and are further configured to move along outside surfaces of screw guide housing 105a upon rotation of first and second set screws 252, 254.

[0162] First trolley 256 includes a first beveled edge 256a and a second beveled edge 256b opposite the first beveled edge 256a, the first and second beveled edges 256a, 256b are disposed on opposite sides of the rotation axis of the moving mechanism 250. Second trolley 258 includes a third beveled edge 258a and a fourth beveled edge 258b (not illustrated) opposite the third beveled edge 258a, the third and fourth beveled edges 258a, 258b are disposed on opposite sides of the rotation axis of the moving mechanism 250. Additionally, first trolley 256 has a first side surface and a second side surface opposite the first side surface, the first and second side surfaces being on opposite sides of the rotation axis of the moving mechanism 250. Likewise, second trolley 256 has a third side surface and a fourth side surface opposite the third side surface, the third and fourth side surfaces being on opposite sides of the rotation axis of the moving mechanism 250. Furthermore, buttress block 257 has a seventh and eighth side surface opposite the seventh side surface, the seventh and eighth side surfaces being on opposite sides of the rotation axis of the moving mechanism 250.

[0163] First trolley 256 includes a first plurality of projections 256c, the second trolley 258 includes a second plurality of projections 258c, and the buttress block 257 includes a third plurality of projections 257c. In the exemplary embodiment, first trolley 256 has two projections 256c projecting perpendicularly out from first side surface and two projections 256c projecting perpendicularly out from second side surface. Likewise, second trolley 258 has two projections 258c projecting perpendicularly out from third side surface and two projections 258c projecting perpendicularly out from fourth side. Furthermore, buttress block 257 has two projections 257c projecting perpendicularly out from seventh side surface and two projections 258c project-

ing perpendicularly out from eighth side surface. The first and second plurality of projections 256c, 258c may be conically shaped projections having a dome like shape or a hemispherical shape, for example. In the non-limiting exemplary embodiment, each projection of the first and second plurality of projections 256c, 258c comprises a hemispherical projection having a flat surface that coincides with a corresponding surface of one of the first through fourth beveled edges 256a, 256b, 258a, 258b. However, other embodiments may have other shapes and/or surface profiles as may be consistent with the disclosure herein.

[0164] First trolley 256 includes a first plurality of wedges 256d and second trolley 258 includes a second plurality of wedges 258d. For example, first trolley 256 includes a first wedge 256d projecting away from the first side surface in a transverse direction of the moving mechanism 250 and a second wedge 256d projecting away from the second side surface in the transverse direction of the moving mechanism. Likewise, second trolley 258 includes a third wedge 258d projecting away from the third side surface in a transverse direction of the moving mechanism 250 and a fourth wedge 258d projecting away from the fourth side surface in the transverse direction of the moving mechanism. In the exemplary embodiment, each wedge of the first plurality of wedges 256d includes a corresponding upper contact surface 256e and a corresponding lower contact surface 256f and each respective upper contact surface 256e meets a corresponding lower contact surface 256f at an apex point (not labeled). Likewise each wedge of the second plurality of wedges 258d includes a corresponding upper contact surface 258e and a corresponding lower contact surface 258f and each respective upper contact surface 258e meets a corresponding lower contact surface 258f at an apex point (not labeled). In the exemplary embodiment, each upper contact surface 256e, 258e and each lower contact surface 256f, 258f has a curved surface profile. For example, each upper contact surface 256e, 258e is concave with respect to a corresponding apex point and each lower contact surface 256f, 258f is convex with respect to a corresponding apex point.

[0165] FIGS. 12A and 12B are perspective views of moving mechanism 250 of FIGS. 11A and 11B in the contracted position and the expanded position, respectively, shown with an exemplary bottom endplate 120. FIGS. 13A and 13B are perspective views of the moving mechanism 250 of FIGS. 12A and 12B in the contracted position and the expanded position, respectively, with a top endplate 110 and a bottom endplate 120. It shall be understood that FIGS. 12A-13B schematically moving mechanism 250 with some internal parts being illustrated or simplified and others being omitted for ease of explanation. For example, FIGS. 12A-13B are illustrated schematically solely to assist in explaining operable characteristics of moving mechanism 250. FIGS. 12A and 12B show bottom endplate 120 having a pair of second proximal ramps 124 and a pair of second distal ramps 126 disposed opposite the pair of second proximal ramps 124. Each ramp of second proximal ramps 124 may include a first inclined contact surface 124a extending away from buttress block 257 and inclined with respect to an inside surface 122 of endplate 120. Similarly, each ramp of second distal ramps 126 may include a second inclined contact surface 126a extending away from buttress block 257 and inclined with respect to an inside surface 122 of endplate 120. In the exemplary embodiment, the first inclined contact surfaces

extend a first length (first distance) and the second inclined contact surfaces extend a second length (second distance) and the first length is greater than the second length.

[0166] FIGS. 13A and 13B show top endplate 110 having a pair of first proximal ramps 114 and a pair of first distal ramps 116 disposed opposite the pair of first proximal ramps 114. Each ramp of first proximal ramps 114 may include a third inclined contact surface 114a extending away from buttress block 257 and inclined with respect to an inside surface 112 of endplate 110. Similarly, each ramp of first distal ramps 116 may include a fourth inclined contact surface 116a extending away from buttress block 257 and inclined with respect to an inside surface 112 of endplate 110. In the exemplary embodiment, the third inclined contact surfaces extend a third length (third distance) and the fourth inclined contact surfaces extend a fourth length (fourth distance) and the third length is greater than the fourth length.

[0167] Each ramp of ramps 114, 116, 124, 126 may have an inside surface disposed adjacent to and facing the rotation axis of moving mechanism 250 and an outside surface opposite the inside surface and facing away from the rotation axis of moving mechanism 250. Additionally, each ramp of ramps 114, 116, 124, 126 may include a corresponding guide wall 130, which is best illustrated in FIGS. 12A and 17. Each guide wall 130 may extend along the inside surface of a corresponding ramp in a parallel direction to the corresponding contact surface. For example, with reference to FIGS. 12A-13B, guide wall 130 extends along the inside surface of proximal ramp 124 in a direction that is substantially parallel to first inclined contact surface 124a. As best understood with reference to FIGS. 12A-12B, each bottom most projection 256c of the first trolley 256 is disposed inside of a corresponding guide wall 130 of the second proximal ramps 124. Likewise, each bottom most projection 258c of the second trolley 258 is disposed inside of a corresponding guide wall 130 of the second distal ramps 126. Similarly, although not directly visible, in FIGS. 13A-13B each top most projection 256c of the first trolley 256 is disposed inside of a corresponding guide wall 130 of first proximal ramps 114. Likewise, each top most projection 258c of second trolley 258 is disposed inside of a corresponding guide wall 130 of first distal ramps 116.

[0168] With reference to FIGS. 13A and 13B, when first surgical tool 400 is in the first position and translates first and second screws 252, 254 in the first direction the first and second trolleys 256, 258 move away from one another in opposite directions and the top endplate 110 and bottom endplate 120 move away from one another as the spinal implant 100 expands. For example, in some embodiments, beveled edges 256a, 256b of the first trolley 256 act against endplates 110, 120 at a proximal end 101 thereof and the first plurality of wedges 256d contact and slide along a corresponding ramp of the first and second first proximal ramps 114, 124. However, in other embodiments, 256e and 256f may act against inclined contact surface 124a in lieu of providing beveled edges 256a, 256b. In some embodiments, beveled edges 258a, 258b of the second trolley 258 act against endplates 110, 120 at a distal end 102 thereof and the second plurality of wedges 258d contact and slide along a corresponding ramp of the first and second first distal ramps 116, 126. However, in other embodiments, 258e and 258f may push against inclined contact surface 126a in lieu of providing beveled edges 256a, 256b. Additionally, each

projection 256c of the first trolley 256 slides along a corresponding guide wall 130 of the first and second first proximal ramps 114, 124 and each projection 258c of the second trolley 258 slides along a corresponding guide wall 130 of the first and second distal ramps 116, 126. Furthermore, during the expansion of spinal implant 100 each projection 257c of buttress block 257 may slide vertically in a corresponding vertical guide wall 130a (see FIG. 17) of the top and bottom endplates 110, 120. In this way, the spinal implant 100 moves from a contracted position to an expanded position. It shall be understood that movement of spinal implant from the expanded position to the contracted position occurs in substantially the same way.

[0169] When first surgical tool 400 is in the second position and translates only the first screw 252 in the first direction the first trolley 256 moves away from buttress block 257 and stationary second trolley 258 and an angle of inclination between the top endplate 110 and bottom endplate 120 increases. For example, beveled edges 256c of first trolley 256 may push against endplates 110, 120 at a proximal end 101 thereof and/or the first plurality of wedges 256d may contact and slide along a corresponding ramp of the first and second first proximal ramps 114, 124 as explained above. Additionally, each projection 256c of the first trolley 256 slides along a corresponding guide wall 130 of the first and second first proximal ramps 114, 124 as explained above. The second trolley 258 remains stationary with beveled edges 258a, 258b remaining in contact with endplates 110, 120 at a distal end 102 thereof and the second plurality of wedges 258d remaining in contact with a corresponding ramp of the first and second distal ramps 116, 126. Due to first trolley 256 acting against endplates 110, 120 by moving away from buttress block 257 and second trolley 258 remaining stationary the second plurality of wedges 258d pivot along a corresponding ramp of the first and second distal ramps 116, 126 and each projection 258c of the second trolley 258 pivots and/or incrementally slides along a corresponding guide wall 130 of the first and second first distal ramps 116, 126. Furthermore, during the expansion of spinal implant 100 each projection 257c of buttress block 257 may slide vertically up and down in a corresponding vertical guide wall 130a (see FIG. 17) of the top and bottom endplates 110, 120 as necessary. In this way, a distance between endplates 110, 120 at the proximal end 101 is increased and a distance between endplates 110, 120 at the distal end 102 is minutely decreased thereby adjusting an angle of inclination between top endplate 110 and bottom endplate 120. Those with skill in the art, will appreciate that in disclosed exemplary embodiments first set screw 252 is longer than second set screw 254 thereby providing more room for travel of the first trolley 256 such that the first trolley 256 may enable a greater distance of travel between endplates 110, 120 at the proximal end 101 than second trolley 258 enables at the distal end 102.

[0170] FIGS. 14A and 14B are cut-out views of a moving mechanism 250 in relation to a top endplate 110. As shown, moving mechanism 250 includes a rotation axis R₁ projecting in a longitudinal direction thereof and extending in a transverse direction of endplate 110 (from proximal side 101 to distal side 102). Rotation axis R₁ projects through the center of set screws 252, 254. Moving mechanism 250 includes a transverse axis T₁ intersecting a center of rotation axis and projecting perpendicular to rotation axis R₁ through buttress block 257.

[0171] FIG. 15 illustrates a cross section of moving mechanism 250 taken along rotation axis R₁. As shown, first set screw 252 is operably coupled with first trolley 256 by a plurality of keyed projections 256k (thread pattern) that correspond to the pitch pattern of first set screw 252. Second set screw 254 is operably coupled with second trolley 258 by a plurality of keyed projections 258k (thread pattern). First set screw 252 includes a first internal circumferential surface 252a and second set screw 254 includes a second internal circumferential surface. The buttress block 257 includes an interior retention cavity 257b where a first retaining portion 252r of first set screw 252 and a second retaining portion 254r of second set screw 254 are retained. Interior retention cavity 257b may be an internal cavity spanning the inside circumference of buttress block 257 and configured to enable first set screw 252 and second set screw 254 to freely rotate along the rotation axis R₁ while preventing first set screw 252 and second set screw 254 from traveling in the longitudinal direction of moving mechanism 250.

[0172] FIG. 16 is a perspective view of a top endplate 110 and bottom endplate 120 of spinal implant 100 and FIG. 17 is an exploded view of the top endplate 110 and bottom endplate 120 of FIG. 16. In the exemplary embodiment, when spinal implant 100 is in the closed position, inside surface 112 of top endplate 110 and inside surface 124 of bottom endplate 120 are nested or partially nested with respect to one another. For example, FIG. 16 shows first proximal ramps 114 of top endplate 110 inset from second proximal ramps 124 of bottom endplate 120. Additionally, top endplate 110 includes a first plurality of recesses 110n that allow corresponding components of bottom endplate 120a to nest inside of when spinal implant 100 is in the contracted position. For example, FIG. 16 shows second proximal ramps 124 nested inside of recess 110n. In some embodiments, recesses 110n may be referred to as nested recesses for convenience in explanation.

[0173] Top endplate 110 and/or bottom endplate 120 may optionally include at least one anchoring aperture 129. In the exemplary embodiment, top endplate 110 includes a pair of top anchoring apertures 129a, 129b, that pass through top endplate 110 at an inclined angle with respect to outside surface 111 of top endplate 110. Similarly, bottom endplate 120 includes a pair of bottom anchoring apertures 129c, 129d that pass through bottom endplate 120 at an inclined angle with respect to outside surface 121 of endplate 120. Each anchoring aperture 129 of the plurality of anchoring apertures 129a-129d is disposed adjacent an outside surface of a corresponding ramp 114, 116 however exemplary embodiments are not limited to the specific location shown in FIG. 17.

[0174] FIGS. 18A-18B are perspective views of a first surgical tool 400 of an adjustable spinal implant system in accordance with the principles of the present disclosure. FIGS. 19A-19B are side views of the first surgical tool 400 and a corresponding adjustment rod 450 configured for insertion inside of first surgical tool 400. Tip 406 is configured to connect to spinal implant 100 such that spinal implant 100 is securely attached to first surgical tool 400 by engaging locking mechanism 408. Similarly, tip 406 is configured to disconnect from spinal implant 100 such that spinal implant 100 is no longer securely attached to first surgical tool 400 by disengaging locking mechanism 408. For example, FIG. 19A shows tip 406 in a first locking position with tip grips 406a being expanded for gripping

onto spinal implant 100 and FIG. 19B shows tip 406 in a second locking position with tip grips 406a being retracted. Locking mechanism 408 is configured to toggle between the first locking position and second locking position. In some embodiments, when locking mechanism 408 is engaged in the first locking position spinal implant 100 is fixedly coupled to first surgical tool 400 such that it will not rotate. This may be advantageous for initial positioning of spinal implant 100 between vertebral bodies during surgery. Additionally, first surgical tool 400 includes a positioning mechanism 410 configured to position adjustment rod 450 in a first position and a second position (see FIG. 19A). First surgical tool 400 may also include a push button 420 to toggle between positioning adjustment rod 450 in a first position to engage both first and second set screws 252, 254 and a second position to engage only the first set screw 252 (see FIG. 18B). Furthermore, in some embodiments first surgical tool 400 may include a window 421 to identify whether both first and second set screws 252 254 are engaged for parallel expansion/contraction of spinal implant 100 or whether only the first set screw 252 is engaged for adjusting an angle of inclination of spinal implant 100.

[0175] In the exemplary embodiment, first surgical tool 400 includes a central shaft aperture 409 extending through handle 402, shaft 404, and tip 406. Central shaft aperture 409 is configured to receive adjustment rod 450 therein such that adjustment knob 452 is rotatable therein and protrudes, at least partly, from both ends. Adjustment rod 450 includes an adjustment knob 452, first and second positioning surfaces 453, 454 and keyed circumferential surface 456. When adjustment rod 450 is positioned within central shaft aperture 409, adjustment knob 452 protrudes from one end and keyed circumferential surface 456 protrudes from the other end (see FIG. 14). With adjustment rod 450 inserted within central shaft aperture 409 positioning mechanism 410 can extend and retract adjustment rod 450 in the longitudinal direction of shaft 409. As explained above with respect to FIGS. 13A and 13B, when first surgical tool 400 is in the first position, keyed circumferential surface 456 may rotate first and second set screws 252, 254 along the rotation axis and when first surgical tool 400 is in the second position, keyed circumferential surface 456 may rotate only the first set screw 252 along the rotation axis. In some embodiments, positioning mechanism 410 is configured to be toggled between a first position and a second position where it can act against positioning surfaces 453, 454 to extend and retract adjustment rod 450 in the longitudinal direction of shaft 409. For example, in the first position positioning mechanism 410 may extend adjustment rod 450 from tip 406 to an extended position where circumferential surface 456 may engage with internal circumferential surfaces of the first and second set screws 252, 254. In the second position, positioning mechanism 410 may retract adjustment rod 450 through tip 406 to a partially retracted position where circumferential surface 456 may only engage with internal circumferential surface of the first set screw 252. An internal gearing of positioning mechanism 410 may include internal locking pins and surfaces that act against positioning surfaces 453, 454 such that when an exposed turn dial knob of positioning mechanism 410 is turned to a particular position, the internal locking pins and surfaces act against the inclined and recessed surfaces of positioning surfaces 453, 454.

[0176] Additionally, in some embodiments, first surgical tool 400 may be configured to receive adjustment rods 450

of varying lengths having varying outside circumferential surfaces **456** and positioning surfaces **453**, **454**. For example, first surgical tool **400** may be configured to receive a first relatively shorter adjustment rod **450** optimized for use for a spinal implant **100** using corresponding relatively smaller endplates **110**, **120** of FIGS. 6A-7C and a corresponding smaller moving mechanism **250** having a relatively shorter longitudinal axis optimized for such relatively shorter endplates **110x**, **120x**. For example still, first surgical tool **400** may be configured to receive a second relatively longer adjustment rod **450** optimized for use for a spinal implant **100** using corresponding relatively larger endplates **110z**, **120z** of FIGS. 6A-7C and a corresponding larger moving mechanism **250** having a relatively longer longitudinal axis optimized for such relatively longer endplates **110z**, **120z**.

[0177] Additionally, in some embodiments, first surgical tool **400** may be configured to receive multiple types of adjustment rods **450**. In at least one embodiment, first surgical tool **400** may receive a first adjustment rod **450** with an outside circumferential surface **456** that is configured to engage (1) both the first and second set screws **252**, **254** at the same time and (2) the first set screw **252**. For example, the first adjustment rod **450** may be toggled between (1) a first position where outside circumferential surface **456** is fully extended and configured to engage both the first and second set screws **252**, **254**, and (2) a second position where outside circumferential surface **456** is partially extended (and/or partially retracted) to engage only the first set screw **252**. In an alternate embodiment, first surgical tool **400** may receive a second adjustment rod **450** with an outside circumferential surface **456** that is configured to engage only one set screw **252**, **254** at a time. For example, the outside circumferential surface **456** may have an engagement surface with a longitudinal length that corresponds to a single set screw **252**, **254** such that it only engages with a single set screw **252**, **254** at a time. For example, the second adjustment rod **450** may be toggled between (1) a first position where outside circumferential surface **456** is fully extended and configured to engage the second set screw **254** independently of the first set screw **252** and (2) a second position where outside circumferential surface **456** is partially extended (and/or partially retracted) to engage only the first set screw **252**. At least one advantage of having first surgical tool **400** being configured to receive multiple types of adjustment rods **450** of varying lengths and having outside circumferential surfaces of different lengths is that a surgeon can quickly and easily select the appropriate adjustment rod **450**. For example, a surgeon may select first adjustment rod **450** to expand/contract a spacing between endplates **110**, **120** by the same or substantially the same amount while maintaining the angle of inclination between endplates **110**, **120**, i.e., by engaging both first and second set screws **252**, **254**. Additionally, a surgeon may select second adjustment rod **450** to selectively increase/decrease an angle of inclination between endplates of spinal implant **100** at the proximate side **101** and the distal side **102** independently, i.e., by only engaging one of first and second set screws **252**, **254** at a time. For example still, the second adjustment rod **450** may be configured to adjust spinal implant **100** to enable anterior expansion separately from enabling posterior expansion which may enable spinal implant **100** to be placed in kyphosis as is consistent with above explained embodiments.

[0178] Furthermore, in some embodiments, first surgical tool **400** is configured to operate in three modes. In the first mode, tip grips **406a** are securely connected to spinal implant **100**. In the second mode, adjustment rod **450** may be positioned in a first position such that upon selective rotation of adjustment knob **452** a spacing between endplates **110**, **120** selectively increase/decrease in minute increments. For example, by rotating each of first set screw **252** and second set screw **254**. In the third mode, adjustment rod **450** may be positioned in a second position such that upon selective rotation of adjustment knob **452** an angle of inclination between endplates **110**, **120** may selectively increase/decrease in minute increments. For example, by only rotating first set screw **252** an angle of inclination between endplates **110**, **120** may increase/decrease by moving one side of the endplates **110**, **120** towards/away from each other and moving the opposite side of the endplates **110**, **120** in an opposite direction. In some embodiments, this may also happen by only rotating second set screw **254**. For example, first surgical tool **400** may have a relatively short circumferential engagement surface **456** that will only engage a single one of the internal circumferential surfaces of first or second set **252**, **254** at a time.

[0179] FIG. 20 illustrates a perspective view of one embodiment of an expandable spinal implant **100** including a plurality of anchoring screws **510**. In some embodiments, anchoring screws **510** may be referred to as bone screws. In the exemplary spinal implant **100**, top endplate **110** includes a first anchoring screw **510a**, and a second anchoring screw **510b** opposite the first anchoring screw **510a** that each extend through a corresponding aperture. For example, first and second anchoring screws **510a**, **510b** pass through a corresponding aperture of top endplate **110** configured to orient them at an inclined angle with respect to outside surface **111** of top endplate **110**. Similarly, bottom endplate **120** includes a third anchoring screw **510c**, and a fourth anchoring screw **510d** that each extend through a corresponding aperture. Anchoring screws **510c**, **510d** project from a proximal end **101** of spinal implant **100** at an inclined angle towards distal end **102**. For example, third and fourth anchoring screws **510c**, **510d** pass through a corresponding aperture of bottom endplate **120** configured to orient them at an inclined angle with respect to outside surface **121** of bottom endplate **120**. However, it shall be understood that in other embodiments at least one aperture may orient a corresponding anchoring screw **510a**, **510b**, **510c**, **510d** at any angle with respect to the corresponding endplate **110**, **120** consistent with the disclosure herein. Anchoring screws **510a**-**510d** are configured to anchor into corresponding adjacent vertebral bodies.

[0180] FIGS. 21A-21B illustrate a lateral side view and front side view, respectively, of one embodiment of an expandable spinal implant system in which anchoring screws **510a**-**510d** are anchored into adjacent vertebral bodies. As illustrated, anchoring screws **510a**, **510b** project out from top endplate **110** of spinal implant **100** from a proximal end **101** at an inclined angle towards distal end **102** thereby anchoring into a top vertebral body **V**₁. Similarly, anchoring screws **510a**, **510b** project out from bottom endplate **120** of spinal implant **100** from a proximal end **101** at an inclined angle towards distal end **102** thereby anchoring into a bottom vertebral body **V**₂. As used herein, a pair of vertebral

bodies, adjacent vertebral bodies, and/or first and second vertebral bodies may refer to, e.g., top vertebral body V_1 and bottom vertebral body V_2 .

[0181] FIG. 22A is a side view of a second surgical tool 500 suitable for use with disclosed embodiments and systems herein, e.g., to drive anchoring screws 510a-510d. FIG. 22B is a side view of an enlarged region of FIG. 22A. Exemplary, second surgical tool 500 includes a ratcheting drive shaft 555, a positioning handle 520, a tip portion 530, a drive shaft housing 540, and a trigger 550. Ratcheting drive shaft 555 may be configured to connect and disconnect with a ratcheting handle (not shown) and rotate within ratcheting drive shaft housing 540. For example, the drivable connection may comprise a variety of drive interfaces including but not limited to: multi-lobular drives; hexalobular drives; cross or Phillips head drives; straight or "flat head" drives; square or other polygonal drives; and/or combinations thereof. Positioning handle 520 may be configured to assist with maintaining and controlling the second surgical tool 500, e.g., in view of torque transmitted through ratcheting drive shaft 555. Tip portion 530 is angled at a degree p with respect to a longitudinal direction of drive shaft housing 540. In some embodiments, tip portion 530 is angled such that the degree p corresponds to the inclination of anchoring screws 510a-510d and the inclination of anchoring aperture 129. For example, anchoring apertures 129 may be inclined about 30°-50°, and more particularly about 40°, with respect to an outside surface 111, 121 of endplates 110, 120. This arrangement may be advantageous for driving anchoring screws 510a-510d while spinal implant 100 is positioned between adjacent vertebral bodies. Tip portion 530 may secure anchoring screw 510 in an internal cavity therein such that anchoring screw 510 may not disconnect during initial positioning of anchoring screw 510. For example, tip portion 530 may have a flexible elastic member configured to securely retain a head portion of anchoring screw 510. Tip portion 530 may, however, release anchoring screw 510 when anchoring screw is sufficiently anchored into an anatomical feature, such as a vertebrae for example. This feature may be particularly advantageous during surgery for maintaining the anchoring screw 510 in tip portion 530 such that anchoring screw 510 does not uncouple from tip portion 530 when initially positioning anchoring screw 510 in an anchoring aperture, for example anchoring aperture 129. Additionally, in some embodiments tip portion 530 is operably coupled with trigger 550 such that trigger 550 may disconnect anchoring screw 510 when anchoring screw 510 is installed. In some embodiments, trigger 550 may not be necessary because tip portion 530 may self-release anchoring screw 510 after installation.

[0182] FIGS. 23A-23C are various perspective views of exemplary anchoring screws suitable for use with disclosed embodiments herein in conjunction with the second surgical tool 500. FIG. 23A shows a trocar tip anchoring screw 510e, FIG. 23B shows a flutes or fluted tip anchoring screw 510f, and FIG. 23C shows a speed anchoring screw 510g. Each anchoring screw 510e-510g may have a thread pitch and sizing that corresponds to a size of anchoring aperture 129. Trocar tip anchoring screw 510e includes an angled tip portion 510e-1 and a thread pattern including threads 510e-2. Threads 510e-2 may be spaced back from angled tip portion 510e-1 which may facilitate with aligning anchoring screw 510e with anchoring aperture 129. For example, in some embodiments, threads 510e-2 are spaced back about 3

mm from angled tip portion 510e-1. Fluted tip anchoring screw 510f includes a cutting tip 510f-1 and a thread pattern included threads 510f-2. Cutting tip 510f-1 may extend a relatively long distance from the beginning of threads 510f-2 such that the cutting tip 510f-1 may pre-drill into an adjacent vertebral body before the threads 510f-2 engage with anchoring aperture 129. For example, in some embodiments, threads 510f-2 are spaced back about 8 mm from cutting tip 510f-1. Speed anchoring screw 510g includes a conical tip 510g-1 and a thread pattern including threads 510g-2. Different from trocar tip anchoring screw 510e and fluted tip anchoring screw 510f, threads 510g-2 of speed anchoring screw 510g may begin immediately adjacent conical tip 510g-1.

[0183] FIGS. 24A-24D are various side views and top down views of exemplary bone graft areas in accordance with the principles of the present disclosure. In the side view of FIG. 24A, first and second regions R_1 , and R_2 are shown where bone growth material may be grafted and/or bone growth promoting materials may be used. In the top down view of FIG. 24B, third and fourth regions R_3 , R_4 are shown where bone growth material may be grafted and/or bone growth promoting materials may be used. In some embodiments, third and fourth regions R_3 , R_4 overlap vertically with first and second regions R_1 , and R_2 . In FIGS. 24C and 24D an exemplary grafting section GS is shown. Grafting section GS may be grafted to an endplate 110, 120. In some embodiments, grafting section GS may be filled with a bone growth material having a resultant surface area ranging from about 140 mm² to about 180 mm, and more particularly about 160 mm². For example, the bone growth material may extend through the grafting section GS three dimensionally and have a corresponding surface area ranging from about 140 mm² to about 180 mm², and more particularly about 160 mm². Consistent with disclosed embodiments herein, the open arrangement of spinal implant 100 and endplates 110, 120 in particular is advantageous for direct segmental fusion techniques. For example, the superior and inferior vertebral endplates allow the creation of a fusion bone bridge to solidify a segment. Additionally, the expandable and contractible nature of spinal implant 100 lends to bone packing techniques after positioning and adjusting spinal implant 100 between vertebral bodies. For example, after spinal implant 100 is positioned between adjacent vertebral bodies, spinal implant 100 may be packed with bone material in situ. In some embodiments, the endplate 110 may be considered a direct superior vertebral endplate and endplate 120 may be considered an inferior vertebral endplate where such endplates are configured to allow for a fusion bone bridge there through to solidify a segment.

[0184] In some embodiments, the spinal implant system includes an agent, including but not limited to the bone growth promoting materials described herein, which may be disposed, packed, coated or layered within, on or about the components and/or surfaces of the spinal implant system. In some embodiments the bone growth promoting material may be pre-packed in the interior of spinal implant 100, and/or may be packed during or after implantation of the implant via a tube, cannula, syringe or a combination of these or other access instruments. Additionally, bone growth promoting material may be further tamped into spinal implant 100 before, during or after implantation. In some embodiments, the bone growth promoting material and/or directly grafted material may enhance fixation of spinal

implant 100 with adjacent bony structures. In some embodiments, the agent may include one or a plurality of therapeutic agents and/or pharmacological agents for release, including sustained release, to treat, for example, pain, inflammation and degeneration.

[0185] FIGS. 25A and 25B illustrate spin implant 100 in a first bent position and a second bent position, respectively. FIG. 25A shows spinal implant 100 where top endplate 110 is bent in a first lateral direction with respect to bottom endplate 120. FIG. 25B shows spinal implant 100 where top endplate 110 is bent in a second lateral direction, opposite the first lateral direction, with respect to bottom endplate 120. As explained in greater detail above, the various disclosed projections, guide walls, cavities, recesses, etc. are configured such that spinal implant 100 may allow for lateral bending to some predetermined degree. For example, projections 256c, 257c, 258c may pivot laterally in guide walls 130 to accommodate some degree of lateral bending. In this way, top endplate 110 and bottom endplate 120 may be configured to laterally bend with respect one another in a first direction and a second direction by a predetermined amount. However, in other embodiments it may be desirable for spinal implant 100 to be rigid in the lateral direction and for no lateral bending to be permissible.

[0186] FIGS. 26-28 illustrate a left side view, right side view, and front side view, respectively, of an installed expandable spinal implant 100 positioned between adjacent vertebral bodies according to various surgical techniques, e.g., anterior techniques, oblique techniques, lateral techniques. For example, FIGS. 26-28 show spinal implant 100 after being installed according to an anterior lumbar interbody fusion (ALIF) technique.

[0187] Spinal implant systems of the present disclosure can be employed with a surgical arthrodesis procedure, such as, for example, an interbody fusion for treatment of an applicable condition or injury of an affected section of a spinal column and adjacent areas within a body, such as, for example, intervertebral disc space between adjacent vertebrae, and with additional surgical procedures and methods. In some embodiments, spinal implant systems can include an intervertebral implant that can be inserted between adjacent vertebral bodies to space apart articular joint surfaces, provide support for and maximize stabilization of vertebrae. In some embodiments, spinal implant systems may be employed with one or a plurality of vertebrae.

[0188] Consistent with the disclosed embodiments herein, a medical practitioner may obtain access to a surgical site including vertebrae such as through incision and retraction of tissues. Spinal implant systems of the present disclosure can be used in any existing surgical method or technique including open surgery, mini-open surgery, minimally invasive surgery and percutaneous surgical implantation, whereby vertebrae are accessed through a mini-incision, retractor, tube or sleeve that provides a protected passage-way to the area, including, for example, an expandable retractor wherein the sleeve is formed from multiple portions that may be moved apart or together and may be inserted with the portions closed or together and then expanded to allow for insertion of implants of larger size than the closed cross section of the unexpanded retractor portions. In one embodiment, the components of the spinal implant system are delivered through a surgical pathway to

the surgical site along a surgical approach into intervertebral disc space between vertebrae. Various surgical approaches and pathways may be used.

[0189] As will be appreciated by one of skill in the art, a preparation instrument (not shown) may be employed to remove disc tissue, fluids, adjacent tissues and/or bone, and scrape and/or remove tissue from endplate surfaces of a first vertebra and/or endplate surface of a second vertebra in preparation for or as part of the procedures utilizing a system of the present disclosure. In some embodiments, the footprint of spinal implant 100 is selected after trialing using trialing instruments (not shown) that may approximate the size and configuration of spinal implant 100. In some embodiments, such trials may be fixed in size and/or be fitted with moving mechanisms 250 similar to embodiments described herein. In some embodiments, spinal implant 100 may be visualized by fluoroscopy and oriented before introduction into intervertebral disc space. Furthermore, first and second surgical tools 400, 500, and spinal implant 100 may be fitted with fiducial markers to enable image guided surgical navigation to be used prior to and/or during a procedure.

[0190] Components of a spinal implant systems of the present disclosure can be delivered or implanted as a pre-assembled device or can be assembled in situ. In one embodiment, spinal implant 100 is made of a single piece construction that may not be disassembled without destroying the device. In other embodiments, spinal implant 100 may comprise removable parts. Components of spinal implant system including implant 10, 20, 30 may be expanded, contracted, completely or partially revised, removed or replaced in situ. In some embodiments, spinal implant 100 can be delivered to the surgical site via mechanical manipulation and/or a free hand technique.

[0191] Additionally, components of spinal implant 100 can include radiolucent materials, e.g., polymers. Radiopaque markers may be included for identification under x-ray, fluoroscopy, CT or other imaging techniques. Furthermore, first and second surgical tools 400, 500 may be radiolucent and may optionally include markers added at a tip portion thereof to permit them to be seen on fluoroscopy/x-ray while advancing into the patient. At least one advantage to having spinal implant 100 is that a medical practitioner can verify the positioning of spinal implant 100 relative to adjacent vertebral bodies and make further adjustments to the spacing between endplates 110, 120, angle of inclination between endplates 110, 120, and the overall positioning of the device within a patient's body. In this way, spinal implant 100 may correct alignment of a patient's spine in a sagittal plane.

[0192] FIG. 29A is a perspective view of a second embodiment of an expandable spinal implant 200 in accordance with the principles of the present disclosure. Aspects of second spinal implant 100 may be the same as, substantially the same as, or similar to spinal implant 100. Additionally, second spinal implant 200 may be used in previously disclosed systems and methods. Accordingly, duplicative description thereof will be omitted.

[0193] FIG. 29B is an exploded view illustrating second spinal implant 200. Second spinal implant 200 a top endplate 110 (first endplate) and a bottom endplate 120 (second endplate) and a moving mechanism 2500, which will be described in greater detail below. The proximal end 101 includes a screw guide endplate 1050 disposed between

endplates 110 and 120. In some embodiments, screw guide endplate 1050 may be pivotable left-right and up-down to accommodate insertion of first surgical tool 400 from an off-angle position. For example, screw guide endplate 1050 may accommodate a surgical tool that is insert off angle (not axially aligned) in a range of about 1° to 20°, and more particularly about 1° to 15° in the horizontal and vertical directions. At least one advantage of this arrangement is that first surgical tool 400 may be inserted off angle with respect to guide aperture 107 of spinal implant 200.

[0194] In the exemplary embodiment, moving mechanism 2500 is operably coupled to top endplate 110 and bottom endplate 120 similarly as explained above. Moving mechanism 2500 differs from moving mechanism 250 in that moving mechanism 2500 may be miss aligned, for example by about 5°, 10°, 15°, or 20° when compared to moving mechanism 250 of the first embodiment. In at least one embodiment, moving mechanism 2500 is misaligned about 15° to facilitate insertion and posterior adjustment by reconnection posteriorly. In the exemplary embodiment, moving mechanism 2500 operates by the same principles as moving mechanism 250 although the interior contours of top endplate 110 and bottom endplate 120 are shifted to allow moving mechanism 2500 to be miss aligned.

[0195] FIG. 30A is a top down view of spinal implant 200 contrasting an embodiment where moving mechanism 2500 is miss aligned. As illustrated, spinal implant 200 has a first reference axis B₁ and a second reference axis B₂. First reference axis B₁ may be understood as a projection where moving mechanism 2500 is not miss aligned and where moving mechanism 2500 is in a centered position. Second reference axis B₂ may be understood as a projection passing through a central portion of guide aperture 107 through moving mechanism 2500 when moving mechanism 2500 is miss aligned inside of endplates 110, 120 to an off-centered position.

[0196] Referring generally to FIGS. 30B-30F, a modified embodiment of spinal implant 200 where moving mechanism 2500 is miss aligned is disclosed. In the disclosed embodiment, moving mechanism 2500 features the same parts as moving mechanism 250 and operates under the same principles as explained previously. In the disclosed embodiment, moving mechanism 2500 is miss aligned by about 15° when compared with moving mechanism 250 of spinal implant 100. In other embodiments, moving mechanism 2500 may be miss aligned within any suitable range, e.g., from about 5° to 25°. FIG. 30C is a perspective view of the embodiment of FIG. 30B with a top endplate 110 removed for ease of understanding. As illustrated, moving mechanism 2500 is misaligned and the top and bottom endplates 110, 120 have a different geometry to accommodate the miss aligned moving mechanism 2500. Top and bottom endplates 110, 120 may feature the same or substantially the same characteristics as previously disclosed. FIG. 30D is an alternate perspective view of the embodiment of FIG. 30B with a top endplate 110 removed for ease of understanding. FIG. 30E is a top down view of an exemplary top endplate 110 for use with the embodiment of FIG. 30B and FIG. 30F is a top down view of an exemplary bottom endplate 120 for use with the embodiment of FIG. 30B.

[0197] FIG. 31 is a perspective view of spinal implant 200 in an installed position between vertebral bodies and three alternate positions of first surgical tool 400. FIG. 31 shows how first surgical tool 400 may be inserted into guide

aperture 107 off angle with respect to first reference axis B₁. Reference ring RR represents the extent of viable offset positions that first surgical tool 400 may be operably inserted in guide aperture 107. In some embodiments, first surgical tool 400 may be bent at a midsection area at 15° to enable a surgeon to adjust spinal implant 200 in such a way as to avoid anatomical features and organs, such as, for example the pelvic ring and iliac crest. Additionally, this advantage is further expanded upon when using a miss-aligned moving mechanism 2500 that is miss aligned by, for example, about 15°. Therefore, disclosed systems of spinal implant 200 are able to be manipulated by a surgeon via surgical tool 400 at the combined total angular extent the moving mechanism 2500 is offset and the angular extent the surgical tool is bent. In at least one embodiment, the total angular extent is about 30° on account of the moving mechanism 2500 being offset about 15° and the surgical tool 400 being bent about 15°.

[0198] FIG. 32A is a top down view of a third embodiment of an expandable spinal implant 300 in accordance with the principles of the present disclosure. FIG. 32B shows spinal implant 300 in a perspective view. Aspects of spinal implant 300 may be the same as, substantially the same as, or similar to spinal implant 100. Additionally, spinal implant 300 may be used in previously disclosed systems and methods. Accordingly, duplicative description thereof will be omitted.

[0199] In some embodiments, the sizing and orientation of top and bottom endplates 110, 120 and the sizing and orientation of moving mechanism 250d is particularly advantageous for lateral insertion techniques. Spinal implant 300 includes a first reference axis C₁ and a second reference axis C₂. Different than previous embodiments, first reference axis C₁ may span a longitudinal length of spinal implant 300 and pass directly through a rotation axis of moving mechanism 250d. Second reference axis C₂ may bisect spinal implant 300 transversely across the center thereof. Additionally, second reference axis C₂ may intersect first reference axis C₁ and project through a center of buttress block 257.

[0200] Spinal implant 300 may include a top endplate 110d and a bottom endplate 120d and a moving mechanism 250, which may be the same as or substantially the same as described above. Spinal implant 300 includes a proximal end 101 and a distal end 102 opposite the proximal end 101, and a first lateral end 103 and a second lateral end 104 opposite the first lateral end 103. The first and second lateral ends 103, 104 extend between the proximal end 101 and the distal end 102. The proximal end 101 includes an exposed screw guide endplate 105 defining a corresponding screw guide aperture 107, which are disposed between endplates 110d and 120d. The screw guide endplate 105 and guide aperture 107 may be the same as or substantially the same as described above.

[0201] Top endplate 110 may include a first outside surface 111d and a first inside surface 112d opposite the first outside surface 111d. Similarly, bottom endplate 120d may include a second outside surface 121d and a second inside surface 122d. The outside surfaces 111d, 121d may be configured to be positioned between and/or contact vertebral bodies in a patients spine and have various surface characteristics similar to those described above with reference to spinal implant 100. In some embodiments, outside surfaces 111d and 122d may have a substantially linear surface profile across faces of textured surfaces thereof. In other embodiments, outside surfaces 111d and 122d may have

curved surface profiles across faces of textured surfaces thereof. Further details of endplates **110d**, **120d** will be described in greater detail below.

[0202] Inside surfaces **111d**, **122d**, may surround moving mechanism **250** and have various contours, guides, cavities, and other operable characteristics that facilitate movement and/or provide mechanical advantage to other operable and movable corresponding parts to facilitate contraction, angular adjustment, lateral bending, absorption of compression forces, shear forces, etc. as will be explained in greater detail below.

[0203] In the exemplary embodiment, top endplate **110d** includes a pair of first proximal ramps **114d** and a pair of first distal ramps **116d** opposite the first proximal ramps **114d**. Each ramp of the first proximal ramps **114d** includes an inclined surface extending away from inside surface **112d** and moving mechanism **250d**. Similarly, each ramp of first distal ramps **116d** includes an inclined surface extending away from inside surface **112d** and moving mechanism **250d**. Bottom endplate **120d** includes a pair of second proximal ramps **124d** and a pair of second distal ramps **126d** opposite the second proximal ramps **124d**. Each ramp of the second proximal ramps **124d** includes an inclined surface extending away from inside surface **122d** and moving mechanism **250d**. Similarly, each ramp of second distal ramps **126d** includes an inclined surface extending away from inside surface **122d** and moving mechanism **250d**.

[0204] Exemplary spinal implant **300** includes a moving mechanism **250d** that is operably coupled to top endplate **110d** and bottom endplate **120d**, similarly as explained above with reference to spinal implant **100**. Accordingly, duplicative description will not be repeated. A first functional feature of moving mechanism **250d** is that it is further configured to increase and decrease a spacing between the top and bottom endplates **110d**, **120d** upon simultaneous rotation of first and second set screws **252**, **254** in a clockwise and counterclockwise direction, respectively. A second functional feature of moving mechanism **250d** is that it is further configured to increase and decrease an angle of inclination between top and bottom endplates **110d**, **120d** upon rotation of the first set screw **252** in a clockwise and counterclockwise direction, respectively.

[0205] FIG. 33A is a perspective view of spinal implant **300** in a contracted position and FIG. 33B is a perspective view of spinal implant **300** in an expanded position. In the contracted position of FIG. 33A, top endplate **110d** and bottom endplate **120d** are contracted to a fully closed position. In the expanded position of FIG. 33B, top endplate **110d** and bottom endplate **120d** are expanded an equal amount. Similarly as explained above with reference to spinal implant **100** and FIGS. 9A-9B when first surgical tool **400** is inserted in guide aperture **107** in a first position and rotated in a first direction (clockwise direction) the first and second trolleys **256**, **258** move away from one another an equal amount in opposite directions. In turn, the first and second trolleys **256**, **258** cause the top and bottom endplates **110d**, **120d** to move apart from one another an equal amount. Likewise, when first surgical tool **400** is rotated in a second direction (counter-clockwise direction) first and second trolleys **256**, **258** cause the top and bottom endplates **110d**, **120d** to move towards one another an equal amount in a contraction direction (not illustrated). In summary, when positioning the first surgical tool **400** in the first position and rotating the first surgical tool **400** in either the first or second

direction the moving mechanism **250d** operably adjusts a spacing between the top and bottom endplates **110d**, **120d**. FIG. 33C is a perspective view of spinal implant **300** in a first angled position and FIG. 33D is a perspective view of spinal implant **300** in a second angled position. Spinal implant **300** may have the same or similar features as explained above with respect to spinal implants **100**, **200**. Spinal implant **300** may be capable of (1) expanding/contracting the proximal end while the distal end remains stationary, (2) expanding/contracting the distal end while the proximal end remains stationary, and (3) expanding/contracting both the proximal end and distal end simultaneously. Similarly as explained above with reference to spinal implant **100** and FIGS. 10A-10B when first surgical tool **400** is inserted in guide aperture **107** in a second position, and rotated in a first direction (clockwise direction) the first trolley **256** moves away from the proximal end **101** of spinal implant **100** and the second trolley **258** remains stationary in place. In effect, the top and bottom endplates **110d**, **120d** move towards one another at the distal end **102** (not shown) and move away from one another at the proximal end **101** thereby decreasing an angle of inclination between the top and bottom endplates **110**, **120**.

[0206] Likewise, when first surgical tool **400** is in the second position and is rotated in the second direction (counter-clockwise direction) the first trolley **256** moves towards the stationary second trolley **258**. In effect, the top and bottom endplates **110d**, **120d** move towards one another at the proximal end **101** (not shown) thereby decreasing an angle of inclination between the top and bottom endplates **110d**, **120d**. In summary, when positioning the first surgical tool **400** in the second position and rotating the first surgical tool **400** in either the first or second direction the moving mechanism **250** operably adjusts an angle of inclination between the top and bottom endplates **110**, **120** upon rotating the first set screw along the rotation axis.

[0207] In the contracted position of FIG. 33A, a first height between top endplate **110d** and bottom endplate **120d** on the proximal side **101** and distal side **102** is about 9 mm. In the first expanded position of FIG. 33B, a second height of spinal implant **300** between top endplate **110d** and bottom endplate **120d** on the proximal side **101** and distal side **102** is about 9 mm. Additionally, in the first expanded position of FIG. 33B, top endplate **110d** is parallel with respect to bottom endplate **110d**. In the first angled position of FIG. 33C, the top and bottom endplates **110d**, **120d** are contacting each other at the distal side **102** and are spaced apart from one another at the proximal side **101**. For example, at the distal side **102**, the height between top endplate **110d** and bottom endplate **120d** is about 9 mm. For example still, at the proximate side **101**, the height between top endplate **110d** and bottom endplate **120d** is about 16 mm. Accordingly, an angle of inclination between top endplate **110d** and bottom endplate **120d** at the distal side **101** is about 11°. In the second angled position of FIG. 33D, the top and bottom endplates **110d**, **120d** are contacting each other at the proximal side **102** and are spaced apart from one another at the distal side **101**. For example, at the proximal side **102**, the height between top endplate **110d** and bottom endplate **120d** is about 9 mm. For example still, at the distal side **101**, the height between top endplate **110d** and bottom endplate **120d** is about 16 mm. Accordingly, an angle of inclination between top endplate **110d** and bottom endplate **120d** at the proximal side **101** is about 11°.

[0208] In some embodiments, spinal implant 300 may comprise a three position inner drive shaft (not illustrated) complimentary to or in place of components of moving mechanism 250. The three position inner drive shaft may enable the first and second set screws 252, 254 to be adjusted independently from one another as well as enabling the first and second set screws 252, 254 to be adjusted concurrently or simultaneously. For example, first surgical tool 400 may have a relatively short circumferential surface 456 that will only engage one of the internal circumferential surfaces of first or second set screws 252, 254 at a time. For example still, another first surgical tool 400 having a relatively longer circumferential surface 456 may engage both of the internal circumferential surfaces of the first and second set screws 252, 254 at the same time. Consistent with disclosed embodiments, a surgeon can use a first surgical tool 400 having a relatively shorter circumferential surface 456 to perform angular adjustments of spinal implant 300 and then use a first surgical tool 400 having a relatively longer circumferential surface 456 to perform height adjustments of spinal implant 300. In other embodiments, spinal implant 300 may include a screw guide aperture 107 on both sides of the spinal implant 300 thereby providing access to the first set screw 252 independently from second set screw 254.

[0209] FIG. 34 is a perspective view of a spinal implant system utilizing spinal implant 300 and first surgical tool 400. In the exemplary system, spinal implant 300 is positioned in an installed position between vertebral bodies by first surgical tool 400 according to lateral insertion techniques as explained in greater detail above. First surgical tool 400 may operably adjust spinal implant 300 in situ between vertebral bodies as explained in greater above. For example, first surgical tool 400 may operably expand spinal implant 300 at a proximal side 101 and/or a distal side 102 thereof. In this way, spinal implant 300 may correct alignment of a patient's spine in a coronal plane.

[0210] FIG. 35 is a perspective view of a spinal implant system utilizing spinal implant 300 highlighting how first surgical tool 400 may manipulate spinal implant 300 from various angles. For example, spinal implant 300 may include the same, substantially the same, or similar components to moving mechanism 250 as explained above. In the exemplary embodiment, first surgical tool 400 may be inserted into guide aperture 107 off angle with respect to first reference axis B1. Reference ring RR represents the extent of viable offset positions that first surgical tool 400 may be operably inserted in guide aperture 107. In some embodiments, first surgical tool 400 may be bent at a midsection area at 15° (not illustrated) to enable a surgeon to adjust spinal implant 300 in such a way as to avoid anatomical features and organs, such as, for example the pelvic ring and iliac crest.

[0211] Referring generally to FIGS. 36-39B an additional expandable spinal implant 600 is disclosed. Expandable spinal implant 600 may have the same, substantially the same, and/or similar components and attributes as spinal implants 100, 200, and 300 including general applicability with other relevant systems and surgical tools disclosed hereinabove. Spinal implant 600 may include a screw guide endplate 6150 having at least one aperture 610 configured to receive an anchoring screw 510 therein. Screw guide endplate 6150 may be relatively longer in length than screw guide endplate 150 discussed above and screw guide end-

plate 6150 may be operably coupled with moving mechanism 250 similarly as explained above with respect to spinal implants 100, 200, and 300.

[0212] In the illustrated embodiment, top endplate 110 and bottom endplate 120 may each have an accommodating portion 630 having a corresponding size and geometry to the end portions of screw guide endplate 6150 such that when spinal implant 600 is in the fully collapsed position the end portions of screw guide endplate 6150 will not increase a relative height of implant 600 in a fully collapsed position. For example, endplates 110, 120 may fully close without being impacted by screw guide endplate 6150 and therefore maintain a relatively compact size.

[0213] FIGS. 38A and 38B illustrate a front perspective view and a rear perspective view of an exemplary screw guide endplate 6150 having at least one aperture 610 configured to receive an anchoring screw 510 therein. In the illustrated embodiment, two apertures 610 are shown although embodiments in accordance with the principles of this disclosure may have any number of apertures 610. As illustrated, each aperture 610 may be configured to selectively receive a corresponding anchoring screw therein. The outside entrance to each aperture 610 may define two alternate guided paths. For example, a first guided path may be defined by the entrance to aperture 610 and a first exit aperture 610a and a second guided path may be defined by the entrance to aperture 610 and a second exit aperture 610b. In this way aperture 610 may be configured to orient one corresponding anchoring screw 510 at a time in either of a first orientation or a second orientation.

[0214] Corresponding exemplary first and second orientations are illustrated in FIG. 37 which shows a first anchoring screw 510 (right anchoring screw) oriented upward at an inclined angle with respect to top endplate 110 and a second anchoring screw 510 (left anchoring screw) oriented downward at an inclined angle with respect to bottom endplate 120. Additionally, the first orientation may align a corresponding anchoring screw 510 such that it projects through a corresponding slotted aperture 640 of the first endplate 110 (see FIGS. 36 and 39A). Similarly, the second orientation may align a corresponding anchoring screw 510 such that it projects through a corresponding slotted aperture 640 of the second endplate 120 (see FIGS. 36 and 39B).

[0215] At least one advantage of the disclosed spinal implant 600 is that screw guide endplate 6150 and moving mechanism 250 may be configured such that the moving mechanism 250 can selectively adjust a spacing between the first and second endplates 110, 120 and adjust an angle of inclination between the first and second endplates while the at least one corresponding anchoring screw 510 is anchored within a corresponding vertebrae. For example, a surgeon may initially position spinal implant 600 between adjacent vertebrae of a patient and install a corresponding first anchoring screw 510 in a first orientation projecting through slotted aperture 640 of first endplate 110 and a corresponding second anchoring screw 510 in a second orientation projecting through slotted aperture 640 of second endplate 120. Next, the surgeon may continue to adjust the spacing and/or angle of inclination between endplates 110, 120 until the endplates 110, 120 are in the desired position. This is possible, at least partly, because the relative location of the screw guide endplate 6150 remains fixed due to the anchored anchoring screws 510 and the first and second endplates can freely expand/contract and/or incline/decline

via moving mechanism 250 while anchoring screws 510 extend through slotted aperture 640 (which has a geometry such that the anchored anchoring screws 510 do not interfere with the movement of endplates 110, 120). For example, the endplates 110, 120 may freely move while anchoring screws 510 remain anchored in place in the corresponding vertebrae while also changing a relative positioning with respect to the slotted aperture 640 due to movement of endplates 110, 120.

[0216] Referring generally to FIGS. 40-44B an additional expandable spinal implant 700 is disclosed. Expandable spinal implant 700 may have the same, substantially the same, and/or similar components and attributes as spinal implants 100, 200, 300, and 600 including general applicability with other relevant systems and surgical tools disclosed hereinabove. Spinal implant 700 may include a screw guide endplate 7150 having at least one aperture 710 configured to receive an anchoring screw 510 therein. Screw guide endplate 7150 may be relatively longer in length than screw guide endplate 150 discussed above and screw guide endplate 7150 may be operably coupled with moving mechanism 250 similarly as explained above with respect to spinal implants 100, 200, and 300.

[0217] In the illustrated embodiment, top endplate 110 and bottom endplate 120 may each have an accommodating portion 730 having a corresponding size and geometry to the end portions of screw guide endplate 7150 such that when spinal implant 700 is in the fully collapsed position the end portions of screw guide endplate 7150 will not increase a relative height of implant 700 in a fully collapsed position. For example, endplates 110, 120 may fully close without being impacted by screw guide endplate 7150 and therefore maintain a relatively compact size.

[0218] FIGS. 42A and 42B illustrate an exemplary screw guide endplate 7150 with and without corresponding anchoring screws 510, respectively. FIGS. 43A and 43B illustrate a front perspective view and a rear perspective view of an exemplary screw guide endplate 7150 having at least one aperture 710 configured to receive an anchoring screw 510 therein. In the illustrated embodiment, four apertures 710 are shown, although embodiments in accordance with the principles of this disclosure may have any number of apertures 710.

[0219] As illustrated, each aperture 710 may be configured to selectively receive a corresponding anchoring screw 510 therein. The outside entrance to each aperture 710 may define a guided path configured to orient a corresponding anchoring screw 510 in an inclined position extending away from a proximal side of a corresponding endplate 110 or 120. For example, screw guide endplate 7150 may include a total of four apertures 710, and the four apertures 710 may include two top most apertures 710 and two bottom most apertures 710. In the disclosed embodiment, the two top most apertures 710 may be configured to incline a corresponding anchoring screw 510 with respect to top endplate 110 that extends away from a proximal side of implant 700 towards a distal side of implant 700. Similarly, the two bottom most apertures 710 may be configured to incline a corresponding anchoring screw 510 with respect to bottom endplate 120 that extends from a proximal side of implant 700 towards a distal side of implant 700. Corresponding orientations are illustrated in FIGS. 40, 41, and 42B which show two top anchoring screws 510 oriented upward at an inclined angle with respect to top endplate 110 and two bottom anchoring screws 510 oriented downward at an

inclined angle with respect to bottom endplate 120. Alternatively, the screw holes in the plate may be arranged and numbered in various alternative designs including, instead of two holes on top and bottom, presenting a single hole in the center or on one side or the other on top and bottom, or two holes on one of the top or bottom and one hole on the opposite side, top or bottom. These screw holes may further include protrusions, threads or other features to control, guide, and/or retain the screws in place or include features such as retaining clips, springs, or covers to retain the screws in place once inserted. The screw holes may be of various shapes including cylindrical, conical, or designed to receive a bulbous or spherical screw head.

[0220] FIGS. 44A and 44B may illustrate a top endplate 110 and a bottom endplate 120, respectively, with an anchoring screw 510 in one corresponding aperture 710 and without an anchoring screw 510 in the other corresponding aperture 710 for ease of explanation. As illustrated, the top endplate 110 may include at least one anchoring screw 510 such that it projects through or across a corresponding recess 740 of the first endplate 110. Similarly, the bottom endplate 120 may include at least one anchoring screw 510 such that it projects through or across a corresponding recess 740 of the first endplate 110.

[0221] At least one advantage of the disclosed spinal implant 700 is that screw guide endplate 7150 and moving mechanism 250 may be configured such that the moving mechanism 250 can selectively adjust a spacing between the first and second endplates 110, 120 and adjust an angle of inclination between the first and second endplates while the at least one corresponding anchoring screw 510 is anchored within a corresponding vertebrae. For example, a surgeon may initially position spinal implant 700 between adjacent vertebrae of a patient and install at least one corresponding anchoring screw 510 in a first orientation projecting through or across a corresponding recess 740 of first endplate 110 and at least one corresponding anchoring screw 510 in a second orientation projecting through or across recess 740 of second endplate 120. Next, the surgeon may continue to adjust the spacing and/or angle of inclination between endplates 110, 120 until the endplates 110, 120 are in the desired position. This is possible, at least partly, because the relative location of the screw guide endplate 7150 remains fixed due to the anchored anchoring screws 510 and the first and second endplates can freely expand/contract and/or incline/decline via moving mechanism 250 while anchoring screws 510 extend through or across recess 740 (which has a geometry such that anchored anchoring screws 510 do not interfere with the movement of endplates 110, 120). For example, the endplates 110, 120 may freely move while anchoring screws 510 remain anchored in place in the corresponding vertebrae.

[0222] FIGS. 45 and 46 are perspective views of an additional embodiment of an expandable spinal implant 800 including an anterior endplate 810 in accordance with the principles of the present disclosure. In some embodiments, anterior endplate 810 may be referred to as a third endplate, or may be referred to as a medial, lateral, or posterior endplate depending upon orientation or approach employed and the specific configuration and shape of the implant and the location, side or end to which the third plate is affixed or located. FIG. 47 is an exploded parts view diagram of the embodiment of FIG. 45 in accordance with the principles of the present disclosure. Expandable spinal implant 800 may

include the same, substantially the same, and/or similar features as the various above disclosed embodiments. For example, moving mechanism 250 may operate in the same, substantially the same, and/or similar manner as explained above. However, implant 800 may include an anterior endplate 810, a top endplate 820 (superior endplate), and a bottom endplate 830 (inferior endplate) having different characteristics as will be explained in further detail below.

[0223] Implant 800 may include an anterior side 800a, a posterior side 800p and two opposing lateral sides 800l, for example. Additionally, the outside contours of implant 800 may include a top endplate 820 (superior endplate), bottom endplate 830 (inferior endplate) and an anterior endplate 810 (front endplate), for example. In various embodiments, the top endplate 820 and bottom endplate 830 may collectively define the posterior side 800p (rear side) of implant 800. Anterior endplate 810 may include a plurality of circular bone screw apertures 801, for example. In the example embodiment, four circular bone screw apertures 801 are disclosed although in other embodiments the number of bone screw apertures 801 may be more or less. For example, in some embodiments there may be an additional 5th and 6th bone screw aperture in the medial location of anterior endplate 810. In other embodiments, there may be a total of two bone screw apertures 801 including a left bone screw aperture 801 diagonally projecting over the top endplate 820 and a right bone screw aperture 801 diagonally projecting over the bottom endplate 820.

[0224] In various embodiments, each bone screw aperture 801 may include at least one circular ring portion 801a that facilitates seating of a bone screw 511 (see FIG. 52) and/or facilitates the alignment of a drill in a coaxial relationship, e.g., surgical tool 500 as disclosed above. For example, the ring portion 801a may define a bearing surface for seating an inclined surface 512 of an outdented rail 513 of a head portion of a bone screw 511, for example. In various embodiments, the ring portion 801a may have a size and shape generally corresponding to a size and shape of the inclined surface 512 and define an interior diameter that is less than a cross sectional diameter of the outdented rail 513. Additionally, in various embodiments, the ring portion 801a of bone screw apertures 801 may allow about +/-100 and in some embodiments about +/-5° of freedom to the corresponding bone screw 511 due to the inclined surface 512, for example.

[0225] Anterior endplate 810 may include at least one bone screw lock 803 for preventing bone screws 511 from backing out. For example, bone screw lock 803 may be a rotatable lock that may rotate about 90° between an open position and a closed position to prevent bone screws 511 from backing out, for example. In various embodiments, anterior endplate 810 may include at least one attachment point 805 for connecting implant 800 with a surgical tool. In the disclosed embodiment, a plurality of attachment points 805 are distributed around screw guide aperture 807. In the disclosed embodiment, six attachment points 805 are radially distributed around screw guide aperture 807 although other embodiments may have more or less, e.g. 2, 3, 4, 5, 7 or 8.

[0226] As understood best with reference to FIG. 47, anterior endplate 810, top endplate 820, and bottom endplate 830 may be operably coupled to moving mechanism 250. For example, moving mechanism 250 serves as a central attachment location for each of the endplates 810, 820, 830

and each of the endplates 810, 820, 830 may interact independently with moving mechanism 250, for example. In the disclosed embodiment, anterior endplate 810 may be operably coupled to moving mechanism 250 by inserting posts 855 into a corresponding post retaining aperture 255 having a size and shape configured to securely couple the two together. In various embodiments, posts 855 may extend from an inside surface of anterior endplate 810 in a direction towards the posterior side 800p of implant 800 and towards moving mechanism 250. In this way, anterior endplate 810 is independently secured to moving mechanism 250 from top endplate 820 and bottom endplate 830, for example.

[0227] FIGS. 48A and 48B are top down views of an example bottom endplate 830 of spinal implant 800. In various embodiments, bottom endplate 830 and top endplate 820 may include the same, substantially the same, and/or similar characteristics. In the example illustration, bottom endplate 830 may include a bone screw relief 832 for each corresponding bone screw aperture 801. For example, bone screw relief 832 comprises an arcuate channel and/or conical channel defining a portion of the outside surface of endplate 830. In some embodiments, the number of bone screw reliefs 832 may be more or less. For example, a single bone screw relief 832 or three bone screw reliefs 832. In some embodiments, the top endplate 820 may include a first bone screw relief 822 and the bottom endplate 830 may include a second bone screw relief 832 that project oppositely from one another in a diametrically opposed direction. Additionally, in the top down views of FIGS. 48A and 48B it is shown that a gap 840 (void space) exists between anterior endplate 810 and bottom endplate 830. The gap 840 between anterior endplate 810 and endplates 820, 830 may be present in both the expanded and contracted position. For example, as shown in FIG. 48C implant 800 is in an expanded position and a gap 840 is present between anterior endplate 810, top endplate 820, and bottom endplate 830. For example still, gap 840 may define a continuous discontinuity between the posterior side of the anterior endplate 810 and the anterior side of the top endplate 820 and bottom endplate 830.

[0228] FIG. 49 is a perspective view of spinal implant 800 in an expanded configuration including a plurality of bone screws 511 extending over corresponding bone screw apertures 801. In the example embodiment, when implant 800 is in the fully expanded position a trajectory of the bone screws 511 is unaffected by the top endplate 820 and/or bottom endplate 830. For example, the bone screw reliefs 822, 832 allow the implant 800 to fully expand without interfering with bone screws 511. For example still, bone screws 511 may be secured to a boney surface and only anchor implant 800 via bone screw apertures 801 of anterior endplate 810.

[0229] FIG. 50 is an alternate perspective view of the embodiment of FIG. 45 including a plurality of bone screws 511 that are prevented and/or suppressed from backing out due to bone screw locks 803. Bone screw locks 803 may be toggled between an unlocked position shown in FIG. 49 to a locked position shown in FIG. 50 by rotating the bone screw lock 803 about 90°. In operation, an end user such as a surgeon may place bone screws 511 through bone screw aperture 801 after the implant 800 is expanded to the desired height and inclination. Thereafter, the surgeon may move bone screw lock 803 from the unlocked position to the locked position to prevent bone screws 511 from backing out. In various embodiments, even after the bone screw lock 803 is engaged in the locked position the surgeon may drive

bone screws **511**. FIG. **51** is a rear perspective view of implant **800** including a plurality of bone screws **511**.

[0230] FIG. **52** is an example side view of a bone screw **511**. As illustrated in the embodiment of FIG. **52**, bone screw **511** may include an inclined surface **512** extending around the circumference of bone screw **511** and terminating into a ring portion **513**. In various embodiments, the ring portion **513** may have a size and shape generally corresponding to a size and shape of circular ring portions **801a** of bone screw aperture **801**, for example. Additionally, in various embodiments the cooperation between the circular ring portions **801a**, inclined surface **512** and ring portion **513** may allow about +/-5° of freedom to the corresponding bone screw **511**, for example.

[0231] FIG. **53** is a reference diagram illustrating various cardinal directions and planes with respect to a patient that various spinal implants disclosed herein may operate, adjust, and/or move along in accordance with the principles of the present disclosure.

Additional Plate/Expandable Plate Embodiments

[0232] Referring generally to FIGS. **54-69** various plates, including expandable plate embodiments for coupling to various spinal implants are disclosed. FIGS. **54-61** illustrate a first expandable plate **1500** embodiment; FIGS. **62-67** illustrate a second expandable plate **1600** embodiment, and FIGS. **68-73** illustrate a third expandable plate **1700** embodiment. The various expandable plates **1500**, **1600**, **1700** may have the same, similar, and/or substantially the same components and functionality unless the context clearly indicates otherwise. For example, the various expandable plates **1500**, **1600**, and **1700** may each be designed for connecting and/or coupling to the various spinal implants disclosed herein, and may be used in conjunction with anterior endplate **810**, for example. However, the principles of the disclosed expandable plates **1500**, **1600**, **1700** are not necessarily limited to the specific implants disclosed herein and can, of course, be coupled and/or connected to other implants in the same, similar, and/or substantially the same manner.

[0233] FIGS. **54-55** are various perspective views of a first expandable plate **1500** embodiment for coupling to disclosed spinal implants. Expandable plate **1500** may include a superior portion **1505** (may also be referred to as superior plate) and an inferior portion **1503** (may also be referred to as an inferior plate) that are expandable and contractible relative to one another, for example. Superior portion **1505** may include a first bone screw aperture **1502a** for supporting a first bone screw **1504a** in a target trajectory and inferior portion **1503** may include a second bone screw aperture **1502b** for supporting a second bone screw **1504b** in a target trajectory, for example. Expandable plate **1500** may include an end cap **1501** that is rotatable between a locked position where the first and second bone screw apertures **1502a**, **1502b** are covered such that the first and second bone screws **1504a**, **1504b** are prevented and/or suppressed from backing out. Expandable plate **1500** may include a set screw **1507** for securing the superior portion **1505** and inferior portion **1503** at a particular positon relative to one another. For example, the superior portion **1505** and inferior portion **1503** are expandable in a vertical direction away from one another and set screw **1507** may lock the superior portion **1505** and inferior portion **1503** at any one of the various expanded positions.

[0234] FIG. **56** is a front view of a first expandable plate **1500** showing various axes and reference directions. Expandable plate **1500** may extend in a lengthwise direction along axis Y-Y (may also be referred to as the vertical direction depending on orientation), for example. In various embodiments, expandable plate **1500** may be roughly considered symmetrical on either side of axis Y-Y and/or at least because bone screw apertures **1502a** and **1502b** are vertically aligned. Additionally, expandable plate **1500** may extend in a widthwise direction along axis X-X (may also be referred to as a lateral direction depending on orientation), for example. In various embodiments, a thickness of expandable plate **1500** may extend in a proximal-to-distal direction. For example, as shown in FIG. **54**, a thickness may be measured in a proximal-to-distal direction from proximal side **1500p** to distal side **1500d**.

[0235] FIGS. **57-59** are various exploded parts views of a first expandable plate **1500**. In the example embodiment, it is shown that set screw **1507** extends in a proximal to distal direction and includes a thread pattern **1507a** on an outside circumferential surface at the distal end and a head portion **1507b** at the proximate end that is relatively larger than the maximum diameter of the thread pattern **1507a**, for example. In various embodiments, set screw **1507** may include a hollow interior such that a rotation instrument such as a driver may extend through set screw **1507** in the proximal-to-distal direction. Set screw **1507** may extend through aperture **1501a** of cover **1501**, aperture **1503a** of inferior portion **1503**, aperture **1505a** of superior portion **1505**, and thread into the threaded aperture **1509a** of nut **1509**, for example. Additionally, in various embodiments head portion **1507b** may be nested and/or seated within a circumferential indent **1501b** such that the outside surfaces of head portion **1507b** and the outside portion of end cap **1501** are flush and/or substantially flush, for example. Additionally, upper portion **1505** may include a lip **1505d** projecting from a distal side of upper portion **1505** and extending in a widthwise direction. In various embodiments, lip **1505d** may be positioned to sit on an apophyseal ring of an adjacent vertebrae and be utilized for determining an appropriate expansion setting of the upper portion **1505** relative to the lower portion **1503**, for example.

[0236] As seen best in FIG. **58**, lower portion **1503** may include a receiving cavity **1503c** having a size and shape that corresponds to a lower end of upper portion **1505**, for example. Receiving cavity **1503c** may have a size and shape generally corresponding to a size and shape of a lower end of the upper portion **1505**. Lower portion **1503** may include a rack portion **1503b** comprising a plurality of raised rails and indented grooves that extend in a widthwise direction, for example. In various embodiments, rack portion **1503b** may be disposed within cavity **1503c** proximate to and on both sides of aperture **1503a**. Additionally, rack portion **1503b** may face the proximal direction of expandable plate **1500**. As seen best in FIG. **57**, upper portion **1505** may include a rack portion **1505b** comprising a plurality of raised rails and indented grooves that extend in a widthwise direction, for example. In various embodiments, rack portion **1505b** may be disposed on a distal end of upper portion **1505** such that when upper portion **1505** is insert within receiving cavity **1503c** rack portion **1505b** faces rack portion **1503b**, for example. In this way, rack portion **1505b** may mesh with rack portion **1503b** within any of the various

plurality of positions defined by the plurality of raised rails and indented grooves, for example.

[0237] In various embodiments, upper portion 1505 may move up and down in a vertical direction within receiving cavity 1503c such that expandable plate 1500 may be selectively expanded and contracted. Additionally, nut 1509 may nest within channel 1503e of lower portion 1503, for example. In the example embodiment, channel 1503e may be understood as a slotted channel that extends in a vertical direction for a distance greater than the diameter of nut 1509 and extends in the widthwise direction for a distance approximating a width of nut 1509. For example, nut 1509 may include planar side surfaces 1509b and a distance in the widthwise direction of channel 1503e may correspond to the distance between the two planar side surfaces 1509b. Additionally, planar side surfaces 1509b may prevent the nut 1509 from rotating while set screw 1507 is tightened to nut 1509. Accordingly, an end user such as a surgeon may expand the top portion 1505 relative to the bottom portion 1503 (or vice versa) and tighten set screw 1507 to nut 1509 such that rack portions 1505b and 1503b are urged together and/or directly engage with one another. In this way, an end user can securely couple the top portion 1505 to the bottom portion 1503 in any one of the various viable expanded positions.

[0238] With reference to FIGS. 59 and 61, set screw 1507 may include a tapered portion 1507c disposed between a circumferential indent 1507d at a proximal side and a threaded portion 1507a, for example. In some embodiments, tapered portion 1507c may be referred to as a conical tapered portion, for example. Tapered portion 1507c may be widest at a proximal end of screw 1507 and narrowest at an end thereof closest to a distal side and before and/or adjoining threaded portion 1507a, for example. In various embodiments, tapered portion 1507c, In various embodiments, engagement surfaces of the upper portion 1505 and/or lower portion 1503 may be seated within circumferential indent 1507d (see FIG. 61). Additionally, in various embodiments tapered portion 1507c may interfere with aperture 1505a such that set screw 1507 may rotate therein while also remaining coupled to nut 1509, for example. Additionally, tapered portion 1507c may facilitate and/or allow the upper portion 1505 and lower portion 1503 to expand and contract while also allowing the cover 1501 to rotate. For example, cover 1501 may rotate around tapered portion 1507c between a locked position and an unlocked position.

[0239] FIG. 60 is a front view of a first expandable plate 1500 embodiment coupled to an endplate 810 of a spinal implant 800 and FIG. 61 is a cross section view of FIG. 60. In the example embodiment, it is shown that the distal side of expandable plate 1500 is in contact with the proximal side of endplate 810. Additionally, it is shown that the first and second set screws 252, 254 of moving mechanism 250 are accessible through an aperture of set screw 1507 of expandable plate 1500. Furthermore, it is shown that a target trajectory of the first and second bone screws 1504a, 1504b extends substantially perpendicular to the face of expandable plate 1500 in a proximal-to-distal-direction. For example, the first and second bone screws 1504a, 1504b extend straight back from the proximal end towards the distal end in a plane that approximates the centerline of implant 800 and expandable plate 1500. Furthermore, in various embodiments the first bone screw aperture 1502a and second bone screw aperture 1502b may be conically

shaped, tapered, and/or cylindrical with or without a retaining lip and may also allow for about +/- 9 degrees of relative freedom of movement. In various embodiments, in a contracted position, a vertical distance between the first bone screw aperture 1502a and second bone screw aperture 1502b may be about 15 mm to about 25 mm and in some embodiments about 21.5 mm, for example. In various embodiments, in an expanded position, a vertical distance between the first bone screw aperture 1502a and second bone screw aperture 1502b may be about 20 mm to about 35 mm and in some embodiments about 27.5 mm, for example.

[0240] FIGS. 62-63 are various perspective views of a second expandable plate 1600 embodiment for coupling to disclosed spinal implants. Expandable plate 1600 may include a superior portion 1605 (may also be referred to as superior plate) and an inferior portion 1603 (may also be referred to as an inferior plate) that are expandable and contractible relative to one another, for example. Superior portion 1605 may include a first bone screw aperture 1602a for supporting a first bone screw 1604a in a target trajectory and a second bone screw aperture 1602b for supporting a second bone screw 1604b in a target trajectory, for example. Additionally, inferior portion 1603 may include a third bone screw aperture 1602c for supporting a third bone screw 1604c in a target trajectory, for example. Expandable plate 1600 may include an end cap 1601 that is rotatable between a locked position where the first, second, and third bone screw apertures 1602a, 1602b, and 1602c are covered such that the first, second, and third bone screws 1604a, 1604b, 1604c are prevented and/or suppressed from backing out. Expandable plate 1600 may include a set screw 1607 for securing the superior portion 1605 and inferior portion 1603 at a particular position relative to one another. For example, the superior portion 1605 and inferior portion 1603 are expandable in a vertical direction away from one another and set screw 1607 may lock the superior portion 1605 and inferior portion 1603 at any one of the various expanded positions as will be explained in further detail below.

[0241] FIG. 64 is a front view of a second expandable plate 1600 showing various axes and reference directions. Expandable plate 1600 may extend in a lengthwise direction along axis Y-Y (may also be referred to as the vertical direction depending on orientation), for example. In various embodiments, expandable plate 1600 may be roughly considered symmetrical on either side of axis Y-Y. For example, a left side of expandable plate 1600 may be symmetrical with respect to a right side of expandable plate 1600. Additionally, expandable plate 1600 may extend in a widthwise direction along axis X-X (may also be referred to as a lateral direction depending on orientation), for example. In various embodiments, a thickness of expandable plate 1600 may extend in a proximal-to-distal direction. For example, as shown in FIG. 62, a thickness may be measured in a proximal-to-distal direction from proximal side 1600p to distal side 1600d.

[0242] FIG. 65 is an exploded parts view of a second expandable plate 1600. In the example embodiment, it is shown that set screw 1607 extends in a proximal-to-distal direction and includes a thread pattern 1607a on an outside circumferential surface at the distal end and a head portion 1607b at the proximate end that is relatively larger than the maximum diameter of the thread pattern 1607a, for example. Set screw 1607 may extend through aperture 1601a of cover 1601, aperture 1603a of inferior portion

1603, aperture **1605a** of superior portion **1605**, and thread into the threaded aperture **1609a** of nut **1609**, for example. In various embodiments, set screw **1607** may include a hollow interior such that a rotation instrument such as a driver may extend through set screw **1607** in the proximal-to-distal direction. Additionally, in various embodiments head portion **1607b** may be nested and/or seated within a circumferential indent **1601b** such that the outside surfaces of head portion **1607b** and the outside portion of end cap **1601** are flush and/or substantially flush, for example. Furthermore, upper portion **1605** may include a lip **1605d** projecting from a distal side of upper portion **1605** and extending in a widthwise direction. Similarly, lower portion **1603** may include a lip **1603d** projecting from a distal side of lower portion **1603** and extending in a widthwise direction. In various embodiments, lips **1605d**, **1603d** may be positioned to sit on an apophyseal ring of an adjacent vertebrae, respectively, and be utilized for determining an appropriate expansion setting of the upper portion **1605** relative to the lower portion **1603**, for example. For example, an end user such as a surgeon may position lip **1605d** to sit and/or contact an apophyseal ring of a superior vertebrae and position lip **1603d** to sit and/or contact an apophyseal ring of an inferior vertebrae. In doing so, an appropriate expansion and/or relative height of expandable plate **1600** may be established.

[0243] As seen best in FIG. 65, upper portion **1605** may include a receiving cavity **1605c** having a size and shape that corresponds to an upper end of lower portion **1603**, for example. Receiving cavity **1605c** may have a size and shape generally corresponding to a size and shape of an upper end of the lower portion **1603**. Upper portion **1605** may include a rack portion **1605b** comprising a plurality of raised rails and indented grooves that extend in a widthwise direction, for example. In various embodiments, rack portion **1605b** may be disposed within cavity **1605c** proximate to and on both sides of aperture **1605a**. Additionally, rack portion **1605b** may face the proximal direction of expandable plate **1600**. As seen best in FIG. 65 and FIG. 67, lower portion **1603** may include a rack portion **1603b** comprising a plurality of raised rails and indented grooves that extend in a widthwise direction, for example. In various embodiments, rack portion **1603b** may be disposed on a distal end of lower portion **1603** such that when lower portion **1603** is insert within receiving cavity **1605c**, rack portion **1603b** faces rack portion **1605b**, for example. In this way, rack portion **1603b** may mesh with rack portion **1605b** within any of the various plurality of positions defined by the plurality of raised rails and indented grooves, for example.

[0244] In various embodiments, lower portion **1603** may move up and down in a vertical direction within receiving cavity **1605c** such that expandable plate **1600** may be selectively expanded and contracted. Additionally, nut **1609** may nest within channel **1605e** of upper portion **1605**, for example as seen best in FIG. 67. In the example embodiment, channel **1605e** may be understood as a slotted channel that extends in a vertical direction for a distance greater than the diameter of nut **1609** and extends in the widthwise direction for a distance approximating a width of nut **1609**. For example, nut **1609** may include planar side surfaces **1609b** and a distance in the widthwise direction of channel **1605e** may correspond to the distance between the two planar side surfaces **1609b**. Additionally, planar side surfaces **1609b** may prevent the nut **1609** from rotating while

set screw **1607** is tightened to nut **1609**. Accordingly, an end user such as a surgeon may expand the bottom portion **1603** relative to the top portion **1605** (or vice versa) and tighten set screw **1607** to nut **1609** such that rack portions **1605b** and **1603b** are urged together and/or directly engage with one another. In this way, an end user can securely couple the top portion **1605** to the bottom portion **1603** in any one of the various viable expanded positions.

[0245] FIGS. 66 and 67 are various perspective views of a second expandable plate **1600** embodiment in an expanded position. Although not illustrated, second expandable plate **1600** may couple to an implant and/or endplate **810** in the same, substantially the same, and/or similar manner as explained above in reference to first expandable plate **1500**. Accordingly, duplicative description will be omitted. In the example embodiment, it is shown that the first, second, and third bone screws **1604a**, **1604b**, **1604c** extend from the proximal end towards the distal end in a diverging pattern. Additionally, in various embodiments, the first and second bone screws may converge towards one another, at least partially. Furthermore, in various embodiments the first bone screw aperture **1602a**, second bone screw aperture **1602b**, and third bone screw aperture **1602c** may be conically shaped, tapered, and/or cylindrical with or without a retaining lip and may also allow for about +/- 9 degrees of relative freedom of movement. In various embodiments, in a contracted position, a vertical distance between the first bone screw aperture **1602a** and second bone screw aperture **1602b** may be about 16 mm to about 25 mm and in some embodiments about 21.5 mm, for example. In various embodiments, in an expanded position, a vertical distance between the first bone screw aperture **1602a** and second bone screw aperture **1602b** may be about 20 mm to about 35 mm and in some embodiments about 27.5 mm, for example.

[0246] FIGS. 68-73 are various perspective views of a third expandable plate **1700** embodiment for coupling to disclosed spinal implants. With reference to FIGS. 68 and 69, expandable plate **1700** may include a superior portion **1705** (may also be referred to as superior plate) and an inferior portion **1703** (may also be referred to as an inferior plate) that are expandable and contractible relative to one another, for example. Superior portion **1705** may include a first bone screw aperture **1702a** for supporting a first bone screw **1704a** in a target trajectory and a second bone screw aperture **1702b** for supporting a second bone screw **1704b** in a target trajectory, for example. Additionally, inferior portion **1703** may include a third bone screw aperture **1702c** for supporting a third bone screw **1704c** in a target trajectory, and a fourth bone screw aperture **1702d** for supporting a fourth bone screw **1704d**, for example. Expandable plate **1700** may include an end cap **1701** that is rotatable between a locked position where the first, second, third, and fourth bone screw apertures **1702a**, **1702b**, **1702c**, and **1702d**, are covered such that the first, second, third, and fourth bone screws **1704a**, **1704b**, **1704c**, and **1704d** are prevented and/or suppressed from backing out. Expandable plate **1700** may include a set screw **1707** for securing the superior portion **1705** and inferior portion **1703** at a particular position relative to one another. For example, the superior portion **1705** and inferior portion **1703** are expandable in a vertical direction away from one another and set screw **1707** may lock the superior portion **1705** and inferior portion **1703** at any one of the various expanded positions as will be explained in further detail below.

[0247] FIG. 70 is a front view of a third expandable plate 1700 showing various axes and reference directions. Expandable plate 1700 may extend in a lengthwise direction along axis Y-Y (may also be referred to as the vertical direction depending on orientation), for example. In various embodiments, expandable plate 1700 may be roughly considered symmetrical on either side of axis Y-Y. For example, a left side of expandable plate 1700 may be symmetrical with respect to a right side of expandable plate 1700. Additionally, expandable plate 1700 may extend in a widthwise direction along axis X-X (may also be referred to as a lateral direction depending on orientation), for example. In various embodiments, a thickness of expandable plate 1700 may extend in a proximal-to-distal direction. For example, as shown in FIG. 68, a thickness may be measured in a proximal-to-distal direction from proximal side 1700p to distal side 1700d.

[0248] FIG. 71 is an exploded parts view of a third expandable plate 1700. In the example embodiment, it is shown that set screw 1707 extends in a proximal-to-distal direction and includes a thread pattern 1707a on an outside circumferential surface at the distal end and a head portion 1707b at the proximate end that is relatively larger than the maximum diameter of the thread pattern 1707a, for example. Set screw 1707 may extend through aperture 1701a of cover 1701, aperture 1703a of inferior portion 1703, aperture 1705a of superior portion 1705, and thread into the threaded aperture 1709a of nut 1709, for example. In various embodiments, set screw 1707 may include a hollow interior such that a rotation instrument such as a driver may extend through set screw 1707 in the proximal-to-distal direction. Additionally, in various embodiments head portion 1707b may be nested and/or seated within a circumferential indent 1701b such that the outside surfaces of head portion 1707b and the outside portion of end cap 1701 are flush and/or substantially flush, for example. Furthermore, upper portion 1705 may include a lip 1705d projecting from a distal side of upper portion 1705 and extending in a widthwise direction. Similarly, lower portion 1703 may include a lip 1703d projecting from a distal side of lower portion 1703 and extending in a widthwise direction. In various embodiments, lips 1705d, 1703d may be positioned to sit on an apophyseal ring of an adjacent vertebrae, respectively, and be utilized for determining an appropriate expansion setting of the upper portion 1705 relative to the lower portion 1703, for example. For example, an end user such as a surgeon may position lip 1705d to sit and/or contact an apophyseal ring of a superior vertebrae and position lip 1703d to sit and/or contact an apophyseal ring of an inferior vertebrae. In doing so, an appropriate expansion and/or relative height of expandable plate 1700 may be established.

[0249] As seen best in FIG. 71, upper portion 1705 may include a receiving cavity 1705c having a size and shape that corresponds to an upper end of lower portion 1703, for example. Receiving cavity 1705c may have a size and shape generally corresponding to a size and shape of a lower end of the upper portion 1705. Upper portion 1705 may include a rack portion 1705b comprising a plurality of raised rails and indented grooves that extend in a widthwise direction, for example. In various embodiments, rack portion 1705b may be disposed within cavity 1705c proximate to and on both sides of aperture 1705a. Additionally, rack portion 1705b may face the proximal direction of expandable plate

1700. As seen best in FIG. 71, lower portion 1703 may include a rack portion 1703b comprising a plurality of raised rails and indented grooves that extend in a widthwise direction, for example. In various embodiments, rack portion 1703b may be disposed on a distal end of lower portion 1703 such that when lower portion 1703 is insert within receiving cavity 1705c, rack portion 1703b faces rack portion 1705b, for example. In this way, rack portion 1703b may mesh with rack portion 1705b within any of the various plurality of positions defined by the plurality of raised rails and indented grooves, for example.

[0250] In various embodiments, lower portion 1703 may move up and down in a vertical direction within receiving cavity 1705c such that expandable plate 1700 may be selectively expanded and contracted. Additionally, nut 1709 may nest within channel 1705e of upper portion 1705, for example as shown in FIG. 73. In the example embodiment, channel 1705e may be understood as a slotted channel that extends in a vertical direction for a distance greater than the diameter of nut 1709 and extends in the widthwise direction for a distance approximating a width of nut 1709. For example, nut 1709 may include planar side surfaces 1709b and a distance in the widthwise direction of channel 1705e may correspond to the distance between the two planar side surfaces 1709b. Additionally, planar side surfaces 1709b may prevent the nut 1709 from rotating while set screw 1707 is tightened to nut 1709. Accordingly, an end user such as a surgeon may expand the bottom portion 1703 relative to the top portion 1705 (or vice versa) and tighten set screw 1707 to nut 1709 such that rack portions 1705b and 1703b are urged together and/or directly engage with one another. In this way, an end user can securely couple the top portion 1705 to the bottom portion 1703 in any one of the various viable expanded positions.

[0251] FIGS. 72 and 73 are various perspective views of a third expandable plate 1700 embodiment in an expanded position. Although not illustrated, third expandable plate 1700 may couple to an implant and/or endplate 810 in the same, substantially the same, and/or similar manner as explained above in reference to first expandable plate 1500. Accordingly, duplicative description will be omitted. In the example embodiment, it is shown that the first, second, third and fourth bone screws 1704a, 1704b, 1704c, 1704d extend from the proximal end towards the distal end in a converging pattern. Furthermore, in various embodiments the first bone screw aperture 1702a, second bone screw aperture 1702b, third bone screw aperture 1702c, and fourth bone screw aperture 1702d may be conically shaped, tapered, and/or cylindrical with or without a retaining lip and may also allow for about +/- 9 degrees of relative freedom of movement. In various embodiments, in a contracted position, a vertical distance between the first bone screw aperture 1702a and third bone screw aperture 1702b may be about 17 mm to about 25 mm and in some embodiments about 21.5 mm, for example. Similarly, in various embodiments, in a contracted position, a vertical distance between the second bone screw aperture 1702b and fourth bone screw aperture 1702d may be about 17 mm to about 25 mm and in some embodiments about 21.5 mm, for example. In various embodiments, in an expanded position, a vertical distance between the first bone screw aperture 1702a and third bone screw aperture 1702c may be about 20 mm to about 35 mm and in some embodiments about 27.5 mm, for example. Similarly, in various embodiments, in an expanded position, a vertical distance between

the second bone screw aperture **1702b** and fourth bone screw aperture **1702d** may about 20 mm to about 35 mm and in some embodiments about 27.5 mm, for example.

[0252] FIG. 74 is a flow chart method of operation **1800** for installing an expandable plate and an expandable implant between adjacent vertebrae of a patient. The various method steps below may be explained in the context of the various disclosed expandable plates **1500**, **1600**, and **1700**. Although the various expandable plates **1500**, **1600**, **1700** and the various spinal implants disclosed herein may be used to perform the method of operation **18000** the method of operation is not limited to the embodiments disclosed herein. Furthermore, the following steps need not be performed in sequence and can be performed in any alternate sequence with or without all of the disclosed method steps.

[0253] At step **1802** an expandable plate and/or an expandable spinal implant may be provided, for example. At step **1804**, an end user may prepare a space between adjacent boney structures by removal and/or cleaning of the space. For example, an end user may remove a degenerative disc between a superior vertebrae and an inferior vertebrae. At step **1806**, an end user may insert the spinal implant between the superior vertebrae and inferior vertebrae. In some embodiments, the spinal implant and expandable plate may be simultaneously insert into the patient anatomy, although the spinal implant may be insert within the disc space between the superior and inferior vertebrae while the expandable plate remains on the outside of the disc space. At step **1808**, an end user may install at least one bone screw in a boney structure. For example, an end user may install a bone screw that extends through an upper portion and/or lower portion of an expandable plate. In various embodiments, the at least one bone screw may be partially installed, i.e., the one screw may not be fully tightened into the patient anatomy. At step **1810**, an end user may expand the expandable plate and/or spinal implant. For example, an end user may insert an inserter through a set screw of the expandable plate and activate an expansion mechanism inside of the spinal implant to effectuate expansion of the spinal implant within the disc space. Additionally, an end user may move the upper portion and/or lower portion to expand the expandable plate on the outside of the disc space. At step **1812**, an end user may position a portion of the expandable plate against an apophyseal ring. For example, an end user may ensure that a lip portion of at least one of the upper portion and/or lower portion abuts an apophyseal ring of a corresponding vertebrae. At step **1814**, an end user may fully tighten any remaining bone screws to be installed. For example, an end user may tighten any remaining bone screws of an expandable plate and/or any remaining bone screws of a spinal implant.

Additional Expandable Embodiments

[0254] Referring generally to FIGS. 75-90 expandable spinal implants **310**, **320**, **330**, and **340** are disclosed. Implants **310**, **320**, **330**, and **340** may include the same, similar, and/or substantially the same components and functionality as the other implant embodiments previously disclosed. Spinal implants **310**, **320**, **330**, and **340** may also be used in conjunction or as a substitute for any previously disclosed system and method. In many embodiments, implants **310**, **320**, **330**, and **340** may include similar components and functionality to implant **300** previously described in conjunction with FIGS. 32A-35. In various

embodiments, implants **310**, **320**, **330** and **340** may be configured for lateral, oblique, antero-lateral etc. insertion type techniques although those with skill in the art will readily recognize that implants **310**, **320**, **330**, and **340** may also be optimized and utilized for other surgical techniques.

[0255] FIG. 75 is a front perspective view of expandable spinal implant **310** and FIG. 76 is a rear perspective view of expandable spinal implant **310**. In the example embodiment, implant **310** may include a first endplate **110** (superior endplate or cephalad endplate) and a second endplate **120** (inferior endplate or caudal endplate) that are movable with respect to one another via a moving mechanism **250**. In some embodiments, outside surfaces of endplates **110** and **120** may have a substantially linear surface profile across exposed faces of endplates and in other embodiments endplates **110** and **120** may have curved surface profiles across faces of textured, microtextured, or non-textured surfaces. Similarly as previously explained, implant **310** may include various contours, guides, cavities, and other operable characteristics that cooperate with moving mechanism **250** to facilitate movement and/or provide mechanical advantage to other corresponding parts to facilitate expansion, contraction, angular adjustment, lateral bending, absorption of compression forces, shear forces, etc.

[0256] In the example embodiment, implant **310** may extend in a proximal-to-distal direction from a proximal end **101** to a distal end **102**. Similarly, implant **310** may extend in a widthwise direction between a first lateral end **103** and a second lateral end **104**, for example. In various embodiments, the proximal end **101** may include an exposed screw guide endplate **105** defining a corresponding screw guide aperture **107**, disposed between endplates **110** and **120**. The screw guide endplate **105** and guide aperture **107** may be the same as or substantially the same as described above. With reference back to FIG. 53, when implant **310** is inserted in a disc space, implant **310** may extend in the proximal-to-distal direction in the coronal plane, for example. Hence, in some embodiments implant **310** may be referred to as a "coronal expandable implant."

[0257] FIG. 77 is a first exploded parts view of implant **310** and FIG. 78 is a second exploded parts view of implant **310** from an alternate and substantially opposite viewing angle. In the example embodiment, first endplate **110** may include a pair of first proximal ramps **114** and a pair of first distal ramps **116** opposite the first proximal ramps **114**. Each ramp of the first proximal ramps **114** may include an inclined surface extending away from an inside surface of first endplate **110** and moving mechanism **250**. Although the example embodiment illustrates corresponding "pairs" of proximal ramps **114** and distal ramps **116** other embodiments may include at least one proximal ramp **114** and at least one distal ramp **116**, for example a single proximal ramp **114** and a single distal ramp **116**. Each ramp of first proximal ramps **114** may include an inclined surface extending away from an inside surface of first endplate **110** and moving mechanism **250**. Similarly, second endplate **120** may include a pair of second proximal ramps **124** and a pair of second distal ramps **126** opposite the second proximal ramps **124**. Each ramp of the second proximal ramps **124** may include an inclined surface extending away from an inside surface of second endplate **120** and moving mechanism **250**. Each ramp of second distal ramps **126** may include an inclined surface extending away from an inside surface of second endplate **120** and moving mechanism **250**. Although the

example embodiment illustrates corresponding “pairs” of proximal ramps 124 and distal ramps 126 other embodiments may include at least one proximal ramp 124 and at least one distal ramp 126, for example a single proximal ramp 124 and a single distal ramp 126. In various embodiments, the ramps 116, 114 of the superior endplate 110 may not be (or may not be) aligned vertically with the ramps 126, 124 of the inferior endplate 120.

[0258] As previously explained, moving mechanism 250 may be operably coupled to top endplate 110 and bottom endplate 120 in any suitable way. In the illustrated embodiment, moving mechanism 250 may include a support block 257 rotatably supporting a first set screw 252 and a second set screw 254 which are threadably coupled to a first trolley 256 and a second trolley 258, respectively. In the example embodiment, the first trolley 256 and second trolley 258 may include ramped surfaces 260. In various embodiments, ramped surfaces 260 may be a lateral protrusion having a shape resembling a chamfered diamond that may simultaneously push against and/or directly contact a corresponding ramped surface of the first endplate 110 and second endplate 120. In the example embodiment, first trolley 256 and second trolley 258 may each include at least one catch surface 261 in the form of an inclined protrusion that may be disposed within a corresponding guide wall 130 (may also be referred to as a channel 130). At least one advantage of this configuration may be that catch surfaces 261 and guide walls 130 may facilitate closing of implant 310, i.e., decreasing a vertical distance between first endplate 110 and second endplate 210. In the example embodiment, each lateral end of the first trolley 256 and second trolley 258 includes a superior catch surface 261 and an inferior catch surface 261. Additionally, in this embodiment support block 257 may be constrained from moving in the proximal-to-distal direction due to lateral protrusions 259 being seated in vertical slots 359 of endplates 110, 120, for example. In this way, support block 257 may slide up and down vertically within vertical slots 359 as implant 310 expands and contracts. Additionally, in some embodiments, support block 257 may be inclinable during expansion of implant 310 on account of vertical slots 359 having gap spaces and/or chamfered ends. In some embodiments, screw guide housing 105 may include support tangs 106 that extend through an opening of second trolley 258 and couple to support block 257. In this way, movement of second trolley 258 may not interfere with a position of screw guide housing 105 and screw guide housing 105 may be rigidly coupled to support block 257, for example.

[0259] A first functional feature of the example moving mechanism 250 is that it may be further configured to increase and decrease a spacing between the top and bottom endplates 110, 120 at the proximal end 101 and distal end 102 equally upon simultaneous rotation of first and second set screws 252, 254. This type of expansion may be referred to as “parallel” expansion and/or “parallel” distraction. A second functional feature of moving mechanism 250 is that it may be further configured to increase and decrease an angle of inclination between top and bottom endplates 110, 120 at a proximal end 101 upon rotation of the first set screw 252 in a clockwise and counterclockwise direction, respectively. A third functional feature of moving mechanism 250 is that it may be further configured to increase and decrease an angle of inclination between top and bottom endplates 110, 120 at a distal end 102 upon rotation of the second set

screw 254 in a clockwise and counterclockwise direction, respectively. Accordingly, moving mechanism 250 may be considered to have at least three different modalities of expansion and each modality may be performed independently of the other modalities.

[0260] FIG. 79 is a top view showing various section lines taken through implant 310. Section line A₁ may extend in a proximal-to-distal direction lengthwise through a center of implant 310. In some embodiments, section line A₁ may be coextensive and/or coaxial with a rotation axis of the first and second set screws 252, 254. Section line A₃ may extend in a proximal-to-distal direction lengthwise through a first side portion of implant 310 corresponding to a location of ramped surfaces 114, 116. Similarly, Section line A₄ may extend in a proximal-to-distal direction lengthwise through a second side portion of implant 310 corresponding to a location of ramped surfaces 124, 126.

[0261] FIG. 80 is a perspective cross section drawing through section A₃ of FIG. 79. In the example embodiment, ramped surfaces 260 of trolley 256 resemble a chamfered diamond that can act against corresponding inclined surfaces of ramped surfaces 116. Similarly, ramped surfaces 260 of trolley 258 resemble a chamfered diamond that can act against corresponding inclined surfaces of ramped surfaces 114. Additionally, catch surfaces 261 may be slidably disposed within guide walls 130. Furthermore, lateral protrusion 259 may be disposed within vertical slot 359.

[0262] FIG. 81 is a perspective cross section drawing through section A₁ of FIG. 79. In the example embodiment, first and second set screws 252, 254 are rotatably coupled to support block 257 such that the first and second set screws 252, 254 may be constrained from moving in the proximal-to-distal direction. In this way, rotation of set screw 252 may independently move trolley 256 and rotation of set screw 242 may independently move trolley 258.

[0263] FIG. 82 is a perspective cross section drawing through section A₄ of FIG. 79. In the example embodiment, a first distance between section A₄ and section A₁ may be slightly less than a second distance between section A₃ and section A₁. Accordingly, the cross section drawing of FIG. 82 illustrates superior catch surfaces 261 (rather than inferior catch surfaces 261 shown in FIG. 80) and a portion of ramped protrusion 260 that has a different cross sectional shape from the chamfered diamond portion shown in FIG. 80. However, it shall be appreciated that in various embodiments, the geometry of ramped surfaces 260 of each trolley 256, 258 may include corresponding geometry to both sections A₄ and A₃ or either section A₄ or A₃. In FIG. 82, upper ends of ramped surfaces 260 of trolley 256 may act against corresponding inclined lower surfaces of ramped surfaces 126. Similarly, upper ends of ramped surfaces 260 of trolley 258 may act against corresponding inclined lower surfaces of ramped surfaces 124. Additionally, superior catch surfaces 261 may be slidably disposed within guide walls 130. Furthermore, lateral protrusion 259 may be disposed within vertical slot 359.

[0264] FIG. 83 is a front perspective view of an expandable spinal implant 320 including a proximal plate 850. Implant 320 may have the same, similar, and/or substantially the same features and functionality as explained above with respect to implant 310. Accordingly, duplicative description will be omitted or only briefly described. In the example embodiment, implant 320 may include a proximal plate 850 in lieu of screw guide endplate 105. Proximal plate 850 may

be coupled to support block 257 in the same, similar, and/or substantially the same way as explained above with respect to screw guide endplate 105. In some embodiments, proximal plate 850 may be rigidly coupled to support block 257 and in other embodiments proximal plate 850 may be pivotally coupled to support block 257 to allow for some lateral movement and/or vertical movement. Additionally, in some embodiments, proximal plate 850 may be rotationally coupled to support block 257 to allow for about +/-10 degrees of relative movement in any direction. Furthermore, in various embodiments, proximal plate 850 may not be directly coupled (directly contact) endplates 110, 120. In this embodiment, proximal plate 850 may include a superior bone screw aperture 852 and an inferior bone screw aperture 851. In various embodiments, each bone screw aperture 852, 851 may be configured to orient and support a bone screw in a target trajectory while allowing for some angular deviation of a respective bone screw of about +/-5 degrees of relative movement in any direction. In the example embodiment, the superior bone screw aperture 852 and inferior bone screw aperture 851 are vertically aligned and oriented to one lateral side of the proximal plate 850. For example, the superior bone screw aperture 852 and inferior bone screw aperture 851 are offset towards a lateral side of implant 320 with respect to a rotation axis of the first set screw 252, and second set screw 254.

[0265] Additionally, each endplate 110, 120 may include a bone screw cutout 822 such that the target bone screw trajectory of a respective bone screw aperture 851, 852 may prevent the corresponding bone screw from contacting the corresponding endplate 110, 120. Furthermore, proximal plate 850 may include at least one bone screw lock 803. In the example embodiment, bone screw lock 803 may be rotated between an unlocked position in which each of the bone screw apertures 851, 852 are freely exposed and a locked position in which each of the bone screw apertures 851, 852 are blocked (or at least partially blocked). In this embodiment, in the locked position bone screw lock 803 may be configured to simultaneously lock a first bone screw disposed in the superior bone screw aperture 852 and a second bone screw disposed in the inferior bone screw aperture 851. For example, bone screw lock 803 includes a first wing 804 and a second wing 805 opposite the first wing 804. Additionally, in some embodiments wings 804, 805 may flare outward in a proximal-to-distal direction, at least partly. At least one advantage of this configuration may be that this geometry of wings 804, 805 provides for a stop surface (or face) that extends in a direction substantially perpendicular to the target trajectory of the corresponding bone screw aperture 852, 851. For example, a rear surface defined by wing 804 may extend, or at least partly extend, in a first plane that is substantially perpendicular to the bone screw trajectory defined by superior bone screw trajectory 852. Similarly, a rear surface defined by wing 806 may extend, or at least partly extend, in a second plane that is substantially perpendicular to the bone screw trajectory defined by the inferior bone screw trajectory 851. However, in other embodiments proximal plate 850 may include a first bone screw lock 803 configured to lock a first bone screw disposed within the superior bone screw aperture 852 and a second bone screw lock 803 configured to lock a second bone screw disposed within the inferior bone screw aperture 851 (not illustrated). Additionally, in various embodiments bone screw lock 803 may include a drive feature 809

disposed between first wing 804 and second wing 806. Accordingly, an end user can rotate the bone screw lock 803 with any corresponding drive tool, e.g., hexagonal, hexagonal, torx, square, polygonal, etc. In at least one embodiment, drive feature 809 may be driven by the same drive tool that rotates set screws 252, 254.

[0266] FIG. 84 is a front perspective view of the embodiment of FIG. 83 in a partially expanded first position. In the example configuration, it may be seen that the distal end 102 is expanded and the proximal end 101 is collapsed. For example, trolley 256 has moved distally to expand the distal end 102 while trolley 258 has remained unmoved and/or insubstantially moved.

[0267] FIG. 85 is a front perspective view of the embodiment of FIG. 83 in a partially expanded second position. In the example configuration, it may be seen that the proximal end 101 is expanded and the distal end 102 is collapsed and/or semi collapsed. For example, trolley 258 has moved proximally to expand the proximal end 101 while trolley 256 has remained unmoved and/or insubstantially moved.

[0268] FIG. 86 is a front perspective view of the embodiment of FIGS. 83-85 in a fully expanded position. FIG. 87 is a partial parts view of the embodiment of FIG. 86 with the superior endplate 110 removed for ease of understanding. In the example configuration, it may be seen that the proximal end 101 and distal end 102 are each expanded. For example, trolley 258 has moved proximally to expand the proximal end 101 and trolley 256 has moved distally to expand the distal end 102.

[0269] FIGS. 88 and 89 are various front perspective views of an expandable spinal implant 330. Spinal implant 330 may have the same, similar, and/or substantially the same components and functionality as explained above with respect to spinal implant 310. Accordingly, duplicative description will be omitted. In the example embodiment, it can be seen that a first height H₁ between the outside surface of the superior endplate 110 and the outside surface of the inferior endplate 120 is greater on a first lateral side 103 than a second height H₂ between the outside surface of the superior endplate 110 and the outside surface of the inferior endplate 120 on the second lateral side 104. At least one advantage of this configuration may be that when implant 330 is inserted within a disc space from a lateral perspective it may provide additional correction of the disc space. For example, depending on a chosen side of insertion, implant 330 may provide for additional kyphotic correction or lordotic correction.

[0270] FIG. 90 is a top-down comparative view of an expandable spinal implant 340 and an expandable spinal implant 310. Spinal implant 340 may have the same, similar, and/or substantially the same components and functionality as explained above with respect to spinal implant 310. Accordingly, duplicative description will be omitted. In the example embodiment, it can be seen that a first length L₁ of implant 340 in a proximal to distal direction may be relatively greater than a second length L₂ of implant 310. Accordingly, it shall be appreciated that various implants in accordance with the principles of this description may have various lengths, widths, heights, etc. to suit a particular patient's anatomy in view of any particular surgical technique(s). For example, some lateral embodiments may be relatively longer to accommodate different portions of the spine and/or differently sized patients. It shall also be appreciated that various components, features, and function-

ality of any one specific implant embodiment disclosed herein may be substituted, modified, and/or replaced with any other component, feature, or functionality of any other specific implant embodiment unless the context clearly indicates otherwise.

What is claimed is:

1. An expandable interbody implant, comprising:
an expandable body defined by a superior endplate and an inferior endplate, the expandable body having a length extending from a proximal end to a distal end in a proximal-to-distal direction, and a width extending from a first lateral side to a second lateral side in a widthwise direction, the length being greater than the width;
the superior endplate including first proximal ramps and first distal ramps disposed opposite the first proximal ramps; and
the inferior endplate including second proximal ramps and second distal ramps disposed opposite the second proximal ramps; and
a moving mechanism for expanding the superior endplate and the inferior endplate, the moving mechanism including:
a support block coupled to the superior endplate and the inferior endplate, the support block rotatably supporting a proximal set screw and a distal set screw along a rotation axis;
a proximal trolley movably coupled to the proximal set screw and including a plurality of inclined surfaces; and
a distal trolley movably coupled to the distal set screw and including a plurality of inclined surfaces.
2. The expandable implant of claim 1, wherein the support block further includes a first lateral protrusion movably disposed in a first slot of the superior endplate.
3. The expandable implant of claim 2, wherein the support block further includes a second lateral protrusion movably disposed in a second slot of the inferior endplate.
4. The expandable implant of claim 3, wherein the first lateral protrusion and the second lateral protrusion extend in substantially opposite directions.
5. The expandable implant of claim 1, wherein:
the first inside surface of the superior endplate further comprises at least one guide wall; and
the proximal trolley comprises at least one catch surface, each catch surface of the proximal trolley being disposed within a respective guide wall of the at least one guide wall of the superior endplate.
6. The expandable implant of claim 5, wherein:
the second inside surface of the inferior endplate further comprises at least one guide wall; and
the distal trolley comprises at least one catch surface, each catch surface of the distal trolley being disposed within a respective guide wall of the at least one guide wall of the inferior endplate.
7. The expandable implant of claim 1, wherein:
the first inside surface of the superior endplate further comprises proximal guide walls and distal guide walls, the proximal guide walls being adjacent to and inclined at substantially the same orientation as the first proximal ramps, and
the distal guide walls being adjacent to and inclined at substantially the same orientation as the first distal ramps.

8. The expandable implant of claim 1, wherein in the first expanded position, the proximal trolley contacts the first proximal ramps and the second proximal ramps and is disposed proximate the proximal side of the expandable body.

9. The expandable implant of claim 8, wherein in the second expanded position, the distal trolley contacts the first distal ramps and the second distal ramps and is disposed proximate a distal side of the expandable body, with respect to the medial position.

10. The expandable implant of claim 1, wherein:
the proximal set screw and the distal set screw are coaxially aligned in the proximal-to-distal direction along the length of the expandable body, and
a screw adjusting aperture extends through the proximal trolley, the proximal set screw, the support block, and the distal set screw.

11. The expandable implant of claim 1, further comprising a proximal plate including at least one bone screw aperture that defines a bone screw trajectory.

12. The expandable implant of claim 11, wherein the proximal plate further comprises at least one rotatable bone screw lock having at least one wing, each wing comprising a surface extending in a plane that is substantially perpendicular to a corresponding bone screw trajectory.

13. The expandable implant of claim 12, wherein at least one of the superior endplate and the inferior endplate comprises at least one bone screw relief.

14. The expandable spinal implant of claim 1, further comprising a proximal plate including a first bone screw aperture and a second bone screw aperture.

15. The expandable spinal implant of claim 14, wherein the proximal plate comprises a bone screw lock configured to block, at least partially, the first bone screw aperture and the second bone screw aperture.

16. The expandable spinal implant of claim 15, wherein the superior endplate comprises a first bone screw relief and the inferior endplate comprises a second bone screw relief.

17. The expandable spinal implant of claim 1, wherein at least one of the superior endplate and the inferior endplate is concave in the proximal-to-distal direction.

18. The expandable spinal implant of claim 1, wherein at least one of the superior endplate and the inferior endplate is concave in the widthwise direction.

19. The expandable spinal implant of claim 1, wherein:
in a contracted position, the proximal trolley and the distal trolley are disposed in a medial position within the expandable body,

in a first expanded position, the proximal trolley is disposed adjacent a proximal side of the expandable body and a spacing between the superior and inferior endplates at the proximal end of the expandable body is greater than a spacing between the superior and inferior endplates at the proximal end of the expandable body in the contracted position, and

in a second expanded position, a spacing between the superior and inferior endplates at the distal end of the expandable body is greater than a spacing between the superior and inferior endplates at the distal end of the expandable body in the contracted position.

20. The expandable spinal implant of claim 1, wherein the support block is constrained from moving in the proximal to distal direction.