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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: P. Bonutti

Confirmation No.: 3567

Application No.: 10/684,904

Attorney Docket No: 780-A03-012B

Filed: October 14, 2003

Group Art Unit: 3733

For: KNEE ARTHROPLASTY METHOD

Examiner: M. Hoffman

RESPONSE TO OFFICE ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action mailed March 18, 2009, please enter this Response into the file of the above-entitled application.

In accordance with USPTO practice, each section of this Response begins on a separate sheet. Applicant submits, these amendments and remarks serve to clarify the present invention, and are independent of patentability.

**S&N EXHIBIT 1024
S&N v. BSI**

USPTO 10-00000

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RESPONSE TO FINAL OFFICE ACTION
AND REQUEST FOR CONTINUED EXAMINATION
PURSUANT TO 37 C.F.R. §1.114

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

Introductory Comments

Dear Sir:

In response to the Office Action mailed March 18, 2009, and Advisory Opinion mailed June 30, 2009, Applicant requests continued examination pursuant to 37 C.F.R. §1.114. Please enter the following amendments and remarks into the file for the above-identified application. This response replaces the response filed June 18, 2009.

In accordance with USPTO practice, each section of this Response begins on a separate sheet. Applicant submits, this response serves to clarify the present invention, and is independent of patentability.

Amendments to the Claims:

1. (Currently amended) A method of performing a knee arthroplasty surgery on a leg of a patient, comprising:

making an incision in a knee portion of the leg having a length not more than 13 cm;
displacing a patella in the knee portion of the leg from a normal position to an offset position with an inner side of the patella facing inward; and
positioning a cutting tool proximal to at least one of an upper or a lower portion of the leg and cutting bone of the leg while the patella is maintained offset from a normal position and not everted.

2. (Canceled)

3. (Previously presented) The method of claim 1, further comprising:

expanding the incision by applying a force against opposite edge portions of the incision, wherein the displacement of the patella from the normal position to the offset position is performed contemporaneously with the expanding of the incision.

4. (Original) The method of claim 1, further comprising cutting an end surface of at least one of the upper or lower portions of the leg.

5. (Previously presented) The method of claim 4 comprising:

moving at least one implant through the incision while the patella is offset from the normal position with the inner side of the patella facing inward; and
connecting the at least one implant with the cut end portion of at least one of the upper or lower portions of the leg.

6. (Original) The method of claim 1, further comprising connecting a guide member to at least one of the upper or lower portions of the leg.

7. (Original) The method of claim 6, wherein the guide member is connected to the upper portion of the leg, the upper portion being a femur, the guide member including a first end portion in engagement with a lateral condyle of the femur, the first end portion offset medially from a lateral edge portion of the lateral condyle, and a second end portion in engagement with a medial condyle of the femur, the second end portion offset laterally from a medial edge portion of the medial condyle.

8. (Original) The method of claim 7, further comprising cutting the lateral and medial condyle of the femur.

9. (Previously presented) The method of claim 8, further comprising:
moving at least one femoral implant through the incision while the patella is offset from the normal position with inner side of the patella facing inward; and
connecting the at least one femoral implant with the cut lateral and medial condyle of the femur.

10. (Currently amended) A method of performing a knee arthroplasty surgery on a leg of a patient, comprising:
making an incision in a knee portion of the leg ~~having a length not more than 13 cm~~;
displacing a patella in the knee portion of the leg from a normal position to an offset position with an inner side of the patella facing inward;
positioning a cutting tool proximal to at least one of an upper or a lower portion of the leg;
and
connecting a guide member to at least one of the upper or lower portions of the leg; wherein the guide member is connected to the lower portion of the leg, the lower portion being a tibia;
cutting a bone of the knee portion of the leg, while the patella is maintained in the offset position, and while no bone of the knee extends to pass outside the patient's body through said incision, until cut and removed from the joint.

11. (Original) The method of claim 10, further comprising cutting an end surface of the tibia.

12. (Original) The method of claim 11, further comprising:
moving at least one tibial implant through the incision while the patella is offset from the normal position with the inner side of the patella facing inward; and
connecting the at least one tibial implant with the cut end portion of the tibia.

13. (Original) The method of claim 1, further comprising:
moving a guide member into the incision, the guide member including opposite ends spaced apart by a distance which is less than a distance between a lateral epicondyle and a medial epicondyle on a femur;
positioning the guide member on the femur in the leg of the patient with the opposite ends of the guide member aligned with an axis through the lateral and medial epicondyles;
positioning the cutting tool on the guide member; and
moving the cutting tool along a guide surface on the guide member to cut the lateral and medial epicondyles on the femur.

14. (Previously presented) The method of claim 13, further comprising:
moving at least one femoral implant through the incision while the patella is offset from the normal position with the inner side of the patella facing inward; and
connecting the at least one femoral implant with the cut lateral and medial epicondyles of the femur.

15. (Previously presented) The method of claim 13, further comprising:
cutting the inner side of the patella in the knee portion of the leg, wherein the inner side of the patella faces towards a posterior portion of the knee portion of the leg and includes removing at least a portion of the inner side of the patella.

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