

Orthopaedics

Business Intelligence Report | Q1 2026

Field	Description
SECTOR	Joint Replacement, Spine, Trauma, Surgical Robotics and Navigation, Digital Surgery
GEOGRAPHIES	United States (Primary) United Kingdom Republic of Ireland
REPORT PERIOD	Q1 2026 Intelligence current to May 2026
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Standard Report | Not for onward distribution

Most BI reports tell you what happened.

We'll tell you what to do on Monday.

Why a recruitment company is producing market intelligence

You're reading a market intelligence report produced by a retained search firm. That probably requires a sentence of explanation.

Every retained search Innotech runs starts with a detailed brief, who is hiring, who has just been funded, which companies are pivoting their commercial strategy, and which are quietly building a team ahead of a product launch. That intelligence is gathered systematically, therapy area by therapy area, geography by geography, as a direct byproduct of operating at the director and board level across the UK, US, and the Republic of Ireland.

The pattern repeats across every search. By the time a company instructs a retained search for a VP Sales or a Market Access Director, something has already changed in their commercial position. A funding round has closed. A competitor has moved. A reimbursement decision has shifted the landscape. Innotech sees those signals early because the companies experiencing them are the ones making hiring decisions.

The BI Report is that intelligence made available to the people who can act on it.

What this report is

This is a sample Standard Grade report. Every claim is sourced, every figure is named, and every section includes an explicit statement of what the data does and does not confirm. There are no estimates presented as facts, no fabricated statistics, and no generic market commentary dressed up as intelligence.

The report covers fifteen sections - from market snapshot and competitive landscape through to reimbursement and payer intelligence, KOL positions, talent signals, and earnings data. It ends with Action Intelligence: three specific priorities for the next 90 days, grounded in what the research found.

In this sample, those priorities are written for a commercial leader operating anywhere in cardiovascular imaging AI. Your subscribed report is different. It is built around your company, therapy area, geography, and stage of commercialisation. Before your second report is produced, you complete a short questionnaire. Your answers become the commissioning brief. What arrives in your inbox is not a market overview. It is a 90-day commercial agenda tailored to your situation.

If none of the priorities in this sample is relevant to you, this is not the right product. If one of them is, and you can imagine what a version built around your specific position would look like, that's worth a conversation.

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Intelligence current to May 2026. All sources are named and verifiable. This is a Standard Grade report. Reference Grade reports include named buyer contacts, KOL mapping, bespoke commissioning, and client-specific strategic framing. Contact blair.anderson@innotechrecruit.com to enquire.

SECTION 01

Market Snapshot and Overview

Metric	Value	Source
NHS T&O RTT waiting list (England)	7.29 million patients overall; Trauma and Orthopaedics is the highest-volume long-wait speciality	NHS England RTT, Jan 2026
Longest single trust T&O wait (England)	67.2 weeks, Mid and South Essex NHS Foundation Trust	NHS England RTT, Jan 2026
NICE HTE22 approved robotic systems	6 named systems: Mako, ROSA Knee, VELYS, CORI, SkyWalker, ApolloKnee. Evidence window: Apr 2025–2028. NICE review: 2029.	NICE HTE22, Apr 2025
NHS Supply Chain TOS3 framework	Primary orthopaedic implant framework, England. Launched Feb 2024, expires Jan 2028. TOS4 tender: 2027.	NHS Supply Chain, Feb 2024
HQIP NRRAS tender	National robotic surgery registry. Est. value £8.64m (ex-VAT). Close date Apr 2026 (extended) - feeds 2029 NICE review.	HQIP, Mar 2026
Proposed US CJR-X model	Mandatory nationwide 90-day episode payment for joint replacement at all IPPS hospitals. Comment period closes 9 June 2026. Proposed start: Oct 2027.	CMS FY2027 IPPS Proposed Rule, Apr 2026
US Medicare DRG rate change FY2027	2.4% inpatient payment rate increase proposed (~USD 1.9 billion nationally)	CMS FY2027 IPPS Proposed Rule, Apr 2026
ASC revision joint replacement (US)	Revision TJA CPT codes added to ASC Covered Procedures List, effective 1 January 2026	CMS CY2026 ASC Final Rule, Jan 2026
Stryker cyberattack (Q1 2026)	More than 200,000 devices wiped across 79 countries; Q1 revenue missed ~5%; competitive window for ROSA, VELYS, CORI: Q2 2026	Stryker Q1 2026 earnings; CISA, Mar 2026
GLP-1 surgical risk profile (orthopaedic)	Neutral-to-positive short-term TKA/THA outcomes. Long-term bone health risks (osteoporosis: RR 1.29; osteomalacia: RR 2.55) warrant monitoring.	AAOS 2026 (Haque; Wajahath), Mar 2026

Note: No single verified UK-specific market size for the combined orthopaedics category exists in public summaries. All market sizing figures from named commercial analysts are estimates. Company-stated deployment figures are independently unverified where noted.

The Structural Force - Q1 2026

Three events in Q1 2026 define the commercial agenda for orthopaedics across the UK, US, and ROI. Each operates on a different clock.

In the UK, the NICE HTE22 Early Value Assessment (April 2025), the GIRFT robotic surgery pathways (December 2025), and the HQIP National Registry of Robotically Assisted Surgery tender (March 2026) have compressed the orthopaedic robotics evidence timeline and created a de facto procurement moat for six named systems through to 2029. Any platform not named in NICE HTE22 cannot claim conditional NHS approval for robotic orthopaedic use for at least three years. The commercial task for named systems is clear: deploy, generate NRRAS-quality real-world evidence, and build named clinical champions at GIRFT Further Faster hubs before the 2029 review.

In the US, the proposed CJR-X mandatory nationwide bundled payment model (FY2027 IPPS Proposed Rule, April 2026, comment period closing 9 June 2026) is the single most structurally significant commercial event of the period. If finalised, every IPPS hospital faces 90-day episode accountability for all lower-extremity joint replacements from October 2027. The buying conversation shifts from unit implant cost to episode cost efficiency. Companies that can model and demonstrate cost-per-episode performance before finalisation will capture formulary position.

Stryker's March 2026 cyberattack - the first medtech cyberattack to directly disrupt named hospital surgical scheduling - introduced supply chain resilience as a board-level procurement criterion. The competitive window for ROSA, VELYS, and CORI at disrupted accounts is Q2 2026 only. Management expects recovery through H2 2026. The NHS bone cement crisis (Heraeus Medical, February 2026) opened a parallel time-limited ICB procurement engagement window for cementless implant and alternative cement suppliers.

SECTION 02

Major Announcements and Product Advancements

Q1 2026 saw a concentration of product launches, financial results, and named clinical milestones, collectively accelerating two dynamics: robotics platform consolidation at the enterprise level and the migration of buying decisions from surgeons to CFOs.

Company	Date	Announcement	Regulatory Status	Commercial Implication
Zimmer Biomet	Nov 2025 / Q1 2026	ROSA Knee with OptimiZe - enhanced kinematic alignment planning, 46% planning time reduction (company self-report)	FDA 510(k) cleared Nov 2025; US commercial availability Q1 2026	Strengthens ROSA clinical differentiation for CFO-level CJR-X episode-cost conversations
Pixee Medical	Apr 2026	Knee+ NexSight - next-generation AR navigation for TKA on new AR architecture	FDA 510(k) cleared Apr 2026	ASC-accessible navigation alternative; lower capital entry point for mid-tier hospitals without a full robotic budget
DePuy Synthes / J&J MedTech	H1 2025 / Active Q1 2026	VELYS Spine - dual-use active robotics and navigation for spinal fusion (with eCential Robotics). Active J&J Institute clinical education.	FDA 510(k) cleared; commercially available	Extends VELYS from the knee to the spine; competes directly with ExcelsiusGPS (Globus) and 7D FLASH (Orthofix)
Smith+Nephew	21 January 2026	Acquisition of Integrity Orthopaedics (Tendon Seam rotator cuff repair): USD 225m upfront plus up to USD 225m performance-based milestones	Completed acquisition	Most comprehensive shoulder repair portfolio claim (REGENETEN + Tendon Seam). ~500,000 US RCR procedures annually (company self-report)
Stryker	11 March 2026	Cyberattack (Handala/Iran-linked): more than 200,000 devices wiped across 79 countries; patient-specific implant delivery disrupted at CommonSpirit Health and others	Not regulatory - operational disruption	Q1 revenue missed 5%, and EPS missed 12.9%. Supply chain resilience is now a board-level criterion. Q2 2026 competitive window for ROSA, VELYS, and CORI.
Stryker	Q1 2026	New Ortho Tech division established, combining Mako, Enabling Technologies, and Instruments. Mako Shoulder	Mako Shoulder - no FDA clearance date confirmed	Streamlines Mako commercial structure. The shoulder robotics segment has no current cleared competitor.

Company	Date	Announcement	Regulatory Status	Commercial Implication
		platform launch signalled for 2026.		
Globus Medical	Q1 2026	Q1 2026 total revenue USD 759.9m (+27%); organic growth 13.2%. Enabling Technologies is shifting to a lease/rental commercial model planned for the remainder of 2026. Q1 Enabling Technologies revenue was primarily from cash sales.	Financial results	The rental model transition signals a shift in field force composition. Watch: lease penetration as proxy for true adoption vs placement.
Alphatec (ATEC)	Q1 2026	Surgical revenue USD 178m (+17% YoY), 21% case volume increase. Debt refinancing completed; maturities extended to 2031.	Financial results	Consistent above-market spine growth. Debt resolution removes a key investor concern.
Stryker NHS Trust Milestones	Dec 2025– May 2026	South Tees (Friarage): 1,000th Mako procedure Jan 2026. Sandwell & West Birmingham: 100th Dec 2025. Royal Orthopaedic Hospital, Birmingham: 750th May 2026.	Trust press releases - verified.	Mako is dominant in verified NHS trust communications. No equivalent trust-level announcements for ROSA, VELYS, or CORI were identified.

Sources: Stryker Q1 2026 earnings call; Zimmer Biomet press release Nov 2025; Pixee Medical press release Apr 2026; J&J MedTech Q1 2026 commercial communications; Smith+Nephew announcement 21 January 2026; Globus Medical Q1 2026 earnings; Alphatec Q1 2026 earnings; named NHS trust press releases.

SECTION 03

Business Wins and Procurement Activity

United States

The proposed CJR-X mandatory nationwide bundled payment model (comment period closes 9 June 2026) is the dominant procurement variable in the US market. Hospitals are beginning to model episode costs in anticipation of finalisation. Companies that provide cost-per-episode modelling before finalisation will win formulary position. Zimmer Biomet's ZBEdge Analytics and Stryker's Mako data platform are positioned for this conversation. Smaller implant-only companies without a data platform are structurally exposed. Effective 1 January 2026, CMS added revision total joint arthroplasty CPT codes 27134, 27137, 27138, 27486, 27487, and 27488 to the ASC Covered Procedures List. This creates a two-year window in which implant and navigation companies with ASC-appropriate cost models can capture revision volume migrating out of hospitals.

No named US health system or ASC network contracts for any major robotic platform were identified in verified public sources for Q1 2026. Stryker's "best-ever Mako installations" is a Q1 2026 earnings commentary self-report only.

United Kingdom

The NHS Supply Chain TOS3 (Total Orthopaedic Solutions 3) framework is the primary procurement vehicle for orthopaedic implants in England. Launched in February 2024, expires in January 2028, with no extension option. Framework listing is the gatekeeping requirement for NHS implant sales at scale in England. TOS4 will be tendered in 2027.

Trauma and Orthopaedics carries the highest waiting list pressure of any NHS speciality. The longest single trust-level wait in England: 67.2 weeks, Mid and South Essex NHS Foundation Trust (January 2026 RTT data). No NHS speciality currently meets the 18-week standard nationally.

Verified NHS trust robotic surgery deployments:

- South Tees NHS Foundation Trust (Friarage Surgical Hub) - 1,000th Mako procedure, January 2026. Trust press release verified.
- Sandwell and West Birmingham NHS Trust - 100th Mako procedure, December 2025. Trust press release verified.
- Royal Orthopaedic Hospital NHS Foundation Trust (Birmingham) - 750th Mako procedure, May 2026. Trust press release verified.
- Nuffield Health Newcastle Hospital and Spire South Bank Hospital Worcester (independent sector) - Mako deployments from public communications.

No named trust-level deployment announcements for ROSA Knee, VELYS, or CORI were identified in verified public sources for Q1 2026. Unknown whether this reflects differences in deployment volume or in communications posture.

NHS bone cement crisis - live procurement window: Heraeus Medical packaging fault (February 2026) caused a national disruption to cement supply. NHS Supply Chain ICN 3261 remains active as of May 2026. The ICB procurement review examining single-supplier dependencies will close within 2 to 3 months of Heraeus resuming normal supply. Companies with cementless implant systems or alternative cement supply chains have a time-limited engagement opening at the ICB and Trust Medical Director levels, which is live now.

Republic of Ireland

No verified HSE capital equipment programmes, etenders.gov.ie orthopaedic or robotics procurement notices, HIQA inspection activity at orthopaedic centres, HSE reimbursement position for robotic-assisted joint replacement, or NTPF procedure volume and tariff data were identified in publicly available sources for Q1 2026. Field research with HSE procurement and NTPF contacts is required before any ROI commercial intelligence can be delivered to this standard.

SECTION 04

Challenges, Failures and Risks

Stryker Cyberattack - March 2026

On 11 March 2026, a cyberattack attributed to the Handala group (Iran-linked) wiped more than 200,000 Stryker devices across 79 countries using compromised Microsoft Intune administrator access. Patient-specific implant delivery was disrupted at named health systems, including CommonSpirit Health. Q1 2026 revenue missed by approximately 5% versus consensus; EPS missed by 12.9%. Full-year guidance has been maintained, with management expecting Q1 lost sales to be recovered through H2 2026. The attack introduced supply chain resilience as a board-level procurement criterion for the first time in the orthopaedics sector.

Exactech Recall - Ongoing Revision Volume

The 2021 to 2022 Exactech polyethylene packaging recall (knee, ankle, hip, shoulder - devices packaged in non-conforming bags from 2004 to August 2021) remains the largest active orthopaedic device recall in the US. Revision procedure volumes continue to add aggregate demand for revision implants and surgical time. Litigation remains active from April to May 2026. No independent source quantifying current revision procedure volumes attributable to the recall was identified.

Aetna CPB 0660 - Active Payer Barrier for Mako

Aetna Clinical Policy Bulletin CPB 0660 specifically names MAKOpasty as experimental, investigational, or unproven for knee arthroplasty. This is an active commercial coverage barrier for Mako in Aetna commercial plans. No Q1 2026 change to this policy was identified. Competitors should note that Aetna accounts represent a Mako-constrained environment.

GLP-1 - Neutral Short-Term, Long-Term Bone Health Signal

AAOS 2026 evidence (two large-cohort studies: Haroun Haque, SUNY Downstate; Muaaz Wajahahth, Michigan State) indicates GLP-1 use is associated with lower postoperative ED visits, lower surgical site infection rates in TKA and THA, and lower revision rates in TKA users. Short-term surgical risk profile is neutral-to-positive. No Q1 2026 published evidence demonstrates that GLP-1 reduces joint replacement referral volumes at the population scale. However, five-year cohort data show increased risk of osteoporosis (RR 1.29), gout (RR 1.12), and osteomalacia (RR 2.55). Commercial teams should not assume reduced procedure volumes in the near term.

MDR Transition and UKCA

No named orthopaedic companies publicly disclosed CE Mark MDR certification delays or UKCA withdrawals affecting UK or ROI market access in Q1 2026. The Stryker Pangea trauma platform is awaiting European MDR and Japanese regulatory approvals as of Q1 2026.

SECTION 05

Regulatory and Compliance Updates

United Kingdom - NICE, GIRFT, and MHRA

NICE HTE22 - Early Value Assessment (April 2025): Conditionally approved six named robotic systems for NHS use - Mako (Stryker), ROSA Knee (Zimmer Biomet), VELYS (DePuy Synthes), CORI (Smith+Nephew), SkyWalker, ApolloKnee. The three-year evidence-generation period runs from April 2025. NICE review: 2029. Systems not named face de facto exclusion from NHS procurement justification for a minimum of three years. No MedTech Funding Mandate designation.

GIRFT Robotic Surgery Pathways (December 2025): First NHS-published pathway standards for robotic orthopaedic surgery. Creates a governance framework for trust-level procurement and training decisions. GIRFT Further Faster Orthopaedics Handbook (March 2026) provides companion HVLC trust-level guidance. RCS England Training and Governance Guidance (December 2025): Non-regulatory but carries authority in NHS procurement assessments. Adds governance friction, favouring platforms with established UK training academies.

HQIP NRRAS (March 2026): National Registry of Robotically Assisted Surgery tendered March 2026, estimated value £8.64m (ex-VAT). Will capture outcomes for all NHS-funded robotic procedures in England. Evidence generated will feed directly into the 2029 NICE EVA review. Any company on the NICE HTE22 list without an NRRAS data strategy faces a structural disadvantage at the 2029 review.

MHRA: No MHRA Field Safety Notices for named orthopaedic implant systems were identified in Q1 2026.

United States - FDA and CMS

FY2027 IPPS Proposed Rule (April 2026): (1) 2.4% inpatient payment rate increase (~USD 1.9 billion nationally); (2) Proposed CJR-X mandatory nationwide bundled payment model covering DRGs 469, 470, 521, 522 and OPPI codes 27130, 27447 for all qualifying IPPS hospitals from 1 October 2027. Comment period closes 9 June 2026.

CY2026 ASC Covered Procedures List: Effective 1 January 2026 - revision total joint arthroplasty CPT codes 27134, 27137, 27138, 27486, 27487, 27488 added.

Aetna CPB 0660: See Section 09 (Reimbursement and Payer Intelligence) for named payer coverage positions.

Republic of Ireland - EU AI Act

EU AI Act high-risk classification for medical AI software applies from August 2026. Compliance with Articles 10 and 15 is required for AI-assisted orthopaedic surgical planning systems sold in Ireland.

SECTION 06

Expert Opinions and KOL Intelligence - AAOS 2026

The American Academy of Orthopaedic Surgeons annual meeting (AAOS 2026, New Orleans, March 2026) produced three commercially deployable evidence items directly relevant to UK, US, and ROI sales conversations.

Study	Lead Author / Institution	Key Finding	Commercial Implication
Robotic TKA Patient Satisfaction	Dr David Ayers, UMass Chan Medical School	Prospective study, 1,154 patients. Robotic-assisted TKA: 5-point greater improvement in KOOS-12 QOL vs conventional TKA. Under 75s: 3.2x more likely to be satisfied (93.5% vs 84.6%).	Most commercially deployable robotic evidence of the period. Directly supports surgeon education and hospital formulary arguments for all six NICE HTE22-listed systems.
Robotic THA Infection Safety	Dr Josef Jolissaint, OrthoCarolina	31,795 primary THAs. No significant difference in superficial or deep infection rates between robotic/navigated and conventional THA despite a 4.4-minute increase in operative time.	Directly addresses the primary clinical objection to robotic THA adoption. Applicable across all robotic hip platforms in NHS procurement conversations.
GLP-1 Effects Across Orthopaedic Procedures	Haroun Haque (SUNY Downstate); Muaaz Wajahahth (Michigan State)	Short-term: lower ED visits, lower infection rates, and lower revision rates in TKA. Long-term (5 years): osteoporosis (RR 1.29), gout (RR 1.12), osteomalacia (RR 2.55).	No current reduction in joint replacement referral volumes at the population scale. Near-term procedure volumes should not be forecast down. A long-term bone fragility signal could lead to a potential revision and an uplift in trauma volume over a 5 to 10 year horizon.

SECTION 07

Competitive Landscape

The orthopaedic market in 2026 is not a single competitive space. It is three distinct competitive arenas operating simultaneously, each with different buyer profiles, sales motions, and structural dynamics.

Arena 1 - Enterprise Robotics Platforms

Stryker (Mako), Zimmer Biomet (ROSA), DePuy Synthes/J&J MedTech (VELYS), Smith+Nephew (CORI), Globus Medical (ExcelsiusGPS, spine). These companies compete for capital equipment placement that locks in implant pull-through at the system level. The buying decision has been elevated to the Trust Medical Director, CFO, and the Capital Planning Committee.

Arena 2 - Implant-Led with Clinical Differentiation

Medacta International, Corin Group, Mathys Ltd, Conformis (patient-specific), Paragon28 (foot and ankle), Treace Medical Concepts (foot and ankle). These companies compete on clinical and anatomical differentiation without a robotics platform anchor. More exposed to commoditisation pressure as robotics-led formulary consolidation accelerates.

Arena 3 - Navigation and Planning Software

Orthofix (7D FLASH), Brainlab, Pixee Medical (Knee+ NexSight), Think Surgical (TSolution One). Sell independently of the implant brand. ASC expansion and cost pressure create demand for lower-capital navigation alternatives to full robotic systems.

Exposure Map

Company	Primary Arena	Key Exposure	Signal to Watch
Stryker (Mako)	Enterprise Robotics	Cyberattack disrupted Q1 delivery; Q2 2026 competitive window for rivals at affected accounts.	Q2 2026 recovery speed; Mako Shoulder FDA clearance date
Zimmer Biomet (ROSA + OptimiZe)	Enterprise Robotics	ROSA with OptimiZe is commercially available Q1 2026; CJR-X episode cost conversation via ZBEdge Analytics	Named health-system wins in H2 2026 following OptimiZe launch.
DePuy Synthes (VELYS)	Enterprise Robotics	VELYS Spine extends the platform from knee to spine; J&J Institute clinical education is active	Named US health-system spine contracts post-VELYS Spine launch
Smith+Nephew (CORI)	Enterprise Robotics	Named in NICE HTE22; NHS evidence-generation task identical to Mako and ROSA. Integrity Orthopaedics adds shoulder.	Named NHS trust-level CORI deployment announcements (currently not identified in verified public sources for Q1 2026)

Company	Primary Arena	Key Exposure	Signal to Watch
Globus Medical (ExcelsiusGPS)	Enterprise Robotics (Spine)	Q1 Enabling Technologies revenue primarily from cash sales; shift toward lease/rental planned for 2026; Q1 revenue USD 759.9m (+27%)	Rental penetration rates as proxy for true adoption vs placement
Alphatec (ATEC)	Implant-Led (Spine)	Q1 surgical revenue USD 178m (+17%); 21% case volume growth; debt refinancing complete	Continued above-market growth vs integrated Globus/NuVasive combine
Pixee Medical (Knee+ NexSight)	Navigation Software	FDA 510(k) cleared April 2026. AR navigation as lower-capital alternative in ASCs	Named ASC or mid-tier hospital deployments post-clearance
Orthofix (7D FLASH)	Navigation Software (Spine)	Spine leadership de-layered in April 2026. 7D FLASH growing: Q1 Spine Fixation +6%	Deeper procedural penetration of 7D FLASH into ExcelsiusGPS accounts

SECTION 08

M&A and Investment Activity

Transaction	Value	Date	Commercial Signal
Smith+Nephew / Integrity Orthopaedics	USD 225m upfront + up to USD 225m milestones	Completed 21 January 2026	Most comprehensive shoulder repair portfolio claim (REGENETEN + Tendon Seam). ~500,000 US RCR procedures annually (S+N self-report).
Stryker / Amplitude Vascular Systems	Undisclosed	Pending	Peripheral vascular, adjacent to orthopaedics. Spencer Stiles, appointed COO specifically to oversee M&A strategy, signals a larger deal cadence.
Globus Medical / NuVasive	USD 3.1bn	Completed Sep 2023; integration ongoing	The second-largest spine company globally. Integration is performing better than the initial investor concerns. International spine growth reported at 16.4%.
Globus Medical / Nevro	Undisclosed	2025; SCS integration ongoing	Spinal cord stimulation addition. Broader neuromodulation positioning across the spine patient pathway.

Excluded as unverified: Orthofix spine sale to Arthrex (LinkedIn commentary, November 2025 - no primary source confirmation). Medtronic spine IPO (no SEC EDGAR or named press source confirmation in Q1 2026).

The M&A pattern is consistent and directional. Spine is the most active orthopaedic M&A segment - ORTHOWORLD data indicates 28% of orthopaedic M&A transactions over the past decade included spine assets. Bain and Company (January 2026) confirmed medtech M&A accelerated in H2 2025, surpassing the previous three years combined.

SECTION 09

Reimbursement and Payer Intelligence

United States - Medicare and CPT Landscape

Code / Model	Description	Status	Payer Coverage
DRG 469/470	Hip replacement, inpatient (w/ and w/o MCC)	Active; FY2027 +2.4% proposed	Medicare inpatient standard; specific FY2026 values require direct CMS IPPS table access
DRG 466/467/468	Knee replacement, inpatient	Active; FY2027 +2.4% proposed	Medicare inpatient standard
CPT 27134, 27137, 27138, 27486, 27487, 27488	Revision total joint arthroplasty (ASC)	Added to ASC CPL 1 January 2026	Medicare ASC standard; commercial payers follow
CJR-X (proposed)	Mandatory 90-day episode payment covering DRGs 469, 470, 521, 522 and OPPS codes 27130, 27447 at all IPPS hospitals	Proposed; comment period closes 9 June 2026. If finalised, begins Oct 2027.	All payers affected if finalised; AHA opposition strong.

Named US Payer Coverage Positions

Payer	Policy Reference	Coverage Position on Robotic Orthopaedics	Notes
Aetna	CPB 0660	MAKOplasty named as experimental, investigational, or unproven for knee arthroplasty. Active commercial barrier for Mako in Aetna commercial plans.	No Q1 2026 update identified. Verify current version at aetna.com/cpb
UnitedHealthcare	Prior authorisation required	General coverage position referenced; specific robotic platform details require portal access.	Portal credential access required for full policy text
Cigna/Evernorth	eviCore guidelines	Credential-gated portal. Policy details are not accessible from public sources.	Field research or portal access required
Humana	mcp.humana.com	Credential-gated portal. Policy details are not accessible from public sources.	Field research or portal access required
BCBS	Varies by entity	No named BCBS entity coverage policy for robotic-assisted joint replacement was identified in public sources for Q1 2026.	Entity-specific research required

The most commercially significant payer development: Aetna CPB 0660's active exclusion of MAKOplasty confirms that payer coverage discriminates between named platforms rather than treating orthopaedic robotics as a category.

United Kingdom - NHS

No general NHS tariff uplift for robotic-assisted joint replacement exists. The NICE HTE22 EVA is conditional adoption guidance - it does not create the mandatory commissioning obligation that the MedTech Funding Mandate carries. No orthopaedic surgical robotic system has received MTFM designation as of Q1 2026. HRG codes HP01–HP08 (hip) and HP13–HP20 (knee) govern NHS England payment; specific 2026 payment values require direct access to the National Tariff document at england.nhs.uk.

Republic of Ireland

No confirmed HSE reimbursement position for joint replacement or robotic-assisted surgery, NTPF procedure volumes, or tariff data for Q1 2026 was identified in publicly accessible sources. Field research required.

SECTION 10

Movers and Shakers

All appointments and leadership changes below are from verified public sources (company investor relations, SEC 8-K filings, named press releases) unless otherwise noted.

Individual / Role	Move	Source	Commercial Signal
Spencer Stiles, COO - Stryker	Appointed effective 1 January 2026 (27-year veteran, former Group President Orthopaedics and Spine)	Stryker Q1 2026 earnings commentary	Appointed specifically to oversee expanded M&A strategy. Clearest public signal of Stryker's intent to pursue larger deal cadence in 2026 and beyond.
Dylan Crotty, Orthopaedics Group Leader - Stryker (Ortho Tech Division)	New Ortho Tech division established in Q1 2026, combining Mako, Enabling Technologies, and Instruments	Stryker Q1 2026 earnings commentary	Instruments background directly relevant to the Ortho Tech division. Signals accelerated Mako Shoulder commercial preparation.
Dr Jonathan Vigdorichik, CSTMAO - Zimmer Biomet	Chief Science, Technology and Medical Affairs Officer, effective 14 April 2026 (HSS hip/knee surgeon; formerly Chief Medical Technology Advisor)	Zimmer Biomet press release, Apr 2026	Signals intent to position ROSA as a clinician-validated, evidence-led platform for the CJR-X episode-cost conversation.
Shaeffer Bannigan, Leader, Spinal Solutions - Orthofix	President, Global Spine Solutions role eliminated; expanded to report directly to CEO Calafiore, April 2026	Orthofix commercial communications, Apr 2026	Structural de-layering around the 7D FLASH navigation platform. Leaner, more focused commercial structure.

Public evidence of named CEO, CCO, VP Sales, or VP Market Access appointments in the past 90 days among the broader orthopaedic company universe was limited in the reviewed sources. Unverified personnel movement is excluded.

Hiring Signals

Stryker's new Ortho Tech division signals a likely realignment of commercial hiring toward Mako-adjacent enabling technology roles. Zimmer Biomet's Vigdorichik appointment signals a build-out of clinical evidence and medical affairs capability ahead of the CJR-X episode-cost commercial cycle. Globus Medical's planned shift toward lease/rental for ExcelsiusGPS through 2026 may signal a transition in field force composition from capital equipment to managed service profiles.

SECTION 11

Digital and Social Listening

The following observations are drawn from publicly accessible professional and patient community sources. No individual patient names are included. Attribution is to the source type and date range rather than specific posts.

LinkedIn, Clinical and Commercial Community

The most active professional conversation on LinkedIn in orthopaedics through Q1 2026 centres on three themes: the CJR-X proposed rule (commercial leaders, surgeons, and hospital finance professionals posting about episode cost modelling, comment submission strategy, and the implications for formulary decisions), the Stryker cyberattack (supply chain resilience and implant availability featuring prominently in orthopaedic and hospital operations communities), and the NICE HTE22 evidence-generation timeline (UK-based orthopaedic surgeons and procurement teams discussing NRRAS requirements and the 2029 review window).

The Stryker cyberattack generated the most concentrated professional commentary of the quarter. The dominant professional sentiment was concern rather than schadenfreude: the question of supply chain resilience for implant delivery, particularly patient-specific implants, is now a visible topic in hospital procurement and medical director conversations, as it was not before March 2026. This is commercially significant: companies that can articulate a credible supply chain resilience story alongside their product capability have a new conversation opener at the board level.

Smith+Nephew's Integrity Orthopaedics acquisition generated positive commentary in the shoulder reconstruction community, with clinical and commercial professionals noting that the combined REGENETEN and Tendon Seam portfolio creates a differentiated shoulder offering. No equivalent commercial commentary was generated by the Globus Medical lease/rental model shift for ExcelsiusGPS, which remains primarily an investor and financial analyst conversation.

Patient Communities

Patient forum discussions in orthopaedic health communities (reviewed across Reddit orthopaedics threads, NHS-related Facebook groups, and patient advocacy platforms through Q1 2026) concentrate on NHS waiting times, anxiety about delayed surgery, and uncertainty about whether robotic procedures deliver better outcomes for individual patients. There is limited patient awareness of the specific robotic platforms by name; awareness is primarily at the level of "robotic surgery" as a general concept.

This is commercially relevant: the patient-experience argument for robotic orthopaedics, greater precision, more consistent outcomes, faster recovery, has not reached the language of patient advocacy in a form that influences NHS procurement conversations. Companies that engage patient organisations and online communities with accessible outcome data will have an advocacy asset that competitors operating only at the clinical and procurement level will not.

SECTION 12

Horizon Intelligence

Each signal below is classified by credibility, named escalation trigger, and estimated timeline. Signals without a named trigger are excluded.

Signal	Credibility	Escalation Trigger	Est. Timeline
CJR-X finalisation	STRONG - comment period closes 9 June 2026; AHA opposition strong, but the model has CMS backing	CMS publishing FY2027 IPPS Final Rule	Autumn 2026 if progressed; Oct 2027 implementation
NRRAS contract award and technical specification publication	STRONG - HQIP tender closed Apr 2026; contract award imminent	HQIP publishing contract award and data submission requirements	H2 2026
NICE EVA 2029 review - evidence generation window	STRONG - three-year window, April 2025 to April 2028, is live; NRRAS feeds review	NRRAS data submission requirements published post-contract award	Evidence generation: 2025–2028. Review: 2029.
NHS TOS4 framework tender	STRONG - TOS3 expires Jan 2028; TOS4 tender standard NHS Supply Chain cycle	NHS Supply Chain publishing TOS4 prior information notice	Tender: 2027. Framework: 2028+
Mako Shoulder platform launch (US)	MODERATE - signalled in Stryker Q1 2026 earnings; no FDA clearance date confirmed	Stryker announces FDA clearance for Mako Shoulder	2026 - per management commentary
GLP-1 long-term bone health impact on orthopaedic volume	WEAK near-term - no current population-level procedure volume reduction	Any published population-level data correlating GLP-1 prescribing with joint replacement referral changes	5–10 year horizon; not a current variable
ASC revision joint replacement commoditisation of implants	MODERATE - ASC CPL expansion confirmed Jan 2026; hospital system ASC acquisition activity accelerating	Named hospital system announcing acquisition of or partnership with ASC performing revision TJA	12–24 months

Signals classified as noise and excluded: generic orthopaedic robotics market growth projections without named trigger events; unattributed market size forecasts; speculation on named acquisition targets without public filing evidence.

SECTION 13

Strategic Business Intelligence

The orthopaedic market is not waiting for robotics to mature. It is waiting for orthopaedic companies to decide which of three arenas they compete in - and to build the commercial infrastructure that arena requires.

Three Named Competitive Dynamics to Act On

1. The NICE EVA moat is real and three years deep. Mako, ROSA, VELYS, CORI, SkyWalker, and ApolloKnee have conditional NHS approval. Every other robotic platform is excluded from NHS procurement justification until the 2029 NICE review concludes. Evidence must be submitted by April 2028; NICE will then assess whether routine adoption is recommended. For companies on the list: the task is not winning NHS accounts - it is deploying fast enough to generate NRRAS-quality evidence before the 2029 review closes the window. For companies not on the list, the task is to build clinical evidence for the next review cycle, not to pursue NHS robot sales.
2. The episode cost model is the new implant value proposition in the US. CJR-X anticipation is changing who owns the formulary decision. CFO and VP Operations contacts at high-volume IPPS hospitals are entering buying conversations previously owned by orthopaedic surgeons. The companies that win formulary position in the next 12 months will bring a cost-per-episode model to CFO-level relationships before competitors do.
3. Stryker's Q2 2026 window is narrow and named. Supply chain resilience is now a board-level procurement criterion following the March 2026 cyberattack. The competitive window for ROSA, VELYS, and CORI is specifically in accounts where Stryker delivery was disrupted - CommonSpirit Health and equivalent named health systems. Management expects recovery through H2 2026.

Biggest Commercial Opportunity - 12 Month Horizon

UK: The NHS bone cement crisis (ICN 3261, active May 2026) has opened an ICB procurement engagement window for cementless implants and alternative cement systems, which will close within 2 to 3 months of Heraeus Medical resuming normal supply. The window requires direct engagement at the ICB procurement and Medical Director level with a cementless or dual-supply evidence package. Named, time-limited, verifiable.

US: The CJR-X comment period (closes 9 June 2026) and anticipated finalisation (autumn 2026) create the largest commercial conversation opportunity in US joint replacement since the original CJR model. The window to build CFO-level relationships with cost-per-episode models is open now and will narrow significantly once the rule is finalised.

Biggest Commercial Risk

For any platform not named in NICE HTE22: arrival at the 2029 NICE EVA review without published real-world evidence in NRRAS format. The consequence is not merely continued conditional status - it is likely exclusion from a further review cycle, pushing exclusion to 2032 or beyond-the risk window: the next 12 months.

SECTION 14

Action Intelligence

The most important thing this report tells you is not about your competitors. It is about windows that are already closing. The NHS Supply Chain specification-influence phase for TOS4 is building. The CJR-X comment window closes on 9 June 2026. The Stryker competitive window is Q2 2026 only. The companies that capitalise are not the ones with the best implant - they are the ones that show up with the right evidence, in the right room, before the criteria are written.

RED - Act Now

RED - Build the CJR-X episode cost model and take it to the CFO level - before 9 June 2026

Build a cost-per-episode model for joint replacement and present it to the CFO and VP Operations contacts at high-volume IPPS hospitals before the comment period closes on 9 June 2026. Hospitals are already modelling CJR-X exposure. The company that arrives first with a credible episode cost narrative captures formulary position before competitors mobilise. This conversation does not require CJR-X to be finalised - the anticipation of the rule is the trigger. Zimmer Biomet's ZBEdge Analytics and Stryker's Mako data platform are already positioned for this conversation. Smaller implant-only companies without a data platform are exposed.

Consequence of inaction: Formulary decisions at high-volume accounts will be made in Q3 2026 as rule finalisation nears. Arriving after competitors means competing from a defensive position, based solely on price. [Source: CMS FY2027 IPPS Proposed Rule, April 2026]

RED - Engage ICB procurement leads on the bone cement crisis - 60 to 90-day window

For any company with cementless implant systems or alternative cement supply chains: engage ICB procurement leads and Trust Medical Directors now with a dual-supply or cementless evidence package. NHS Supply Chain ICN 3261 (Heraeus Medical supply disruption) identifies the trust officers who received the national alert. This window will close within 2 to 3 months of Heraeus resuming normal supply.

Consequence of inaction: The procurement review examining single-supplier dependencies will conclude and be archived before alternative suppliers have engaged at the right level. [Source: NHS Supply Chain ICN 3261, February 2026]

RED - Move on the Stryker competitive window - Q2 2026 only

For companies with ROSA, VELYS, or CORI: engage procurement leads at accounts where Stryker delivery was disrupted in Q1 2026. The conversation framing is supply chain resilience at the board level, not product substitution at the theatre level. Identify named health systems affected (CommonSpirit Health and equivalent) and initiate CFO or Chief Medical Officer level conversations in Q2 2026. Stryker management expects Q1 lost sales recovered through H2 2026 - the window is narrow.

Consequence of inaction: Stryker normalises operations, and the window closes permanently. [Sources: Stryker Q1 2026 earnings call; CISA guidance]

AMBER - Begin This Quarter

AMBER - NRRAS technical specification - monitor and act on publication immediately

The HQIP NRRAS contract (close date April 2026, extended) will publish data submission requirements following contract award. For any system listed in NICE HTE22, these requirements define what constitutes qualifying evidence for the 2029 NICE EVA review. Assign a named person to track the HQIP contract award announcement and retrieve the technical specification the day it is published. Escalation trigger: HQIP publishing contract award and data submission requirements. [Source: HQIP NRRAS tender, March 2026]

AMBER - TOS3 framework position - verify before TOS4 tender opens

TOS3 expires January 2028. TOS4 will be tendered in 2027. Companies without a current TOS3 listing need to engage NHS Supply Chain's orthopaedic category team now - framework bids require clinical evidence, reference sites, and supply chain documentation that can take 12 to 18 months to assemble. Escalation trigger: NHS Supply Chain publishing the TOS4 prior information notice. [Source: NHS Supply Chain, February 2024]

GREEN - Monitor with Named Trigger

GREEN - GLP-1 bone health signal - 5-year horizon watch

Current evidence does not support a near-term reduction in joint replacement procedure volumes. The short-term surgical profile for GLP-1 users undergoing TKA and THA is neutral to positive (AAOS 2026). The five-year bone health risk signal (osteoporosis RR 1.29, osteomalacia RR 2.55, gout RR 1.12) warrants a watching brief. No action required now. Escalation trigger: any published population-level data showing GLP-1 adoption correlating with joint replacement referral changes. [Sources: Haque and Wajahath, AAOS 2026]

GREEN - Republic of Ireland - HSE orthopaedic procurement

No confirmed HSE procurement mechanism, NTPF data, or robotic surgery policy identified for Q1 2026. Ireland is a credible greenfield opportunity, but the entry route is governance-led. No action required in Q2 2026. Escalation trigger: HSE issuing a named orthopaedic device or robotic surgery tender or framework call. [Sources: etenders.gov.ie; HSE.ie - searched directly, May 2026]

The one action that changes your position in the next 90 days: Build the CJR-X episode cost model and take it to CFO-level relationships at high-volume IPPS hospitals before the comment window closes on 9 June 2026. That conversation is live today. It will be a crowded space by Q3 2026.

SECTION 15

Global Events Calendar

Filtered to commercial, regulatory, and clinical events of direct relevance to a senior commercial leader in orthopaedics. Procurement windows and NICE milestones are included where confirmed. Upcoming events only. Where keynote speaker data had not yet been published at the time of this report, this is explicitly stated.

SEPTEMBER 2026 | BARCELONA, SPAIN

EFORT Congress 2026

European Federation of National Associations of Orthopaedics and Traumatology | Primary European Orthopaedic Congress

EFORT is the largest annual gathering of European orthopaedic surgeons and traumatologists, drawing clinical leadership from across NHS trusts, EU member state health systems, and international markets. Surgical robotics, revision arthroplasty, and trauma innovation are established programme themes. EFORT 2026 is the first major European congress following the publication of the GIRFT robotic surgery pathway (December 2025) and the launch of the NICE HTE22 evidence-generation period (April 2025), making it the primary European forum for the presentation of real-world orthopaedic robotics evidence.

COMMERCIAL RELEVANCE

For any company on the NICE HTE22 list, EFORT 2026 is the first major international congress at which NRRAS-era evidence can be presented. KOL relationships built at EFORT directly influence NICE committee members and NHS trust clinical directors who attend. For companies without a European robotic footprint, EFORT provides insight into the evidence bar set by leading European centres, which will inform the UK HTA landscape.

Note: Specific programme and keynote speaker details have not yet been published by EFORT at the time of this report. Date and Barcelona location confirmed.

OCTOBER 2026 | NEW ORLEANS, USA

AAOS Annual Meeting 2027, Planning Cycle Active

American Academy of Orthopaedic Surgeons | Primary US orthopaedic congress

AAOS is the primary annual forum for US orthopaedic clinical and commercial intelligence. Abstract submission for AAOS 2027 will open in Q3 2026, making the period immediately following AAOS 2026 (March 2026, New Orleans) the active planning window for companies intending to present CJR-X episode cost data, NRRAS-format evidence, or ASC-era revision arthroplasty outcomes at the next meeting. The evidence pipeline for AAOS 2027 is being built now.

COMMERCIAL RELEVANCE

Companies presenting CJR-X cost-per-episode data at AAOS 2027 will have the most direct route to CFO-level hospital conversations. The abstract submission window in Q3 2026 is the operational trigger.

Escalation trigger: AAOS publishing the 2027 abstract submission opening date.

ONGOING 2026 | REGULATORY AND PROCUREMENT WATCHPOINTS

Key Decision Milestones, No Fixed Event Date

NICE | CMS | NHS Supply Chain | HQIP

CJR-X Final Rule, USA, CMS (Autumn 2026 expected)

The comment period closes 9 June 2026. CMS will publish the FY2027 IPPS Final Rule in autumn 2026, confirming whether CJR-X will proceed to implementation. If finalised, mandatory episode payment begins in October 2027. The comment period itself is a commercial window: hospitals modelling exposure are actively meeting with implant and robotics companies that can provide episode cost data. Escalation trigger: CMS publishing the FY2027 IPPS Final Rule.

NRRAS Contract Award, UK, HQIP (H2 2026 expected)

The HQIP NRRAS tender closed in April 2026. Contract award and publication of data submission requirements are expected in H2 2026. The technical specification will define what constitutes qualifying evidence for the 2029 NICE EVA review. Any company on the NICE HTE22 list must treat this document as a commercial priority the day it is published. Escalation trigger: HQIP publishing the NRRAS contract award and data submission requirements.

NHS TOS4 Framework, UK, NHS Supply Chain (Tender: 2027)

TOS3 expires January 2028. TOS4 will be tendered in 2027. The prior information notice is the first public signal of the tender timeline and specification. Companies without a current TOS3 listing need to engage NHS Supply Chain's orthopaedic category team at least 12 to 18 months before the TOS4 tender opens. Escalation trigger: NHS Supply Chain publishing the TOS4 prior information notice.

Sources: efort.org; aaos.org; nice.org.uk (HTE22); hqip.org.uk (NRRAS); cms.gov (FY2027 IPPS); nhssupplychain.nhs.uk (TOS3/TOS4). Programme and speaker details confirmed at the time of the report. Where not yet published, this is stated explicitly.

What Is Not in This Report and Why

The following intelligence was searched and not found in verifiable public sources. Gaps are declared to prevent commercial decisions from being made on an assumption of completeness.

What Is Absent	Why	Recommended Next Step
Republic of Ireland - complete intelligence gap across all sections	No verified HSE procurement, NTPF data, HIQA inspection, or robotic surgery policy data identified from public sources for Q1 2026	Field research with HSE procurement and NTPF contacts required
Named ROSA, VELYS, and CORI NHS trust deployments	Mako dominates trust-level press releases. No equivalent announcements found for the other three NICE EVA-listed platforms.	Reference Grade competitive landscape research; direct trust communications monitoring
Named US health system contracts Q1 2026	Stryker's "best-ever Mako installations" is a company self-report only. No named health system or ASC contracts identified in public sources.	Reference Grade with health system procurement intelligence
Full US payer coverage policies - Cigna, Humana, BCBS	Credential-gated portal access required. Aetna CPB 0660 (MAKOplasty restriction) is verified and named.	Field research or direct payer portal access
NHS National Tariff HRG specific payment values (HP01-HP20)	HRG code structure identified, but specific 2026 payment values require direct National Tariff document access	Direct access at england.nhs.uk/pay-syst/national-tariff
Named buyer contacts at the trust or health-system level	Standard Grade does not include named procurement or clinical contacts	Reference Grade report with bespoke buyer map research
KOL mapping, committee memberships, and commercial affiliations	Standard Grade covers published KOL positions only	Reference Grade KOL intelligence with verified affiliations
Corin Group, Medacta, Mathys, Conformis, OrthoSensor, Think Surgical, Paragon28, Treace Medical - UK/ROI commercial activity	No named commercial announcements or procurement wins in the UK or ROI from verifiable public sources for Q1 2026	Reference Grade with targeted company research
Exactech - current revision procedure volumes	Recall active, litigation ongoing, but no independent source quantifying revision volumes attributable to the recall.	Named surgical volume databases; hospital system data

Reference Grade reports are commissioned for a specific company, commercial situation, and question. They go further: named buyer contacts at the trust or health system level, KOL mapping with verified committee memberships and commercial affiliations, employee sentiment intelligence, and a commissioning brief built around your company's actual market position.

To discuss scope and pricing, contact Blair Anderson directly: blair.anderson@innotechrecruit.com

Sources

Organisation / Source	Reference
Alphatec (ATEC)	Q1 2026 earnings release; debt refinancing announcement, May 2026
Bain and Company	Medtech M&A acceleration report, January 2026
CMS / Centres for Medicare and Medicaid Services	FY2027 IPPS Proposed Rule, April 2026; CY2026 ASC Final Rule, January 2026
CISA	Guidance issued following Stryker cyberattack, March 2026
DePuy Synthes / J&J MedTech	VELYS Spine commercial availability announcements; J&J Institute clinical education events, H1 2025–Q1 2026
Globus Medical	Q1 2026 earnings release; NuVasive and Nevro integration updates; ExcelsiusGPS lease/rental model forward guidance
GIRFT (Getting It Right First Time)	Robotic Surgery Pathways, December 2025; Further Faster Orthopaedics Handbook, March 2026
HQIP (Healthcare Quality Improvement Partnership)	NRRAS - National Registry of Robotically Assisted Surgery tender, March 2026, estimated value £8.64m (ex-VAT)
NHS England	RTT Referral to Treatment waiting list data, January 2026; NHS Supply Chain TOS3 framework, February 2024; NHS Supply Chain ICN 3261 (Heraeus Medical), February 2026
NICE (National Institute for Health and Care Excellence)	HTE22 - Early Value Assessment, Robot-Assisted Surgery for Orthopaedic Procedures, April 2025
AAOS (American Academy of Orthopaedic Surgeons)	Annual Meeting 2026, New Orleans, March 2026: Haque (SUNY Downstate) - GLP-1 effects; Ayers (UMass Chan) - robotic TKA patient satisfaction, 1,154 patients; Jolissaint (OrthoCarolina) - robotic THA infection safety, 31,795 THAs
Orthofix Medical	Q1 2026 earnings release; spine leadership restructure announcement, April 2026
ORTHOWORLD	M&A spine asset analysis; 28% of orthopaedic M&A includes spine assets (historical)
Pixee Medical	Knee+ NexSight FDA 510(k) clearance announcement, April 2026
RCS England (Royal College of Surgeons)	Training and governance guidance for robotic surgery, December 2025
Smith+Nephew	Integrity Orthopaedics acquisition announcement, 21 January 2026
Stryker	Q1 2026 earnings call and press release; Ortho Tech division announcement; cyberattack disclosure, March 2026; named NHS trust milestone press releases (South Tees Jan 2026; Sandwell Dec 2025; Royal Orthopaedic Hospital Birmingham May 2026)
Zimmer Biomet	ROSA Knee with OptimiZe launch announcement, November 2025; US commercial availability confirmation Q1 2026; Vigdorichik appointment press release, April 2026

Innotech Recruit Limited produces this report. All intelligence is sourced from publicly available, named, and verifiable sources as listed above.

No fabricated figures or estimated data are presented as verified. Where data could not be confirmed, the absence is stated explicitly.

This is a Standard Grade report. Reference Grade intelligence - including named buyer contacts, bespoke KOL mapping, and client-specific strategic framing - is available on a subscription basis.

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