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(54) **LOCKABLE SPINAL IMPLANT**  
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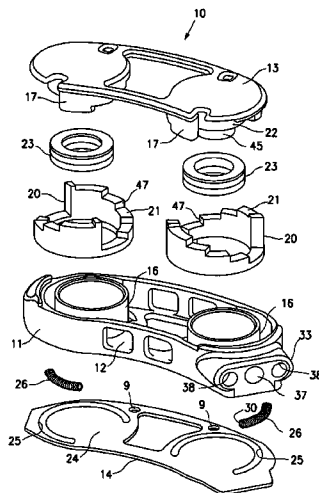
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(57) **ABSTRACT**

A spinal implant which is configured to be deployed between  
adjacent vertebral bodies. The implant has at least one extend-  
able support element with a retracted configuration to facili-  
tate deployment of the implant and an extended configuration  
so as to expand the implant and effectively distract the disc  
space, stabilize the motion segments and eliminate pathologic  
spine motion. Angular deformities can also be corrected, and  
natural curvatures restored. Preferably, the implant has a  
minimal dimension in its unexpanded state that is smaller  
than the dimensions of the neuroforamen through which it  
typically passes to be deployed within the intervertebral  
space. The implant is provided with a locking system prefer-  
ably having a plurality of locking elements to lock the implant  
in an extended configuration.

**15 Claims, 22 Drawing Sheets**



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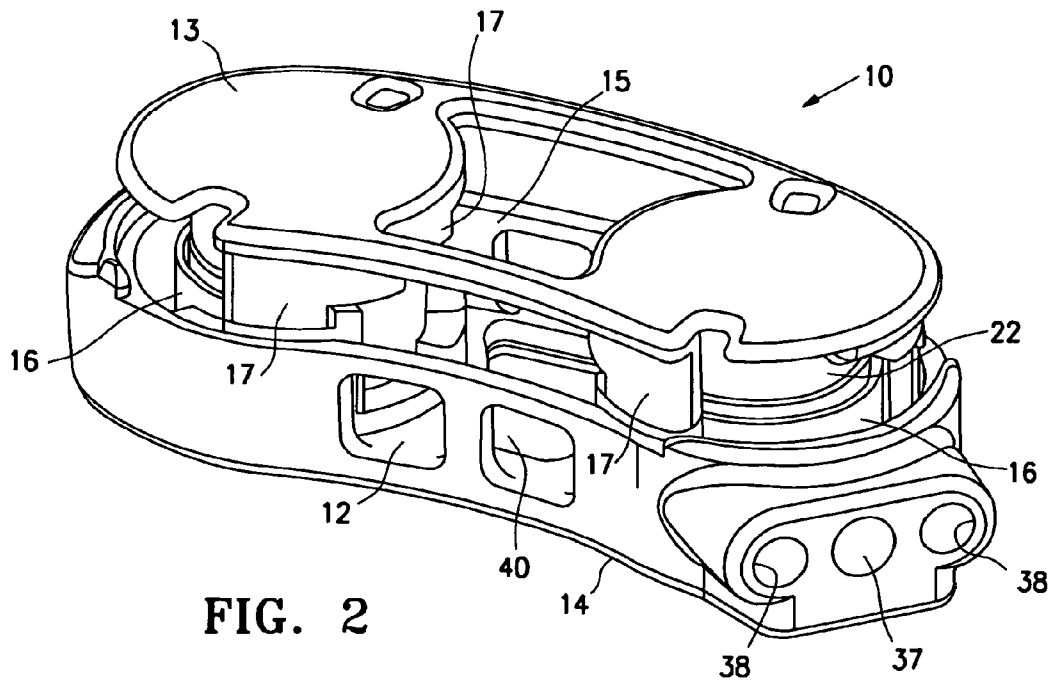
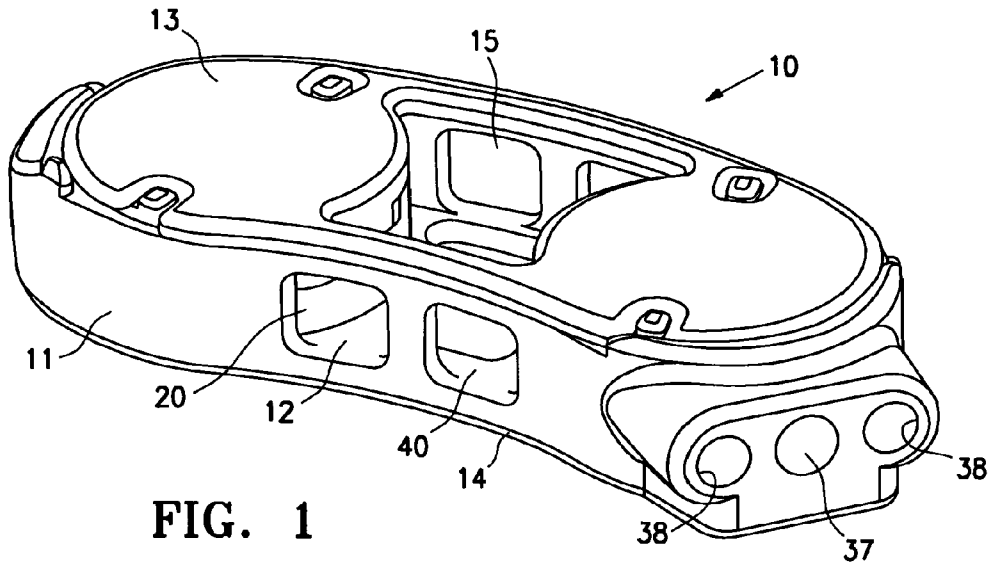
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\* cited by examiner



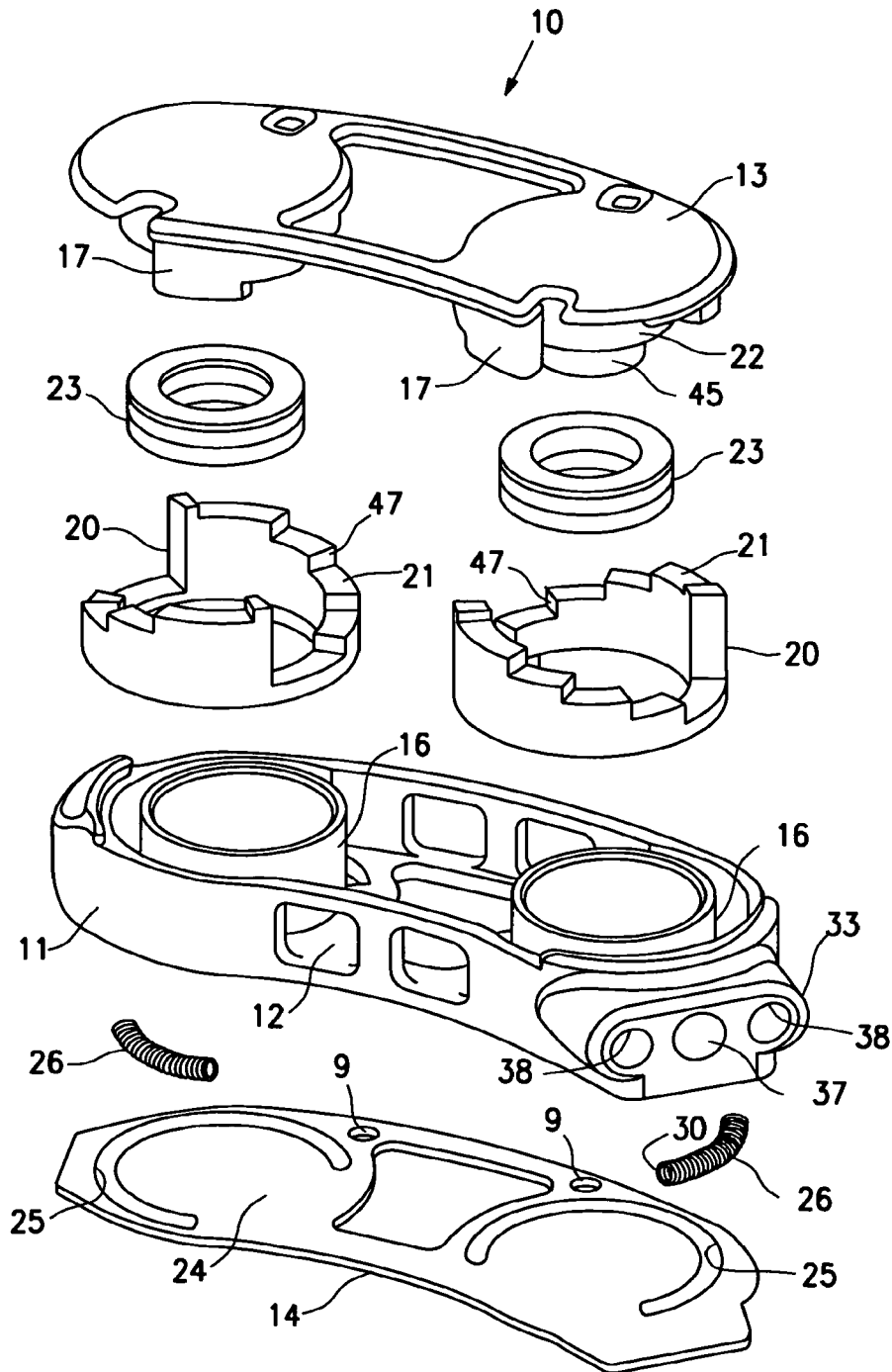


FIG. 3

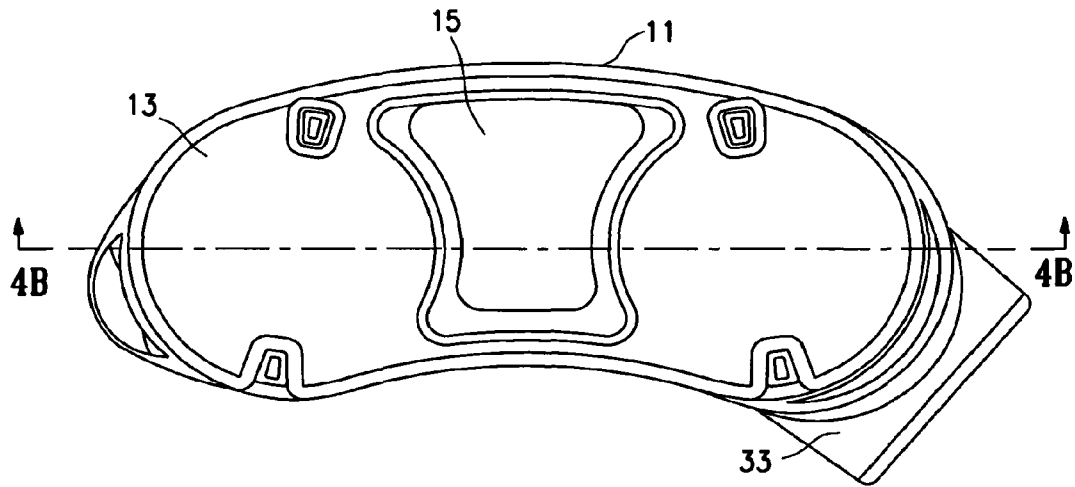


FIG. 4A

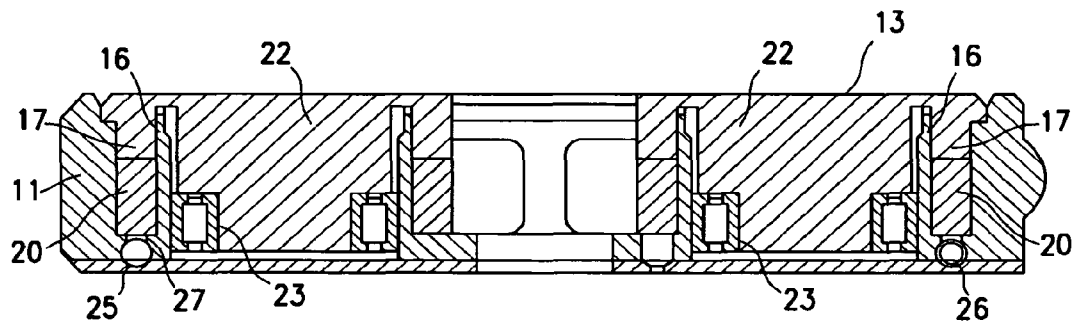


FIG. 4B



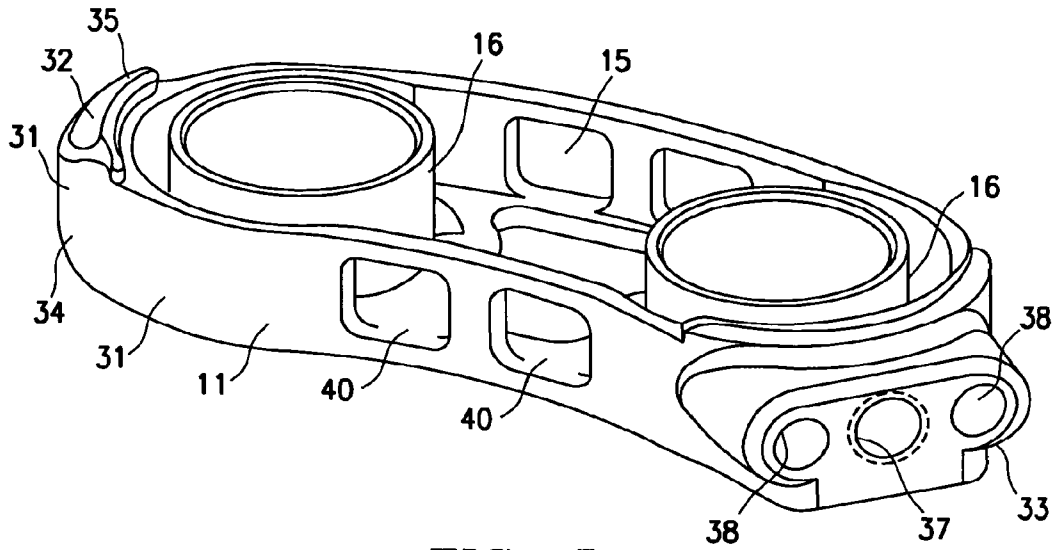


FIG. 5A

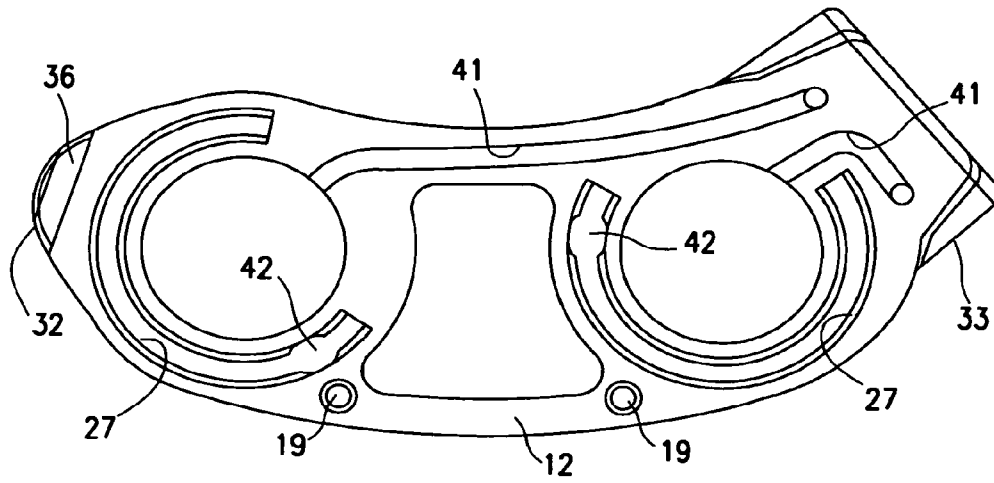


FIG. 5B

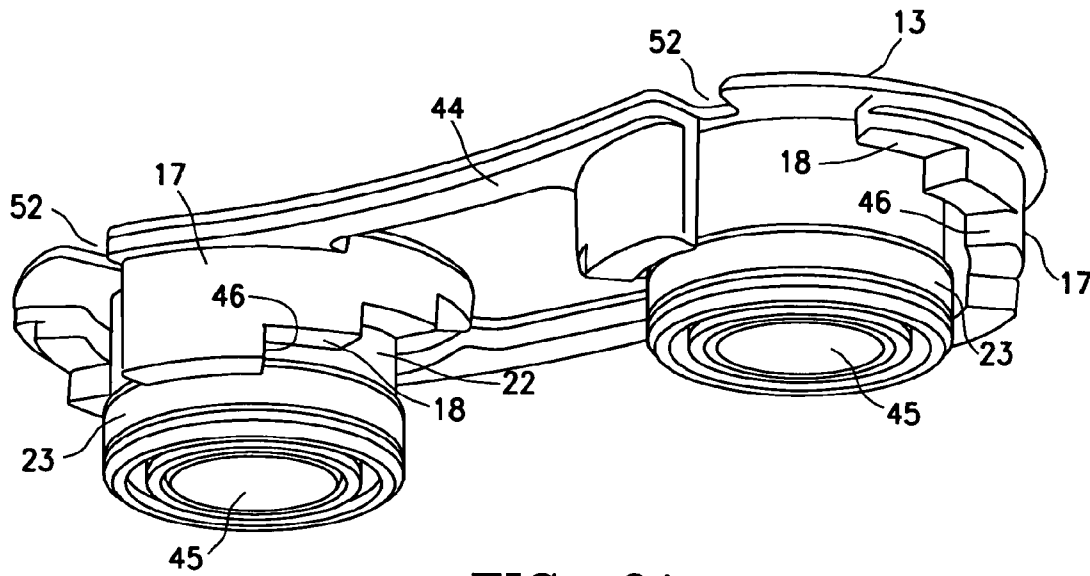


FIG. 6A

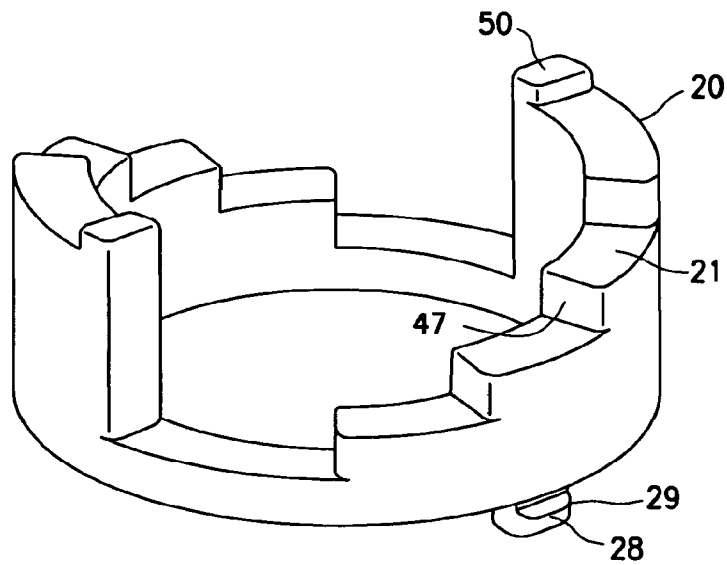


FIG. 6B

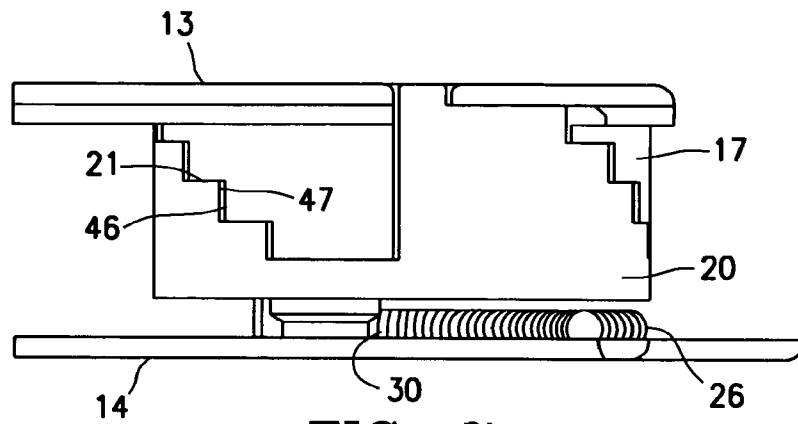


FIG. 7

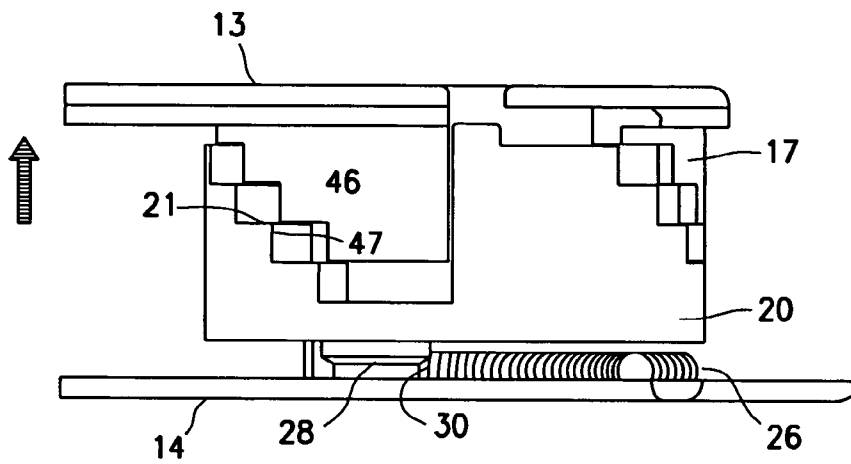


FIG. 8A

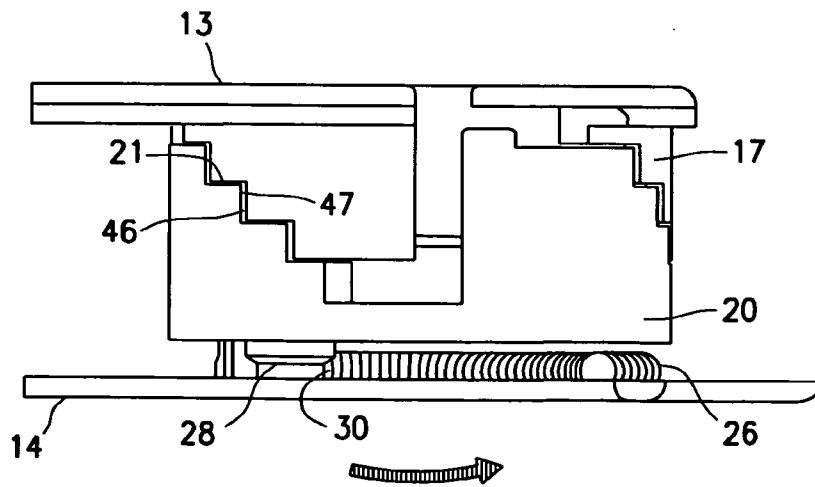


FIG. 8B

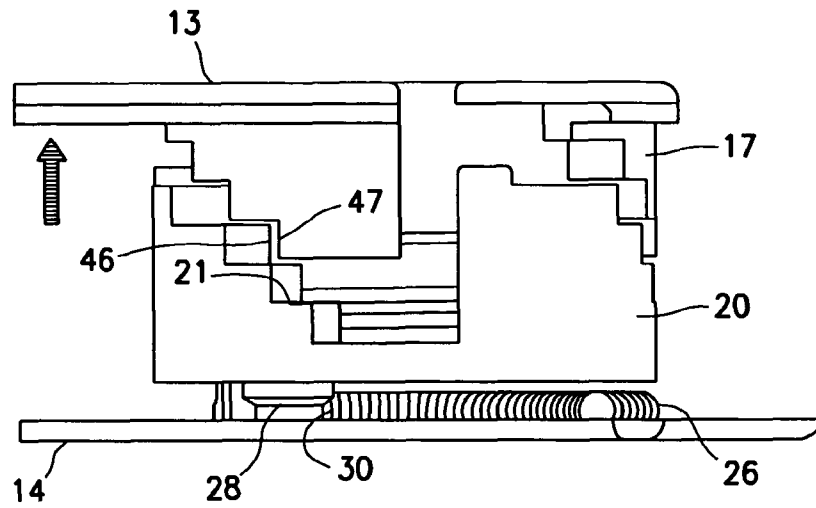


FIG. 9A

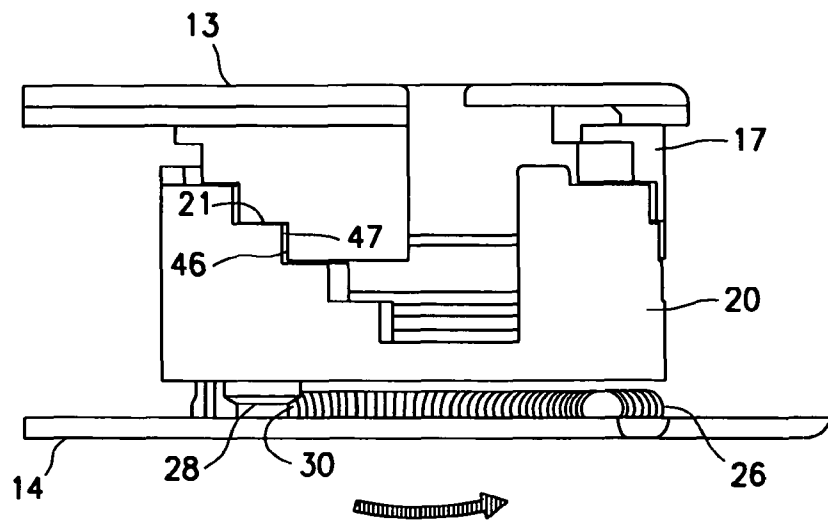


FIG. 9B

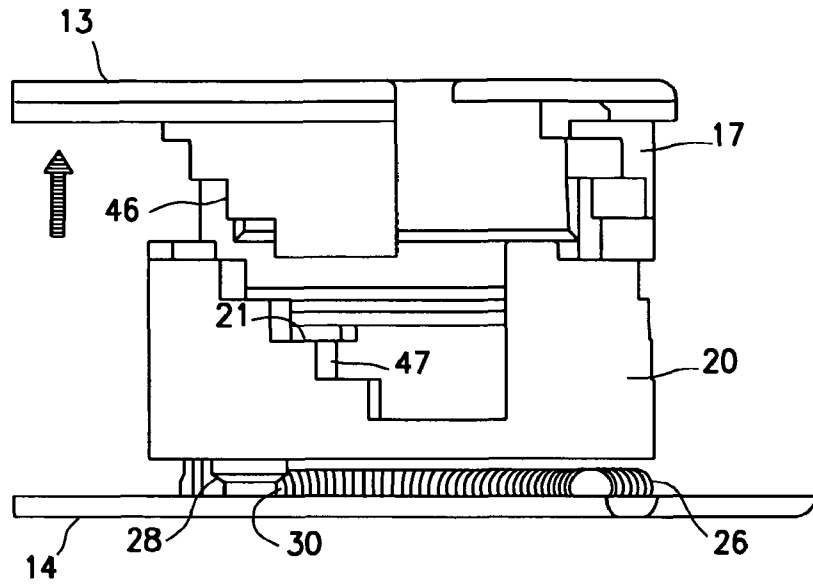


FIG. 10A

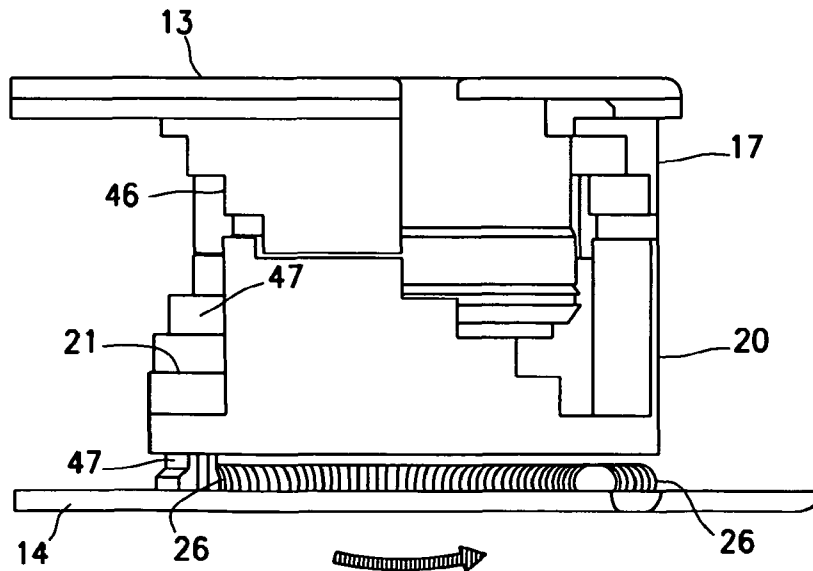


FIG. 10B

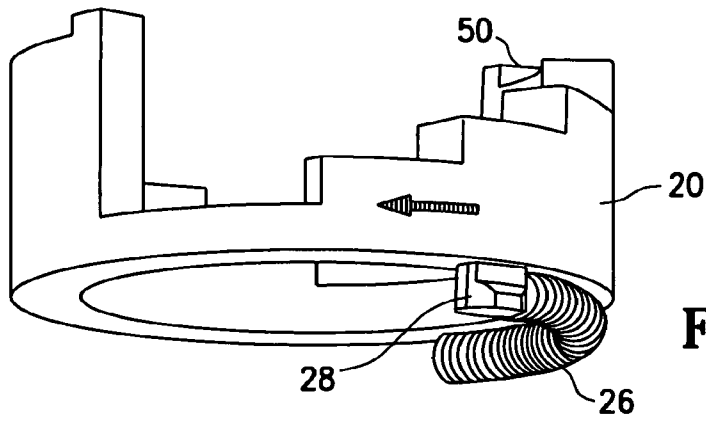


FIG. 11A

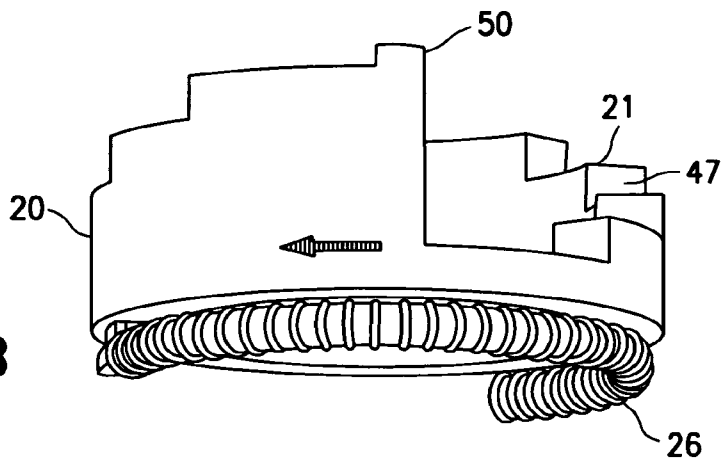


FIG. 11B

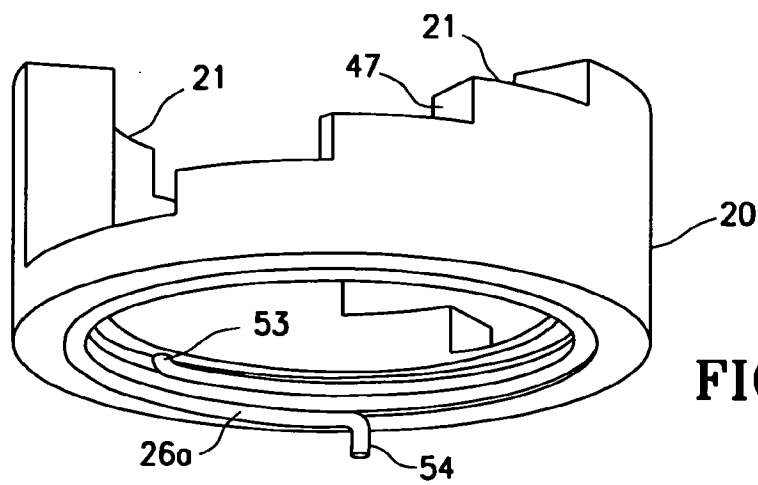


FIG. 11C

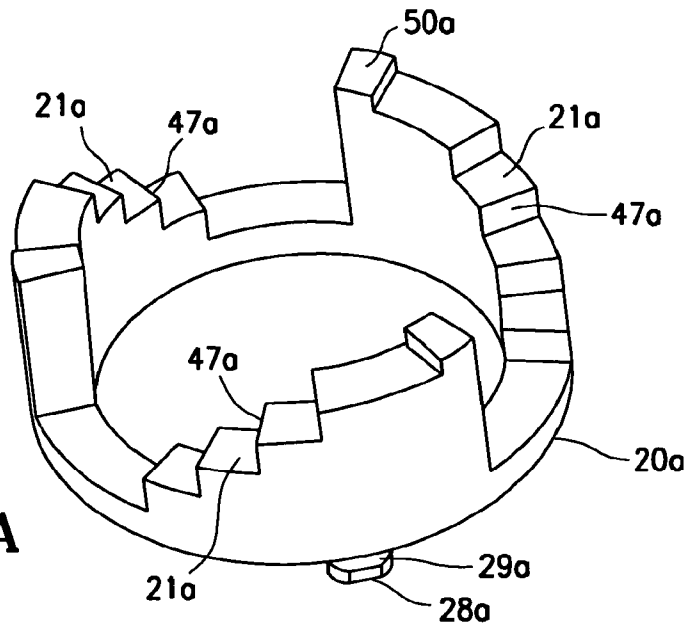


FIG. 12A

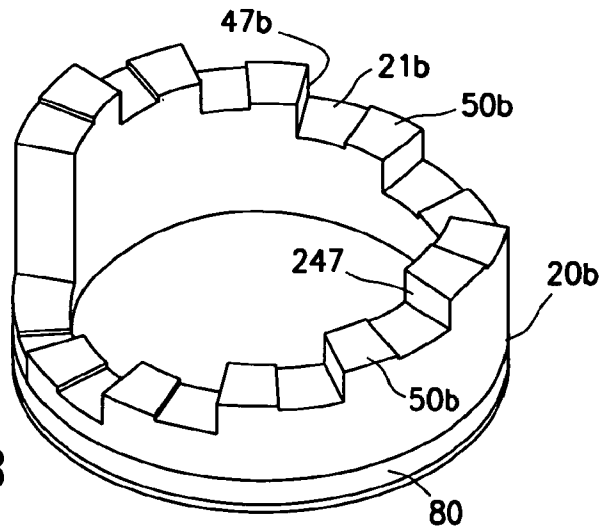


FIG. 12B

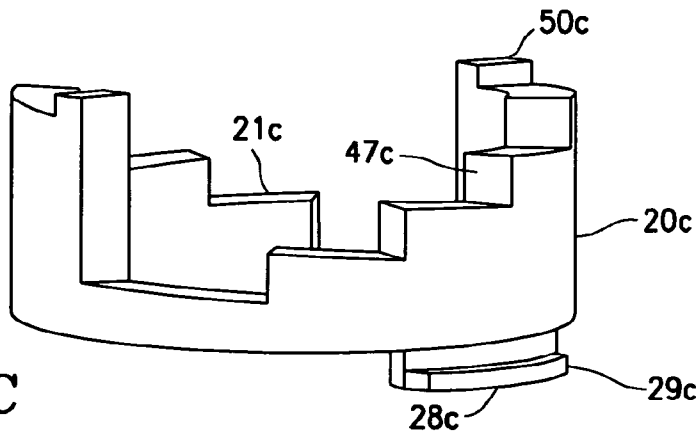


FIG. 12C

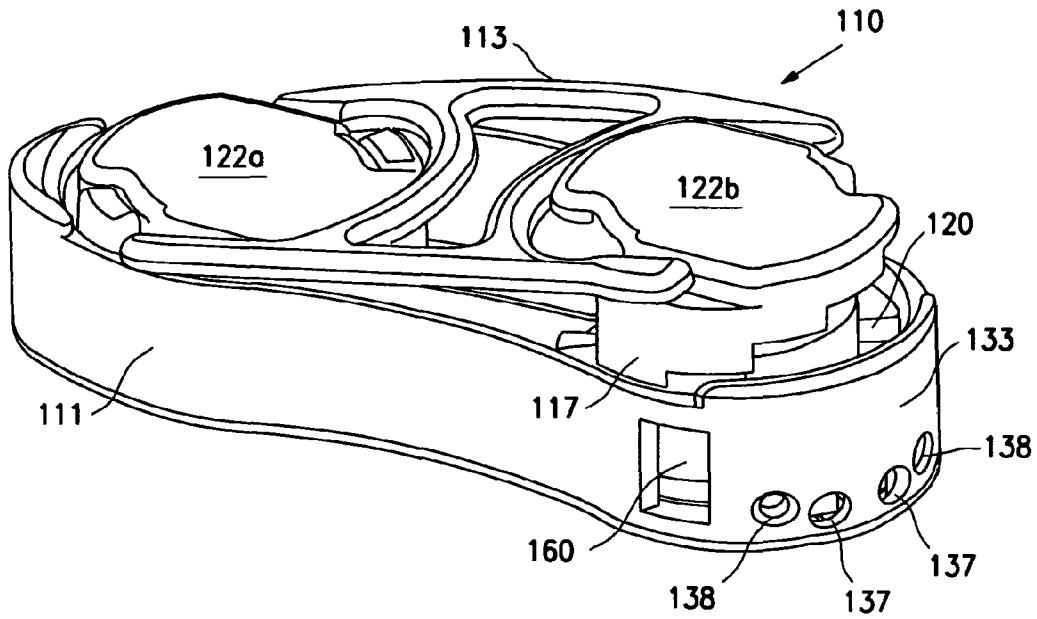


FIG. 13A

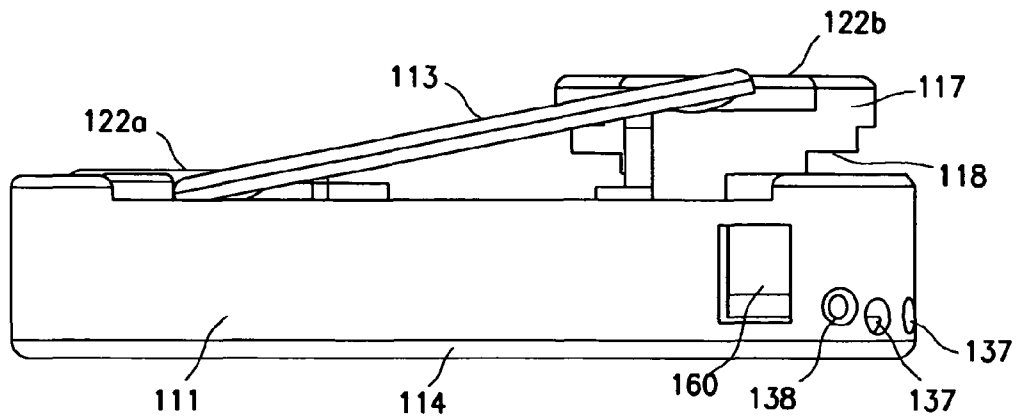


FIG. 13B



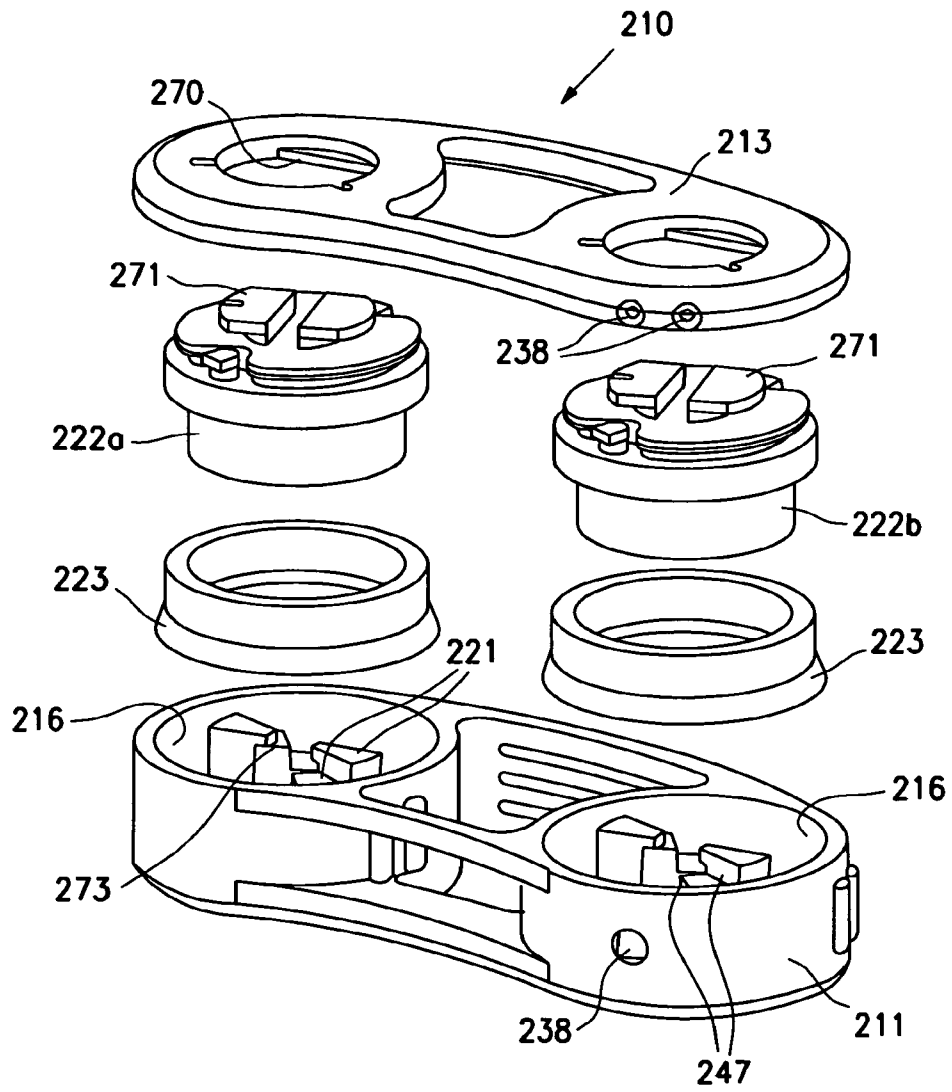


FIG. 14A

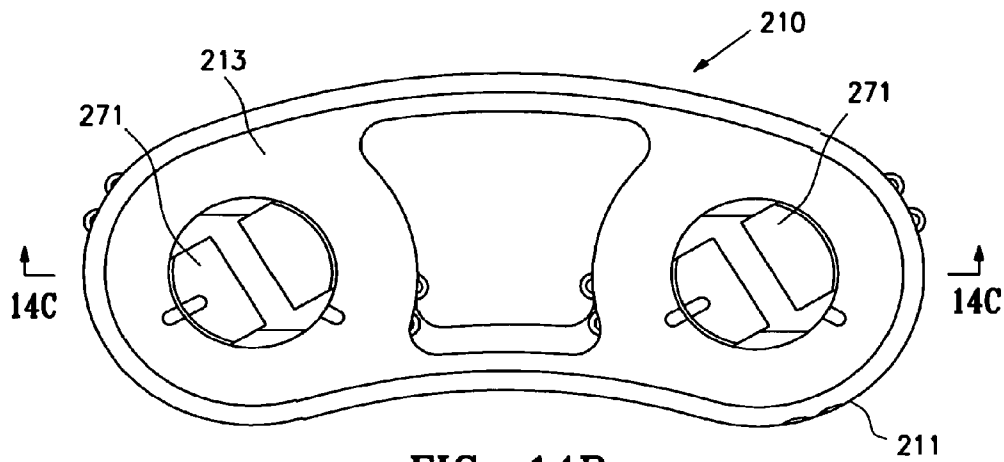


FIG. 14B

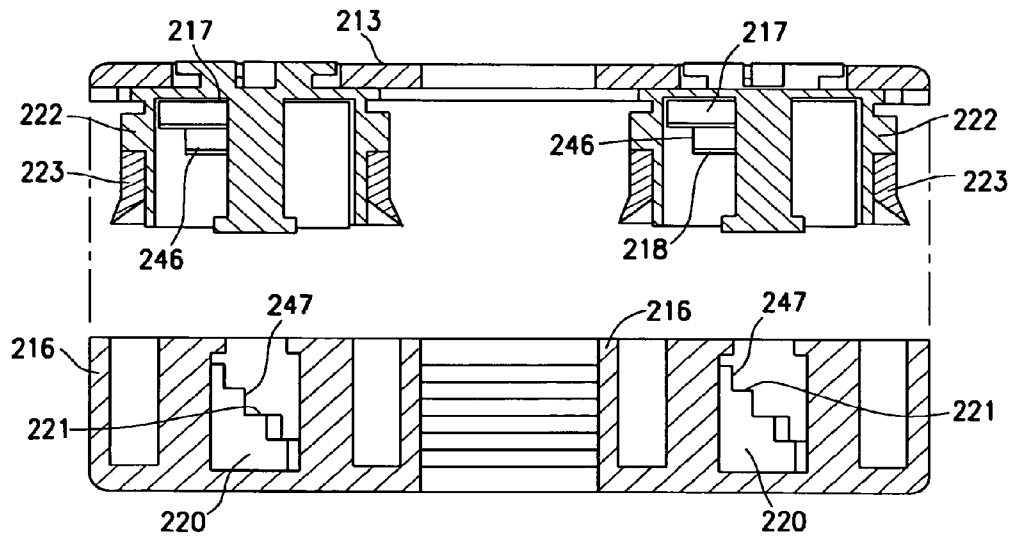


FIG. 14C

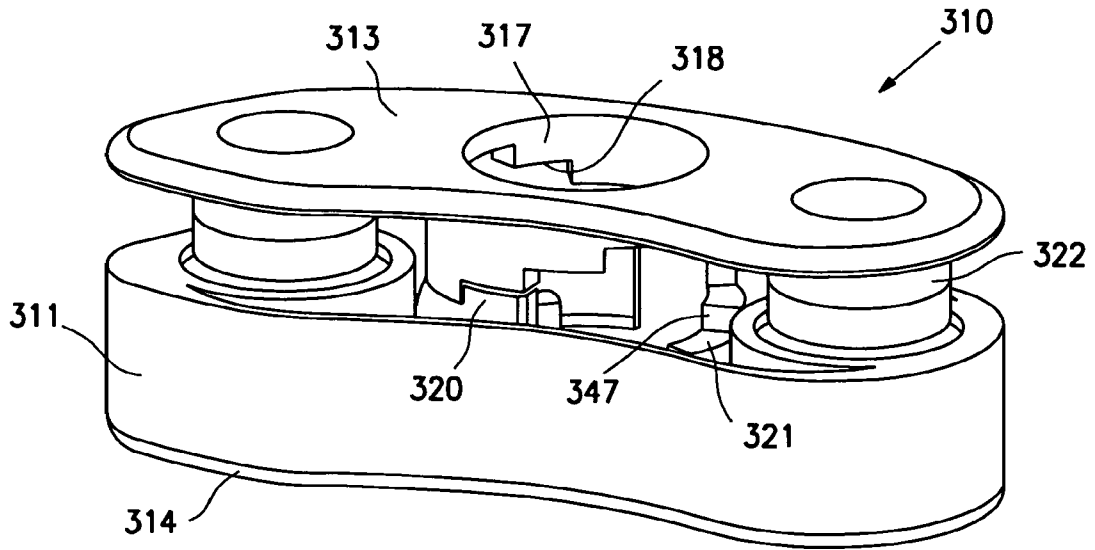


FIG. 15

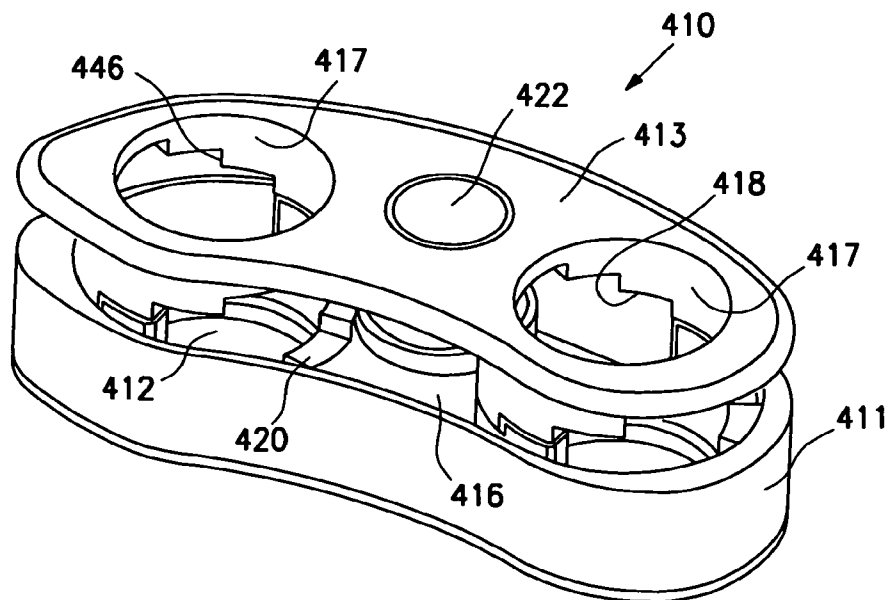


FIG. 16

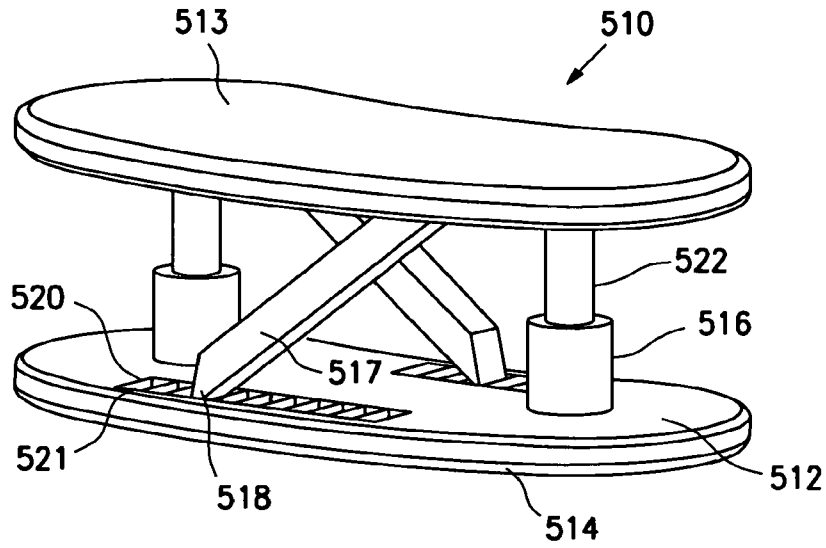


FIG. 17

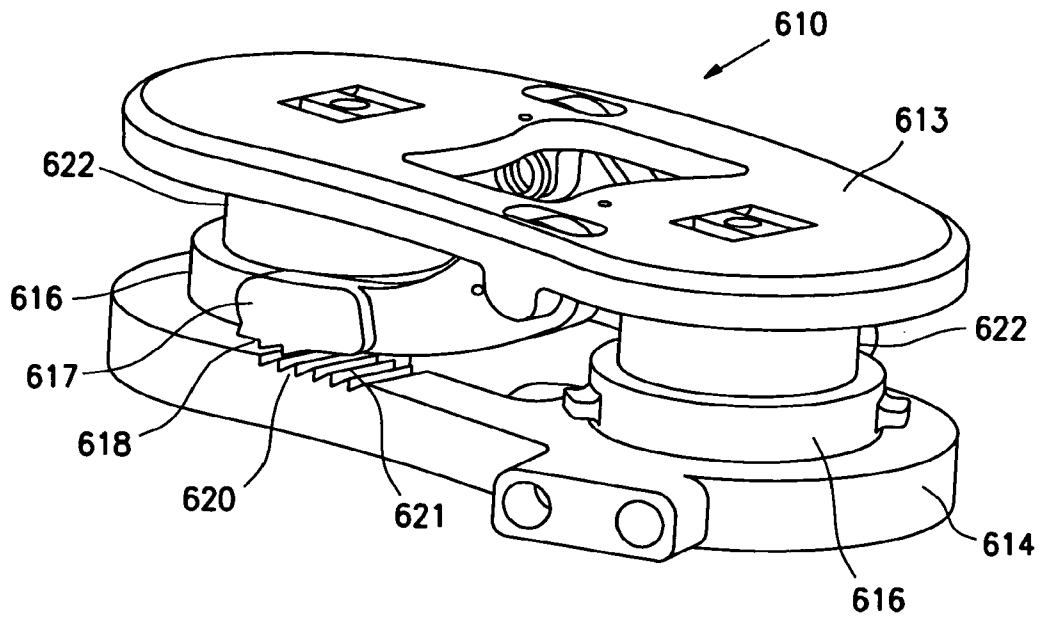


FIG. 18

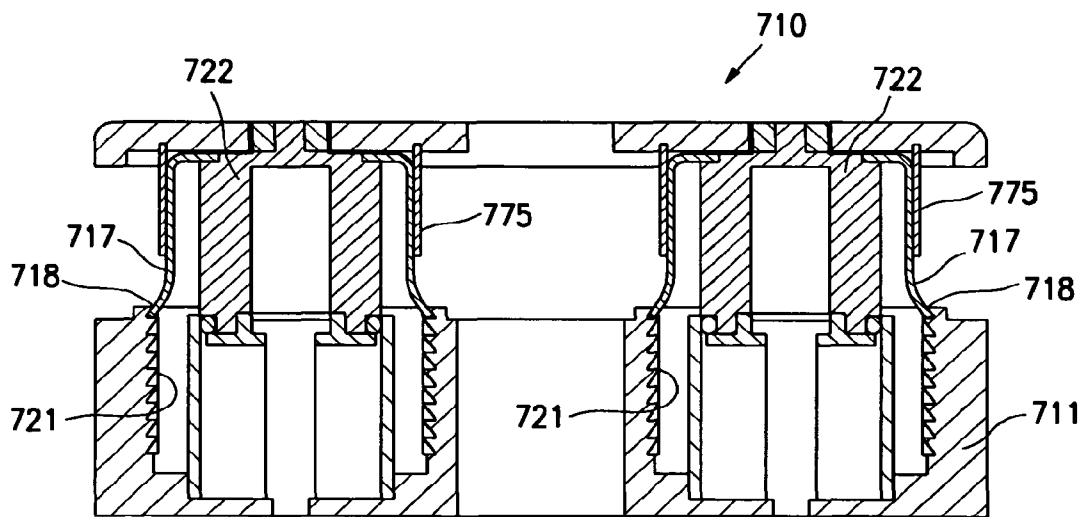


FIG. 19

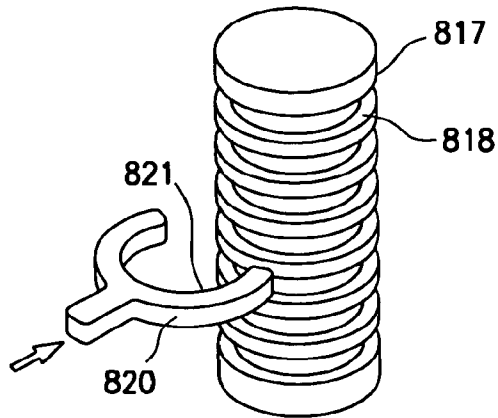


FIG. 20A

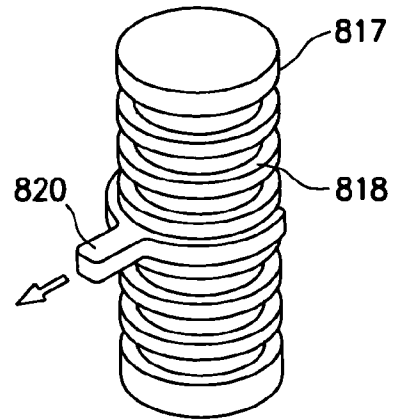


FIG. 20B

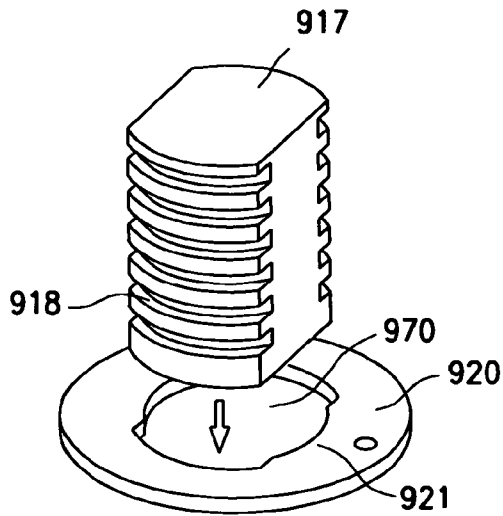


FIG. 21A

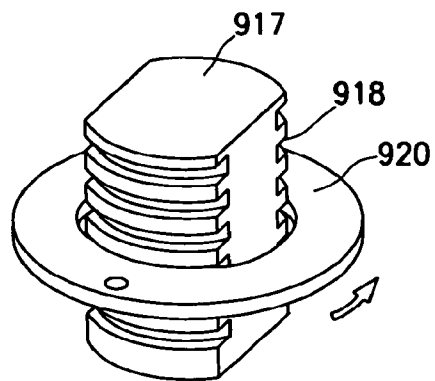


FIG. 21B

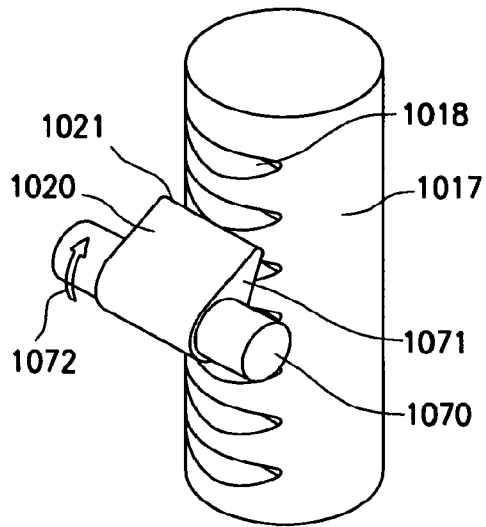


FIG. 22

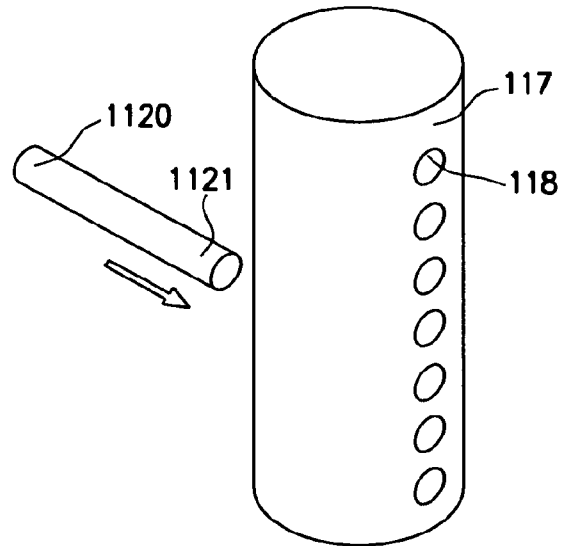


FIG. 23

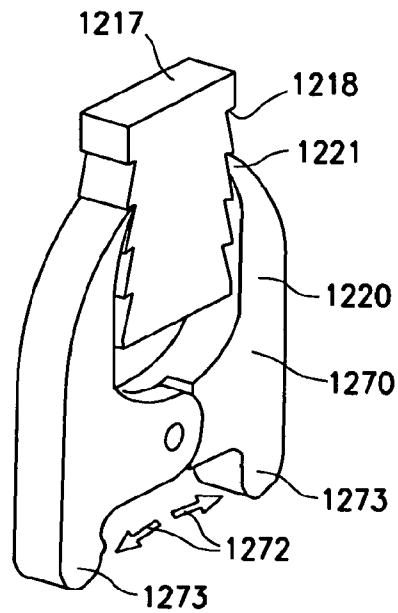


FIG. 24

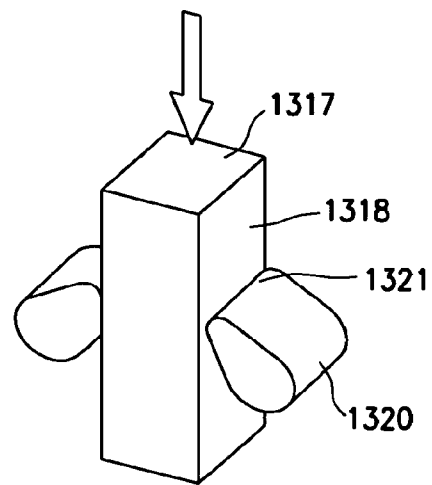


FIG. 25

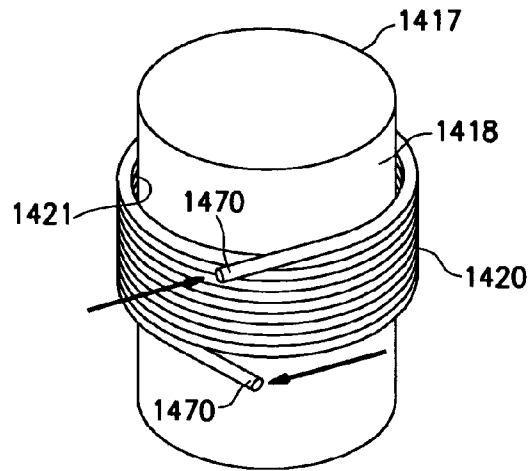


FIG. 26

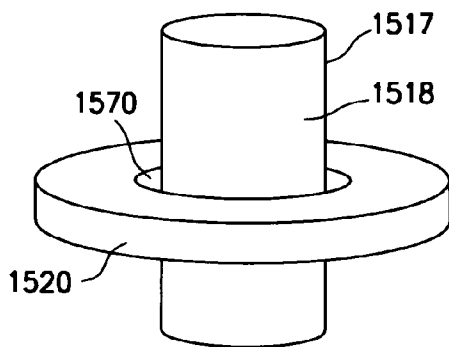


FIG. 27A

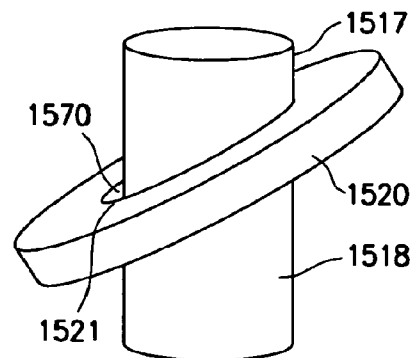
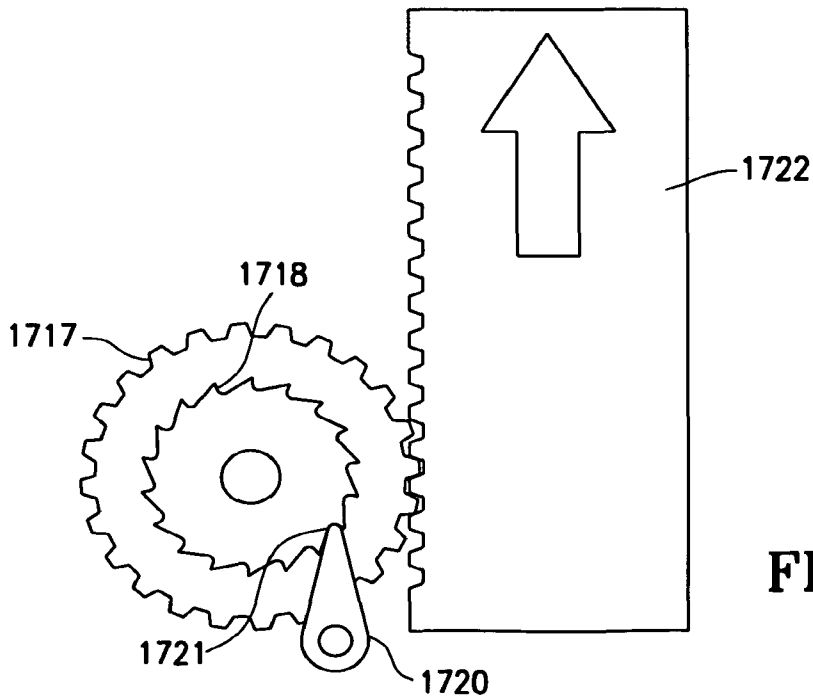
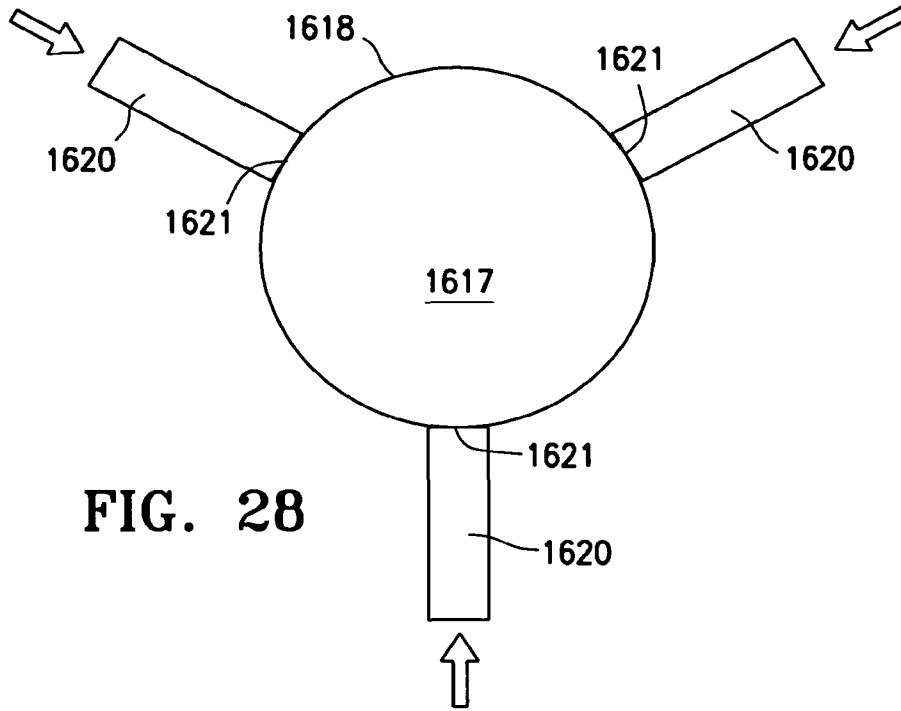


FIG. 27B





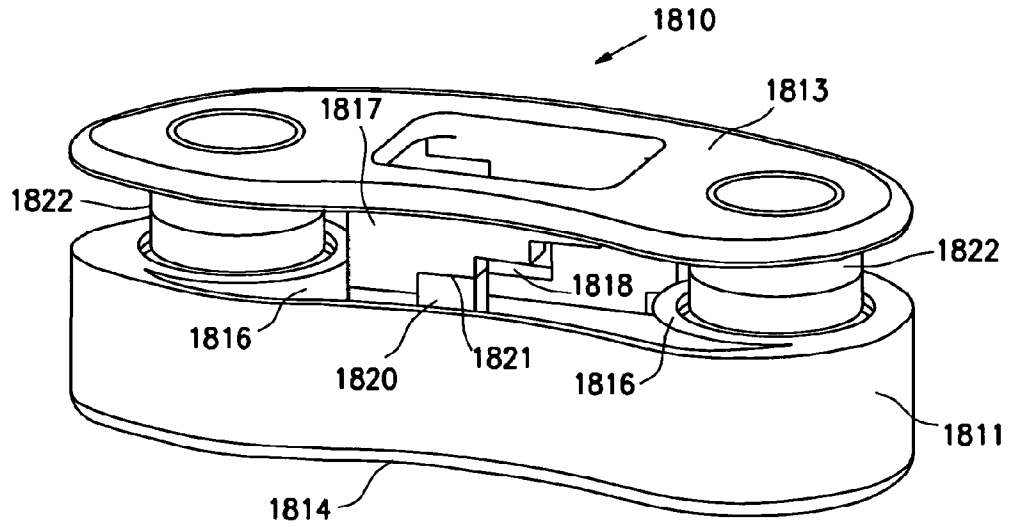


FIG. 30

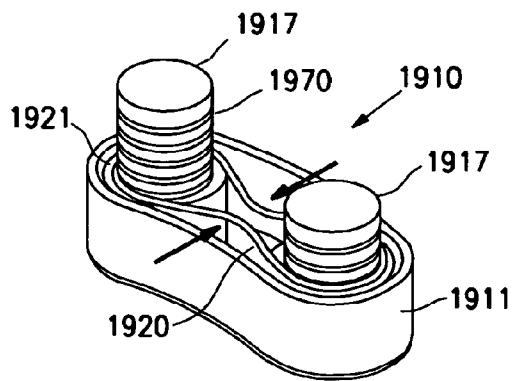


FIG. 31A

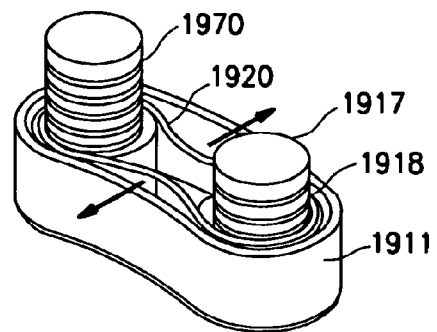


FIG. 31B

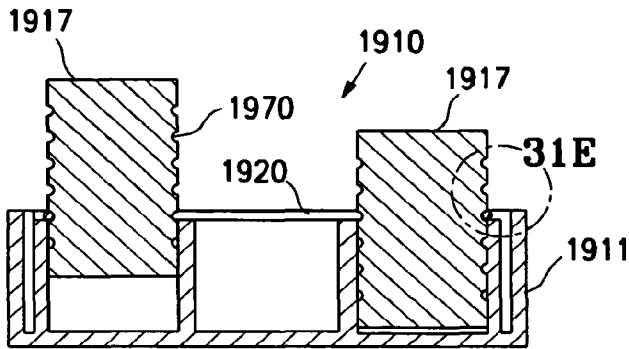


FIG. 31C

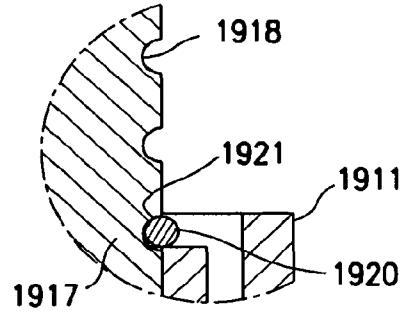


FIG. 31E

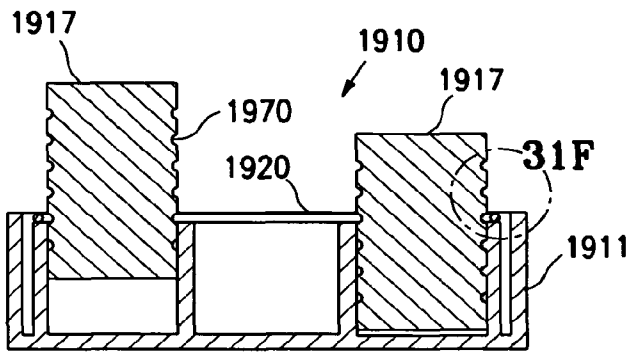


FIG. 31D

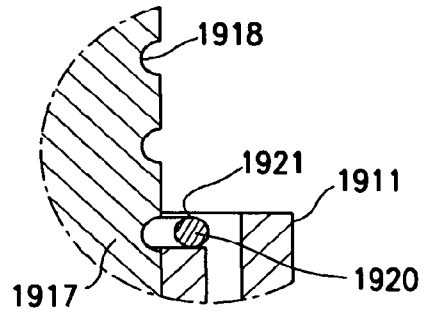


FIG. 31F

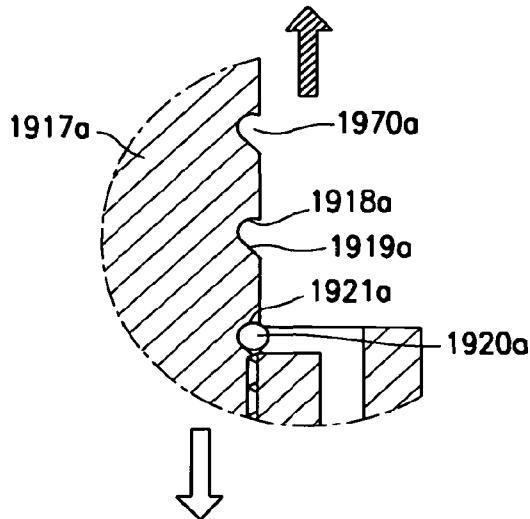


FIG. 31G

**LOCKABLE SPINAL IMPLANT**

## RELATED APPLICATION DATA

This application is a divisional of U.S. patent application Ser. No. 12/384,622, filed Apr. 7, 2009, and titled "Lockable Spinal Implant," now allowed, which is a continuation-in-part of U.S. patent application Ser. No. 12/380,840, filed Mar. 4, 2009, titled "Lockable Spinal Implant," now abandoned, which application claims the benefit of priority of U.S. Provisional Patent Application Ser. No. 61/201,518, filed Dec. 10, 2008, and titled "Lockable Spinal Implant," all of which are incorporated by reference herein in their entirety.

## FIELD OF THE INVENTION

The field of the invention relates to devices and methods for stabilizing the vertebral motion segment. More specifically, the field of the invention relates to an expandable spinal implant with locking elements configured to lock the implant in an expanded configuration within an intervertebral space to provide controlled spinal correction in three dimensions for improved spinal intervertebral body distraction and fusion.

## BACKGROUND OF THE INVENTION

A conventional spine cage or implant is characterized by a kidney bean shaped body which is typically inserted posteriorly through the neuroforamen of the distracted spine after a trial implant creates a pathway. Existing devices for interbody stabilization have important and significant limitations, including inability to expand and distract the endplates or to fix the device in place to prevent relative movement between the device and an adjacent vertebral body. Current devices for interbody stabilization include static spacers composed of titanium, PEEK, and high performance thermoplastic polymer produced by VICTREX, (Victrex USA Inc, 3A Caledon Court; Greenville, S.C. 29615}, carbon fiber, or resorbable polymers. Moreover, current interbody spacers do not maintain interbody lordosis and can contribute to the formation of a straight or even kyphotic segment and the clinical problem of "flatback syndrome." Separation of vertebral endplates increases space available for the neural elements, specifically the neural foramen. Existing static cages do not reliably improve space for the neural elements. Therefore, what is needed is a spinal implant that will provide space for the neural elements posteriorly between the vertebral bodies, or at least maintain the natural bone contours to avoid neuropraxia (nerve stretch) or encroachment.

Conventional devices for intervertebral body stabilization includes poor interface between bone and the biomaterial of the device. Conventional static interbody spacers form a weak interface between bone and biomaterial. Although the surface of such implants is typically provided with a series of ridges or coated with hydroxyapatite, the ridges may be in parallel with applied horizontal vectors or side-to-side motion. That is, the ridges or coatings on the implant offer little resistance to movement applied to either side of the endplates. Thus, nonunion is common in allograft, titanium and polymer spacers, due to motion between the implant and host bone.

## SUMMARY OF THE DISCLOSURE

Embodiments of the invention are generally directed to a spinal implant for insertion between superior and inferior vertebral end plates after partial or total removal of a spinal disc. The spinal implant embodying features of the invention

has a contracted configuration for easy installation between adjacent vertebral bodies and an expanded configuration to support the vertebrae in a desirable position. More specifically, the implant has a plurality of inter-engagable elements which locks the implant in an expanded configuration to hold the vertebral or joint sections in the desired positions. Embodiments of the invention are also directed to methods for treating the spine, including using an implant as disclosed, and for distracting opposed vertebrae.

Certain embodiments are particularly directed to a spinal implant suitable for placement between superior and inferior vertebral bodies. The spinal implant has a first member or top plate for engaging an end of the superior vertebral body and a second member or base for engaging an end of the inferior vertebral body and has one or more extendable support elements preferably with one or more top end plates that engage vertebral bodies in the expanded configuration. The one or more extendable support elements have a first contracted configuration to facilitate deployment of the implant between the superior and inferior vertebral bodies and safely past sensitive neural elements and a second or an extended configuration to engage the end plates of the vertebral bodies. The implant has a locking system which has a locking element that mechanically engages or interlocks with the extendable support element or the first member to lock the implant between the superior and inferior vertebral bodies in an expanded configuration.

The extendable support element(s) may be extended in a variety of ways such as with fluid pressure, e.g. hydraulic fluid or gas, by mechanical force, such as a threaded connection with a rotating driving member or other suitable means. Fluidic displacement is preferred. The extendable support element(s) are disposed in cylinders which support and guide the extendable support elements when they are extended. However, the locking system is separate from the extendable support member and cylinder receiving the supporter member, although the extending support member may initiate the locking system and the support member and cylinder may have lock support members attached thereto.

In one exemplary system, the spinal implant having features of the invention comprises an inferior pressure applying member or base with a first bone engaging surface, one or more extendable support members cooperating with the base and a superior pressure applying member such as a top end plate with a second bone engaging surface that is coupled to the at least one extendable member. The spinal implant preferably has a plurality of engaging locking elements that are configured to independently lock one or more of the extendable support members or pressure applying members in an extended configuration to thereby provide desired disc height between adjacent vertebrae and in some instances to provide a desired corrective spinal alignment in a plurality of dimensions.

The spinal implant or selectively expanding spine cage (SEC) embodying features of the invention is particularly suitable for posterior or transforaminal insertion between superior and inferior vertebral end plates as described in copending application Ser. No. 11/535,432, filed Sep. 26, 2006, and Ser. No. 11/692,800, filed Mar. 28, 2007. The implant has a contracted or unexpanded configuration which allows easy deployment and is typically about 0.5 to about 1 cm in maximum short transverse dimension so as to enable minimally invasive insertion posteriorly between vertebral pedicles through a working space of approximately 1 cm in diameter.

In one exemplary embodiment, the spinal implant for placement between adjacent vertebral bodies as described

above has an upper locking member with stepped supporting surfaces on the underside thereof and a lower locking member with stepped supporting surfaces on the top side thereof which are configured to engage the stepped supporting surface of the upper locking member to lock the implant in an extended configuration. Extension of the expandable members or pistons to raise the superior pressure applying member increases longitudinal spacing between the upper and lower locking members. Relative motion, rotational or linear, between the upper and lower locking members causes the stepped supporting surfaces of the lower locking members and the stepped supporting surfaces of the upper locking members to re-engage to fix the locking members in an increased spaced apart relationship and thereby lock the implant in the extended configuration.

Since the vertebral end plates are held together at one end by a ligament much like a clamshell, as the implant expands against the vertebral end plates, the amount of vertical expansion can be adjusted to create the desired anterior/posterior correction angle.

Left and right lateral correction of the spine is achieved by differential vertical expansion of the two or more extendable members of the implant. Each extendable member may be independently controlled by a master cylinder or syringe located *ex vivo* (away from the patient) for moving the pistons and attached top plate vertical for correcting spinal deformities anteriorly or posteriorly, medial or lateral, thus available to provide spinal correction in three dimensions. See for example U.S. applications copending application Ser. No. 11/535,432, filed Sep. 26, 2006, and Ser. No. 11/692,800, filed Mar. 28, 2007.

A minimally invasive downsized insertion tool, such as described in the above referenced applications, both inserts the unexpanded implant posteriorly and provides the hydraulic or mechanical lines communicating with the interior of the implant. The insertion tool may also provide a line for communicating the liquid or slurry bone graft material into the intervertebral space for subsequent fusion. Advantageously, hydraulic lines are small size tubing to allow for high hydraulic pressure without danger of the lines bursting.

Due to the mechanical advantage provided by a hydraulic system or a proximally operated mechanical system, the implant has minimized size and diameter in its unexpanded state that is smaller than the diameter of a prepared neuroforamen. The implant thus can be inserted transforaminally and engaged between the endplates of the adjacent vertebra to effectively distract the intervertebral area, restore space for neural elements, stabilize the motion segment and eliminate pathologic segmental motion. The implant enhances spine arthrodesis by creating a rigid spine segment.

The implant is preferably provided with a hollow interior to enable a comparatively large quantity of bone growth conductive or inductive agents to be contained therein that through openings communicate directly to adjacent bone. Importantly, this results in fixation forces greater than adjacent bone and soft tissue failure forces. The implant can be used to promote fusion, and/or to correct deformities such as scoliosis, kyphosis, and spondylolisthesis.

The clinical goals of the implant and the method for its insertion provide a minimally invasive risk of trauma to nerve roots, reduce pain, improve function, and permit early mobilization of the patient after fusion surgery. The fixation elements maintain the implant in a desired position until healing (fusion or arthrodesis) occurs. At this point, the implant is incorporated inside bone and its role becomes quiescent.

Thus, a feature of the invention is that an implant can be inserted posteriorly between vertebral pedicles in only a

working space of about ½ cm and then be expanded to about 100% to about 200%, typically about 160%, of its original insertion size and locked in that position to provide a closely controlled full range of permanent spinal correction in three dimensions. These and other advantages of the invention will become more apparent from the following detailed description and the accompanying exemplary drawings.

#### BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a perspective view of an intervertebral implant in a contracted configuration embodying features of the invention.

FIG. 2 is a perspective view of the implant shown in FIG. 1 in an expanded configuration.

FIG. 3 is an exploded perspective view of the implant shown in FIG. 1.

FIG. 4A is a top view of the implant shown in FIG. 1.

FIG. 4B is a side cross-sectional view through line 4B-4B of the implant shown in FIG. 4A.

FIG. 5A is a perspective view of a lower part of the implant shown in FIG. 1 with upper portions and bottom face removed.

FIG. 5B is a bottom view of the lower portion shown in FIG. 5A.

FIG. 6A is a perspective view of the upper portion of the implant shown in FIG. 1 with the lower portion removed.

FIG. 6B is an enlarged perspective view of the staircase-like lower lock support shown in FIG. 3.

FIG. 7 is a partial side view of one of the locking mechanisms of the implant shown in FIG. 2.

FIGS. 8A-9B are partial side views of the locking mechanism in FIG. 7 shown in different expanded and locked configurations.

FIGS. 10A and 10B of the locking mechanism illustrate the expanded but unlocked configuration in FIG. 10A and the expanded and locked configuration in FIG. 10B.

FIGS. 11A and 11B are perspective views of the lower lock support and spring locking actuator illustrating the operation thereof.

FIG. 11C is a perspective view of an alternate locking mechanism and locking actuator embodying features of the invention.

FIGS. 12A-12C are perspective views of alternate lower lock support designs embodying features of the invention.

FIGS. 13A-13B are perspective and side views respectively of an alternative implant embodying features of the invention which has an articulating top end plate.

FIG. 14A is an exploded perspective view of yet another alternative implant embodying features of the invention which has the lower lock supports within the extendable pistons.

FIG. 14B is a top view of the implant shown in FIG. 14A.

FIG. 14C is a side cross-sectional view through line 13C-13C of the implant shown in FIG. 14B.

FIG. 15 is a perspective view of an alternate implant design having features of the invention wherein the locking mechanism surrounds a central opening in the top end plate.

FIG. 16 is a perspective view of an alternate implant design having features of the invention wherein the expanding piston is centrally located and locking mechanisms are provided on both sides of the expanding piston.

FIG. 17 is a simplified schematic illustration of an alternate implant design having ratchet and pawl locking members between the top and bottom plates of the implant.

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FIG. 18 is a perspective view of an alternative implant design with ratchet and pawl locking members between the top and bottom plates of the implant.

FIG. 19 is a cross sectional perspective view of an implant design with ratchet and cantilevered spring members between the top and bottom plates of the implant.

FIGS. 20A-21B schematically illustrate various means for locking an expanding member of implants in extended configurations embodying features of the invention.

FIGS. 20-29 schematically illustrate various means for locking an expanding member of implants in extended configurations embodying features of the invention.

FIG. 30 is a perspective view of yet another alternate implant design having features of the invention wherein the locking mechanism has straight upper and lower interfitting lock supports.

FIG. 31A-31G illustrate an alternative implant locking mechanism in which a wire-form surrounds a pair of upper support members with grooves configured to receive the wire-form.

#### DETAILED DESCRIPTION OF THE DRAWINGS

FIGS. 1-10B illustrate an example of an intervertebral implant 10, a Selectively Expandable Cage (SEC), having features of the invention. The implant 10 generally includes a housing 11, a housing base 12, an interlocking top endplate 13, a bottom endplate 14, an interior cavity 15 within the housing 11 and a pair of cylinders 16. Upper lock supports 17 are attached to the underside of the top endplate 13 and have multi-stepped lower support surfaces 18 much like an inverted staircase. Lower lock supports 20, having multi-stepped upper support surfaces 21 surround cylinders 16 much like an upright staircase. Pistons 22 are secured to the under surface of top endplate 13. Seal members 23 are slidably disposed within the cylinders 16 and are mounted on pistons 22. The upper surface 24 of bottom end plate 14 is provided with locking actuator channels 25 which partially receive spring locking actuators 26. The base 12 of the housing 11 has arcuate slots 27 which are configured to slidably receive the depending elements 28 or locking actuator transfer element of the lower lock supports 20 and partially receive the spring locking actuators 26. Depending elements 28 engage the forward end 30 of spring locking actuators 26. The spring locking actuators 26 are initially in a compressed configuration so that upon the extension of the top endplate 13 and the attached upper lock supports 17, the lower lock supports 20 rotate about the cylinders 16 due to the force applied by the biased spring locking actuator 26. This causes the lock support surfaces 21 of the lower lock supports 20 to engage support surfaces 18 of the upper lock supports so as to lock the top end plate 13 in an extended configuration. The support surfaces 18 of the upper lock supports 17 and the support surfaces 21 of the lower lock supports 20 are tiered with multiple steps so that the implant 10 can be locked at several different expanded heights. The underside stepped support surfaces 18 of the upper lock support 17 may be provided with increasing riser height (alignment faces 46) in the upward direction to provide smaller incremental expansion near the end of the piston expansion. In addition or alternatively, the stepped support surfaces 21 of the lower lock support 20 may be provided with decreasing riser height in the upward direction for the same reason. A variety of riser heights of the upper lock support 17 or lower lock support 20 can be provided. The lowermost stepped support surface 18 of the upper lock support 17 and the uppermost stepped support surface 21 of the

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lower lock support 20 may be provided with various lengths and widths to ensure better support.

As can be seen in FIG. 2 there are two sets of upper lock supports 17 attached to the top endplate 13 and there are two sets of lower lock supports 20 in this embodiment, but a single set or more than two sets of upper and lower lock supports can also be used to lock the implant 10 in the expanded state.

The implant 10 is configured to be implanted between opposing vertebral bodies in the spine to facilitate bony fusion between those vertebral bodies. The implant 10 is shown in its collapsed or contracted configuration in FIG. 1 and in one example of its expanded configuration in FIG. 2. In the collapsed state, the implant 10 can be inserted easily into the intervertebral body space through a minimal incision and with minimal tissue removal. Once in that space, the implant 10 can be expanded against the two opposing vertebral bodies to distract them and thereby restore height to the intervertebral space. This provides stable opposition of the implant 10 to both vertebral bodies and optimizes the bony fusion process. The fusion process can also be enhanced by filling the interior cavity 15 with autologous bone graft, a bone growth enabling matrix, and/or bone growth stimulating substances prior to and/or after insertion into the body.

Further details of individual parts of the implant 10 are depicted in FIGS. 3, 4A and 4B. Pistons 22 are attached to the underside of the top endplate 13 which are configured to support seal members 23 which run inside of cylinders 16 located in the housing 11. When the cylinders 16 are pressurized as will be described in more detail below, the seals 23 running inside the cylinders 16 and pistons 22 slidably disposed within the seals are vertically displaced, translating the top endplate 13 vertically above the housing 11. Lower lock supports 20 are located around the outer wall of the cylinders 16. When the top endplate 13 is vertically displaced, which in turn displaces the attached upper lock supports 17, the lower lock supports are rotated by the biased locking actuators 26 to a locking position. Arcuate locking actuator channels 25 in the top surface of bottom plate 14 and the arcuate slots 27 in the housing base 12 confines the locking actuators 26 to the housing 11.

Additional details of the housing 11 are depicted in FIGS. 5A and 5B. The housing 11 comprises an outer wall 31 and cylinders 16 which are secured to housing base 12. The outer wall 31 supports a leading nose 32 on the distal end and a delivery boss 33 on the proximal end. The leading nose 32 has inwardly directed side tapered faces 34 and top tapered face 35 and bottom tapered face 36. These tapered faces 34, 35 and 36 enable non-traumatic insertion of the implant 10 passed neural elements and between the vertebral bodies. The delivery boss 33 contains a delivery tool anchor 37 which allows secure attachment of the implant 10 to a delivery tool (not shown), which is illustrated in copending application Ser. No. 11/535,432, filed Sep. 26, 2006, and Ser. No. 11/692,800, filed Mar. 28, 2007 for insertion into a vertebral space. The delivery boss 33 also contains pressure input ports 38 which are used to deliver a pressurized fluid to the interiors of cylinders 16. The outer wall 31 of the housing 11 also provides side openings 40 which provide space for bony in-growth into central cavity 15 in the housing 11 and provide radiolucent openings for the radiographic imaging of the process of bony in-growth. The housing base 12 also contains pressure channels 41 which deliver pressurized fluid from the pressure input ports 38 to the interior of cylinders 16. Although the housing base 12 of implant 10 is depicted with independent pressure channel 41 for each cylinder 16, other embodiments can contain one or more branching pressure channels for delivering pressurized fluid to two or more cyl-

inders 16. As previously mentioned, the housing base 12 also has locking actuator slots 27 which hold and guide the locking actuators 26. The locking actuator slots 27 contain a wider portion, locking actuator opening 42, to enable insertion of the locking actuator 26 into the channels defined by the locking actuator slots 27 in housing base 12 and the locking actuator channels 25 in the bottom end plate 14. The housing base 12 also has optional alignment bosses 19 which align the bottom endplate 14 to the housing 11 via optional alignment holes 9.

FIGS. 6A and 6B illustrate further details of the top endplate 13 and the lower lock support 20. The two sets of pistons 22 and upper lock supports 17 are joined by connecting members or struts 44. The pistons 22 have seal bosses 45 on which the seals 23 are mounted. The upper lock supports 17 have tiered lower support surfaces

18 and risers or alignment faces 46. The tiered or stepped support surfaces 18 of the upper lock supports 17 engage the stepped or tiered support surfaces 21 of the lower lock supports 20. The alignment faces 46 of the upper lock support are configured to engage the alignment faces 47 of the lower lock supports 20. The uppermost support surface of the lower lock support 20 has a lock support stop 50 which engages with the lower most alignment faces 46 of the upper lock support to prevent the lower lock support 20 from over rotating as it engages the upper lock support 17. The bottom of the lower lock support 20 also has the locking actuator transfer element 28 which engages the forward end 30 of the spring locking actuator 26 to transfer the actuation force from the locking actuator 26 to the lower lock support 20.

FIGS. 7 through 10B show details of the selectively expanding locking sequence of implant 10 with the housing 11 removed. The collapsed configuration is shown in FIG. 7 with the support surfaces 18 of the upper lock support 17 resting on the support surfaces 21 of the lower lock support 20. The locking actuator 26 which is a spring, is engaging the depending element or locking actuator transfer element 28 which forces the alignment faces 47 of the lower lock support 17 against the alignment faces 46 of the upper lock support 17. The lock support stops 50 fit within the lower lock stop relief 52 (shown best in FIG. 6 A) on the top endplate 13. When the cylinders 16 are pressurized, the pistons 22 raise the top endplate 13 and attached upper lock supports 17 (straight arrow) moving the support surfaces 18 of the upper lock support 17 off of the support surfaces 21 and moving the lower alignment faces 46 passed the upper alignment faces 47. When the alignment faces 46 of the upper lock support 17 have cleared the alignment faces 47 of the lower lock support 20, the locking actuators 26 (in this embodiment a compressed coiled spring) engaging the locking actuator transfer element 28 force the lower lock supports 20 to rotate (curved arrow in FIGS. 8B and 9B). The support surfaces 21 of the rotating lower lock supports 20 move to the next lower level of the support surfaces 18 of the raised upper lock supports 17 until the alignment faces 47 of the lower lock supports 20 engage the next level of the alignment faces 46 of the upper lock supports 17. The lower lock support 20 and upper lock support 17 then lock the top endplate 13 at this expanded level. This process repeats itself at each locking level (FIGS. 8A, 8B, 9A, 9B and 10A) until the top level (or somewhere between) is reached as shown in FIG. 10B. At this top level, the locking actuators 26 engage the locking actuator transfer elements 28 and the lower lock supports 20 are rotated so the lowermost alignment surface 46 of the upper lock support 17 engages lock support stop 50 of the uppermost support surface 21 of the lower lock support 20. At this highest locked level only the lowest support surfaces 18 of the upper lock

supports 17 and the highest support surfaces 21 are engaged providing all of the locking support. As can be seen from FIGS. 10A and 10B the lowest support surfaces 18 of the upper lock supports 17 and the highest support surfaces 21 of the lower lock supports 20 can be wider than the other support faces to provide sufficient support material when only these two faces are engaged.

FIGS. 11A and 11B illustrate the operation of locking actuator 26. In this embodiment the spring locking actuator 26 is compressed into an arc beneath the lower lock support 20. One end of the spring locking actuator 26 is constrained by the housing 11 (not shown) and the other is engaged with the locking actuator transfer element 28. When the lower alignment faces 46 of the upper lock support 17 are raised above the upper alignment faces 47 of the lower lock support 20 by the extension of piston 22, the locking actuator 26 pushes against the locking actuator transfer element 28 and rotates the lower lock support 20 in a clockwise direction (arrow) as viewed from above. It should be noted that in the embodiment of the current implant as describe thus far, the angular orientation of the tiered upper and lower support surfaces 18 and 21 can vary when there is more than one set of supports. As shown in FIG. 3 the proximal lower support surfaces 21 are oriented clockwise as viewed from above and the distal lower support surfaces 21 are oriented counter-clockwise. This opposite orientation provides enhanced locking support for rotational forces applied to the implant.

An alternate locking actuator 26a is shown in FIG. 11C as a torsion spring. This locking actuator 26a has constraining tab 53 secured to the lower lock support 20 and constraining tab 54 secured to the housing 11a. Just as the compression spring shown in FIGS. 11A and 11B applies a force to the lower lock support 20a to rotate it, the torsion spring in FIG. 11C does the same. An extension spring would work equally as well as a locking actuator 26a. Spring actuators can be made of an appropriate biocompatible material such as stainless steel, NITINOL, titanium or a suitable polymer. Locking actuators are not limited to springs. A wide variety of mechanisms can be used to actuate the lower lock supports 20, including but not limited to, a linear drive, an externally actuated tensile member, a worm gear, an inflated member such as a balloon or bellows, a magnet, a rotational drive such as a micro motor, a super elastic shape memory element, and the like.

FIG. 12A through 12C show variations of the lower lock support 20 described above. In FIG. 12A a tri-set lock support 20a is shown whereby there is are three sets of upper support surfaces 21a, upper alignment surfaces 47a and lock support stops 50 rather than the 2 sets described above. This tri-set lower lock support 20a has two advantages over the 2 sets design, 1) there are three support columns rather than two locking the implant 10 in an expanded state thereby creating a more stable lock and 2) the tri-set lower lock support—20a has to move or rotate much less for each locking level. This last advantage is significant when the locking actuator is a spring such as spring locking actuator 26 as this places less strain on the spring to achieve the required locking force at each step. Each lower lock support column will have a corresponding upper lock support column (not shown). The upper support surfaces 21 and lower support surfaces 18 are not limited to 2 or 3 sets of surfaces. Any number of sets of support surfaces including a single set may be employed.

FIG. 12B shows an inter-digitating lower lock support 20b. Each of the inter-digitating upper support surfaces 21b on the inter-digitating lock support 20b is paired with an inter-digitating stop 50b which when paired with matching inter-digitating support surfaces and stops of an upper lock support (not

shown) prevents the inter-digitating support surfaces **21b** from moving relative to the inter-digitating support surfaces of an upper lock support to unlock the implant **10b** without the inter-digitating lower support faces first lifting above the inter-digitating stop **50b**. This design provides an enhanced locking feature.

Generally the lower support surfaces **18** and the upper support surfaces **21** are horizontal to maximize vertical support in the locked implant. However, the locking support **20c** shown in FIG. **12C** provides an enhanced locking feature by providing inclined support surfaces **21c** which have a slope relative to the horizontal which requires matching inclined lower support surfaces on the upper lock supports (not shown) to be lifted above the inclined upper support surfaces **21c** before the upper lock support can be rotated to unlock the implant **10c**.

FIGS. **12A** and **12C** show various lengths of locking actuator transfer elements or depending elements **28**. The locking actuator transfer element **28** can vary in length depending on how much engagement is desired between the locking actuator transfer element **28** and the locking actuator slots **27**. The locking actuator transfer element **28** includes one or more transfer element tabs **29a** and **29c** which vertically constrain the lower lock support **20** to the locking actuator slots **27** in the housing **11**. The wider locking actuator opening **42** described above enables insertion of the locking actuator transfer element **28** with transfer element tabs **29a** and **29c** into the locking actuator slots **27** in housing base **12** at the rotational position where the locking actuator transfer element **28** is aligned with the locking actuator opening **42**. In other rotational positions the transfer element tabs are constrained by lateral extensions **49** (shown in FIG. **48**) on the sides of the narrower locking actuator slots **27**. In this manner the locking actuator transfer element **28** provides both the function of transferring force from the locking actuator **26** to the lower lock support **20** as well as constraining the lower lock support **20** to the housing **11**. This later function prevents the frictional forces between the lower alignment faces **46** and the upper alignment faces **47** created by the biased spring locking actuator **26** from lifting the lower lock support **20** along with the upper lock support **17** when the upper lock support **17** is lifted by the piston **22**.

As an alternative to the locking actuator transfer element **28**, the embodiment shown in FIG. **12B** depicts a locking actuator guide channel **80**. This locking actuator guide channel **80** engages a tensile member (not shown) which transfers actuation force from the locking actuator **26** to the lower lock support **20**. Tensile members can be an of a number of known elements such as sutures made of polymers or natural materials, metal cable, plastic or metal rod and the like.

FIGS. **13A** and **13B** illustrate an alternate design of an implant **110** embodying features of the invention. The implant **110** has independent actuation of the distal piston **122a** and proximal piston **122b**. The two pistons **122a** and **122b** are interconnected by an articulating top endplate **113** which allows independent lift and locking of each side of the implant **110**. This independent lift and locking of both ends of the implant **110** enables the implant to conform to intervertebral endplates that have uneven lateral heights between them. Further, this independent lift and locking allows the implant **110** to be used to create varying lateral heights between vertebral endplates which can be useful to compensate for a scoliosis in the spine.

Implant **110** has a housing **111** which has an alternate delivery tool anchor **160** located in it as well as alternate pressure input ports **137**. A variety of anchor design or pressure ports can be used with any of the embodiments of the

current device without departing from the scope of this invention. Lock and unlock access ports **138** are also located on this housing **111**. These ports are used to guide lock and unlock mechanisms (not shown) which can be manipulated externally to the implant **110** to actuate the lower lock support **120** to not only move it under the upper lock support **117** to hold the piston **122b** and articulating endplate **113** in an expanded position, but also to move the lower lock support **120** away from the upper lock support **117** to allow the piston **122b** and articulating endplate **113** to collapse back into the housing **110**. This later action maybe desirable to remove the implant **110** from or reposition the implant within the intervertebral space. A variety of lock/unlock mechanism can be used with the current invention such as but not limited by, a tensile member including suture thread and metallic cable, a compressive member such as a metallic or polymer rod, pressurized fluid, a rotating drive, a super elastic shape memory element, and the like.

FIGS. **14A-14C** depict yet another alternate implant **210** that embodies features of the invention. Implant **210** has an interfacing top plate **213** which connects to separate and freely rotating pistons **222** via the piston capture plate **270** on the interfacing top plate **213** and the piston heads **318** on the rotating pistons **222ab**. The rotating pistons **222ab** also interiorly contain upper lock supports **217** with support faces **218** and alignment faces **246**. Seals **223** are mounted on the rotating pistons **222ab** and the seals **223** and rotating pistons **222ab** fit into internal cylinders **216** that are located on the housing **211**. The internal cylinders **216** have lower lock supports **220** with support surfaces **221** and alignment faces **247** as well as lower retaining features **273**. The housing **211** also contains one or more pressure input ports **238**.

In use, the implant **210** is inserted into the intervertebral body space in a collapsed state and fluid pressure is delivered through the pressure input port(s) **238** to the internal cylinder(s) **216** to raise the seal(s) **223** and rotating piston(s) **222ab** out of the internal cylinder(s) thereby raising the interfacing top plate **213** and expanding the implant **210**. Once the rotating pistons **222ab** have been raised such that the lower alignment faces **246** of the upper lock supports **217** have cleared the upper alignment surfaces **247** of lower lock supports **220**, an actuator (not shown) rotates the rotating pistons **222ab** such that the lower support surfaces **218** of the upper lock supports **217** are moved above the upper support surfaces **221** of the lower lock supports **220**, to thereby lock the implant **210** in the expanded configuration. The actuator can be one or more tensile members such as suture threads or cables that extend from the user into the implant **210** through the lock and unlock access ports **238** on the interfacing top plate **213** to the piston head **271**. Applying tension to one or more tensile members when the piston is in an extended configuration will rotate the piston heads **271** such that the support surfaces **218** of upper lock supports **217** are moved above the support surfaces **221** of the lower lock supports **220** thereby locking the implant **210**. Alternately or in addition to applying tension to lock the implant **210** in an expanded configuration, apply tension to one or more tensile members will rotate the piston heads **271** such that the lower support surfaces **218** are moved away from the upper support surfaces **221** thereby unlocking the implant **210** and allowing the rotating pistons **22ab2** to seat back into the internal cylinders **216** such that the implant **210** is once again in a collapsed configuration.

FIG. **15** illustrates an alternate implant design **310** embodying features of the invention which has a housing **311**, top end plate **313** and pistons **322** similar to the prior embodiments. This implant **310** has upper lock supports **317** and



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lower lock supports 320 within a central portion of the implant. The upper lock supports 317 are secured to the top end plate 313 and the lower lock supports 320 are secured to the base 314 with depending elements (not shown) as was described above and are moved as in the prior embodiments.

FIG. 16 illustrates an alternate implant design 410 embodying features of the invention which has a housing 411, top end plate 413 and a centrally located piston 422 similar to the prior embodiments. This implant 410 has upper lock supports 417 and lower lock supports 420 distal and proximal to the centrally located cylinder 416 and piston 422. The upper lock supports 417 are secured to the top end plate 413 and the lower lock supports 420 are secured to the base 412 and are moved as in the prior embodiments via depending elements (not shown) as was described above

FIG. 17 shows another alternate implant 510 which has a pair of pistons 522 and which has a locking support system which includes ratchets 520 on the base 512 and pawls 517 pivotally mounted to and depending from the top end plate 513. Expansion of the pistons 522 causes the free ends 518 of pawls 517 to engage recesses 520 in the ratchets 521 so as to lock the top end plate 513 in an extended configuration.

FIG. 18 illustrates another alternative implant design 610 which is similar to that shown in FIG. 17. In this embodiment the free end of the pawl 617 has a plurality of teeth 618 to provide greater effective contact between the pawl 617 and the ratchet 621 for locking of the implant 610.

FIG. 19 is the cross section of another embodiment of implant 710 embodying features of the invention. In this embodiment the pistons 722 are surrounded by upper lock support 717 which has at least one cantilever extension ending at the support surface 718. The support surfaces 718 are captured by the recessed support surfaces 721 which are located on the inner wall of the housing 711. Once the pistons 722 are expanded in an upward direction, the support surfaces 718 of the upper lock support 717 engages the recessed support faces 721 locking the implant 710 in place. The upper lock support 717 can be rotated relative to the piston 722 and housing 711 to disengage the support surfaces 718 from the support faces 721 to unlock the implant 710 and lower the pistons 722 as needed. Alternately the implant 710 can be unlocked by rotating the upper lock support constraints 775 relative to the upper lock support 717 to press on the cantilever extensions and disengage the support surfaces 718 from the support surfaces 721.

FIGS. 20A-31 illustrate a variety of suitable means for locking extendable members such as pistons in extended configurations. FIGS. 20A, 20B, 21A, 21B, and 22-31 show variations of lower lock supports and upper lock supports. In each of these variations there are support surfaces on the lower lock supports which engage support surfaces on the upper lock supports.

In FIGS. 20A and 20B support surfaces 818 comprise grooves set into the upper lock support 817. The lower lock support 820 is a U-shaped tong which is configured to advance (as indicated by the arrow in FIG. 20A) towards the upper lock support 817 and to engage one of the grooves with its upper support surface 821 for locking an implant not shown in these drawings. Lower lock support 820 is withdrawn (as indicated by the arrow in FIG. 20B) from the groove to disengage the lower lock support and unlock the implant.

In the variation shown in FIG. 21A, the lower lock support 920 is a plate with an upper lock clearance opening 970 that is shaped to allow passage of the cylindrical flat sided upper lock support 917 through the lower lock support 920 (arrow). As shown in FIG. 21B, once the lower lock support 920 is

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positioned at the desired location it can be rotated approximately 90° (arrow) to engage the support faces of the lower lock support 920 with the support surfaces 918 of the upper lock support 917. The shape of the upper lock support 917 and mating upper lock clearance opening 970 on the lower lock support 920 are not restricted to the profile shown in FIGS. 21A and 21B nor is the locking actuation restricted to 90° rotation of one of the elements but can vary to any number of shapes that allow passage in one configuration but constraint when one of the elements is moved to another configuration.

In FIG. 22, the upper lock support 1017 is a cylinder with notches cut to create support surfaces 1018. The lower lock support 1020 is a pivoting pin 1070 with a pawl 1071 for the lower support surface 1021. In the configuration shown, the support surface is biased as indicated by the arrow 1072 to allow the upper lock support 1017 to rise with an expandable member of an implant and to prevent the upper lock support from dropping. This allows the device to lock at each level when the subsequent support surface 1018 of the upper lock support 1017 engages the support surface 1021 of the lower lock support 1020. In this variation having features of the present invention, the upper lock support 1017 can also be lowered by moving the pivoting pin 1070 of the lower lock support 1020 away from the upper lock support 1017 to disengage the support surface 1021 from the support surface 1018.

FIG. 23 shows yet another embodiment having features of the invention where the lower lock support 1120 is a pin configured to engage (arrow) support surfaces 1118 located in the upper lock support 1117. The lower lock support 1120 does not have to engage the full thickness of the upper lock support 1117 as shown in this figure, nor does the support surface 1118 have to extend through the entire thickness of the upper lock support 1117 but rather can engage any portion of the upper lock support 1117 that is sufficient to lock an implant in position. This embodiment also allows a variety of shapes of pins 1120 and matching support surfaces 1118.

In FIG. 24 the lower lock support 1220 is a grip with two pivoting jaws 1270, the ends of which have support surfaces 1221. The upper lock support 1217 has a series of notches 1271 which have the support surfaces 1218. A lock actuator such as a compressive spring (not shown) can apply force (as shown by the arrows 1272) to the grip base extensions 1273 to lock the device. This variation having features of the invention allows the upper lock support 1217 to move upwards but prevents downward motion thereof. Downward motion of the upper lock support 1217 can be allowed by reversing the force on grip base extensions 1273.

Not all locking systems embodying features of the invention require the engagement of support surfaces of the upper lock supports directly on top of the support surfaces of the lower lock supports. A frictional support can be created to lock the device as shown in FIGS. 25 through 32.

In FIG. 25 the upper lock support 1317 has one or more flat faces as the support surfaces 1318. The lower lock support 1320 has one or more pivoting pawls that have a support surface 1321 that engage the support surface 1318 and supports a load (arrow).

In FIG. 26 the upper lock support 1417 has an exterior support face 1418 which is gripped by the support face 1421 on the inner diameter of the wrapped lower lock support 1420. This lower lock support 1420 can be a torsion spring that in its free state grips the upper lock support 1417 and releases the upper lock support when a force (arrows) is applied to one or more of its ends 1470 as shown to increase the spring's inner diameter. The reverse is possible where in its free state the lower lock support 1420 allows movement of the upper lock

support **1417** inside the inner diameter. When a tensile force is applied to the ends **1470** to reduce the inner diameter, the lower lock support grips the support surface **1418** of the upper lock support **1417** to lock the implant.

FIGS. **27A** and **27B** show another variation which can be described as a canted washer type device. The lower lock support **1520** is a plate with an upper lock clearance opening **1570** which allows relative movement of the upper lock support **1517** as shown in FIG. **27A**. When the lower lock support **1520** is canted as shown in FIG. **28B** the edge of the upper lock clearance opening **1570** comprises a lower support surface **1521** which engages the upper support surface **1518** which is the outer surface of the upper lock support **1517** locking it relative to the lower lock support **1520**.

Yet another variation of the gripping lock of the current invention is shown in FIG. **28**. In this variation the lower lock support **1620** comprises of one or more jaws which have support surfaces **1621** that are configured to be forced against the support surface **1618** of the upper lock support **1617** to produce friction to lock the device in place.

FIG. **29** illustrates a lower lock support **1720** which comprises a pivot and pawl as has been detailed above. The end of the pawl comprises a lower support surface **1721** which engages an upper support surface **1718** on the upper lock support **1717**. In this embodiment the upper lock support **1717** is rotated counter clockwise by an expanding element (not shown). This rotation in turn raises the piston **1722** which expands the implant. In this manner the upper lock support **1817** is integrated into the lifting mechanism to engage the lower lock support **1720** and lock the implant as it expands.

FIG. **30** illustrates yet another alternative implant **1810**, similar to that shown in FIG. **1** except that the upper locking member **1817** and lower locking member **1818** have a linear shape rather than the arcuate shape of the prior embodiments. The implant **1810** generally has a housing **1811**, a top plate **1813**, a bottom plate **1814**, pistons **1822** and cylinders **1816**. The upper locking member **1817** has support surfaces **1818** and the lower locking member **1820** has support surfaces **1821**. The implant **1810** has a locking actuator (not shown).

FIGS. **31A-31G** illustrates another implant **1910** embodying features of the invention which has upper locking members **1917** with grooves **1970** having support surfaces **1918** and lower locking member **1920** with locking surfaces **1921**. The lower locking member **1920** is a wire-form which encircles the exterior of both upper locking members **1917** and is configured to seat within the grooves **1970**. Expansion of the lower locking member **1920** (arrows in FIG. **31B**) by the locking actuator (not shown) causes the lower locking member **1920** to be pulled out of the groove **1970** and allows the upper locking member **1917** to rise with the expansion of the implant. Release of this expansion of the lower locking member **1920** (arrows in FIG. **31A**) allows the lower locking member **1920** to seat back into the groove **1970** locking the implant **1910**.

FIG. **31G** illustrates a detail of an alternate implant **1910a** embodying features of the invention which has upper locking members **1917a** with grooves **1970a** having support surfaces **1918a** and lower locking member **1920a** with locking surfaces

**1921a**. The lower locking member **1920a** is a wire-form which encircles the exterior of both upper locking members **1917a** and is configured to seat within the grooves **1970a**. The support surface **1918a** locks on the supports surface **1921a** when there is a compressive or downward force (hollow arrow) on the upper locking member **1917a** locking the implant **1910a**. Upward force or extension (solid arrow) of the upper locking member **1917a** causes the lower locking

member **1920a** to ride on the disengaging surface **1919a** and out of the groove **1970a** allowing the upper locking member **1917a** to rise with the expansion of the implant **1910a**.

The description herein focused on the manner in which the locking elements are configured to lock the implant in extended configurations. Although this locking action resists the forces placed on the implant that would tend to force it back into a collapsed configuration that is not the only force the locking elements address. Once inserted between vertebral bodies the implant is subject to lateral forces and torsion moments as well as compressive forces. The locking features along with the other elements of the invention are designed to resist all of these forces to provide an implant that provides stable fixation and distraction.

A partial or complete discectomy is usually performed prior to the insertion of the spinal implant having features of the invention between vertebral bodies. The implant is introduced in its unexpanded state to enable it to be inserted posteriorly with minimal trauma to the patient and risk of injury to nerve roots. Once in place the implant can be expanded to provide both medial and lateral spinal correction. The implant has an unexpanded height of about 5 to about 15 mm, typically about 7 mm and is expandable to at least 130% to about 180% of the unexpanded height. Typically the implant is about 9 to about 15 mm wide, typically about 12 mm wide and about 25 to about 55 mm long, typically about 35 mm long to facilitate minimally invasive insertion and thereby minimize trauma to the patient and risk of injury to nerve roots.

Additional details of the implant such as the attachment of hydraulic lines and lines for transmission of a slurry or liquid bone graft material, device and hydraulic fluid delivery accessories and the like can be found in co-pending application Ser. No. 11/535,432 filed on Sep. 26, 2006 and Ser. No. 11,692,800, filed on Mar. 28, 2007, which are incorporated herein by reference.

It will be appreciated that the implant, including its various components should be formed of biocompatible, substantially incompressible material such as PEEK or titanium, and preferably type 6-4 titanium alloy or other suitable materials which will allow for long term deployment within a patient.

The extension of extendable members or pistons may be individually controlled so that the physician is able to provide a controlled angle of the corrective implant surface. While only two extendable members or pistons are described herein, the implant may be provided with three or more individually extendable members so that the physician can exercise three-dimensional control of the implant extension.

While the invention has been described in connection with what are presently considered to be the most practical and certain exemplary embodiments, it is to be understood that the invention is not limited to the disclosed embodiments and alternatives as set forth above, but on the contrary is intended to cover various modifications and equivalent arrangements included within the scope of the following claims.

For example, the implants described herein are expanded by hydraulic fluid. Other expansion means may be employed. For example, a screw mechanism may be employed to expand the implant into engagement with adjacent vertebral surfaces. Further, the implant can be provided with load or pressure sensors that register differential pressure and pressure intensity exerted on the engaging surfaces of the SEC by the patient's vertebrae end plates to generate corrective signals, for example by computer control, that are used, e.g. by the surgeon or by a computer controlled mechanism to realign the patient's spine. The invention may further include a system that makes these adjustments, responsive to sensor sig-

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nals, in real time and on a continual basis, such that the shapes of the implant changes to realign the patient's spine or mechanism. Preferably, such system is contemplated for use in setting the positions of the pistons during installation of the implant.

While particular forms of the invention have been illustrated and described herein, it will be apparent that various modifications and improvements can be made to the invention. Additional details of the spinal implant devices may be found in the patents and applications referenced herein. To the extent not otherwise disclosed herein, materials and structure may be of conventional design.

Moreover, individual features of embodiments of the invention may be shown in some drawings and not in others, but those skilled in the art will recognize that individual features of one embodiment of the invention can be combined with any or all the features of another embodiment. Accordingly, it is not intended that the invention be limited to the specific embodiments illustrated. It is therefore intended that this invention be defined by the scope of the appended claims as broadly as the prior art will permit.

Terms such as "element", "member", "component", "device", "means", "portion", "section", "steps" and words of similar import when used herein shall not be construed as invoking the provisions of 35 U.S.C. §112(6) unless the following claims expressly use the terms "means for" or "step for" followed by a particular function without reference to a specific structure or a specific action. All patents and all patent applications referred to above are hereby incorporated by reference in their entirety.

Exemplary embodiments have been disclosed above and illustrated in the accompanying drawings. It will be understood by those skilled in the art that various changes, omissions and additions may be made to that which is specifically disclosed herein without departing from the spirit and scope of the present invention.

What is claimed is:

1. A method of treating a patient's vertebral structure, comprising:

- a. providing a spinal implant having
  - i. a first member having a first pressure applying surface for engaging an end of a first adjacent vertebral body,
  - ii. a second member having a second pressure applying surface for engaging an end of a second adjacent vertebral body,
  - iii. at least one extendable support element having a contracted configuration within the implant to facilitate deployment of the implant between the first and second adjacent vertebral bodies and an extended configuration to extend the first member to engage the end of the first adjacent vertebral body, wherein the at least one extendable support element comprises a piston within a cylinder; and
  - iv. a locking system with a locking element for locking the implant in an extended configuration by engaging the extendable support element or the first member with the locking element;
- b. inserting the spinal implant into a space between two adjacent vertebral bodies in the contracted configuration;
- c. extending the first and second members by delivering a fluid under pressure to expand the piston outwardly within the cylinder so as to expand the implant until the first pressure applying surface engages an end of the first adjacent vertebral body and urges the vertebral body into a desired position; and

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d. locking the implant in the extended configuration by moving the locking element into engagement with the extendable support element or the first member so as to fix the implant between the first and second adjacent vertebral bodies in an expanded configuration.

2. The method of claim 1, wherein said locking occurs automatically at the extended configuration.

3. The method of claim 2, wherein said locking system comprises a rotatable locking member and a biasing element, the biasing element automatically rotating the locking member into a locked state upon the implant being extended to the extended configuration.

4. The method of claim 2, wherein said locking system comprises a ratchet.

5. The method of claim 2, wherein said locking system comprises a friction support.

6. The method of claim 1, further comprising delivering bone graft material into the space between the vertebrae through an opening in at least one of said first or second members.

7. The method of claim 6, further comprising filling an interior cavity of said implant with bone graft material.

8. The method of claim 7, wherein said implant includes at least first and second spaced apart extendable members extendable members defining said interior cavity therebetween.

9. The method of claim 6, further comprising transmitting bone graft material through passages in said implant to said opening.

10. A method of treating a patient's vertebral structure with an implant extendable between a contracted configuration and at least one extended configuration, comprising:

- inserting the implant in the contracted configuration into a space between two vertebrae;
- extending the implant to an extended configuration to apply a distracting force between said vertebrae, wherein said extending comprises delivering a fluid under pressure to at least one piston received in at least one cylinder and delivering the fluid extends the piston outwardly within the cylinder; and
- mechanically locking the implant in an extended configuration.

11. The method of claim 10, wherein said mechanically locking comprises automatically locking the implant in an extended configuration upon reaching said extended configuration.

12. The method of claim 11, further comprising automatically locking the implant in a series of sequentially greater extended positions as said implant is extended.

13. The method of claim 10, wherein said inserting comprises passing the implant in a contracted configuration through an opening that is smaller in at least one dimension than the implant in an extended configuration.

14. A method of treating a patient's vertebral structure with an implant extendable between a contracted configuration and at least one extended configuration, the implant comprising a body defining first and second spaced apart cylinders with an interior cavity defined therebetween, first and second pistons respectively received in said cylinders, a pressure applying plate acted on by said pistons, the pressure applying plate defining a central opening communicating with the interior cavity, and at least one locking member acting between said body and pistons, said method comprising:

- inserting the implant in the contracted configuration into a space between two vertebrae;

delivering fluid under pressure to said cylinders to extend the implant to an extended configuration between said vertebrae; and

positioning the locking member to lock the implant in an extended configuration.

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**15.** The method of claim **14**, wherein said locking member comprises an arcuate member rotatable concentrically with respect to at least one said cylinder, said locking member being biased into a locking position by an actuator, and wherein said method further comprises automatically locking the implant at sequentially greater extended positions as fluid is delivered under pressure to said cylinders.

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