lazurite®

CUSTOMER CASE STUDY · REAL-WORLD CLINICAL USE

Two Years, One Surgeon, 495 Cases

How ArthroFree became the everyday camera in a high-volume sports-medicine OR

ArthroFree® Wireless Surgical Camera System · Dr. Christopher Proctor, MD · Alta Orthopaedics / De La Vina Surgicenter, Santa Barbara, CA

Dr. Proctor operating with the ArthroFree wireless camera at De La Vina Surgicenter — the arthroscopic view on the monitor, no camera or light cords at the field.

495
Arthroscopic cases performed with ArthroFree

25 mo
Continuous use — Jul 2023 to Aug 2025

26 / 26
Active months, no dormant month

~20
Cases per month, sustained

At a glance

Customer	Dr. Christopher Proctor, MD — orthopedic sports-medicine surgeon (now retired)
Setting	Alta Orthopaedics; De La Vina Surgery Center (ASC), Santa Barbara, CA
Product	ArthroFree® Wireless Surgical Camera System
In use since	July 2023 — ArthroFree's first commercial customer
Track record	495 arthroscopic cases over 25 consecutive months
Case mix	57% shoulder · 42% knee · full sports-medicine breadth

Executive summary

When Dr. Christopher Proctor performed his first case with the ArthroFree Wireless Surgical Camera System in July 2023, he became the first surgeon in the country to run a high-volume arthroscopy practice on a cord-free camera. Twenty-five months later, the verdict is written in his own case logs: **495 arthroscopic procedures, performed every single month, with no return to a wired system.**

For a capital surgical device, that pattern — sustained, voluntary, everyday re-use by a demanding fellowship-trained surgeon across the full range of shoulder and knee procedures — is the strongest possible signal that the technology works where it matters most: in the OR, case after case.

The surgeon

Christopher Proctor, MD
Alta Orthopaedics

Dr. Christopher Proctor is a fellowship-trained orthopedic sports-medicine surgeon who practiced at Alta Orthopaedics in Santa Barbara, California, and has since retired from clinical practice. Over his career he served as team physician for the Santa Barbara Foresters (California Collegiate League), as a physician to the U.S. Ski Team and UC Santa Barbara Athletics, and as a stadium physician for the New York Yankees and Madison Square Garden. He completed his orthopedic residency at New York Orthopaedic Hospital / Columbia-Presbyterian Medical Center and fellowship training at the Southern California Center for Sports Medicine and as a Frank E. Stinchfield Fellow at Columbia University.

Notably, he is also a former Arthrex insider — he sat on the board of the Santa Barbara arthroscopy company (Point Conception Medical) that Arthrex acquired — so his standard for surgical imaging is exacting. ArthroFree's earliest and most active adopter is not an early-tech hobbyist; he is a high-volume, high-expectation surgeon whose reputation rode on every case. That makes his sustained use a meaningful endorsement.

The challenge — the tethered OR

For decades, arthroscopic surgery has been performed with a camera physically tethered to the tower by a camera cable and a fiber-optic light cord. Those cords have real costs in a busy OR: they constrain the surgeon's freedom of movement, add clutter to the sterile field,

require careful draping and management, contribute to setup and breakdown time, and — through repeated bending and autoclaving — represent a recurring repair-and-replacement expense. Fiber-optic light cables also transmit heat. For a surgeon running a full slate of complex shoulder and knee cases, these are not abstractions; they are daily friction.

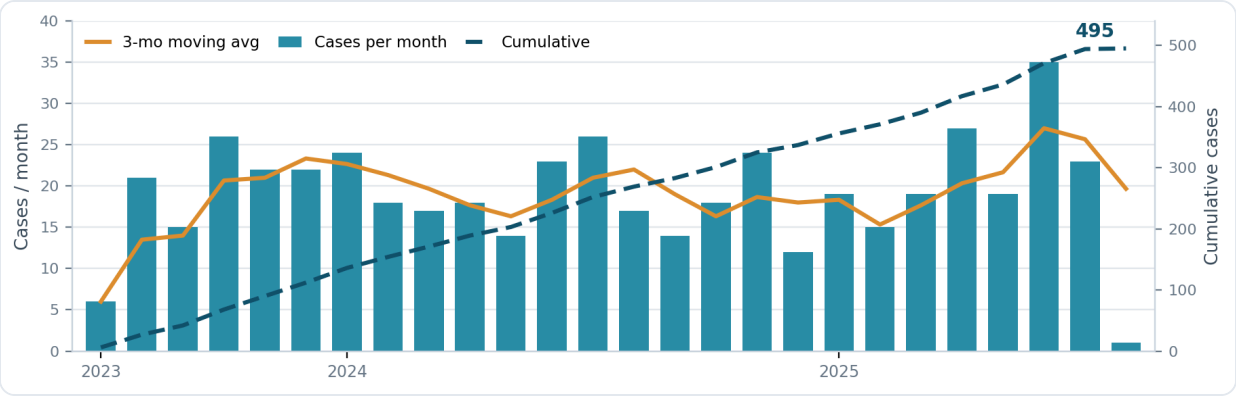
The solution — ArthroFree

ArthroFree® is the first and only wireless surgical camera system to receive FDA market clearance for minimally invasive surgery. It replaces both the camera cable and the light cord with a self-contained, battery-powered wireless camera and Lazurite's proprietary low-heat, high-intensity Meridiem™ light technology — the difference, as Lazurite frames it, between a landline and a mobile phone. The system is modular and designed to integrate with existing OR towers. For the surgeon and staff, the everyday effect is concrete: no cord-and-cable management during a procedure, zero risk of camera-cable-related burns or fires, and a contamination-free connection to the tower.

Dr. Proctor adopted ArthroFree in July 2023 and integrated it into his routine arthroscopy practice at De La Vina Surgery Center.

The results — a complete 495-case record

The clearest measure of a surgical tool's value is whether a surgeon keeps choosing it. Dr. Proctor's own case logs, compiled from July 2023 through August 2025 — the closing chapter of his clinical career, up to his retirement from practice — show sustained, deepening use rather than a novelty trial that faded. The record ends because he retired, not because he moved to another camera.



Monthly case volume (bars), three-month moving average (orange), and cumulative cases (navy) — July 2023 to August 2025. Usage held steady through year two, with the single highest quarter (81 cases) occurring in Q2 2025.

Three findings stand out for both clinical and business audiences:

Durable adoption. ArthroFree was used in every one of the 26 calendar months in the window — 495 cases, with no gap and no reversion to a wired camera. Sustained voluntary re-use is the defining marker of product-market fit for a capital device.

Deepening, not fading. The run-rate held at roughly 19–20 cases per month two years in, and his busiest quarter on record was his final full quarter of practice (Q2 2025, 81 cases). He relied on ArthroFree more heavily right up to retirement — the opposite of a novelty curve.

Full clinical breadth. The camera carried a complete sports-medicine caseload — 57% shoulder, 42% knee — averaging 3.9 procedures per case, including rotator cuff repair, subacromial decompression, meniscectomy, microfracture, biceps tenodesis and ACL reconstruction. This is a workhorse in complex, multi-step reconstructions, not a tool reserved for simple diagnostic scopes.

Economic value, too. As a surgeon who also carries an administrator's hat at an ASC, Dr. Proctor sets a blunt bar for any new technology — it *"has to be better and cheaper."* He credits ArthroFree on both counts: wireless setup means less staff turnover time between cases, and doing away with fiber-optic light cords removes a recurring replacement cost. Lazurite's internal cost-per-case analysis puts ArthroFree at an average of **17% savings versus leading wired cameras.** Across a 495-case, multi-year practice, a per-case advantage of that order compounds into a meaningful facility-level saving.*

> *"I'm really impressed with the image quality, the freedom of movement, and clarity of focus it allows — due to fewer workflow interruptions. I also like how ArthroFree allows me to use the full range of my dexterity in the OR. It really makes a difference on more complex cases. And my staff appreciates the less-is-more simplicity of ArthroFree.*
>
> **— Christopher Proctor, MD · Sports Medicine Specialist, Alta Orthopaedics & De La Vina Surgicenter**

Quoted from Lazurite's published Medical Advisor sheet, "Freedom of Movement in the OR — No Strings Attached" (Dr. Proctor, 2024).

Why it matters

For surgeons: a peer with an exacting, high-volume practice relied on ArthroFree across 495 cases spanning every month of his final two-plus years in the OR, across the full

arthroscopic range — real-world evidence that a cord-free camera holds up under demanding, everyday use.

For investors and partners: the account demonstrates durable adoption, deepening utilization, a quantified cost-per-case advantage, and a credible, named reference customer — the clinical and economic proof points that de-risk commercial scale-up for a first-of-its-kind capital device.

About ArthroFree & Lazurite

The ArthroFree® Wireless Surgical Camera System, developed by Lazurite (Cleveland, OH), is the first and only wireless surgical camera to receive FDA market clearance for minimally invasive surgery. It combines a battery-powered wireless camera with Lazurite's proprietary Meridiem™ light technology to eliminate the camera and light cables that have tethered arthroscopy for decades. Learn more at lazurite.co.

Methodology & disclosures. Case figures are compiled from two surgical logs provided by Dr. Proctor (522 records), merged and de-duplicated to 495 unique cases (27 duplicate/overlap records removed); anatomic and procedure categories derive from recorded CPT codes. Figures reflect self-reported clinical activity, not an audited registry. Patient identifiers were removed. Surgeon quotations are drawn from Lazurite's published Medical Advisor sheet (Dr. Proctor, 2024). ArthroFree product claims are drawn from Lazurite's FDA market-clearance announcement (March 2022). **Cost-per-case figure: Lazurite internal cost-per-case analysis (2024, unpublished), comparing average sales price for equivalent individual systems with a full-price service contract for Lazurite versus leading competitors.* Prepared by Lazurite for approved marketing use.