Exhibit 9

OPERATIVE REPORT

PATIENT INFORMATION:

PATIENT NAME:	**Johnny Jones**
DATE OF BIRTH:	[redacted]
DATE OF SURGERY:	**10/11/2016**
SURGERY FACILITY/HOSPITAL:	**Oak Park Hospital**

PREOPERATIVE DIAGNOSIS:
Left knee arthrofibrosis status post patellar tendon repair.

POSTOPERATIVE DIAGNOSIS:
Left knee arthrofibrosis status post patellar tendon repair.

OPERATIVE PROCEDURE(S):
Left knee arthroscopy with arthroscopic lysis of adhesions.

OPERATIVE INFORMATION:

SURGEON:	Nikhil Verma, MD
ASSISTANT(S):	Katie Gross, PA-C
ANESTHESIA:	LMA.
TOURNIQUET TIME:	
FLUIDS:	
ESTIMATED BLOOD LOSS:	Minimal.
COMPLICATIONS:	None.
DISPOSITION:	Stable and sent to recovery.

BRIEF HISTORY:
The patient is a 45-year-old male, who sustained a patellar tendon rupture with repair and subsequently developed stiffness. Clinical exam showed loss of range of motion with flexion to 105-110 degrees. At this point, he was offered an arthroscopic release. The risks and benefits of surgery were outlined including but not limited to bleeding, infection, neurovascular injury, persistent pain, swelling, stiffness, anterior knee pain or numbness, persistent functional deficit, and possible need for future or revision surgery. The patient understood the risks and benefits of the procedure as well as the expected outcomes and elected to proceed. Appropriate consents were obtained.

BRIEF OPERATIVE COURSE:
The patient was brought the operating room and placed on the operating table in supine position. ID brace reviewed and identity was confirmed. Left side was confirmed as the operative side. The patient underwent an LMA anesthetic by the anesthesia staff without complication. Two grams of Ancef was administered via IV and a time-out procedure was used to identify the patient, side, and administration of antibiotics.

Next, exam under anesthesia showed the patient had full extension with flexion limited to 100 degrees. He had normal varus/valgus and anterior/posterior stability.

Next, the left side was prepped and draped sterilely. Two-portal diagnostic arthroscopy was performed. Upon entering the joint, there was arthrofibrosis noted, particularly in the gutters and suprapatellar pouch. Using a radiofrequency wand working through both portals, the arthrofibrosis and adhesions were released reconstituting the suprapatellar pouch, followed by the medial gutter and then the lateral gutter. Chondroplasty was performed with limited chondromalacia of the undersurface of the patella. Trochlea was intact. Debridement of hypertrophic ligamentum mucosum was carried out. Medial and lateral compartments were entered with the femoral condyle and tibial plateau were maintained with intact meniscus. Notch showed intact ACL and PCL.

Operative Report
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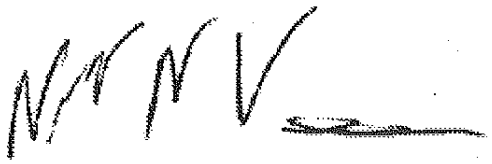
DOB: [redacted]
DOS: 10/11/2016

Next, we confirmed that the gutters had adequate debridement. Hemostasis was achieved. Scope instrumentation was removed. The knee was then manipulated. We are able to achieve 135 degrees in knee flexion.

At this point, the portal sites were closed with 3-0 Prolene. A sterile dressing was applied. The patient was placed into a cryotherapy sleeve. He was awoken from anesthesia and transferred back to recovery room in stable condition.

Postoperatively, the patient will be discharged with a weightbearing as tolerated status. He is to follow up in the office in 10-14 days for suture removal. I was present for all critical portions of the case and there were no complications. A qualified assistant was required during the case for assistance in patient transfer, patient positioning, assistance with the arthroscopic procedure, wound closure, and dressing application. No qualified resident was available during the procedure and Katie Gross, PA, served this role.



Nikhil Verma, MD

This document was digitally reviewed and approved by: Nikhil Verma, MD

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