For nearly her entire life, Sheryl\* has been active in sports ranging from bowling and golf to softball, cross-country skiing, and marathons.

"I love challenging myself physically," she relates. "I guess I've always had a lot of energy, and I needed to find a way to channel it."

Recently, the minor aches and pains that often result from a lifetime of high activity began to catch up with Sheryl as she entered her late 40's. She began to notice soreness in her knees and it seemed to take her longer to recover from her recreational activities.

"I didn't really think about it at first," she recalled. "I just figured it was one of those things that you have to expect when you're very physically active. But when the problems persisted, I started to think that there might be more to it than just *one of those things*."

Initially, she relied on treatments such as ice packs, over the counter pain relievers, easing back on her activities, and extending her warm-up routine before being active. Though these measures helped her at first, their effectiveness was temporary.

A person not to be kept down, Sheryl was determined to move through the pain and impairment. She continued to work at her physically demanding job as a courier and to play golf and softball on the weekends, and with the help of Tylenol and ice packs and frequent breaks, she continued on for another six months.

Sheryl recalls the moment when she realized she could no longer manage her situation alone: "I was walking around the mall, and I sat down on a bench to rest my knee – that was the only way I could endure a trip to the mall. After several minutes, I went to stand up...and I couldn't! My knee was locked! Eventually, I was able to stand up again, but the pain was tremendous. That's when I knew for sure that something serious was going on, and I also knew that I needed to see a doctor because I knew my knee was only going to get worse."

Sheryl consulted her primary care physician who suspected she might have joint damage and referred her to an orthopaedic surgeon.

Unfortunately, Sheryl found the specialist's evaluation to be less than sufficient.

"He was an idiot," recalls Sheryl. "He just did a quick exam and then told me that I should expect to have more pain, considering my age and activity level," she relates. "He told me to keep doing the things I had been doing at home and just learn to live with pain. That wasn't an acceptable answer to me."

**Comment:** The apostrophe doesn't belong here because the intent is to show plurality, not possession.

**Comment:** The tense shifted from present, which was established earlier in the article, to past. Once the tense is established, it needs to be kept consistent.

**Comment:** These three words should be connected with hyphens because they function together as an adjective to describe "pain relievers."

Comment: There are multiple extra spaces between these two sentences. Making sure your marketing communications are free of such excessive spacing is an easy way to make your written content look cleaner and more professional

**Comment:** There should be a comma here; otherwise, it sounds as if her physician suspected she had a knee problem before she even consulted him.

**Comment:** As true as this statement may be, it is probably not appropriate for a healthcare marketing piece and should be removed.

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Fortunately, Sheryl heard about another orthopedic specialist in her area: "My neighbor told me about Dr. Johnson," remembers Sheryl. "Her mother needed a hip surgery and she had gone to him, and she had been very pleased with her results. So I called his office and made an appointment."

## FINDING HELP

"Sheryl came to me and complained about the constant pain in her knee and about how it was interfering with her normal activities," remembers Edward J. Johnson, MD orthopedic surgeon in private practice in Greenfield. "After conducting an exam and taking x-rays, I confirmed that Sheryl had advanced osteoarthritis in her knee."

Generally, the surgeon tries conservative measures such as physical therapy, weight loss, and medications such as hyalgan to control pain and improve mobility before he recommends surgery. In Sheryl's case, however, he concluded that her knee had degenerated beyond the point where those options would be sufficiently beneficial, so he discussed total knee replacement with her.

"Modern knee replacement is tried and true," notes Dr. Johnson. "It's nothing for us to pull the old joint out and throw a new one in."

"Dr. Johnson explained to me in detail what was involved in the surgery," says Sheryl. "He said I was a candidate for a special technique he uses that calls for a smaller incision than what most other surgeons need to make."

"My technique results in less pain and a faster recovery," claims Dr. Johnson. "I'm one of only a few joint replacement surgeons in the United States who uses this method."

"The key to achieving a successful outcome for a total knee replacement patient is to completely understand the patient's lifestyle and choose the particular knee implant that will best allow the patient to return to their regular activities.

## STEPPING AWAY FROM PAIN

Deciding to go ahead and have surgery, Dr. Johnson assured Sheryl that she would be pleased with the decision.

Two weeks later, the surgeon performed Sheryl's knee replacement. Within hours of the surgery, she was up on her feet and taking steps with the assistance of a walker.

"I couldn't believe that I really could put weight on my knee so soon, but the physical therapist assured me it was perfectly okay," says Sheryl, "so I started walking and I was amazed. My knee pain was gone!"

Comment: For the sake of consistency, this word should be spelled with the "A" since the initial appearance of the word two paragraphs earlier contained the "A."

**Comment:** A comma should follow the credential. This is one of the most commonly overlooked details in written healthcare communications.

**Comment:** The phrase "board-certified" should be inserted here. More and more patients are looking for physicians who hold board certification, so don't make them search for it – show it when the physician is formally introduced.

Comment: When written properly, the registered name of this medication is spelled with all capital letters and carries a registration mark (HYALGAN®). Observing these guidelines ensures that drug and device manufacturers won't hassle you, and it presents a more professional image to your current and potential patients.

**Comment:** It's fine for surgeons to talk like this when they're among other physicians, but the tone is too casual for use in a patient-targeted marketing piece and needs to be revised.

**Comment:** This word suggests to readers that what Dr. Johnson says may not be true. "Says" or "states" is a better choice.

Comment: This is a subject-verb agreement problem. The verb "use" refers to the subject "a few" and not "one" so the verb should be "use" to reflect that

**Comment:** This closing quotation mark shouldn't be here because the same person continues to speak in the next paragraph.

Comment: While using "their" to refer to a single person has become commonplace, your professional image is bolstered by using "his or her" instead. Avoid using "his/her" because it makes for an awkward presentation.

Comment: This sentence contains what is called a dangling modifier, and it implies that Dr. Johnson decided to have surgery. In fact, Sheryl is the person who decided to have surgery. This lapse in logic should be corrected by restructuring the sentence.

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Today, Sheryl is back to her regular activities, free of the pain and impairment that had plaqued her for years. "I can't believe how much more energetic I feel now," she relates. "I didn't realize just how much the pain was slowing me down until it was gone."

Sheryl says she credits Dr. Johnson with her impressive results.

"He's just so wonderful. He's so very knowledgeable, but he's also very compassionate, and his bedside manner is the best. He took the time to answer all my questions and make me feel confident that surgery was the best way to go. And he was right! I have already recommended my friends to Dr. Johnson."

**Comment:** Typing this word instead of "plagued" is a common mistake.

Comment: Sentences conveying the recommendation of one person to another person are among the most commonly miswritten in healthcare marketing. A person needing a product or service is not recommended to a provider of a product or service; a provider is recommended to a person in need. This sentence should be rephrased so that Dr. Johnson is recommended to the friends.

<sup>\*</sup> This patient's surname has been withheld at her request.