

HEALTHCARE WORK SAMPLES



Thompson
COMMUNICATIONS

Deanna Thompson is a former hospital public relations director with extensive experience in healthcare writing and marketing. Previously a newspaper reporter in Florida and New Hampshire, she covered both state Capitols and early Presidential politics. She also has written for numerous magazines and newspapers, including *The Business Journal*, *Business North Carolina*, *American Health*, *USA Today* and the *Los Angeles Times* Syndicate. She is the author of the coffee table book, *Greensboro: A New American Metropolis*, coauthor of a travel guide to Florida, and author of the children's book, *100 Years Old with Baby Teeth*.

Thompson has assisted numerous medical practices and other healthcare organizations, including Cone Health, with their advertising, marketing, website development and strategic communication. She provides a range of services, from copywriting to creative direction to project management.



Specialties include:

- Concept, copy and creative direction for advertising and marketing campaigns
- Ghostwriting of articles and columns for physicians
- Article generation, writing and media placement for healthcare
- Patient interviews and testimonial writing
- Copy and site plans for websites
- Development of physician and health system brochures
- Branding and tagline development
- Project management

Samples of our work from seven past and current clients follow:

- Cone Health
- Spine & Scoliosis Specialists
- Piedmont Orthopedics
- Urgent Medical & Family Care
- Medoff Medical
- Pahel Audiology & Hearing Aid Center
- Carolina Vein & Laser Specialists
- Testimonials from clients

Assisted multi-hospital system with concept development and copywriting for major projects, including:

- Research and writing of 20th anniversary wall in The Women's Hospital
- Ads for physician offices and health system
- Brochures
- Annual report to our communities
- Annual nursing reports
- Book advertorials
- Poster copy for nursing conference

The Women's Hospital 20th Anniversary Wall

As The Women's Hospital approached its 20th anniversary, leaders wanted to celebrate its history and impact via a permanent wall display. I scoured old newsletters and other documents to find historical information, looked for fun facts to highlight, and interviewed hospital leaders to chart the hospital's path forward. The resulting wall display was unveiled as part of the 20th anniversary celebration and remains on display on the lower level of the hospital.



Copy excerpt:

The state's first freestanding women's hospital

In the 1980s, The Moses H. Cone Memorial Hospital leadership had a vision for a new hospital, one that would be designed and equipped to meet the special needs of women and infants. This hospital would be at the leading edge of healthcare, offering the latest obstetrical concept – homelike rooms for giving birth – in addition to providing patient-centered care, imaging studies and health education for women of all ages.

To fulfill this vision, Moses Cone Hospital purchased Humana Hospital-Greensboro in 1988. Following an extensive renovation project, the hospital reopened in 1990 as The Women's Hospital of Greensboro. It was the first freestanding hospital devoted exclusively to women and infants in North Carolina.

1990-94: A new era in women's care

The Women's Hospital of Greensboro opened November 5, 1990, and by 9:40 a.m., the squall of a baby boy had signaled the start of a new era locally. In addition to its

homelike rooms, the hospital featured the area's first Level III Neonatal Intensive Care Unit (NICU), a women's unit, a Breast & Ultrasound Imaging Center and a Women's Education Center. In 1992, the first Women's Only 5K Walk & Run was held, with proceeds going to the Mammography Scholarship Fund.

- 1991: 3,358 deliveries
- 1991: 375 babies treated in Level III NICU
- 1991: First nurse midwife joins staff
- 1994: 172 people volunteer at The Women's Hospital

A LeBauer HealthCare Ads

Assisted with the development of fliers and ads promoting the expertise of physicians at LeBauer Healthcare and LeBauer HeartCare, including new offices in High Point, Kernersville and Asheboro.

This flier introduces patients to the new pulmonary team in High Point.

B New Provider Ads

Interviewed and reviewed the resumes of new Cone Health providers to create copy for ads introducing them to the community.


This sample ad shows how I sought to connect new providers to the reader, using quotes and layman's explanations of their expertise.

C Moses Cone Health System Ads

Worked with the marketing staff and designer to develop Health System ads.

During an H1N1 influenza outbreak, I assisted with copywriting for a series of research- and copy-intensive ads aimed at preventing the spread of the flu in the community and in hospitals.

A



Breathe Easier... The Doctor Is 'In' at LeBauer Pulmonary Medicine

LeBauer Pulmonary Medicine at Moses Cone MedCenter High Point is now open and accepting patients. We offer state-of-the-art treatment for all types of lung and breathing-related disorders, including allergies, asthma, chronic cough, pulmonary hypertension and chronic obstructive pulmonary disease (COPD).

Our highly-trained medical staff includes **Patrick E. Wright, MD, FCCP**, a lung specialist for more than 20 years, and **Robert S. Byrum, MD, PhD**, who completed advanced pulmonary training before beginning practice in 2006. Both are board-certified in pulmonary medicine, internal medicine and critical care medicine. Board-certified nurse practitioner **Tammy S. Parrett, NP**, also has extensive experience treating pulmonary and critical care patients.

Call for an appointment today – and breathe easier knowing you'll receive leading-edge care from the specialists at LeBauer Pulmonary Medicine.

Accepting new patients.

LeBauer HEALTHCARE

LeBauer HealthCare • Moses Cone MedCenter High Point
2630 Willard Dairy Road • Suite 301 • High Point, NC 27265
Monday - Friday • 8:30 a.m. - 5 p.m.
p: 336.547.1801 • f: 336.547.1828

Visit lebauer.com for our other office locations.

B

The Center for Women's Healthcare at Stoney Creek welcomes

Linda Rosenbloom,

NP, MSN, Headache Specialist

"I love making patients' lives better."

Nurse practitioner Linda Rosenbloom has joined our staff to provide headache evaluation and treatment services to new and former patients, including pregnant women. Rosenbloom holds undergraduate and master's degrees in nursing and completed post-master's training as a women's health nurse practitioner at UNC-Chapel Hill. A member of the American Headache Society, she is a local, state and national speaker on migraines and has worked with patients on management of migraines for eight years. In her new role at Stoney Creek, Rosenbloom will diagnose migraines, evaluate triggers (including hormonal influences), prescribe preventives, and provide treatment for acute migraines (including medications that can be used by pregnant women). Call today for an appointment.

Accepting new patients.

Center for Women's Healthcare at Stoney Creek
945 Golf House Court West, Stoney Creek, NC 27377
336-449-4946
Mon. - Thur. 8 a.m. - 5 p.m. • Fri. 8 a.m. - noon

Linda Rosenbloom,
NP, MSN, Headache Specialist

MOSES CONE HEALTH SYSTEM
Center for Women's
Healthcare
www.mosescone.com

C

FLU update



Think you have the flu?
You don't need to come to the Emergency Department ... unless you're at high risk for complications.

Visit your family doctor or urgent care center if you need medical care for a flu-like illness. Only people who exhibit warning signs – such as difficulty breathing – or have an increased risk for complications should visit the Emergency Department (ED) for the flu.

When you come to the ED with mild flu symptoms, you expose the most vulnerable people in our community – seriously ill and injured patients – to this highly contagious disease. To protect patients during this flu outbreak, we also have restricted children under 18 from visiting our hospitals.

If you think you have seasonal flu or H1N1, you probably do. You don't need a test to confirm it. Symptoms include: fever (usually, but not always), cough, sore throat, runny or stuffy nose, chills, headache, fatigue, body aches and, particularly with H1N1, vomiting and diarrhea in some cases.

Most people with the flu have mild cases and don't need to see a doctor. **However, certain people are at high risk for developing complications:**

- children under 5
- people 65 and older
- pregnant women
- individuals with chronic or acute diseases or weakened immune systems

If you fall into a high-risk category, talk to your health care provider about what you should do if you get the flu.

Working together, we can prevent the spread of the flu in our community.

Do:

- Get seasonal flu and H1N1 vaccines.
- Wash your hands or use hand sanitizer frequently.
- Cough or sneeze into your sleeve (not your hand).
- Stay away from people who are sick.

Don't:

- Visit the Emergency Department for just mild flu symptoms.
- Bring children under age 18 to the hospital as visitors.
- Touch your eyes, nose or mouth, all of which are entry points for germs.
- Go to school or work if you have the flu.



For the latest flu information, visit www.mosescone.com and click on the icon above.

Nursing Annual Report

Worked closely with a nursing committee to develop the concept and copy for the annual nursing report required under the American Nurses Credentialing Center's Magnet Recognition Program.

Because it was the International Year of the Nurse and the centennial of Florence Nightingale's death, Nursing sought a report that would celebrate the profession of nursing, as well as illustrate the ways that nurses at Cone Health go beyond the call of duty to care for patients. Sections of the report focused on magnet components, patient satisfaction and quality.

The pages at right tell just one story of nurses from across the system coming together to make a difference.

TO READ ANNUAL REPORT
DOWNLOAD HERE



Copy excerpt:

Patient satisfaction

How Samuel met his Daddy.



Our nurses regularly go above and beyond what's required to care for their patients, but the story of Bill and Samantha Davenport is an extraordinary one. It's a tale of caring, action and teamwork among nurses and staff from two hospitals, a doctor's office and a mobile critical care unit.

It all began when the Davenports unexpectedly became patients in different Cone Health hospitals on the day of their son Samuel's birth. Bill was at The Moses H. Cone Memorial Hospital undergoing a cardiac catheterization for a blocked artery, while Samantha was several miles away at The Women's Hospital of Greensboro, preparing for a cesarean section. She had gone into labor the previous day when Bill was at the doctor's office and discovered his "indigestion" was actually a heart problem.

Once their story became known, people from across Cone Health began working to bring them together. As Samantha prepared for delivery, her nurse, Melissa Wilkins, RN, called Bill's nurse in the recovery room to check on his condition. In the delivery room, Wilkins again linked the couple via phone so Bill could hear Samuel's first cry and share the moment of birth with his wife. "I was so grateful for that because I wanted him here so badly," Samantha says. "The staff just worked so hard to make it special."

By the time Bill moved to a room, the staff at LeBauer HeartCare, a Cone Health-affiliated practice, had taken the next step – contacting CareLink, our mobile critical care unit, with a request to transport Bill to his wife's bedside so he could meet their son.



"It's a boy"

Jim Eldrett, RN, BSN, Bill's nurse at Moses Cone Hospital, monitored Bill's heart to make sure he was stable, then prepared the new dad, wearing a "Proud New Daddy" T-shirt, for transport. A stretcher was wheeled in by CareLink nurses Angela Comatzer, RN, Sean Houle, RN, and Anneita Minor, RN, MSN. Dad – still attached to his IV and heart monitor – was off to meet his son. It was a moment Bill had been anticipating since his procedure that morning. "I was saying, 'Come on, guys. Let's get this thing done ... I want to go see my boy,'" Bill says.

At The Women's Hospital, nurses got Samantha and Samuel ready for his arrival. CareLink nurses monitored Bill's vital signs as he held Samuel for the first time and gave away "It's a boy" buttons. Then Bill was on his way back to Moses Cone Hospital. The collaborative effort provided the Davenports with memories they'll cherish for a lifetime. Seeing the impact of their teamwork had a lasting effect for the nurses. "It was like we had a new addition to our family," Comatzer says. "It's a day we'll never forget."

A Nursing Annual Report

Wrote copy for nursing annual report, working closely with marketing and a nursing committee.

This unusually designed report celebrated Magnet success on one side while encouraging staff to "Catch the Wave" of Relationship Based Care in a large poster on the other side, with a graphic time line tracing RBC's genesis and impact on employees.

TO READ ANNUAL REPORT
DOWNLOAD HERE

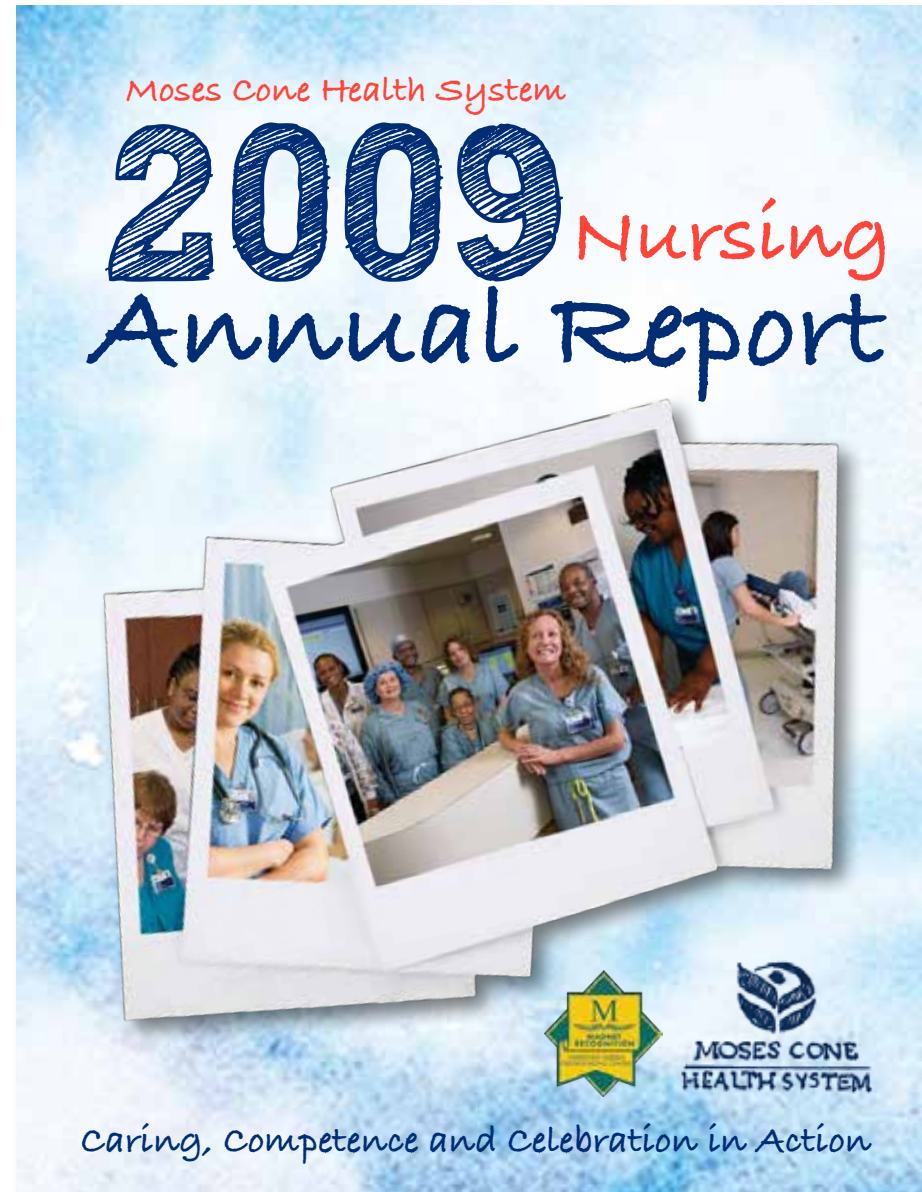
B Report to Our Communities

Developed copy for annual report.

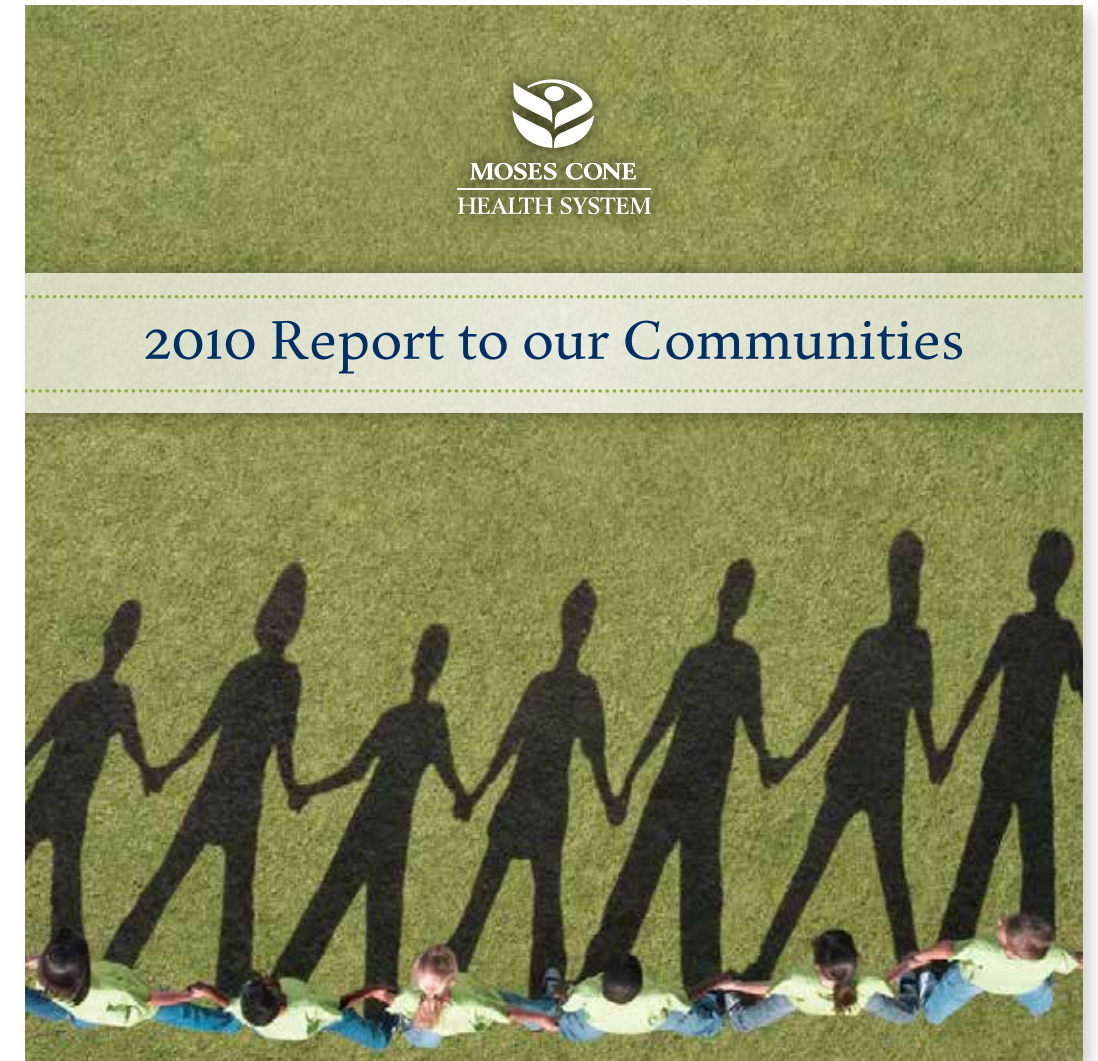
As Cone Health expanded its reach in the Triad and announced a 10-year plan to achieve national recognition for quality, my job was to interview line providers, the Cone Health president, the Board of Trustees chair and others to create an annual report and accompanying letters explaining the benefits to the community.

TO READ ANNUAL REPORT
DOWNLOAD HERE

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B



Nursing Poster and Handout

Assisted nursing staff in creating a poster and handout for presentation at a national nursing conference.


Starting with very dense study results, I worked with the nurses to distill the information into major copy points, explaining a successful Women's Hospital initiative that reduced the number of elective deliveries being performed prior to 39 weeks of gestation. The challenge of this project was not to write creative copy, but rather to reduce pages upon pages of data to informative, bullet-like statements on a poster while retaining the details that were vitally important to the nurses.

Cone Health • The Women's Hospital of Greensboro • North Carolina

EVERY WEEK COUNTS

Implementing a Program to Reduce Elective Deliveries in Patients Less than 39 Weeks

Amanda F. French, MSN, RN, CNS, RNC-OB • Amy Skrinjar, MSN, RN



INSPIRATION

Complaints from OB/GYN physicians about difficulty in scheduling inductions prompted us to reexamine our policies at The Women's Hospital of Greensboro in fall 2006.

We found:

- Many elective inductions were being done < 39 weeks.
- Physician's offices scheduled inductions at any point of pregnancy and for any gestational week.
- This caused difficulty in scheduling inductions for true medical concerns.
- There was no standard process for scheduling inductions.

LEADERSHIP

A literature review revealed that elective deliveries < 39 weeks may lead to an:

- Increased length of stay.
- Increased risk for cesarean delivery.
- Increased chance of NICU admission.

A team made up of our vice president of nursing, women's health clinical nurse specialist, chief of OB/GYN services, labor and delivery unit director and staff nurses, and medical staff quality liaison developed a series of new policies aimed at reducing the number of elective deliveries < 39 weeks gestation.

FORGING NEW DIRECTIONS

Changes included a new:

- Induction policy, scheduling process and standing orders.
- Physician peer review subcommittee to examine records of patients delivering < 39 weeks, with questionable cases sent to full committee.
- Letter sent to physicians practicing outside the set standard.

Strategies to overcome resistance included:

- Involving the chief of OB/GYN services.
- Educating physicians on ACOG guidelines for "medically necessary" deliveries.
- Holding physicians accountable.
- Participating as leaders in a statewide 39 weeks project through the Perinatal Quality Collaborative of North Carolina (PQCC) in 2009-2010.

CHARTING RESULTS

Our effort to reduce elective deliveries < 39 weeks has had a major impact.

Key results include:

- Elective deliveries < 39 weeks decreased from 9 percent of all deliveries in 2009 to less than 1 percent in 2011 (year to date).
- Monthly meetings regarding construction of a transitional care nursery ended after the number of newborns needing additional support decreased.
- Physician subcommittee was disbanded due to reduction in numbers.

Another important benefit that cannot be measured in numbers is the reduced stress to parents and the positive health benefit to newborns.



Standing Orders for Induction

Required documentation now includes:


- Bishop score of 6 or greater
- Reason for induction
- Estimated fetal weight
- Gestational age
- Method of induction planned

Bishop Score

Score	Dilation (cm)	Effacement (%)	Station	Cervical Consistency	Position of Cervix
0	Closed	0 - 30	-3	Firm	Posterior
1	1 - 2	40 - 50	-2	Medium	Mid Position
2	3 - 4	60 - 70	-1, 0	Soft	Anterior
3	5 - 6	80	+1, +2	—	—

Team Members: Becky Zhang, BSN, RNC-OB; Lisa Brewer, BSN, RNC-OB; Sue Yow, BSN, MHA, CPHQ, CSSBB; Laura Bell, RN; Richard Kaplan, MD



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Helped re-brand medical practice, including promotion of new name, new location and new doctors:

- Oversaw logo development
- Created concept and copy for advertising campaigns
- Developed copy for website
- Assisted physicians in writing columns
- Developed fliers and posters promoting new physicians, new offices and new operating tools
- Created Constant Contact newsletters
- Oversaw creative development of, and wrote copy for, patient booklet, trade show display and other collateral materials
- Wrote press releases and secured coverage of practice in *The Business Journal*

Patient Booklet

Developed patient booklet, including concept and copy, in coordination with the designer.

The client wanted a practice brochure that would position their office as the area's spine leader, while also introducing patients to the office. The copy sample at right is for a page introducing the O-Arm, a state-of-the-art tool for spine surgeons.



Copy excerpt:

O-Arm: Advanced Surgical Technique

Our surgeons are leaders in spine surgery and have undergone extensive training in the latest minimally invasive techniques. They are the only spine surgeons locally using the O-Arm, a state-of-the-art imaging system that creates detailed 2- and 3-dimensional images to help surgeons visualize the patient's spine and their instruments throughout surgery. The O-Arm is a valuable tool in almost any type of spine surgery, from the most simple to the most complex.

- Technologically-advanced, GPS-like system for navigation of the spine
- Allows surgeon to see the spine and instruments intra-operatively in real time
- Requires fewer and smaller incisions than traditional surgery
- Preserves healthy tissue during surgery
- Allows more precise placement of implants for improved results and increased safety
- Minimizes complications, pain, recovery time and the need for repeat surgeries





'We've Got Your Back' Ad Campaign

Created ad series promoting the practice physicians as the area's spine experts, using the theme, "We've Got Your Back."

Individual ads were directed at three categories of spine patients. The first two ads were targeted to readers of lifestyle magazines in Greensboro and surrounding communities. The third ad was directed at businesses.

A The copy and graphics focused on patients in pain.

B The creative elements were directed at patients with scoliosis.

C The black-and-white ad, which appeared in *The Business Journal*, was targeted to workers compensation patients – employers and their employees suffering back pain after on-the-job injuries.

A

When You're in Pain...
We've Got Your Back

Get help now at Spine & Scoliosis Specialists, the Triad's only medical practice dedicated exclusively to the spine.

Our specialty center offers:

- Treatment by board-certified, fellowship-trained spine specialists.
- State-of-the-art care for all types of spine problems, from simple backaches to complex diseases and injuries.

SPINE & SCOLIOSIS SPECIALISTS
ADVANCED TREATMENT & SURGERY

Call today for an appointment or visit us online.
336-333-6306
www.spineandscoliosisdocs.com
2105 Braxton Lane, Suite 101 • Greensboro, NC 27408

Thomas R. Saullo, MD
Board-certified in physical medicine and rehabilitation
Fellowship-trained in interventional spine care

Max W. Cohen, MD, FAAOS
Board-certified in orthopaedic surgery
Fellowship-trained in spine and scoliosis treatment and surgery

S. Michael Tooke, MD, FRCSC
Board-certified in orthopaedic surgery
Fellowship-trained in spine and joint replacement surgery

B

When Life Throws You a Curve...
We've Got Your Back

Don't let scoliosis or another serious back problem keep you from enjoying life to the fullest. Get state-of-the-art care now at Spine & Scoliosis Specialists, the Triad's only medical practice dedicated exclusively to the spine.

Our specialty center offers:

- Advanced scoliosis surgery performed by the region's only surgeon with double fellowship training in spine and scoliosis treatment.
- Leading-edge procedures, including O-Arm-guided surgery and artificial disc replacement.
- Progressive care for all types of spine problems, from simple backaches to complex diseases and injuries.
- Treatment by board-certified, fellowship-trained spine specialists.
- Comprehensive services, including on-site imaging, physical therapy, pain-relieving injections, conservative treatments and surgery.

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Fellowship-trained in spine and joint replacement surgery

C

When an Injury Happens on the Job...
We've Got Your Back

Spine & Scoliosis Specialists is the Triad's only medical practice dedicated exclusively to the spine. Our mission is to help patients with neck and back problems return to work – and life.

Our specialty center offers:

- Urgent Spine Clinic, providing evaluation of on-the-job injuries within 24 hours.
- Treatment by board-certified, fellowship-trained spine specialists.
- Multidisciplinary protocols to help injured employees reach maximum medical improvement as quickly as possible.
- Care for all types of spine problems, from simple back strains to complex diseases and injuries.
- Comprehensive services, including on-site imaging, physical therapy, pain-relieving injections, conservative treatments, second opinions and surgery.
- Leading-edge procedures, including O-Arm guided surgery, minimally invasive surgery, disc replacement and revision spinal surgery.

To refer an injured employee, call the Urgent Spine Clinic at 336-458-3676.

SPINE & SCOLIOSIS SPECIALISTS
ADVANCED TREATMENT & SURGERY

Max W. Cohen, MD
Board-certified in orthopaedic surgery
Fellowship-trained in spine and scoliosis treatment and surgery

S. Michael Tooke, MD
Board-certified in orthopaedic surgery
Fellowship-trained in spine and joint replacement surgery

Thomas R. Saullo, MD
Board-certified in physical medicine and rehabilitation
Fellowship-trained in interventional spine care

To learn more about our Workers Compensation services, visit www.spineandscoliosisdocs.com
2105 Braxton Lane, Suite 101, Greensboro, NC 27408 • p: 336-333-6306 • f: 336-333-6309



A New Physicians, New Offices

Created numerous fliers, posters and ads to introduce new physicians, new offices and new services.

This flier, also made into a poster for office display, introduced a new physiatrist who had joined the staff. In addition, the flier provided education on what a physiatrist is and how he can help people with back and neck pain.

B Website Copy, Testimonials

Created all copy except medical library for practice website, working closely with the practice manager and the website developer. Updated copy for re-branding of website.

The practice wanted a copy-intensive site that would make it the go-to resource for patients in the area with spine problems. In addition to writing pages explaining services and profiling providers, I interviewed numerous patients about their experiences and wrote testimonials from their comments. I also planned photos reflecting life experiences in the testimonials and coordinated shoots to secure photos of these patients.

TO READ WEBSITE COPY
[CLICK HERE](#)

A

Thomas R. Saullo, MD
 • Medical degree: Louisiana State University School of Medicine
 • Residency: New York Presbyterian Hospital Columbia/Cornell
 • Fellowship: Interventional Spine Care, Virginia Commonwealth University Medical Center
 • Certification: American Board of Physical Medicine and Rehabilitation

Thomas R. Saullo, MD Joins Our Medical Staff

Spine & Scoliosis Specialists welcomes Thomas R. Saullo, MD, to our medical staff in October 2011. Dr. Saullo (pronounced SAWL-lo) is a board-certified specialist in physical medicine and rehabilitation. As a physiatrist, he takes a whole-body approach to diagnosis, treatment and rehabilitation of patients with spine problems. Prior to becoming a doctor, he worked as a physical therapist for eight years.

Dr. Saullo will:

- Work closely with our surgeons, allowing new and established patients to benefit from comprehensive, multidisciplinary spine care.
- Provide independent medical exams and second opinions.
- Conduct electromyograms and nerve conduction studies.
- Perform nonoperative, minimally invasive procedures aimed at decreasing pain and increasing function.

About Us
 Spine & Scoliosis Specialists is the only medical practice in the Piedmont Triad devoted exclusively to spine care. Our board-certified specialists offer the latest, most technologically advanced treatment for complex spinal problems.

SPINE & SCOLIOSIS SPECIALISTS
 ADVANCED TREATMENT & SURGERY

2105 Braxton Lane, Suite 101, Greensboro, NC 27408
 (Near the intersection of Lammale Drive and Piggyback Church Road)
 p: 336-333-6306 • f: 336-333-6309 • www.spineandscoliosisdocs.com

B

SPINE & SCOLIOSIS SPECIALISTS
 A Center of Spine Care Excellence

336.333.6306

Home | Our Services | Our Staff | Locations | Testimonials | Our Treatments | Contact Us

Adult and Pediatric Scoliosis making a difference in lives of patients of any age

Copy excerpt from website testimonial:

Joyce Cantrell:

"I tell everyone Dr. Cohen is a miracle worker."

Six years ago, Joyce Cantrell couldn't get around without a cane or, occasionally, a walker. The surgeon she saw said she had degenerative disc disease with arthritis, but advised against an operation. She cut back to part-time work and finally had to quit the teaching job she loved. She lived in constant pain.

Then she was referred to Max Cohen, MD, FAAOS, the only Triad physician with double fellowship training in spine and scoliosis treatment. Dr. Cohen, the founder of Spine & Scoliosis Specialists, found the root of her problem – undiagnosed adult scoliosis, which had curved her spine into an S. Using innovative, state-of-the-art techniques, he straightened her spine and performed spinal fusion surgery.

Today, Joyce is pain-free. She enjoys water aerobics, exercises on a treadmill and walks twice a week with her husband.

"To be out of pain is just fantastic," she says. "I tell everyone Dr. Cohen is a miracle worker."



A Physician Articles

Assisted doctors in writing articles on spine health.

This article on better posture to prevent back and neck pain is one of more than 20 educational articles that appeared in the *Guilford County Women's Journal*. Typically, I conducted tape-recorded interviews with the physicians, which then served as the basis for the articles.

B E-mail Newsletters

Oversaw development of Constant Contact header and footer and created content for email campaigns.

Using Constant Contact, I assisted the client in providing practice news to its mailing list. In addition, we used email newsletters to distribute links to the educational articles published in the *Guilford County Women's Journal*, increasing their circulation.



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A

medical

Correct Poor Posture at Your Desk to Prevent Back, Neck Pain

by Thomas R. Saullo, MD

Your mother was right. Slouching is bad for you – and so are a host of other things many of us do while working on the computer at our desks. Correcting your posture at your desk can help you avoid long-term back and neck problems.

Do you work on a computer?

If you're like many people today, you spend much of your workday in front of a computer. However, you may not realize that your sitting posture and habits not only can cause irritating neck, back and wrist pain at the end of the day, but also can lead to long-term back and neck problems.

Symptoms such as neck pain, lower back aches, numbness in the fingers and pain radiating down your arm all can be related to your posture at the computer. Poor posture may result in or worsen chronic spine problems, including osteoarthritis and degenerative disc disease. Continued poor posture over many years can lead to pain and spinal changes that sometimes require surgery to correct. To avoid these problems, follow the instructions below on proper placement of your monitor, your chair and your body while working at the computer.

Position your monitor correctly

Keep your work and your computer monitor directly in front of you, not at an angle. You shouldn't have to turn your head to look at the monitor or at your work. The monitor should be about an arm's length away and the top of the screen should be within 2 inches of eye level.

Get a chair with support

A good chair can help you maintain the optimum position. Before purchasing a new chair, try it out in the store to find one that works best for you. Look for a chair with good lumbar support to help you keep your back straight while sitting at your desk.



Adjust your chair height

You want your hips to be slightly higher than your knees, and your feet should be flat on the floor. Your arms should rest lightly on the chair's armrests at a 90-degree angle, so your hands can easily reach the keyboard and mouse and you can use them with your wrists relatively flat. If you hold your elbow in the air or raise your arm or shoulder to use these devices, it can lead to muscle strains in your shoulders and neck.

Using a laptop?

When you use a laptop instead of a desktop computer, you face a special problem with posture because your keyboard and monitor are in "locked" positions. That can cause you to hunch your neck and shoulders, resulting in muscle strain.

If you use the laptop on your desk frequently, consider one of two options to allow for better posture while working. The first option is to attach a desktop monitor and position it at the proper level. The second is to shift your laptop monitor to the proper height and attach a separate keyboard that you place at a lower level. Both options allow you to assume the posture recommended above for work at your desk.



This drawing illustrates proper position at a computer, with head facing straight ahead, the monitor positioned so its top is within 2 inches of eye level, and arms at a 90-degree angle.

Give your spine a break

Don't sit with your neck and body in the same position for a long time because that can lead to strains. You can set a timer on your computer to remind you to change positions. Every 30-45 minutes, make a point of standing up for a few moments, stretching, walking to the water cooler or a co-worker's desk, or even taking a walk around the office.

Think you already have a problem from your posture?

Your physician can evaluate your posture and recommend exercises and other steps you can take to reverse your slouch before it becomes a permanent problem. Visit us on the Web at www.spineandscolisidocs.com or call 336-333-6306 to schedule a consultation.

Thomas R. Saullo, MD, is a board-certified specialist in physical medicine and rehabilitation at Spine & Scoliosis Specialists, the Triad's only medical practice devoted exclusively to spine care. As a fellowship-trained interventional spine care specialist, he works closely with patients to help them decrease pain and increase function.



Watch TV Segments to Learn More

Dr. Saullo recently was invited to appear on WFMY-TV's *Good Morning Show* to discuss proper desk posture with co-host Eric Chilton. Visit www.spineandscolisidocs.com to watch the videos.

When You're in Pain... We've Got Your Back

Get help now at the Triad's only medical practice dedicated exclusively to the spine.

SPINE & SCOLIOSIS SPECIALISTS
ADVANCED TREATMENT & SURGERY

Same-day appointments available for acute injuries
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Max W. Cohen, MD, FAAOS • Thomas R. Saullo, MD
2105 Braxton Lane, Suite 101 • Greensboro, NC 27408

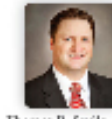
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Max W. Cohen, MD, FAAOS
Founding Physician
Knowledge, Dedication, and
Compassion



Dr. Michael D'Amico, MD, FRCPC
Physician
Dedicated to the
highest quality of care



Thomas R. Saullo, MD
Physician
Dedicated to the
highest quality of care

In January 2012, we moved to the next level in our mission of bringing the latest techniques to our patients, joining top spine specialists across the country in using revolutionary new equipment - the O-Arm Imaging and navigation system.

Our founding physician, Max W. Cohen, MD, FAAOS, helped High Point Regional Hospital acquire this state-of-the-art technology for spine surgery. It is the first facility in Guilford County to have the equipment, and he was the first orthopaedic spine surgeon locally to use it in a procedure.

This equipment enables us to perform spine surgery more precisely, minimizing complications, pain and the need for repeat surgeries.

To read more and view additional photos of Dr. Cohen using the O-Arm to perform a spinal fusion, click [here](#).



Sincerely,

Donna Kirkman, Practice Administrator
Spine & Scoliosis Specialists



Assisted busy orthopedics practice with marketing and branding:

- Helped develop new website
- Secured publicity on front of *News & Record* Life section about physician invention
- Developed ad campaigns
- Wrote press releases
- Assisted physicians in writing columns
- Wrote magazine cover story on practice

Website Development

Work included all copy (except educational library) for website, including new tagline emphasizing the personal attention provided in the practice: *Keeping the Triad in motion, one patient at a time.*

Working closely with the practice manager and the website development company, I developed concept and copy for the home page and subordinate pages. My work also involved patient interviews and testimonial writing, physician interviews and profile writing, as well as photography planning, scheduling, coordination and selection.



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The screenshot shows the Piedmont Orthopedics website homepage. At the top left is the logo with the text "PIEDMONT ORTHOPEDICS". To the right is a "BLOG" link and a "MAKE AN APPOINTMENT (336) 275-0927" button. Below the logo is a navigation menu with links for "STAFF", "NEWS & EVENTS", "EMPLOYMENT", and "CONTACT US". A central banner features a photo of a doctor shaking hands with a young girl, with a handwritten note that says "Dr. Yates may be a bone doctor, but he is all heart." To the left of the banner is a vertical menu with links: "Our Services", "Why Choose Us?", "Patient Information", "Patient Education Center", and "Make a Payment". Below the banner, the main content area is divided into two columns. The left column is titled "Welcome to Piedmont Orthopedics" and includes the tagline "Keeping the Triad in motion, one patient at a time" and a paragraph describing the practice's commitment to patient care. The right column is titled "LATEST NEWS" and lists three articles with "Ask the Orthopedist" titles. Below the news is a "MEET OUR PHYSICIANS" section with a grid of 10 small portraits. At the bottom, there is an "AREAS OF SPECIALTY" section with three columns of services: Total Orthopedic Care, Anterior Hip Replacement Surgery, Arthroscopic Knee Surgery, Arthroscopic Shoulder Surgery, Back/Spine Surgery, Carpal Tunnel/Hand Surgery, Diabetic Foot Care, Fracture Care; Interventional Spine Procedures, Primary Care, Rheumatology, Sports Medicine, Sports Physicals, Total Joint Replacement, Trauma/Emergency Care, Workers Compensation Injuries; and Piedmont Orthopedics, 300 West Northwood Street, Greensboro, NC 27401, (336) 275-0927, and satellite offices on Carolina Street in Greensboro and in Eden. Social media icons for Facebook, Twitter, LinkedIn, and YouTube are at the bottom center, and a copyright notice is at the very bottom.



Publicity on Sock for Chronic Wound Healing

Secured front-page story on the N&R's Monday Health page for a Piedmont Orthopedics physician.

With pre-clinical trials on more than 60 patients showing promising results, Dr. Marcus Duda went public with information on his invention - a new medical compression sock designed to heal chronic leg and foot wounds that have not responded to the standard of care for wound treatment. I interviewed Dr. Duda, interviewed patients, wrote the story, oversaw the photo shoot, suggested the story to the newspaper, and coordinated with the newspaper to supply photos.

TO READ THE STORY
DOWNLOAD HERE



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NEWS & RECORD

LIFE

Monday, July 15, 2013

Program on coping with suicide

Frank Page, author of "A Father's Lessons from a Daughter's Suicide," presents a program to those who have lost a loved one to suicide or who may have considered suicide. The free program, "Hope in the Midst of Personal Pain," is 6:45 p.m. July 22 at Friendly Avenue Baptist Church, 4800 W. Friendly Ave. in Greensboro. For information, call 292-3567.



CALL US
Suggestion or
a question?
Branch 44
373-7145.

B5

For more Life features, go to News-Record.com

Caregiver education program planned

The Adult Center for Enrichment will offer a caregiver education session, "Understanding VA Benefits," from 10:30 a.m. to noon July 23 in the board rooms at ACE at Oak Branch, 11 Oak Branch Drive, Suite B in Greensboro.

Dennis J. Toman, certified elder law attorney and founder of the Elderlaw Firm in Greensboro, will offer information to help veterans and their caregivers better understand VA benefits.

To register, contact Jodi Kolada by Friday at 274-3559 or jkolada@ACEcare.org.

Two students attend Children's Congress

For the first time, the Piedmont Triad Chapter of JDRF sent two delegates to Washington to participate in the organization's Children's Congress July 8-10. Chandler Simpson of Greensboro and Ian Cole of Burlington, both 14, were selected by JDRF to join 150 other children from around the country for the Children's Congress.

Chandler is a rising freshman at Page High School, and Ian is a rising sophomore at Western Alamance High School.

Chandler has had diabetes since she was 7; Ian has had diabetes since he was 9. Both delegates are part of JDRF's Youth Ambassador Program, which enables diabetics in the community to become leaders and advocates for this disease. Chandler and Ian have both led their own JDRF Walk teams and volunteered for the chapter's Hope Gala and other fundraising events.

Children and teenagers between the ages of 4 and 17, representing all 50 states and the District of Columbia, visited the nation's capital as delegates. The event, held every other summer, was led by JDRF international chairman Mary Tyler Moore and included congressional visits by the delegates as well as a Senate hearing, during which Moore and select delegates and ad-

ditional delegates and ad-

See Health, Page B6



Dr. Marcus Duda examines Eunice Murray's leg wound during treatment using his medical compression sock. Murray credits the sock with helping save her leg.

SAVED BY THE SOCK

Dr. Marcus Duda's compression sock helps heal his patients' chronic wounds

By DEANNA THOMPSON
Special to the News & Record

Almost a year ago, Caroline Barbee collapsed to the floor as she returned to her Greensboro apartment.

Rushed to the hospital, the 87-year-old soon was admitted to the intensive care unit with a MRSA infection. Standard treatments failed to eliminate the infection, and two doctors recommended amputating her leg to save her life.

"I remember hearing them say, 'Should we amputate above the knee or below the knee?'" Barbee says. "It was scary."

Barbee still has her leg, and her wound has healed with help from an improved medical compression sock invented by Dr. Marcus Duda, an orthopedic surgeon at Piedmont Orthopedics in Greensboro. The sock shows early, promising results in healing chronic leg and foot wounds that have not responded to the standard of care for wound treatment.

Duda, who has a special interest in foot and ankle disorders, has performed pre-clinical trials using the sock on more than 60 patients, including Barbee. He expects to move into clinical trials this year.

Treatment with Duda's sock was a last resort before amputation for Barbee, who was in septic shock from the methicillin-resistant *Staphylococcus aureus* infection, which involved her entire leg. Conventional compression therapy and antibiotic treatment were unsuccessful in clearing the infection. After three months of

treatment with the sock, her leg healed.

"Dr. Duda saved my life," Barbee says.

Eunice Murray also credits Duda's sock with saving her leg. She was walking into her son's home last summer when his pet Dachs-hund bit her, leaving a deep gash on her lower leg.

The 63-year-old Eden resident spent days in and out of the hospital and finally had a skin graft. However, the wound still was not healing as quickly as doctors wanted with traditional treatments. She started seeing improvement soon after she began wearing Duda's sock.

Other successes include:

- A 24-year-old man with a chronic fungal infection and a MRSA infection on the foot. Two antibiotics failed to clear the infection. After two weeks of treatment with Duda's sock, the man's foot healed.
- A female patient who had an ulcer on her ankle that had not responded to treatment for 12 years. After 12 weeks of sock treatment, the ulcer had healed.

Duda began developing the sock concept in 2011. As a volunteer physician treating chronic wounds at a hospital wound center, he became interested in why products on the market do not heal chronic and complex wounds. "Traditional wound-care products do well with acute wounds," he says. "But nothing seems to work very well in chronic wounds."

His research found that the biology of acute wounds — the everyday cuts and scrapes that heal



Caroline Barbee nearly had her leg amputated, but Dr. Marcus Duda's sock helped her heal. Now, she rides a bicycle and participates in daily exercise classes in the retirement center where she lives.

on their own — is very different from that of chronic wounds. In an acute wound, the body's immune system unleashes mediators that clean up wounds to start the healing process. In chronic wounds, these mediators don't get

turned "off," and this causes destruction of healing tissue. These chronic wounds also become colonized with bacteria. Duda's sock turns off the mediators.

See Sock, Page B6

Copy excerpt:

By Deanna Thompson
Special to the News & Record

Almost a year ago, Caroline Barbee collapsed to the floor as she returned to her Greensboro apartment.

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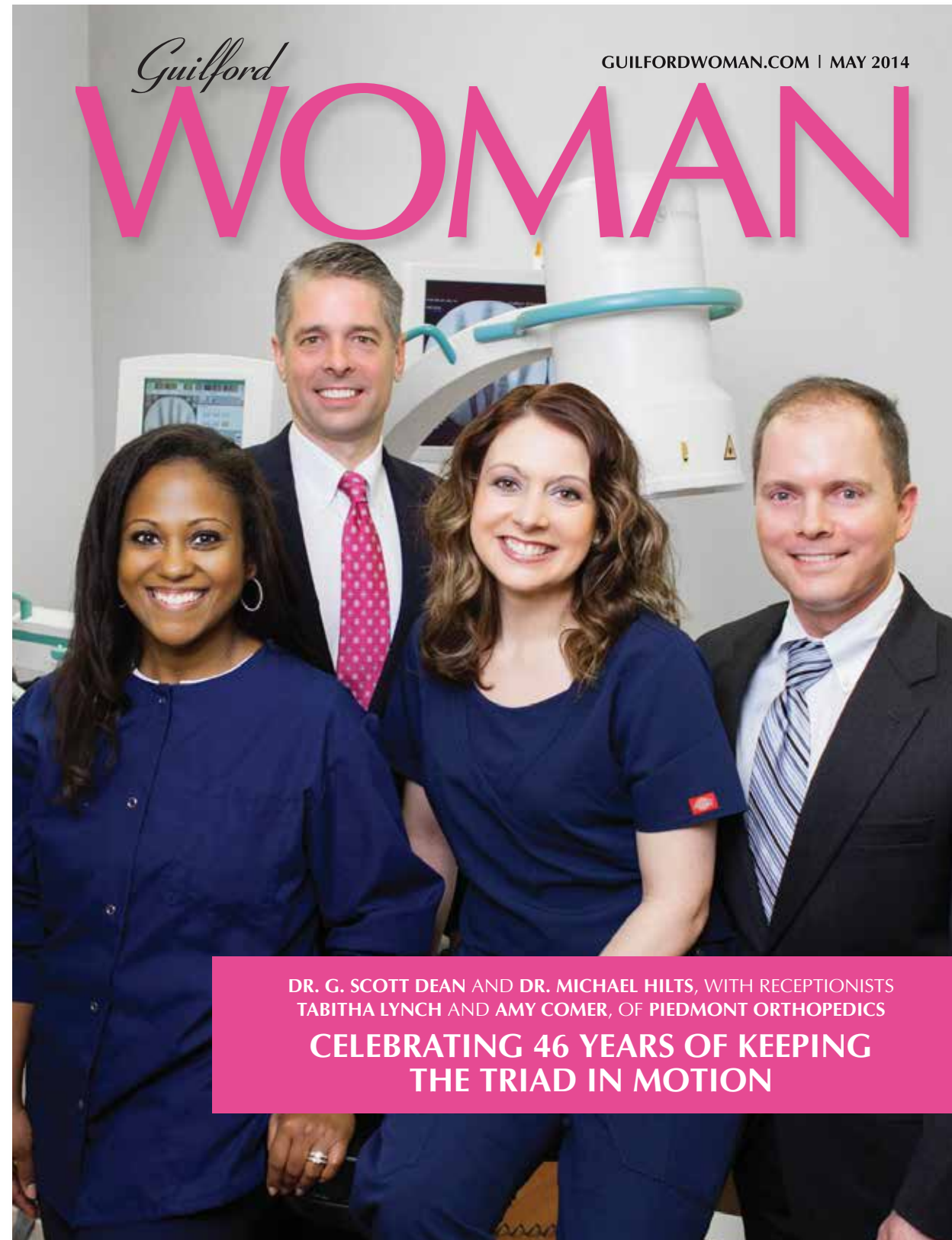
Barbee still has her leg, and her wound has healed with help from an improved medical compression sock invented by Dr. Marcus Duda, an orthopedic surgeon at Piedmont Orthopedics in Greensboro. The sock shows early, promising results in healing chronic leg and foot wounds that have not responded to the standard of care for wound treatment.

Guilford Woman Cover Story

Spotlighted orthopedics practice in cover story for popular women's magazine.

With its advertising contract, Piedmont Orthopedics received a complimentary cover story with photo shoot. I wrote the story, scheduled and coordinated the photo shoot, assisted in selection of photos and coordinated the entire project.

TO READ COVER STORY
DOWNLOAD HERE





Ask the Orthopedist

Assisted physicians in writing Q&A columns on orthopedic and related topics for monthly women's magazine.

The columns at right are examples of more than a dozen educational columns that appeared in *Guilford Woman*. Typically, I conducted tape-recorded interviews with the physicians, which then served as the basis for the questions and answers.

ASK THE ORTHOPEDIST

By N. Michael Xu, MD
Piedmont Orthopedics



N. Michael Xu, MD, is an orthopedic surgeon at Piedmont Orthopedics. He treats patients with all types of orthopedic problems, but has a special interest in hand surgery, knee and hip replacement surgery, and trauma surgery. Dr. Xu has advanced training in Oxford® partial knee replacement surgery. Contact Dr. Xu at Piedmont Orthopedics at 336-275-0927 or on the Web at www.Piedmont-Ortho.com.

Do you have a question related to this column or a general orthopedic question you would like to have answered in a future issue? Send an e-mail to AskPiedmont-Ortho@sosbonedocs.com.

Q. I am a 42-year-old woman with right shoulder pain that seems to be getting worse. It hurts to reach back and grab my seatbelt in the car, and I can't reach all the way over my head. I don't remember doing anything to hurt my shoulder. What could this be?

A. There are several conditions that might be causing the pain you describe. Arthritis, bursitis and a rotator cuff injury are all possibilities, but the most likely one from your description is adhesive capsulitis, more commonly known as frozen shoulder. Frozen shoulder occurs when the shoulder capsule becomes inflamed and scarring develops, limiting range of motion. There usually is no injury involved.

You need to see an orthopedist. To diagnose your problem, we will take your history, perform a physical examination and possibly get an x-ray. The x-ray will not show a frozen shoulder or an early rotator cuff injury, but it will show signs of arthritis. We may also suggest an MRI scan to rule out a rotator cuff tear.

In the physical exam, we will compare your range of motion in both arms. When one arm can extend normally and the other won't go past a certain point - not from weakness but because its range of motion is limited - we typically will diagnose frozen shoulder.

Most people who have a frozen shoulder begin to improve with use of anti-inflammatory drugs combined with physical therapy. In physical therapy, you will be encouraged to do gentle stretching, range of motion exercises and strengthening. If therapy is too painful, sometime we will suggest a cortisone injection to take the edge off your pain during the exercises.

Most cases of frozen shoulder resolve within a year or two years on their own, and physical therapy can speed that process. Surgery is rarely needed.

Q. I am having the strangest problem with my left ring finger. When I straighten my fingers, my ring finger gets locked in a curled position, and I have to use my other hand to straighten it. My finger hurts and makes a popping sensation when it straightens. What is happening?

A. It sounds like you have what is commonly called a trigger finger. The name comes from the scenario you describe. The finger locks, then suddenly pops into a straight position when pushed.

An orthopedist can diagnose this problem by taking a medical history and performing a physical examination. Trigger finger often begins with a clicking sensation in the finger, then progresses. In the worst cases, the finger becomes stuck in a curled position and cannot be straightened.

Trigger finger results from inflammation in the flexor tendon and the tunnel it passes through. When you straighten your finger, the flexor tendon is supposed to enable that motion by sliding through this tunnel. When inflammation narrows the tunnel, the tendon cannot slide and becomes caught at the entrance.

The first step in treating a trigger finger usually is to have the patient take an anti-inflammatory medication and wear a splint to immobilize the finger. If that doesn't reduce inflammation sufficiently to allow free movement of the tendon through the tunnel, we can administer a cortisone injection. A properly placed injection will resolve trigger finger in 80 percent of patients. The other 20 percent may get better and then have a recurrence - or not get better at all. In those cases, we typically recommend a 15-minute outpatient procedure to widen the tunnel opening.

The good news? Nearly all patients who have trigger finger get relief from one of the treatments above.

ASK THE ORTHOPEDIST

by Shaili Deveshwar, MD, FACP,
Piedmont Orthopedics



Shaili Deveshwar, MD, FACP, is a board-certified rheumatologist who joined Piedmont Orthopedics in 2013 after 13 years at the Sports Medicine and Orthopaedics Center (SMOC) in Greensboro. Dr. Deveshwar treats all types of arthritis, as well as osteoporosis and autoimmune diseases.

Contact Dr. Deveshwar at Piedmont Orthopedics at 336-275-0927 or on the Web at www.Piedmont-Ortho.com.

Do you have a question related to this column or a general orthopedic question you would like to have answered in a future issue? Send an e-mail to AskPiedmont-Ortho@sosbonedocs.com.

Q. I was diagnosed with rheumatoid arthritis (RA) about 4 years ago. My rheumatologist prescribed several drugs, but they aren't helping any more. My pain, stiffness and swelling are getting worse. Is there anything that might help?

A. Yes, your rheumatologist may want to consider a group of drugs called biologics if traditional therapy, such as Methotrexate, has failed. Biologics are extremely effective in RA patients who have worsening symptoms that interfere with their quality of life.

RA is a chronic inflammatory disease in which the immune system attacks the body, especially targeting a membrane that lines the joints. This leads to pain, swelling and permanent joint damage. Over time, the inflammation also may affect organs. Biologics can help prevent structural damage, ultimately lessening pain and improving quality of life.

There are different classes of biologics, including some that can be given as injections and others that are given via intravenous (IV) infusion. We use both methods in people with aggressive RA.

We provide infusion therapy in the office. Patients find in-office infusions more convenient. A nurse oversees the infusion as the patient rests comfortably in our infusion suite, and I am available on-site if questions arise.

We monitor the effect of therapy by using an in-office ultrasound machine. Ultrasound is very helpful in finding even mild inflammation and early damage to the joint, which is usually missed on examination or on X-ray. This helps us to adjust the dose of the therapy and switch to more effective therapy as needed to control RA.

So the answer to your question is: Treatment with biologics should help with your symptoms and allow you to lead a more normal life.

Q. I'm a 31-year-old woman who has been experiencing fatigue and hair loss, and now I have developed sores in my mouth. Could these be related? What could be causing this?

A. Yes, they might be related. You should see a rheumatologist soon for an examination. The symptoms you describe can be signs of systemic lupus, an autoimmune disease that is diagnosed most often in women of child-bearing age, although it can occur later and can occur in men as well. Other common symptoms include joint pain, large lymph nodes, fever, sensitivity to the sun, and a butterfly-shaped rash across your cheeks and nose.

Lupus can be a disabling and life-threatening condition if not diagnosed and treated in a timely manner, so early diagnosis is important. In lupus, the body's immune system attacks healthy cells and tissues, which can result in damage to many parts of your body, including your skin, joints, heart, kidneys, lungs and blood vessels. To prevent this damage, we treat lupus aggressively.

At your first appointment, your rheumatologist will perform an examination, ask about symptoms, and order blood tests. The results of that blood work, in conjunction with your exam, will establish whether you do have lupus.

If lupus is your diagnosis, please know that it is a very manageable disease. Treatment focuses on the use of drugs to suppress the immune system so it will stop attacking the body. Many treatment options are available today with advances in medicine. I am involved in clinical research, so my patients sometimes have the option of participating in clinical trials of the latest lupus drugs.

With an early diagnosis and aggressive treatment, most patients can manage their lupus and enjoy a good quality of life.



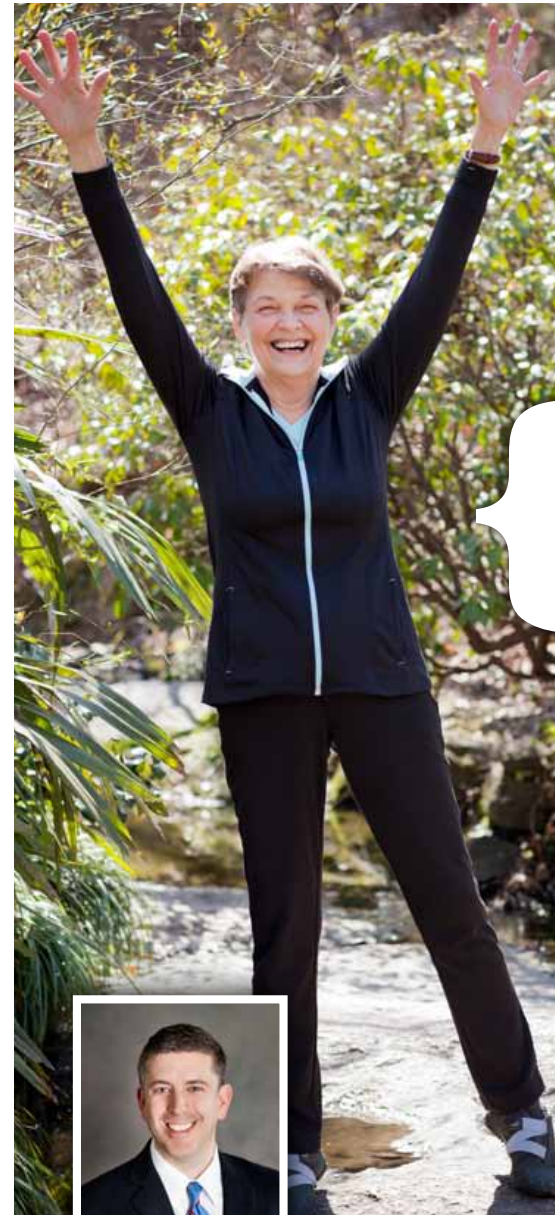
Anterior Hip Replacement Ad Campaign

Developed ad touting the benefits of anterior approach hip replacement surgery.

Dr. Chris Blackman wanted to make patients aware of the benefits of anterior hip replacement surgery. The result was an ad (right) that ran multiple times and was paired in one issue with a story (next page) explaining this procedure in *Guilford Woman* magazine, a monthly publication that fit the demographic for patients needing this procedure.



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Call for a consultation with
Chris Blackman, MD

- First surgeon to regularly perform direct anterior approach hip replacement surgery in the Greensboro area.
- Board-certified, with advanced training through the American Academy of Orthopaedic Surgeons.

Less Pain. Faster Recovery.

Direct anterior approach
hip replacement surgery
 at Piedmont Orthopedics

“*Within 2 weeks of my surgery, I was back to my normal routine of walking 3 miles in the park every day. I would recommend Dr. Blackman to anyone.*”

- Nancy Geyer

This leading-edge technique offers major benefits over traditional hip replacement surgery for most patients.




- Smaller incision
- Reduced post-op pain
- Fewer post-op restrictions
- Less time away from work
- Faster recovery
- Lower chance of hip dislocation



Keeping the Triad in motion,
 one patient at a time.

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Satellite office in Eden

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-  Visit us on Google+ at [gplus.to/PiedmontOrtho](https://plus.google.com/+PiedmontOrtho)

www.piedmont-ortho.com



Anterior Hip Surgery Story

Researched and wrote story explaining new, less invasive type of hip replacement surgery.

Dr. Chris Blackman wanted to make patients aware of a new type of surgery for hip replacement, the advantages of this type of surgery, and the benefits seen after surgery by patients. I interviewed Dr. Blackman, interviewed a patient, oversaw a photo shoot of the patient, and coordinated placement with *Guilford Woman* magazine. This story ran in conjunction with the ad on the preceding page.

A New Approach to Hip Replacement Surgery *'The Difference Is Like Night and Day'* by Deanna Thompson

In 2011, Nancy Geyer suffered constant pain from what she suspected was a pulled muscle. When she sought help at Piedmont Orthopedics, she was shocked to discover what was actually wrong.

"They did an x-ray, and there was almost no cartilage in my hip joint," she says. "It was bone on bone. I needed a hip replacement."

Geyer, then an active 63-year-old who had previously power-walked 3 miles every day, reeled from the news as she listened to "horror stories" from others, warning that traditional hip replacement surgery would mean weeks of recovery and severe limits on activity for months.

"I thought, I am too young - this can't be happening," Geyer recalls.

Everything changed for the better when she went for a pre-surgery appointment with Piedmont Orthopedics surgeon Chris Blackman, MD. He recommended direct anterior approach hip replacement surgery, a less invasive alternative to traditional hip replacement surgery. This type of surgery dramatically reduces recovery time, pain and chances of hip dislocation.

"I believe it was divine intervention that I found Dr. Blackman," Geyer says.



Chris Blackman, MD, shown with a model of the hip, has performed more than 100 direct anterior approach hip replacements since undergoing advanced training in this innovative technique through the American Academy of Orthopaedic Surgeons.

What is direct anterior approach surgery?

Each year, more than 300,000 patients in the U.S. have total hip replacement surgery, according to the National Center for Health Statistics. Most, like Geyer, have the surgery because of pain from osteoarthritis. Until recently, most of these surgeries were performed through an incision made either in the patient's back or the patient's side.

In this new type of surgery, Dr. Blackman performs the replacement from what is called an anterior position - going through the patient's hip from the front.

"This enables us to insert the hip replacement without cutting through muscles or tendons, as is necessary in traditional hip replacement surgery," Dr. Blackman says.

What are the advantages for the patient, compared to traditional hip replacement?

"Patients who previously had traditional surgery on one hip and then had anterior surgery on the other hip tell me the difference between the two is like night and day," Dr. Blackman says.

He notes the following advantages of the anterior approach for patients:

• Less pain

Because muscles and tendons do not have to be cut to insert the joint replacement from the anterior position, the patient's pain level after surgery is much less than with traditional hip replacement surgery.

• Smaller incision

The incision is just 3 to 4 inches long compared to 8 to 10 inches for traditional hip replacement surgery. This also reduces pain for the patient because it decreases the amount of trauma the body experiences.

• Reduced chance of dislocation

The anterior method allows the surgeon to precisely fit the replacement into the joint. "As we perform the procedure, we can see live, 360-degree views of the patient's hip joint on a screen," Dr. Blackman says. "This enables us to do measurements that ensure the replacement fits exactly and that both legs measure the same length afterward."

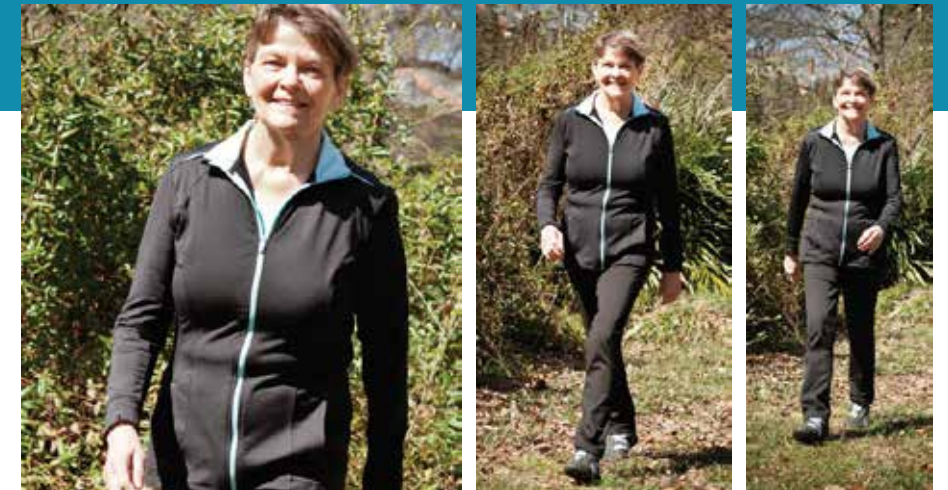
This greatly reduces the chances of dislocation, which is a significant risk after traditional surgery. "I have now performed more than 100 direct anterior approach hip replacement surgeries - and have not had a single dislocation," Dr. Blackman says.

• Fewer post-surgery restrictions

Patients can return to activities much sooner with anterior surgery because they don't have the restrictions that are common after traditional surgery. They can do weight-bearing activities right away. They can walk upstairs, get in and out of the car, and bend their hip any way that it is comfortable. There are no restrictions against crossing the legs or other movements, as there are after traditional hip replacement surgery.

• Faster recovery and return to work

The hospital stay after anterior surgery is usually 2 or 3 days. Patients are back to work and normal activities in 4 to 8 weeks following direct anterior approach hip replacement surgery. That compares to 3 months or longer for traditional hip replacement surgery.



Nancy Geyer was able to resume her daily walking routine just 2 weeks after Dr. Blackman, a board-certified orthopedic surgeon at Piedmont Orthopedics, performed direct anterior hip replacement surgery on her in 2011.

• Greater return to normalcy

Patients typically have no long-term restrictions on activities after anterior hip replacement surgery. Dr. Blackman recently had a patient who rides horses as part of her job. Before she saw Dr. Blackman, another surgeon told the patient that she would not be able to ride horses again after traditional surgery due to the possibility of hip dislocation as she swung her leg over the horse. "She instead had anterior surgery, and I have given her no restrictions - she can continue to ride horses," Dr. Blackman says. "Most patients are able to return to all normal activities after direct anterior approach hip replacement surgery."

Why haven't I heard about this before?

This advanced surgery method has only become available in Greensboro in the last couple years. Direct anterior approach hip replacement surgery must be performed on a special operating room table, which Cone Health has purchased for use by surgeons at Wesley Long Community Hospital.

To perform this surgery, orthopedic surgeons must complete special courses in this technique. Dr. Blackman became the first surgeon locally to perform this surgery on a regular basis after receiving advanced training in Chicago through the American Academy of Orthopaedic Surgeons.

"I scrubbed in and performed surgeries alongside experts all across the country before performing my first direct anterior approach hip replacement surgery in Greensboro in February 2011," Dr. Blackman says.

Recovery, from a patient's perspective

Geyer is one of the more than 100 patients who have benefited from Dr. Blackman's anterior surgery technique. She notes that one of her main worries prior to surgery was that her recovery would be the long and difficult process described by others who underwent traditional hip replacement surgery.

"I told Dr. Blackman about all the horror stories I had heard about traditional hip replacement surgery - that I would be laid up for 6 weeks or longer, would need a special device for the commode and would not be able to climb stairs," Geyer says. "He said, 'That's not going to happen with this surgery.' And true to his words, it was much smoother than I ever dreamed possible."

She had surgery on a Friday and was home from the hospital the following Monday morning.

"I walked in the door and was able to walk upstairs to my bedroom," she says. "I was released from physical therapy the next week and stripped wallpaper in my bathroom - climbing up and down a ladder."

Within 2 weeks of her surgery, she was back walking 3 miles daily - "although a little more slowly than normal" - and back at her part-time job as an office manager.

Nearly 2 years after her surgery, Geyer says she can do any physical activity she wishes. Changes in the weather sometimes cause other joints to ache but "my hip never, ever, ever hurts."

She has recommended Dr. Blackman and anterior hip replacement surgery to many other people she knows.

Who is a candidate for the surgery?

Anyone who needs a hip replacement should ask whether direct anterior approach hip replacement surgery is an option. "I use this technique on all of my hip replacement patients," says Dr. Blackman.

More information

If you would like to schedule a consultation to determine if direct anterior approach hip replacement is right for you, call Dr. Blackman at Piedmont Orthopedics at 336-275-0927. Or you can visit the website for additional information: www.piedmont-ortho.com





Helped urgent care center increase its profile:

- Created tagline: *We want to be your doctor...365 days a year*
- Developed concept and copy for newspaper advertising and online advertising; coordinated all advertising with newspaper
- Created other practice marketing materials, including patient brochures

Holiday Season Ads

Developed series of print and online ads to run from before Thanksgiving to New Year's Day.

The practice wanted to inform patients of its special holiday hours, while also reminding them that it is open 365 days a year and sees patients on a walk-in or appointment basis.

The series of ads included a Thanksgiving to Christmas version of copy and headline (shown in color online ads, far right) and a slightly different version of copy and headline for a Christmas to New Year's version (shown in black-and-white print ad, near right).



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AHH-CHOOOO!

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Partnering for exceptional care.

OPEN: Christmas Eve, Christmas Day, New Year's Eve, New Year's Day

We want to be your doctor... 365 days a year

CONE HEALTH MEDICAL GROUP Urgent Medical & Family Care
Partnering for exceptional care.

Illnesses and injuries treated on a walk-in or appointment basis

CLICK HERE for more info and hours

102 Pomona Drive
Greensboro, NC 27407
336-299-0000



July 4 Holiday Ad

Developed print and online ads to run around the July 4 holiday, announcing holiday hours.

With a special rate available for a full-page ad, the practice took advantage of the opportunity to publicize its hours, its doctors and its services in a big way. An online ad, adapted from the print ad, ran for several days. I developed concept and copy and coordinated with the designer, as well as with the newspaper.



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Oops!
We're here if you need us.

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- Complete family care, every day of the year
- Urgent care on a walk-in basis
- Primary care on a walk-in or an appointment basis
- Celebrating 32 years of caring for patients
- Proud to be part of Cone Health

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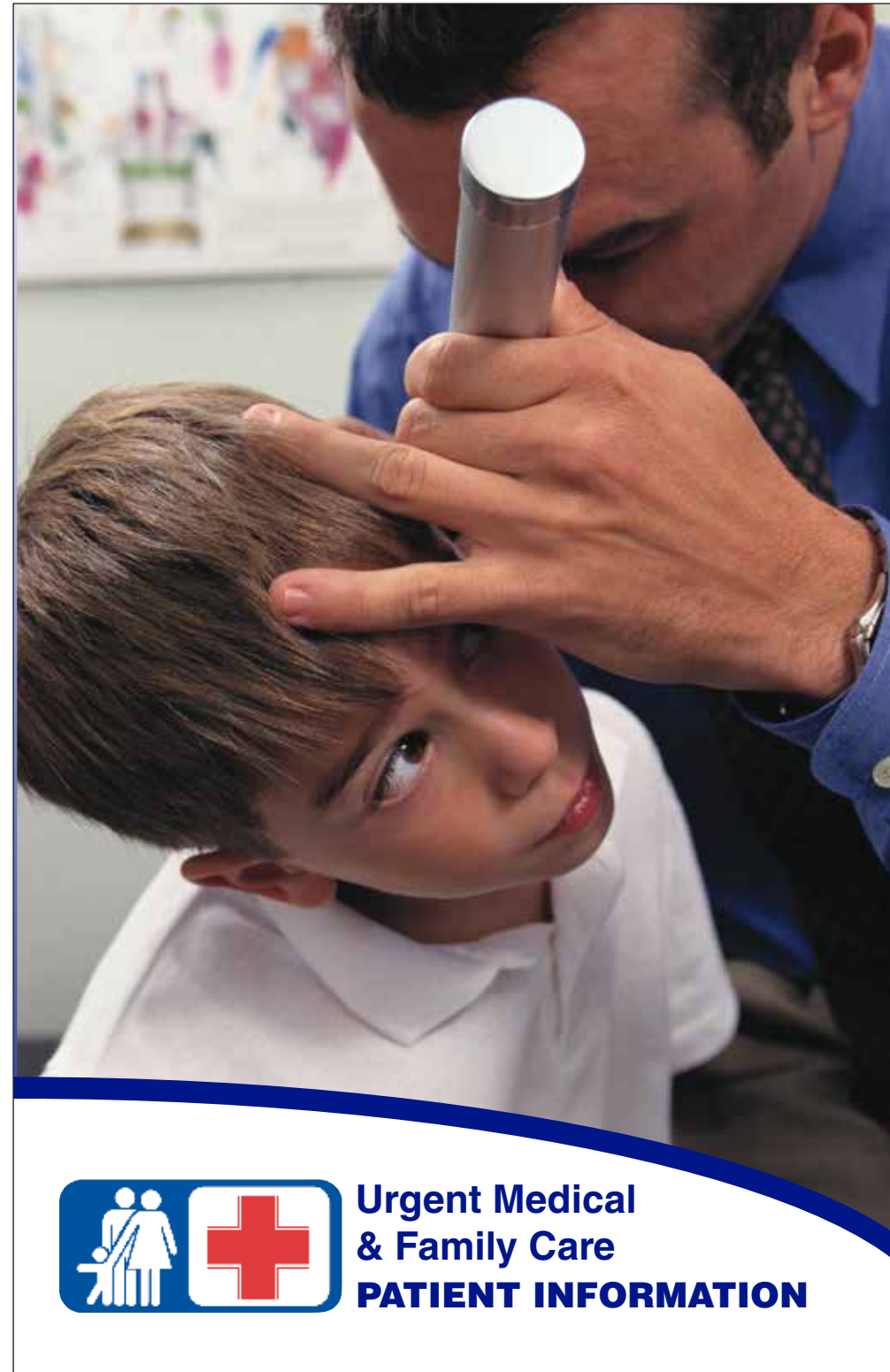
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Patient Booklet

Developed copy and design for patient booklet.

With a large occupational medicine practice, a busy urgent care business and an established appointment-based clientele, Urgent Medical & Family Care needed a patient brochure to explain its services, hours and policies. I developed copy, created profiles of providers and oversaw photo shoots to create the brochure, which has been updated several times since its creation.



Copy excerpt from Patient Booklet:

WELCOME

Welcome to our practice, a great choice for your family's medical care.

We offer three types of high-quality medical services to meet your health needs:

- Immediate medical care for illnesses and minor emergencies.
- Routine medical care by appointment for the entire family.
- Occupational medicine services for employers.

We have been at the forefront of medical care in Guilford County for more than a quarter of a century. Urgent Medical & Family Care was founded by Chris W. Guest, M.D., and his wife, Barbara, in 1982 as the first free-standing urgent care center in Guilford County. Over the years, we have grown to become a family practice that can meet all of your medical needs, both for immediate care and for routine care by appointment. We are now proud to be part of Cone Health. Dr. Guest continues to serve as medical director, overseeing our dedicated team of physicians.

Our goal is to provide outstanding medical care to patients in our community, promptly and professionally, in a pleasant and friendly atmosphere. Our success as a practice hinges on how well we fulfill this mission. We value you as a patient and thank you for choosing Urgent Medical & Family Care.

Hours

OPEN SEVEN DAYS

Monday – Thursday, 8 a.m. to 9 p.m.

Friday – Sunday, 8 a.m. to 6 p.m.

Open holidays, hours may vary. Telephone answered 24 hours a day.

Medical Emergencies

If you need medical care after hours, call us at 336-299-0000. Our physicians are available for consultation by telephone. If your problem is life-threatening, call 911 or go to the nearest Emergency Room.

Website

Visit our website for helpful information about medical conditions and about our practice: www.urgentmed.com.



Assisted gastroenterology practice with publicity on prevention and treatment of colorectal cancer and gastrointestinal problems:

- Assisted doctor in writing series of Q&A columns on gastroenterology topics for local magazine
- Developed concept and copy for magazine ad promoting alternative prep for colonoscopy
- Wrote and placed story in *News & Record* on importance of screening for colorectal cancer

A Colonoscopy Ad


Colonoscopies save lives. But many people refuse to have the procedure due to the difficulty of ingesting the large amount of prep solution normally required. Medoff Medical wanted to let these patients know about an alternative that does not require them to drink a prep solution. The ad, which we targeted to those individuals who are avoiding colonoscopy for the reason above, appeared in *Guilford Woman* magazine.

B Ask the Gastroenterologist

Assisted physician in writing Q&A columns on gastroenterology topics for *Guilford Woman* magazine.

I conducted a tape-recorded interview with the physician, which then served as the basis for the questions and answers.

Some People Have 8 Excuses for Not Getting Their Colonoscopy.




Colonoscopy is the key to preventing colorectal cancer, plain and simple. But many people don't get the recommended screenings. Some have heard stories about the 8 glasses of prep solution they must drink before the procedure. Others have experienced side effects from the prep.

That's why we offer our patients an alternative – hydrotherapy, a method of colon cleansing that eliminates the dreaded prep solution and the nausea, vomiting and other discomfort that some people experience with it.

So, if you have been putting off your screening colonoscopy, no more excuses.

Schedule your appointment with us today – and ask for hydrotherapy instead of the traditional prep. You'll be taking an important step in your personal fight against colorectal cancer.

Free Colonoscopy?
Call us to find out if you may be eligible for a free screening colonoscopy under the Affordable Care Act



Discover the Medoff Medical difference

Jeffrey R. Medoff, MD

- Personalized patient care at the frontiers of medicine
- One of the region's most experienced gastroenterologists
- Only Greensboro physician offering hydrotherapy prep for colonoscopy
- Only Greensboro physician offering 1-minute hemorrhoid removal using the state-of-the-art CRH O'Regan System™

More info on hydrotherapy? Visit www.medoffmedical.com

7C Corporate Center Court
Greensboro, NC 27408
P: 336.286.0033



Treating the Digestive System
by Caring for the Patient

ASK THE GASTROENTEROLOGIST

by Jeffrey R. Medoff, MD, Medoff Medical

Q. I am a 43-year-old woman who wakes up almost every morning with a sore throat and nausea. I also am hoarse a lot of the time. My doctor says there is nothing wrong with my throat. Occasionally, I have heartburn after a meal. Could that be related to my other symptoms? What could be causing this?

A. It sounds like you might have gastroesophageal reflux disease, more commonly called GERD, or acid reflux. This occurs when stomach acid backs up into the esophagus. Many people know that heartburn is a classic GERD symptom. However, most are not aware that recurrent sore throat, unexplained hoarseness, cough and even earache are also common symptoms. Women frequently have morning nausea as well.

The first step in treating GERD is to make the following lifestyle modifications:

- Avoid eating for several hours before reclining or going to bed.
- Don't wear tight-fitting clothing or belts.
- Don't smoke cigarettes.
- Lose weight if you are overweight – even a few pounds may help.
- Avoid foods that can increase acid production, such as alcoholic beverages, rich foods, caffeinated drinks, chocolate and mints.
- Raise the head of your bed 6 to 8 inches so gravity can assist in keeping acid where it belongs, in the stomach.

If these modifications don't make the symptoms go away, I typically prescribe a month's treatment with a prescription-strength proton pump inhibitor (PPI) such as Prilosec, Prevacid or Nexium. This brings relief to nearly 100 percent of patients. Some people find that their symptoms come back when they go off the PPI. If that occurs, you will need an endoscopy.

Q. I've been on a PPI off and on for several years. Every time I stop the drug, I am okay for a while and then my symptoms come back full force. I want to try a different PPI, but my doctor said I should have an endoscopy. Why do I need an endoscopy?

A. Endoscopy is a procedure that allows us to look directly at your esophagus through a lighted scope, which is passed down your throat while you are under anesthesia. The endoscopy is used to confirm your diagnosis of GERD and to rule out more serious conditions, including Barrett's esophagus, which can be a precursor to esophageal cancer. All people with Barrett's esophagus will not develop cancer, but many people who develop esophageal cancer have Barrett's esophagus.

If your endoscopy shows that you have Barrett's esophagus, we will follow you closely and schedule endoscopies every two to three years.

If the endoscopy confirms GERD, we typically will put you back on a PPI for an extended period. All PPIs are pretty much created equal, so there is usually no reason to try a different one. If you stay on a PPI indefinitely, we will follow you closely and recommend certain screenings, such as a bone scan, at intervals. Long-term use of PPIs has been linked to osteoporosis, especially in women, and can lead to some vitamin deficiencies as well.



Jeffrey R. Medoff, MD, is a board-certified gastroenterologist actively engaged in clinical research. A graduate of New York Medical College, Dr. Medoff completed his internship, residency and fellowship in gastroenterology at Duke University School of Medicine and subsequently joined the faculty. He practiced at LeBauer HealthCare before opening Medoff Medical in 1999. Dr. Medoff can be reached at 336-286-0033 or via the web at www.medoffmedical.com.



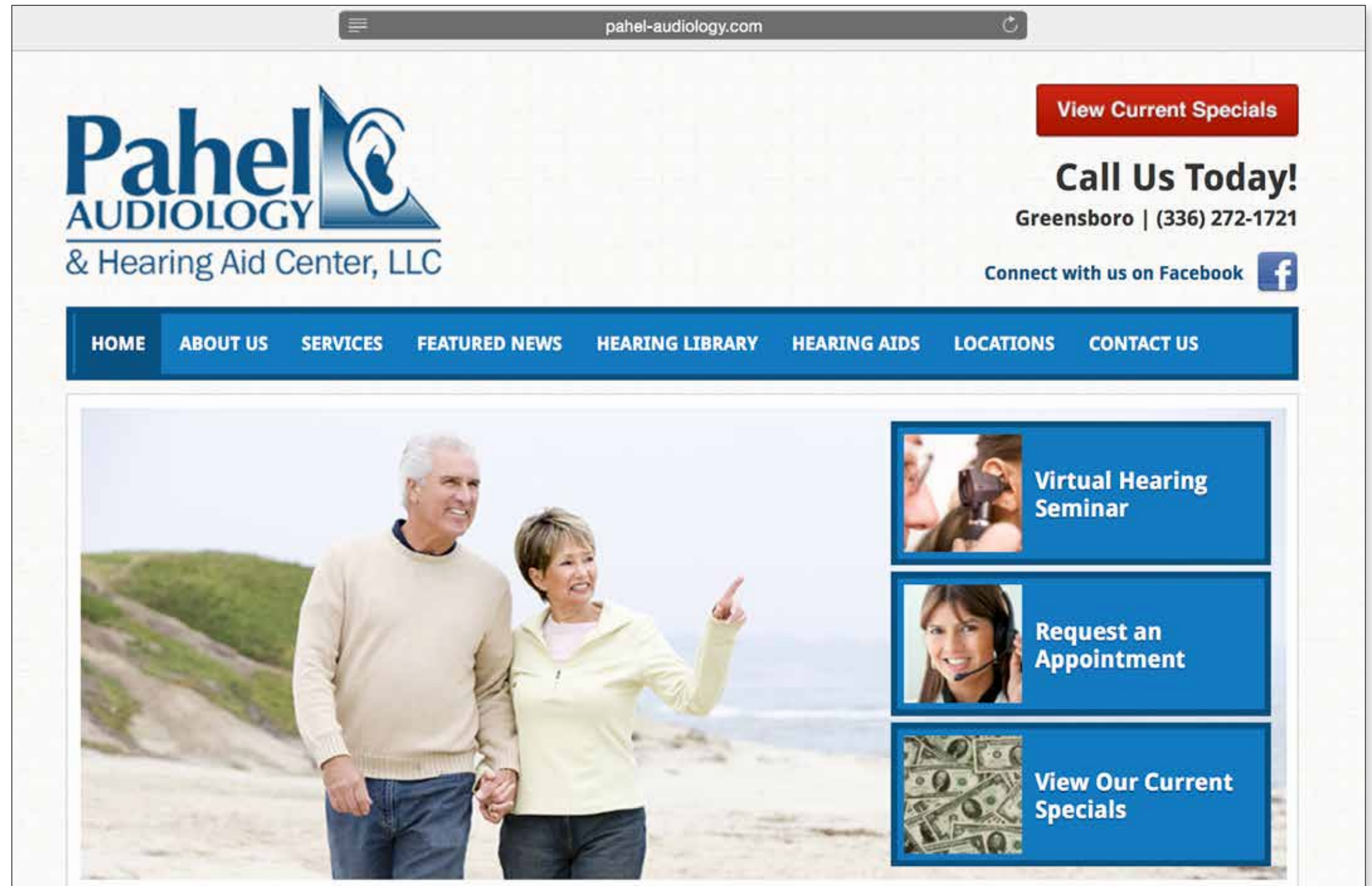
Assisted one of the longest-operating, private audiology practices in the Southeast with marketing, including:

- Concept and copy for new website
- Assistance with writing educational articles
- Quarterly educational newsletter directed at patients and retirement center residents
- Creation of trade show display
- Development of brochures geared to patients and to referring physicians

Website Development

Work included all copy (except educational library) for website.

Working with the audiologists, I created all local copy for new website developed by national audiology website development company. My work also involved patient interviews and testimonial writing, physician interviews and profile writing, as well as photography planning, scheduling, coordination and selection.





Educational Articles

Assisted audiologists in writing articles on hearing for bimonthly women's journal.

The articles at right are two of more than 20 educational articles that appeared in the Guilford County Women's Journal.

I re-purposed these same articles into quarterly, 2-page newsletters distributed to existing clients and assisted living residents.

New Hearing Aids Made for iPhone? Yes, Your Smartphone Can Help You Hear Better!

by Stephanie Nance, Au.D., CCC-A

If you are like many people, you use a smartphone in multiple ways. You check email, send text messages, get directions, visit the Internet and - oh, yes, make calls, too.

But what if you could use your iPhone to help you hear better?

That's the promise behind new hearing aids that have been developed in collaboration with Apple. These include the ReSound LiNX, billed as the world's first made-for-iPhone hearing aid when it debuted in February 2014, and Starkey's Halo, which followed soon afterward. These innovative hearing aids are creating a lot of interest among our clients and in the community.

How do they work?

The made-for-iPhone hearing aids typically are "mini receiver-in-the-ear" hearing aids, with a small receiver in the ear connected via a thin tube to a small, discreet aid worn behind your ear. This type of aid can be worn by people with most types of hearing loss, from mild to severe.

What's creating excitement about these aids is their ability to connect directly to the iPhone via apps available in the Apple app store. Instead of having to wear a pendant or carry a device to send audio to your aids, you can use something you already have with you - your iPhone.

What can you do with these made-for-iPhone aids and their apps?

- STREAM CALLS DIRECTLY FROM YOUR IPHONE INTO YOUR HEARING AIDS. You answer a call with a touch on your iPhone, and the call goes directly into your hearing aids via Bluetooth technology. When you make a call, the same thing occurs - you hear the call via your hearing aids.
• SAVE SOUND SETTINGS FOR YOUR FAVORITE PLACES. You can create and save settings for home, work and other places you visit. For example, if you dine at Sally's Restaurant often, you can adjust volume and other settings until you determine the best hearing setting for that location. Then, you can save the setting for Sally's Restaurant in memory - and access it manually via your iPhone the next time you come to Sally's.
• PROGRAM YOUR AIDS TO ADJUST AUTOMATICALLY WHEN YOU ENTER A FAVORITE PLACE. You can take your hearing aid technology a step further by tagging the hearing settings you created above and linking them to a GPS location - such as Sally's Restaurant. With GPS activated on your phone, your hearing aids will register your arrival at Sally's and automatically adjust to the settings you created.
• STREAM AUDIO FROM YOUR IPHONE, IPOD TOUCH OR IPAD DIRECTLY INTO YOUR HEARING AIDS. Your made-for-iPhone hearing aids function as stereo headphones. You can stream music, Facetime calls and other audio directly into your hearing aids from your iPhone, iPod or iPad. While driving to an unfamiliar place, you can hear step-by-step directions delivered via your navigation app directly to your aids.



Starkey's Halo hearing aid was one of the first made-for-iPhone hearing aids to come on the market. Its TruLink app enables users to perform a variety of functions using an iPhone.

- FIND YOUR HEARING AIDS WHEN YOU HAVE MISPLACED THEM. If you have taken your hearing aids out and can't remember where you put them, a "find your aids" feature (similar to the "find your iPhone" feature) can help you locate them via GPS.
• MICROPHONE, SIRI AND MORE. Other features included in the apps for these new aids include a program that allows you to use your iPhone as a microphone in a place where you are having trouble hearing people, a feature that lets you have Siri read your texts and emails directly into your hearing aids, and a low battery notification.

Are they right for you?

If you would like more information on these new made-for-iPhone aids or would like to find out if they would help your particular hearing problem, please visit our website at Pahel-Audiology.com or call our office at 336-272-1721 to schedule an appointment.

Stephanie Nance, Au.D., is an audiologist with Pahel Audiology & Hearing Aid Center, Inc. She is a doctor of audiology, with extensive experience in evaluating hearing loss and fitting patients with hearing aids and other technology to help them maximize their hearing ability.

Halo and TruLink are compatible with iPhone 5s, iPhone 5c, iPhone 5, iPhone 4s, iPad Air, iPad (4th generation), iPad mini with Retina display, iPad mini, and iPod touch (5th generation). "Made for iPhone," "Made for iPod," and "Made for iPad" mean that an electronic accessory has been designed to connect specifically to iPod, iPhone, or iPad, respectively, and has been certified by the developer to meet Apple performance standards. Apple is not responsible for the operation of this device or its compliance with safety and regulatory standards. Please note that the use of this accessory with iPod, iPhone, or iPad may affect wireless performance. Apple, the Apple logo, iPhone, iPod, iPod touch and FaceTime are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc.

Make The Sound Choice For Better Hearing

Pahel Audiology & Hearing Aid Center has been helping area residents hear better for more than 30 years. We are one of the longest-operating, private audiology practices in the Southeast, with extensive experience in evaluating hearing loss and fitting patients with all types of hearing aids.

Call today for an appointment.

336-272-1721 ♦ Toll-free: 866-272-HEAR (4327)



Carey W. Pahel Au.D., CCC-A



Stephanie Nance Au.D., CCC-A



100 E. Northwood St. Greensboro, NC 27401 401-A W. Decatur St. Madison, NC 27025

medical

MEDICAL

What If You Could Hear More Like a Fly? By Carey W. Pahel, Au.D., CCC-A, of Pahel Audiology & Hearing Aid Center



has a novel way of hearing that scientists believe could revolutionize hearing aid design.

Researchers are now trying to mimic the fly's hearing mechanism in new microphones for hearing aids. If they are successful, their research could lead to dramatic improvements in how people who wear hearing aids can hear in noisy environments - the toughest setting for most hearing aid users.

The first to document this tiny fly's remarkable hearing mechanism were Ronald Miles, a professor of mechanical engineering at Binghamton University in New York, and colleagues Daniel Robert and Ronald Hoy. More than 20 years ago, they began studying the Ormia ochracea and discovered that it uses a directional hearing system similar to a teeter-totter to pinpoint the location of its prey, crickets. In this insect, they saw potential for a directional hearing aid microphone that would be more effective than current models at tuning in certain sounds while toning down the background noise that interferes with hearing.

Miles and a team of researchers developed a microphone with improved acoustics based on this fly's hearing mechanism and presented their findings at the 21st International Congress on Acoustics in Montreal, Canada, in 2013.

Texas Researchers Develop New Prototype

Last spring, Neal Hall, an assistant professor in the University of Texas at Austin's Department of Electrical and Computer Engineering, and graduate student researchers took the research

of Miles' team a step further. The Hall team's microphone is the same size as the fly's hearing mechanism, just 2 millimeters wide, according to a press release from the University of Texas at Austin. But what sets this design apart from Miles' version is the use of piezoelectric materials, which convert mechanical pressure to electrical signals and enable the microphone to operate with lower power consumption than today's microphones.

"Because hearing aids rely on batteries, minimizing power consumption is a critical consideration in moving hearing-aid device technology forward," Hall said in the release.

Scientists in United Kingdom to Test Idea in Humans

The most recent breakthrough came from a team of researchers in the United Kingdom, who announced in April that they have received a grant to build and test in humans a new hearing aid with a miniature microphone based on the fly's hearing mechanism. In a press release from the University of Strathclyde, Dr. James Windmill of the university's Centre for Ultrasonic Engineering said: "Our research aims to create a hearing aid system that can reduce or control unwanted noises, focusing the hearing aid on only the sound arriving from in front of the user."

A grant from the Engineering and Physical Sciences Research Council will provide funds for Windmill's center to develop the aid and for another organization, the MRC/CSO Institute for Hearing Research (IHR) - Scottish Section, to test it in patients at the Glasgow Royal Infirmary. Dr. Bill Whitmer, a scientist at MRC/CSO IHR, said in the press release that his team believes these "recent breakthroughs in microphones could revolutionize hearing aid design, and could result in real advances in the quality of support offered to those affected by hearing loss."

The United Kingdom researchers are working with a hearing aid microphone manufacturer,

Knowles, on the project, according to a story about the project on the Wired website in the United Kingdom.

Is There a Fly in Your Future?

So, maybe in the coming years, a person with hearing aids actually will hear more like a fly. We're committed to bringing breakthrough technology like this to our patients as it comes on the market. If you have questions about this research or the latest advances available today in hearing aids, please give us a call at 336-272-1721 or contact us online at www.Pahel-Audiology.com. WJ

Carey W. Pahel, Au.D., CCC-A is the founder of Pahel Audiology & Hearing Aid Center, Inc. He is a doctor of audiology, with extensive experience in evaluating hearing loss and fitting patients with hearing aids and other technology to help them maximize their ability to hear.

Make The Sound Choice For Better Hearing

Pahel Audiology & Hearing Aid Center has been helping area residents hear better for more than 30 years. We are one of the longest-operating, private audiology practices in the Southeast, with extensive experience in evaluating hearing loss and fitting patients with all types of hearing aids.



Carey W. Pahel Au.D., CCC-A Stephanie Nance Au.D., CCC-A Carolyn Franks M.A., CCC-A



100 E. Northwood St. Greensboro, NC 27401 401-A W. Decatur St. Madison, NC 27025 Call today for an appointment 336-272-1721 Toll-free: 866-272-HEAR (4327) www.Pahel-Audiology.com



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Helped vein center with advertising and strategic communication:

- Developed concept and copy for ad campaign and oversaw design
- Assisted doctors in writing series of Q&A columns for local magazine
- Wrote cover story about practice

Guilford Woman Cover Story

Spotlighted vein practice in cover story in popular women's magazine.

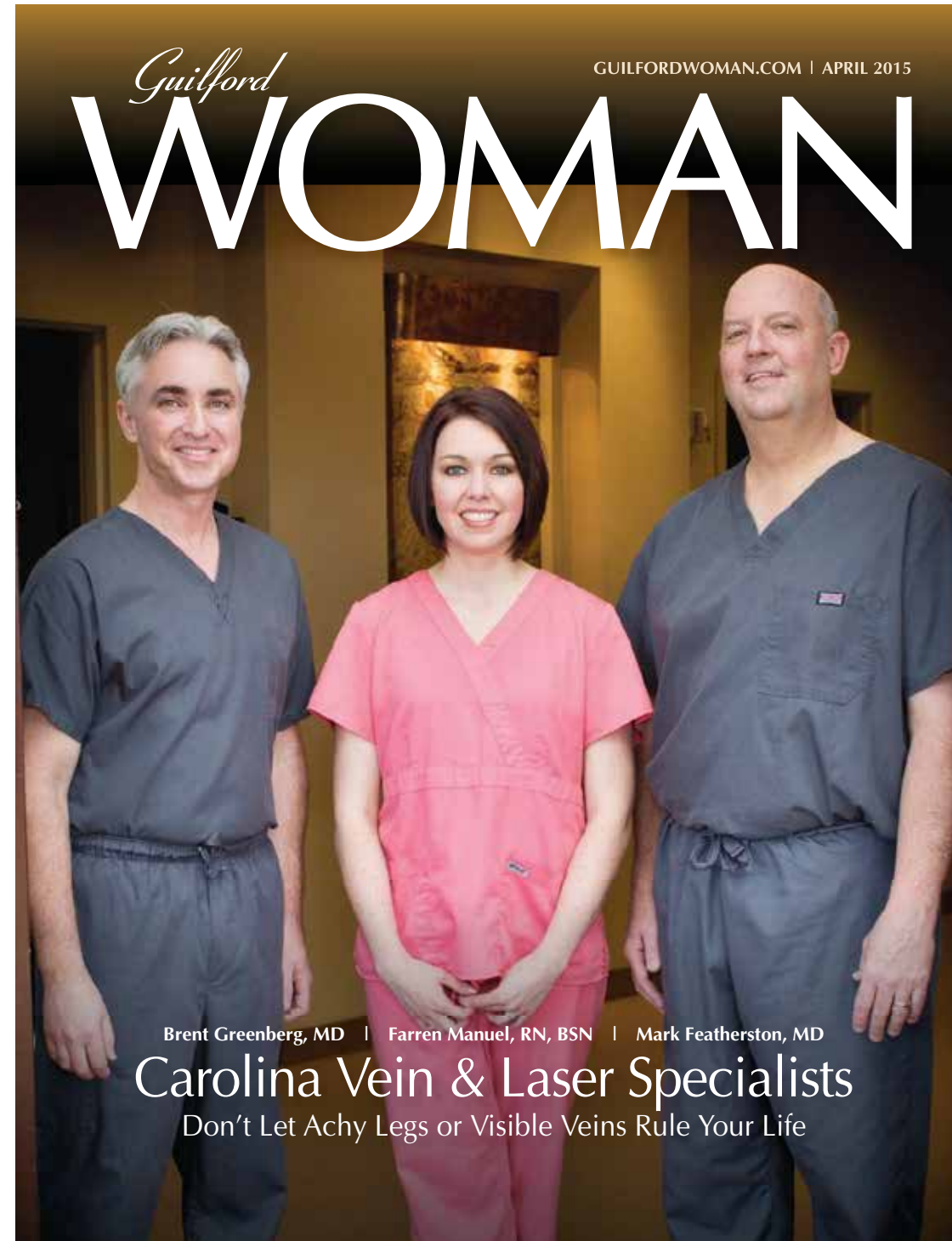
With its advertising contract, Carolina Vein & Laser Specialists received a complimentary cover story with photo shoot. I wrote the story, scheduled and coordinated the photo shoot, assisted in selection of photos and coordinated the entire project.

TO READ COVER STORY
[CLICK HERE](#)

Ask Carolina Vein Specialists

Assisted physicians in writing Q&A columns on vein health topics for monthly women's magazine.

Typically, I conducted tape-recorded interviews with the physicians, which then served as the basis for the questions and answers.



ASK CAROLINA VEIN SPECIALISTS

Q. My legs ache and feel heavy after I sit or stand a long time. And when I'm trying to sleep, they sometimes cramp or feel restless. I don't see anything out of the ordinary on my legs, but a friend said this might be caused by a problem with my leg veins. Is that correct? And if so, is there a treatment that would help?

A. Yes, your symptoms could be caused by a vein problem. Many people think they will see visible signs, such as varicose or spider veins, if they have a vein condition. However, that's not always the case. Leg discomfort, aching, heaviness, swelling, itching, and cramps or restlessness at bedtime all can be signs of a problem with how blood flows through the veins under the surface of your skin.

You should schedule a consultation with a vein specialist. If your history and symptoms suggest vein disease, we will perform an ultrasound to look at the flow characteristics of your leg veins. This will not only show if there is a medical problem, but also will indicate which veins are likely causing symptoms.

There are a variety of treatments that can help, ranging from support stockings to in-office procedures performed under local anesthetic. You can return to work and other activities immediately after these procedures, with very few restrictions, so there's no downtime. Insurance usually covers them, and patients are often amazed at the difference treatment makes in their lives.



Brent G. Greenberg, MD, is a physician at Carolina Vein & Laser Specialists. He has extensive training and experience in the treatment of leg vein disorders and regularly lectures to health care providers on the diagnosis and treatment of leg vein disease. He is a member of the American College of Phlebology, the American Academy of Family Practice and the Greater Greensboro Society of Medicine.

Contact Dr. Greenberg at (336) 612-0535 or on the Web at veincliniccarolina.com.

Do you have a question related to this column or a question about veins that you would like to have answered in a future issue? Send an e-mail to: drbrent@carolinavein.com.



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www.ThompsonOnline.biz



Ad Campaign

Developed ad campaign on the benefits of vein treatment.

Carolina Vein & Laser Specialists wanted to make patients aware of the symptoms of leg vein problems – and let them know that newer in-office procedures are available today that can help with both pain and appearance. I worked closely with the practice and the designer to create the concept and copy and to locate a photo that conveyed the right message: that it's not just about having prettier legs but also about being able to do what you want every day. The ad series appeared in *Guilford Woman* magazine, a monthly publication that fit the demographic for patients needing this procedure.

No more achy legs,
no more unsightly veins!

*'I can wear what I want
and do what I want,
without pain.'*

Mark W. Featherston, MD Brent G. Greenberg, MD

Do you have leg discomfort? Swelling?
Leg heaviness? Restless legs? Varicose
or spider veins?

All of these can be symptoms of a medical
problem. New treatments we perform in
the office can help your legs feel and look
better – without traditional vein stripping.
And yes, they're usually covered by insurance.

*So, don't let painful legs or visible veins
rule your life.*

Call today for a consultation
(336) 612-0535
veinclinicarolina.com



CAROLINA
VEIN & LASER
SPECIALISTS, PA

Two Convenient Locations:

1130 New Garden Rd.
Greensboro, NC 27410

1598 Westbrook Plaza Dr.
Winston-Salem, NC 27103



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CLIENT TESTIMONIALS

Donna Kirkman, CPC, RT
Former Practice Manager,
Spine & Scoliosis
Specialists

"Deanna has been an asset to our practice. She has helped us develop a brand and carried that brand through all of our print materials, website and advertising. In addition, she has been extraordinarily helpful in other areas, such as ghostwriting and developing copy for our website. Very professional and easy to work with."

**Carey W. Pahel, Au.D.,
CCC-A**

Founder, Pahel Audiology
& Hearing Aid Center

"Deanna has the ability to take a concept in its raw form and produce an outstanding finished product. She has been instrumental in producing multiple magazine articles highlighting our audiology practice, developing our professional website, newsletter development, multiple ads and other creative concepts, all aimed at keeping Pahel Audiology & Hearing Aid Center at the forefront of hearing health care providers. Deanna has done an outstanding job in all of her work for us without exception."

**Brent Greenberg, MD,
FAAFP, RPhS**

Carolina Vein Specialists

"We are a medical practice who decided to try local print media to expand our marketing. We were referred to Deanna Thompson to help us develop a marketing campaign for the magazine. Deanna spent a significant amount of time with us to understand who we are, how our practice caters to our patients, and our goals for the campaign. Deanna showed an amazing awareness of how to help us craft a message that would speak to our demographic. She took the reins in coordinating photography and designing ads that not only delivered a message creating interest for our demographic, but monitored response, and made changes rapidly and effectively. She helped us write Q and A columns addressing common questions from potential patients, and edited the answers to make them sound inviting and desiring follow up. Ms. Thompson is clearly experienced in marketing, she is organized, and would not allow us to miss deadlines. She is our "go to" person for all of our print and image-oriented marketing campaigns. I can't recommend her enough."



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Geary Potter

Former Advertising & Promotions Specialist, Cone Health

"Deanna is an accomplished and innovative professional with extensive experience across numerous industries. Her gifts to your business are her creative ideas: always consistent in quality and on-target in message. She has many strengths, including an ability to really listen to your needs, respect deadlines and stay within budget. Hiring Deanna is one of the best decisions you can make for your business."

Colleen Aitken

Former Practice Administrator, Urgent Medical & Family Care

"Deanna and I have worked together for approximately eight years. During this time, she has provided great support and assistance with the handling of our advertising and marketing projects. She has been very involved in creating eye-catching newspaper ads, marketing material and has been our liaison with the *News & Record* to help coordinate ad placement and follow-through. Deanna is very proactive and has been easy to work with. She understands the unique nuances of a physician medical practice, and I would highly recommend any of my colleagues to utilize the valuable services that she provides.

Marion Attaway, CMA, CPC, CPMA

Former Administrator, Piedmont Orthopedics

"I have known Deanna for many years through work with GMDM (Guilford Medical & Dental Managers). I have always heard really good things about her but have really never had an opportunity to work directly one-on-one with her. When we decided to launch a new website ... their president ... asked me about a writer. I had no idea who to use. She suggested Deanna Thompson. I was excited to be working with someone I thought I already knew all about. Boy, was I surprised. She is so much more than anything I could have asked for. She did the writing for our website as well as worked directly with the photography for our on-site shoots and for the testimonial shoots. She contacted patients, set up shoot times, attended all the shoots, interviewed the patients to write the story, and so much more. I am so happy she is part of our web team. I do plan to use her for many other marketing projects as we move forward with our marketing plans. I do not know what I would have done without her. She is a true asset. She has great judgment on public knowledge and perfection on detail. I would not hesitate to recommend her to anyone who is interested in a fresh look for your marketing needs."



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