SPECIALTY PLAYBOOK

Orthopaedic marketing is a long game

Patients delay for years and compare on price. Win with surgeon-led explainers, cost clarity and a funnel built for not yet.

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THE DEMAND

347 million

projected Indians aged 60+ by 2050, about 1 in 5 people, up from 149 million in 2022

Joint replacement is elective, so patients can wait, compare and negotiate.

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WHILE THEY WAIT

Three stages of search

EARLY	Exercises, footwear, is night pain normal, does weight matter
MIDDLE	Recovery time, stairs afterwards, insurance, what can go wrong
LATE	Specific surgeons and hospitals by name
THE GAP	Most hospital sites answer only the late stage

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WHO ANSWERS WHAT

Each worry needs a different voice

- Fear of the procedure: the surgeon, plainly, no promises
- Fear of dependent recovery: physiotherapists and nurses
- Cost and insurance: cashless process, what drives the bill
- Who runs the household: care coordinators
- Not bad enough yet: when to see a doctor, never pressure

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A strong surgeon who is invisible online is a wasted asset. The doctor owns the substance, marketing owns production and distribution, and nothing goes out without the doctor's review.

Build the department's name alongside theirs so the service holds up when a surgeon moves on.

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COST CLARITY

Conversion work without touching the price

- A page on how estimates are prepared and what changes the bill
- A named person who checks insurance eligibility before consultation
- Written estimates the family can take home and forward
- Plain descriptions of what a package does and does not include

Every figure comes from billing and is indicative, subject to the surgeon's assessment.

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What you can no longer do

- Request or share patient reviews or testimonials for promotion
- Before-and-after photos or promotional patient stories, even with consent
- Discounts or other inducements
- Superiority or guaranteed-outcome claims, including painless promises

Surgeon-led explainers on recovery, risks and rehabilitation are the compliant alternative.

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MEASURE

Over years, not weeks

1. Estimate requests and estimate-to-surgery rate
2. Consultation-to-surgery conversion by surgeon
3. Ask where they first heard of you at registration
4. Patients who return within the following year
5. The not-yet relationship: consented contacts, talks, returns

Short attribution windows make ortho look terrible. That is a measurement failure, not a marketing one.

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READ THE FULL GUIDE

Orthopaedic marketing, in full

- Paid media with patience, and the cheap form-fill trap
- Designing the consent-based not-yet funnel
- A ninety-day plan for joint and spine
- gauravphogat.com/orthopaedics-joint-replacement-marketing-playbook-india

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