Appendix

Emails sent to each experimental group

Control:

Good morning,
We would like to know how you are doing after your operation with [Academic Medical Center] Department of Orthopaedics 1-2 years ago. We ask that you please fill out the brief 5-10 minute survey below.

Sincerely,
[Academic Medical Center]

Patient Donation:

Good morning,
We would like to know how you are doing after your operation with [Academic Medical Center] Department of Orthopaedics 1-2 years ago. We ask that you please fill out the brief 5-10 minute survey below.

Upon completion of your survey, you will generate a $5 donation to provide necessary medical supplies to a pediatric orthopaedic patient in financial need. Your donation will be funded by [Academic Medical Center]. Through this contribution to the [Pediatric Orthopaedic Fund], your survey will help another patient undergoing orthopaedic care at [Academic Medical Center] now. We strive to meet the medical needs of each of our pediatric patients, and your response would be much appreciated.

Sincerely,
[Academic Medical Center]

Research Donation:

Good morning,

We would like to know how you are doing after your operation with [Academic Medical Center] Department of Orthopaedics 1-2 years ago. We ask that you please fill out the brief 5-10 minute survey below.

Upon completion of your survey, you will generate a $5 donation to research that benefits patients who have undergone ACL repair. Your donation will be funded by [Academic Medical Center]. Over 12,000 surgeries were performed by the Department of Orthopaedics last year, and if we meet our survey response goals, you will be part of a $60,000 donation to orthopaedic research.

In terms of osteoarthritis, ACL injury is estimated to age the knee 30 years, regardless of whether or not a patient receives treatment. Your donation will support Dr. [Researcher]’s lab, which is investigating the effects of ACL injury on cartilage health and developing new strategies to prevent osteoarthritis following ACL injury. Dr. [Researcher]’s lab needs funding to continue this important work, and your donation would be much appreciated.

Sincerely,

[Academic Medical Center]

Explanation:

Good morning,

We would like to know how you are doing after your operation with [Academic Medical Center] Department of Orthopaedics 1-2 years ago. We ask that you please fill out the brief 5-10 minute survey below.

Your response will provide valuable information to the [Academic Medical Center] orthopaedic outcomes collection program. Data collected through this program is used to identify best practices and aid orthopaedic surgeons in making better decisions about patient care. By contributing to our efforts to improve care quality, your survey will help other patients undergoing orthopaedic care at [Academic Medical Center]. Your response would be much appreciated.

Sincerely,

[Academic Medical Center]