

# Recovery-percentile tracker for orthopedic surgery patients

After orthopedic surgery, patients cannot tell whether their pain, swelling, and stiffness are normal, so they flood surgeon offices with 'is this normal?' calls while staff have no objective benchmark to reassure or escalate.

Recovery-percentile tracker for orthopedic surgery patients should be tested as a narrow first-win workflow for Orthopedic surgeon office staff fielding daily post-op patient calls.

HIGH DIFFICULTY

PER-SEAT SUBSCRIPTION BILLED TO SURGEON OFFICES TO CUT CALL VOLUME.

# 55/100

VALIDATION VERDICT / RESEARCH

Validation is a weighted rubric, not a guarantee. Use the next validation step before building.

Confidence	54%
Lifecycle	Validating
Timing	61/100
Rubric	INAV-VALIDATION-2026-06-04

**VALIDATING** Watch window

Demand signal	5.5/10
Problem severity	6.3/10
Willingness to pay	5/10
Competitive saturation	6.3/10
Feasibility	4/10

**VERDICT**

## **Research • 55/100**

Recovery-percentile tracker for orthopedic surgery patients should be tested as a narrow first-win workflow for Orthopedic surgeon office staff fielding daily post-op patient calls.

**THIS WEEK'S TEST**

Recruit one orthopedic practice, have 15 knee-replacement patients log daily for two weeks, and measure whether tracked patients place fewer 'is this normal' calls than a comparison group.

**KILL IT IF**

Fewer than five qualified buyers agree to discuss the workflow after targeted outreach.

# Read the idea like a product signal board.

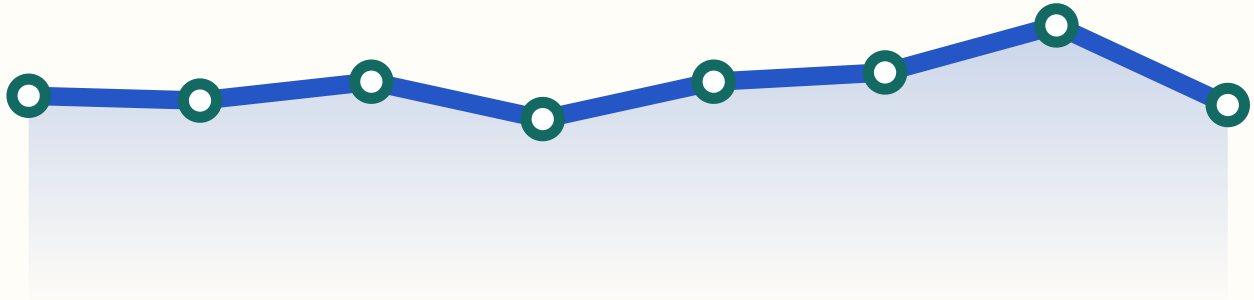
These visuals are generated from the report's existing scores. They make the decision path scannable without pretending to be live market data.



SIGNAL MODEL

## Recovery-percentile tracker for orthopedic surgery patients

Recovery-percentile tracker for orthopedic surgery patients should be tested as a narrow first-win workflow for Orthopedic surgeon office staff fielding daily post-op patient calls.



VALIDATION

**55/100**

Research

CONFIDENCE

**54%**

Editorial confidence

SCORE AVG

**5.8/10**

Scorecard average

PROOF

**5.8/10**

Proof signal average

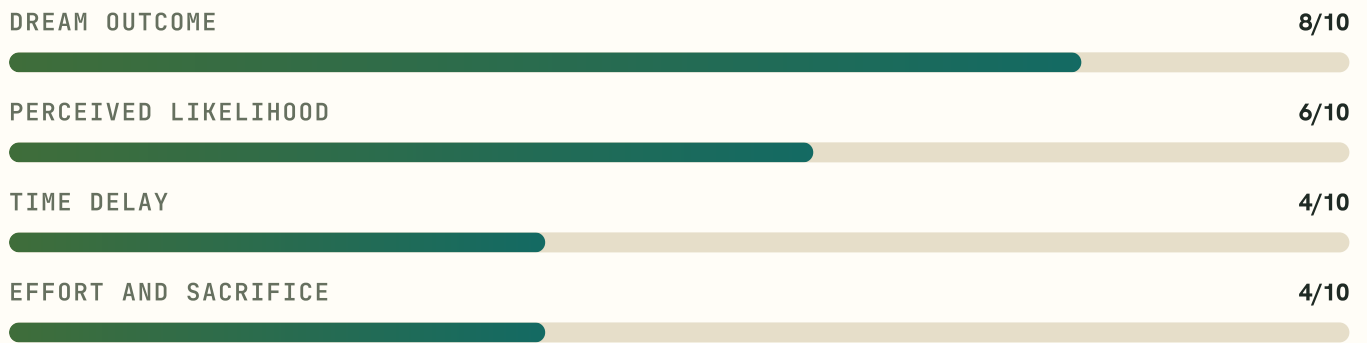
SCORE RADAR

**Decision balance**



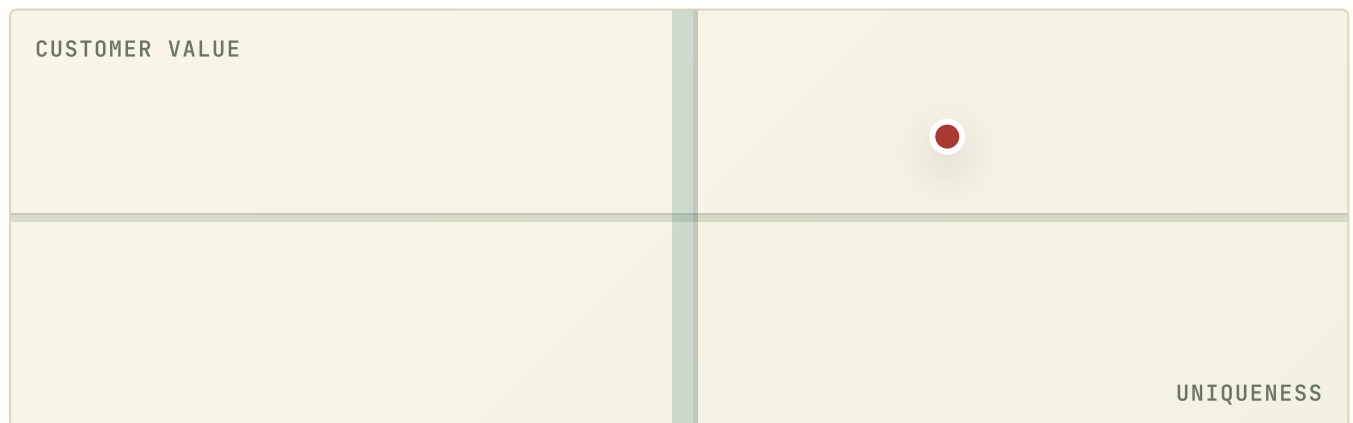
VALUE EQUATION

### Offer strength



MARKET MAP

### Category king candidate



High value plus high uniqueness deserves deeper research; lower uniqueness requires a clear distribution advantage.

VALIDATION FUNNEL

## From pain to product.

<b>1</b>	<b>Buyer pain</b> Orthopedic surgeon office staff fielding daily post-op patient calls	<b>5.4/10</b>
<b>2</b>	<b>Concierge proof</b> Recruit one orthopedic practice, have 15 knee-replacement patients log daily for...	<b>5.8/10</b>
<b>3</b>	<b>Paid wedge</b> Concierge review or paid template	<b>5.5/10</b>
<b>4</b>	<b>Repeatable product</b> Per-seat subscription billed to surgeon offices to cut call volume.	<b>5.9/10</b>

### EVIDENCE HEATMAP

## Signal intensity.

<b>WHY NOW</b> <b>5/10</b> Demand visibility	<b>WHY NOW</b> <b>4/10</b> Tooling readiness
<b>WHY NOW</b> <b>4/10</b> Budget clarity	<b>WHY NOW</b> <b>7/10</b> Competitive window
<b>PAIN</b> <b>5/10</b> Repeated workflow friction	<b>MONEY</b> <b>4/10</b> Budget hypothesis
<b>URGENCY</b> <b>6/10</b> Switching pressure	<b>DISTRIBUTION</b> <b>8/10</b> Reachable buyer language

## Validation window (61/100): enough signal exists to run the sprint, but the market has not clearly heated yet.

Deterministic stage assignment from re-check status, demand signals, complaint echo, and competitive saturation.

# 61/100

VALIDATING

Adoption substrate is up 8.1% across matched packages.

No funded competitor penalty is currently applied.

### Demand

# 57/100

Not old enough for a 30-day re-check yet.

### Saturation

# 0/100

0 funded signals across 0 matched competitor signals.

### Complaint echo

# 22/100

Matched adoption substrate is up 8.1%.

# Evidence-backed idea-validation score.

The score uses a versioned 2026 rubric across demand, problem severity, willingness to pay, competitive saturation, and feasibility.

# 55/100

## Research

Research is the current validation verdict: problem severity is the strongest signal, while feasibility is the main evidence gap to close before scaling the build.

Rubric version: INAV-VALIDATION-2026-06-04 / generated June 9, 2026

## Demand signal

5.5/10

24% WEIGHT

Demand looks thin because the report has 2 source-backed signal(s), an editorial confidence of 54/100, and a defined buyer in Orthopedic post-operative recovery tracking.

- Range of motion and joint mobility are routinely measured during orthopedic recovery and vary by joint, age, and procedure.
- Target buyer: Orthopedic surgeon office staff fielding daily post-op patient calls

## Problem severity

6.3/10

22% WEIGHT

Problem severity is thin when the buyer pain, customer value, and dream-outcome scores are combined.

- After orthopedic surgery, patients cannot tell whether their pain, swelling, and stiffness are normal, so they flood surgeon offices with 'is this normal?' calls while staff have no objective benchmark to reassure or escalate.
- Range of motion and joint mobility are routinely measured during orthopedic recovery and vary by joint, age, and procedure.

## Willingness to pay

5/10

20% WEIGHT

Willingness to pay is weak; the model has a monetization hypothesis, but it must still be proven through paid pilots or explicit pricing objections.

- Per-seat subscription billed to surgeon offices to cut call volume.
- Recruit one orthopedic practice, have 15 knee-replacement patients log daily for two weeks, and measure whether tracked patients place fewer 'is this normal' calls than a comparison group.

## Competitive saturation

6.3/10

18% WEIGHT

No source-backed direct match is recorded yet, so saturation risk is treated as unknown rather than proof of novelty.

- Existing-product check has no named direct match.
- Competitive score rewards a narrow wedge, not absence of research.

## Feasibility

4/10

16% WEIGHT

Feasibility is weak for a high build if the MVP is limited to the first measurable workflow.

- Recruit one orthopedic practice, have 15 knee-replacement patients log daily for two weeks, and measure whether tracked patients place fewer 'is this normal' calls than a comparison group.
- Recovery-curve percentiles could be read as clinical advice, so the app must stay a tracking and journaling aid that supports rather than replaces the surgeon's care.

## Next validation step

Recruit one orthopedic practice, have 15 knee-replacement patients log daily for two weeks, and measure whether tracked patients place fewer 'is this normal' calls than a comparison group.

# Seven days to a build / kill decision.

Derived from this report's own validation test, channels, offers, and kill criteria. Each day has a threshold, so the week ends in a decision instead of a feeling.

## DAY 1

### Build the buyer list

List 50-100 named orthopedic surgeon office staff fielding daily post-op patient calls prospects from Community pain posts and Direct outreach — names, not categories.

**Threshold:** 50+ named, reachable buyers on the list.

## DAY 2

### Join the watering holes

Join and observe Reddit / forums, Launch communities, Review and alternative pages. Collect the exact words buyers use for this pain.

**Threshold:** 10+ verbatim pain quotes captured.

## DAY 3

### Send first outreach

Send the cold outreach template (below) to 15 buyers from the day-1 list, personalized with one detail each.

**Threshold:** 15 sent; 3+ replies of any kind.

## DAY 4

### Run buyer interviews

Hold 15-minute calls using the interview script (below). Listen for current workarounds and what they cost.

**Threshold:** 3+ completed interviews.

## DAY 5

### Run the report's validation test

Recruit one orthopedic practice, have 15 knee-replacement patients log daily for two weeks, and measure whether tracked patients place fewer 'is this normal' c...

**Threshold:** Problem resonance: 5+ calls or 10+ detailed replies.

## DAY 6

### Make the smoke offer

Offer "Concierge review or paid template" at \$19-\$99 to every interviewed buyer. Manual delivery is fine — payment is the signal.

**Threshold:** 1+ pre-commitment (payment, signed LOI, or scheduled paid pilot).

## DAY 7

### Decide against the kill criteria

Score the week against this report's kill criteria, then take the stated next validation step: Recruit one orthopedic practice, have 15 knee-replacement patients log daily for two weeks, and measure whether tracked patients place fewer 'is this normal' c...

**Threshold:** A written build / keep-testing / kill decision.

## **Pass signal**

Pass: thresholds on days 3, 4, and 6 are met — proceed to the next validation step with real buyer language in hand.

## **Fail signal**

Kill or rethink if the week confirms: Fewer than five qualified buyers agree to discuss the workflow after targeted outreach.

## Decision scorecard.

The report is structured to force a yes, no, or test decision instead of leaving the reader with a loose brainstorm.

### Opportunity

5/10

PROMISING

Recovery-percentile tracker for orthopedic surgery patients has an editorial confidence score of 54/100 before live buyer validation.

### Problem

5/10

PROMISING

After orthopedic surgery, patients cannot tell whether their pain, swelling, and stiffness are normal, so they flood surgeon offices with 'is this normal?' calls while staff have no objective benchmark to reassure or escalate.

### Feasibility

4/10

NEEDS PROOF

A high build can work if the MVP stays limited to the first repeated workflow.

### Why now

9/10

EXCEPTIONAL

Outpatient orthopedic procedures keep rising and offices are understaffed, so phones overflow with anxious recovery questions that have no data-backed answer at the point of contact.

## Business fit and offer ladder.

### Revenue potential

\$250K-\$2M ARR potential if the wedge proves budget urgency and becomes a recurring workflow.

### Execution difficulty

Execution is high; the main constraint is staying narrow enough for a first proof loop.

### Go-to-market

Start with manual concierge output, direct outreach, and community proof before paid acquisition.

### Founder fit

Best for an AI-assisted solo founder who can interview the buyer and ship a focused first version quickly.

#### 1. Lead magnet

### Recovery-percentile Tracker For Orthopedic Surgery Patients checklist

Free

Helps Orthopedic surgeon office staff fielding daily post-op patient calls audit the painful workflow before buying software.

Capture qualified leads and learn the buyer's exact language.

#### 2. Frontend offer

### Concierge review or paid template

\$19-\$99

Delivers the first useful output manually before automation is trusted.

Validate urgency, workflow fit, and willingness to pay.

#### 3. Core offer

### Recovery-percentile tracker for orthopedic surgery patients focused SaaS

\$49-\$499/month

Turns the recurring manual workflow into a repeatable product loop.

Create the recurring revenue product after the narrow wedge survives tests.

#### 4. Continuity

### **Monitoring, benchmarks, and monthly reporting**

**\$99-\$1,000/year add-on**

Keeps the buyer engaged with ongoing proof, saved time, or reduced risk.

Increase retention and make the product part of a routine.

#### 5. Backend offer

### **Done-with-you setup, agency, or team rollout**

**Custom**

Adds implementation help, integrations, and workflow migration.

Capture higher-value accounts once the productized wedge is proven.

## Price-anchored revenue scenarios.

Derived from this report's "Core offer" offer-ladder stage (\$49-\$499/month). These are price-anchored scenarios, not market-size claims.

### Proof

**\$490-\$4,990 MRR**

10 CUSTOMERS

Ten paying customers proves willingness to pay and funds continued validation.

### Wedge

**\$2,450-\$24,950 MRR**

50 CUSTOMERS

Fifty customers in one niche makes the workflow the default in that circle and feeds referrals.

### Vertical leader

**\$12,250-\$124,750 MRR**

250 CUSTOMERS

A few hundred accounts in one vertical is a real business before any horizontal expansion.

### Break-even

At \$49-\$499/month, 1 customer covers the stated Local-first MVP budget: \$0-\$10K before paid acquisition budget within a month; fewer if they land at the top of the range.

### Sizing the buyer universe

Size the buyer universe in one day: count orthopedic surgeon office staff fielding daily post-op patient calls reachable through the report's channels (directories, associations, communities) until the list stops growing — the test only needs the first 100 names, not a TAM estimate.

### Pricing benchmark

No public look-alike products were recorded in this report, so price against the manual workaround's time cost, not against software.

# Why now and proof signals.

## Why now

5/10

### Demand visibility

Range of motion and joint mobility are routinely measured during orthopedic recovery and vary by joint, age, and procedure.

Build only if the complaint repeats across interviews, posts, or existing workflow artifacts.

4/10

### Tooling readiness

AI-assisted product work and managed infrastructure reduce the first-version cost.

The first release should automate one high-friction step rather than become a broad platform.

4/10

### Budget clarity

Per-seat subscription billed to surgeon offices to cut call volume.

Ask for money during validation before building the full workflow.

7/10

### Competitive window

The wedge is specific enough to test without claiming the whole market.

Position around one buyer and one measurable first-win outcome.

## Proof signals

5/10

### Pain: Repeated workflow friction

Range of motion and joint mobility are routinely measured during orthopedic recovery and vary by joint, age, and procedure.

4/10

### Money: Budget hypothesis

Orthopedic surgeon office staff fielding daily post-op patient calls is the first group to test because the monetization path is: Per-seat subscription billed to surgeon offices to cut call volume.

6/10

### Urgency: Switching pressure

Urgency becomes real only if the current workaround costs time, risk, money, or reputation every week.

8/10

### Distribution: Reachable buyer language

The first channel should be whichever source lane already contains the buyer's vocabulary.

## — DISTRIBUTION

# Featured across 1 sites in the network.

The syndication verifier checks whether network articles are live and whether they link back to this canonical report.

LIVE

1023 Jack

Article 97191 · canonical backlink found

# Market gaps and execution plan.

## Underserved segments

- Orthopedic surgeon office staff fielding daily post-op patient calls who still run the workflow in spreadsheets, generic docs, email, or chat threads.
- Small teams in Orthopedic post-operative recovery tracking that feel the pain weekly but are too narrow for broad incumbents.
- New adopters who need guided proof before committing to a larger platform.

## Feature gaps

- A narrow workflow that reaches value without configuration-heavy onboarding.
- A buyer-facing proof artifact that shows time saved, risk reduced, or communication improved.
- A handoff path from manual concierge service to repeatable software.

## Differentiation levers

- Use specificity as the wedge: one buyer, one workflow, one measurable result.
- Show proof earlier than broad competitors with before-and-after examples and small pilot data.
- Keep implementation lighter than incumbent suites or generic AI assistants.

## Execution snapshot

Type	<b>Focused SaaS validation</b>
Timeline	<b>8-12 weeks</b>
Budget	<b>Local-first MVP budget: \$0-\$10K before paid acquisition.</b>
Initial offer	<b>Concierge review or paid template</b>

Build only the first-win workflow for "Recovery-percentile tracker for orthopedic surgery patients" and keep research, setup, and exceptions manual until the wedge is proven.

Weekly

## Community pain posts

Use communities and forums where Orthopedic surgeon office staff fielding daily post-op patient calls already describe the painful workflow.

Problem teardown, interview ask, and short demo clip / 5 qualified calls or 10 detailed replies in 7 days

Daily during validation

## Direct outreach

Direct conversations are the fastest way to verify budget ownership and switching cost.

Concierge pilot offer with a manually prepared sample / 3 paid pilots, LOIs, or budget-owner follow-ups

Bi-weekly

## Searchable comparison content

Alternative and comparison pages reveal objections, pricing language, and buying intent.

Before-and-after page or alternatives memo for the exact workflow / Organic clicks, booked demos, or waitlist joins from comparison intent

Once MVP is clickable

## Launch directory

Launches test whether the promise is legible to people outside the first interview set.

Single-purpose demo and first-win story / 25% demo completion or 10 waitlist joins

## Alternatives, incumbents, and whitespace.

This section names likely workarounds and public players so the report can argue where the wedge is still open.

Recovery-percentile tracker for orthopedic surgery patients should be positioned against generic AI assistants, no-code workarounds, and any vertical incumbent that already owns Orthopedic post-operative recovery tracking. The opening is a narrower first-win workflow for Orthopedic surgeon office staff fielding daily post-op patient calls.

### DIRECT

## ServiceTitan

Field service platform

Relevant to field service, HVAC, appliance repair, contractor, and service dispatch ideas.

### WORKAROUND

## Asana

Project management

Competes where the buyer can express the workflow as tasks, owners, and due dates.

### WORKAROUND

## Airtable

No-code database

Competes when the first version can be modeled as a lightweight database and workflow view.

### WORKAROUND

## Notion

Workspace and documentation

Competes when buyers can solve the pain with templates, checklists, and shared pages.

### WORKAROUND

# Monday.com

Work management

Competes for operational boards, approvals, and repeatable team workflows.

## Whitespace

- A narrow workflow that reaches value without configuration-heavy onboarding.
- A buyer-facing proof artifact that shows time saved, risk reduced, or communication improved.
- A handoff path from manual concierge service to repeatable software.
- Use specificity as the wedge: one buyer, one workflow, one measurable result.
- Show proof earlier than broad competitors with before-and-after examples and small pilot data.
- Keep implementation lighter than incumbent suites or generic AI assistants.
- Own the specific buyer workflow instead of selling a broad AI assistant.

## Positioning moves

- Lead with the exact buyer: Orthopedic surgeon office staff fielding daily post-op patient calls.
- Show a proof artifact for: Recruit one orthopedic practice, have 15 knee-replacement patients log daily for two weeks, and measure whether tracked patients place fewer 'is this normal' calls than a comparison group.
- Name the generic-assistant workaround directly and explain what it misses.
- Offer concierge setup before promising a full platform.

Public source

**ServiceTitan**

<https://www.servicetitan.com/>

Public source

**Asana**

<https://asana.com/>

Public source

**Airtable**

<https://www.airtable.com/>

Public source

**Notion**

<https://www.notion.com/>

Public source

**Monday.com**

<https://monday.com/>

Public source

**Report source**

<https://www.aaos.org/>

Public source

**Report source**

[https://en.wikipedia.org/wiki/Range\\_of\\_motion](https://en.wikipedia.org/wiki/Range_of_motion)

— AUDIENCE COMPANION

## Segments, channels, and intent language.

The companion is also published as a standalone HTML page and Markdown file for research handoff.

### Primary audience

Orthopedic surgeon office staff fielding daily post-op patient calls is the first audience because the report already names a repeated pain, reachable channels, and a validation test that can be run before software is complete.

RECOVERY WORKFLOW

PERCENTILE VALIDATION

RECOVERY AI

PERCENTILE AUTOMATION

ORTHOPEDECS

RECOVERY

TRACKING

ORTHOPEDIC POST-OPERATIVE RECOVERY TRACKING

### First validation channels

- **Reddit / forums:** Post a problem teardown for Orthopedic post-operative recovery tracking and ask how people solve it today.
- **Launch communities:** Ship a narrow demo and watch which promise gets clicks.
- **Review and alternative pages:** Write an alternatives page that owns one narrow use case.
- **Community pain posts:** Problem teardown, interview ask, and short demo clip

## Execution-readiness scorecard.

The score turns the report into bottlenecks, accelerators, and a dated first-month launch plan.

# 44/100

### Research first

Recovery-percentile tracker for orthopedic surgery patients scores 44/100 for execution readiness. The recommended next step is Recruit one orthopedic practice, have 15 knee-replacement patients log daily for two weeks, and measure whether tracked patients place fewer 'is this normal' calls than a comparison group.

Execution scorecard is generated from report validation, confidence, feasibility, founder fit, and difficulty.

### Bottlenecks

- Recovery-curve percentiles could be read as clinical advice, so the app must stay a tracking and journaling aid that supports rather than replaces the surgeon's care.
- Building credible anonymized benchmark curves requires volume of comparable cases before the percentile is meaningful.
- A broad AI assistant can flatten differentiation unless the wedge is painfully specific.
- The first release can become a generic dashboard if the job is not named tightly.
- Needs real buyer access, not only desk research.

### First milestones

- 2026-06-16: Frame the wedge
- 2026-06-19: Interview 10 people who match the buyer persona.
- 2026-06-23: Ship a clickable demo or concierge workflow that produces the first useful artifact.
- 2026-06-30: Run one paid pilot or collect explicit pricing objections before automating the rest.

## Value equation, matrix, and ACP.

## Fit, roast, and kill criteria.

# 6/10

### Founder fit

A solo or AI-assisted founder with direct access to Orthopedic surgeon office staff fielding daily post-op patient calls.

### ADVANTAGES

- Can talk to the buyer before writing much code.
- Can ship a narrow first-win demo quickly.
- Can use local-first research artifacts to keep validation moving without a large team.

### GAPS

- Needs real buyer access, not only desk research.
- Needs proof of budget or repeated urgency.
- Needs a crisp wedge before broad product work starts.

### Roast

Interesting hypothesis, but it needs sharper demand evidence before build time.

### BLIND SPOTS

- Recovery-curve percentiles could be read as clinical advice, so the app must stay a tracking and journaling aid that supports rather than replaces the surgeon's care.
- A broad AI assistant can flatten differentiation unless the wedge is painfully specific.
- The first release can become a generic dashboard if the job is not named tightly.

### HARD QUESTIONS

- Who wakes up already trying to solve this?
- What do they stop paying for or stop doing when this works?
- What proof would make a skeptical buyer trust it in one screen?
- What is the smallest paid version of this idea?

### Kill criteria

- Fewer than five qualified buyers agree to discuss the workflow after targeted outreach.
- No buyer can name a current cost in time, money, risk, or reputation.
- The first demo does not produce a clear next step, paid pilot, or specific objection.

## **Next actions**

- Write the one-sentence promise and test it in the strongest channel.
- Create the lead magnet and use it to recruit interviews.
- Build the smallest demo that proves the first win.

# Move from reading to testing.

Local-first handoff cards copy prompts or structured data without requiring an account.

## BUILD THIS IDEA

Copy the focused build brief for a coding agent.

COPY

## ROAST

Copy the critique lens and blind spots before committing time.

COPY

## LANDING PAGE

Copy a landing-page brief based on buyer, pain, and validation.

COPY

## BRAND PACKAGE

Copy positioning inputs for naming, messaging, and design direction.

COPY

## AD CREATIVES

Copy campaign angles for buyer-problem validation.

COPY

### EXPORT DATA

Copy structured JSON for IdeaClyst, Threlmark, or another agent.

COPY

### FOUNDER FIT

Copy the founder-fit self-check before entering build mode.

COPY

# Outreach template and interview script.

Built from this report's buyer, pain language, and channels. Personalize one detail per message — these are starting points, not spam ammunition.

## Cold outreach message

QUESTION ABOUT RECOVERY WORKFLOW

HOW ARE YOU HANDLING AFTER ORTHOPEDIC SURGERY, PATIENTS CANNOT TELL WHETHER THEI...

15 MINUTES ON A ORTHOPEDIC POST-OPERATIVE RECOVERY TRACKING WORKFLOW?

Hi {{firstName}},

I'm researching how orthopedic surgeon office staff fielding daily post-op patient calls handle this today: After orthopedic surgery, patients cannot tell whether their pain, swelling, and stiffness are normal, so they flood surgeon offices with '...

I'm not selling anything yet – I'm testing whether "Recovery-percentile tracker for orthopedic surgery patients" is worth building, and I'd rather learn from people living the workflow than guess.

Would you trade 15 minutes for first access (and a say in what gets built) if it goes ahead?

{{yourName}}

COPY MESSAGE

## Buyer interview script

1. Walk me through the last time this happened: After orthopedic surgery, patients cannot tell whether their pain, swelling, and stiffness are normal, so they flood su... What did you actually do?
2. What does that workaround cost you — in hours, money, or risk — in a normal month?
3. What have you already tried or bought to fix it, and why didn't it stick?
4. If "A daily check-in for one procedure (e.g. knee replacement) where the patient logs pain, range-of-mo..." existed, what would have to be true for you to switch in the first week?
5. Who else feels this worse than you do — and would you introduce me?

### WHERE TO SEND IT

- Community pain posts — Problem teardown, interview ask, and short demo clip
- Direct outreach — Concierge pilot offer with a manually prepared sample
- Searchable comparison content — Before-and-after page or alternatives memo for the exact workflow
- Reddit / forums — Post a problem teardown for Orthopedic post-operative recovery tracking and ask how people solve it today.
- Launch communities — Ship a narrow demo and watch which promise gets clicks.

## Build and review prompts.

### Build prompt

Build a narrow MVP for "Recovery-percentile tracker for orthopedic surgery patients" for Orthopedic surgeon office staff fielding daily post-op patient calls. Preserve the evidence, build only the first-win workflow, include source links, and treat Recruit one orthopedic practice, have 15 knee-replacement patients log daily for two weeks, and measure whether tracked patients place fewer 'is this normal' calls than a comparison group. as the first acceptance gate.

### Review prompt

Review the "Recovery-percentile tracker for orthopedic surgery patients" MVP for over-breadth, unsupported claims, weak buyer proof, privacy risk, and missing validation instrumentation. Do not approve expansion until the kill criteria and success metrics are measurable.

medical-association / [aaos.org](https://www.aaos.org)

#### **American Academy of Orthopaedic Surgeons**

AAOS is the professional body for orthopedic surgeons and publishes recovery and rehabilitation guidance, establishing that structured post-op milestone tracking is clinically grounded.

reference / [en.wikipedia.org](https://en.wikipedia.org)

#### **Range of Motion**

Documents how joint range of motion is measured in degrees and varies by joint and individual, confirming that ROM is a trackable recovery metric patients can log daily.

## If this exact wedge isn't yours, these are adjacent.

Derived deterministically from this report's buyers, vertical language, and business model.

### **Same problem, different buyer: Budget owner who feels the operational cost of the broken workflow.**

The workflow pain in this report is not exclusive to orthopedic surgeon office staff fielding daily post-op patient calls. Budget owner who feels the operational cost of the broken workflow. faces the same friction with their own budget and urgency.

**First test:** Re-run day 3 of the sprint (15 outreach messages) against this buyer only, and compare reply rates before changing anything else.

### **Same workflow, adjacent vertical: pick the nearest regulated niche**

No second vertical matched this report's language strongly, which usually means the wedge is horizontal. Horizontal wedges win by going vertical first.

**First test:** Pick the vertical where the pain costs the most per incident and rewrite the promise in its vocabulary.

### **Same wedge, alternate model: a productized service (fixed-price, done-for-you delivery)**

This report monetizes via "Per-seat subscription billed to surgeon offices to cut call volume.". Concierge delivery validates willingness to pay before any software exists and earns the workflow knowledge the product needs.

**First test:** Offer both versions on day 6 of the sprint and let the first pre-commitment choose the model.

## Where this report sits in the intelligence graph.

Links from the ontology layer. Declared links are explicit in the research record; inferred links are keyword overlap and labeled as such. Full graph at </graph.json>.

EVIDENCE INDEPENDENCE 77/100

4 source domains, 3 evidence edges. Dominant family: github.com. Audit all provenance .

— IN THIS VERTICAL

## Healthcare & Life Sciences

Ranked 4 of 4 by validation score among published Healthcare & Life Sciences reports.

VALIDATE · 78/100

### Consumer health and safety signal monitor: CRISPR tech selectively shreds cancer cells, including "undruggable" cancers

Consumer health and safety

OPEN REPORT

VALIDATE · 67/100

### AI compliance brief generator for small clinics

Healthcare operations

OPEN REPORT

VALIDATE · 66/100

### Appointment no-show recovery planner for therapy practices

Healthcare operations

OPEN REPORT

— FULL NARRATIVE