SickKids | SKPOP Website Analysis: Other Orthopaedic Solutions — Summary

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** User Interface (UI) = the website application's user-facing design and functionality.*

	Overview	UI Strengths	UI Drawbacks	Industry Opportunities
The Surgery Reference	**Purpose** Ideated in 2003 and launched in 2006 to support orthopaedic professionals in learning, planning, performing, and teaching surgical fracture treatments. **Audience** Orthopaedic Residents, Practitioners, and Surgeon Educators. **Value Proposition** Empowering orthopaedic professionals with an all-in-one current, evidence-based digital resource for fracture management, offering step-by-step guidance, select video walk-throughs, over 30,000 high-quality illustrations, and learning/teaching tools.	• Intuitive **navigation** tools. • **Bold branding** in **footer**, motion graphics, and use of logo as a design element. • Home page with **value propositions** • **Diverse content**: books, videos, guides, definitions, and visual lessons. • Variety of **button types**. • **Innovative approach**/features: high-quality 2D illustrations and interactive, zoomable skeletal models.	▪ **Layout** not optimized for desktop. ▪ **Navigation**: minimal breadcrumbs, poor hierarchy, unclear sub page titles (adult vs. paediatric), remembers past choices but stages 1–5 stay static on repeat use. ▪ Weak design system: **Buttons** lack hover/click states, oversized padding. ▪ **White space** from oversized photos. ▪ Poor **alignment**, minimal **layout** variety. ▪ **Dated visuals** (e.g., old iPhone mock ups).	**What are standard practices?** • Credit: list all contributors from authors, editors, liaison, illustrator, to project manager. • Disclosures: clear on indicators/disclaimers and approach disadvantages. **What formatting techniques are used?** • Basic Layouts: Numbered lists, images beside text, and cards used for navigation. **What works in encouraging physician referral and contribution?** • Strong self-promotion (“the all-in-one”). • Effective home page: multiple value propositions, instructions, videos, and mock-ups. **What can I borrow (and build on)?** • Dynamic **mock-ups** and **motion graphics** (in short-form video). • Front-and-centre **search bar** on landing page (below in header and below value props). • Persistent **buttons** for undo, back, scroll-up, and dock panel (with larger sizes, branding). • ↑ use of **task bars and breadcrumbs** (with branded colours, aligned to current UI trends). • Introduce **a distinct visualization tool** to compete with the interactive skeletal system (e.g., enhanced X-rays or an icon-based interactive model where bones expand outward).
The Royal Children's Hospital Melbourne Clinical Practice Guidelines	**Purpose** Provide concise, evidence-based paediatric clinical guidelines to support clinicians in assessing and managing children's health. **Audience** Healthcare Clinicians in Paediatrics. **Value Proposition** Dedicated to supporting paediatric healthcare professionals with a comprehensive, evidence-based app and website resource, offering concise guidelines for assessment and management of common and serious conditions and tools for rapid clinical reference.	• Persistent **navigation** with clear buttons, hierarchy, breadcrumbs, and A–Z indexes. • **Card layouts** with balanced white space. Credibility via strong **disclaimers**, policies, usage guidelines, sponsor call outs, and land acknowledgements. • Effective **visual** tools: 3-column tables, flowcharts, zebra-striped indexes. • Minimal **footer** with effective application of icons and sitemap.	▪ **Branding**: minimal logos, generic buttons, graphics, and plain backgrounds. ▪ **Unscaled** images, gaps, and inconsistent text styling weaken the layout. ▪ Poor visual hierarchy and limited **formatting** variety on treatment pages. ▪ Lacking no-results/error **pages** and icons. ▪ **Redundant** information causing choice fatigue (e.g. ‘In this section’ column). ▪ **Mobile** issues with sizing and margins. ▪ No clear value propositions.	**What are standard practices?** • Even stronger use of crediting, disclaimers, and acknowledgements. • Numbered headers and high number of navigation tools (breadcrumbs, A–Z index, bar). **What formatting techniques are used?** • Basic Layouts: Numbered lists, images below text, 3 column tables, and flowcharts. **What works in encouraging physician referral and contribution?** • Strong acknowledgements, standardized layouts. **What can I borrow and build on?** • Feature **images** of tools in use at hospital. • Use large, bold, high-contrast (dark) **buttons**. • Minimal footer with external **A-Z index** sitemap (for scalability). • Use **cards** for partners, sponsorship, and land acknowledgements beyond navigation. • Apply flow charts and **zebra-striping for tables** and indexes for skimming and long columns. • Use **tables** only with 3+ columns, max one sentence-based column. • Include **essential** compliance/informational **pages**: Disclaimer, Terms of Use, Copyright, Contact, Contributors, Embedded Forms, Development Process, Website Use & Citing Pathways, external resources, error, ‘page not found’, and reference other organizations.
AAOS American Academy of Orthopaedic Surgeons Clinical Practice Guidelines (OrthoGuidelines)	**Purpose** Provides concise, evidence-based recommendations at the point of care to assist clinicians with decision-making and patient discussions. **Audience** Orthopaedic Clinicians and Healthcare Professionals. **Value Proposition** Providing a trusted, evidence-based platform and app with single-keyword search and concise guideline topics to support quick navigation, comprehension, and clinical use.	• Effective titles and **taglines** (“The Standard”) positions the site as trusted. • **Minimalist**, pro design in **typography** and spacing in select sections. • Multi-toggle **navigation** and shifting layouts aid with quick scanning. • Professional **icon use** (thin, branded colours) and paired descriptive logos. • Publication dates and share/print features add **transparency**.	• Inconsistent **layouts** (e.g., app promo vs. news sections) reduce cohesion. • Poor headers and light fonts on dark backgrounds reduce **readability**. • Limited widget **customization**, gaps, poor images, and repetitive icons. • Unclear **star rating** system – may waste clinician time to review poor pathways. • Critical information lacks proper formatting and **styling**, like references acknowledgements, and pathway context.	**What are standard practices?** • High number of disclaimers and acknowledgements. **What formatting techniques are used?** • Bullet points, zebra rows, multi-toggle, accordions, and paragraphs. **What works in encouraging physician referral and contribution?** • Use of authoritative self-promotion “the standard”. **What can I borrow and build on?** ▪ **Style** acknowledgements and other relationship-sensitive sections with clear text hierarchy. ▪ Replace static bullets with icons/tags to humanize contributor lists. ▪ Add **micro-interactions** (shrinking logo, move up, go back – responsive buttons) to guide attention. ▪ Stack **buttons** vertically on **mobile** for easier scrolling and scanning. ▪ Use **zebra columns** only when 3+ columns are present. ▪ Include **print/share icons** to boost distribution and referrals. ▪ Strengthen **taglines** with industry terms and consistently frame the tool as “the” standard.