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LONDON HEALTH SCIENCES FDN
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“I can be as active as I want to be without feeling any pain.”



I’ve always been an active guy – I like to snowboard and play squash, hockey and other sports with my sons. About eight years ago, I started feeling pain in my knee. The pain eventually got so severe that I had to give up the active lifestyle I loved.

My physiotherapist suggested I go to Fowler Kennedy Sport Medicine Clinic (FKSMC) and I was amazed to learn that such a world-class facility exists right here in London.

I met Dr. Robert Giffin, Dr. Lisa Fischer and a whole team of specialists who were ready to help me. By testing and measuring all the factors associated with my pain – which even involved using motion capture technology that made me feel like I was in a Spielberg movie – they were able to determine the root cause of the problem. They created a care plan that involved nutrition counselling, physiotherapy and a surgery known as a tibial osteotomy that would realign the angle of my lower leg.

When I went in for my surgery, I was impressed by how many people were involved in the process – from admitting, to porters, to Dr. Giffin, who performed my surgery. Each piece of the puzzle was essential to my care.

Two weeks after the surgery, I was back at work on crutches. A few months later, I was golfing and playing badminton. Now more than a year later, I can be as active as I want to be without feeling any pain.

I’ve told Dr. Giffin “thank you” many times and I’ll continue to be grateful to everyone at FKSMC who helped give me my life back.

Now I just need to convince Dr. Giffin to hang up my hockey jersey in the Clinic alongside Steve Yzerman’s!

-Ben Zwart



Ben Zwart (right) with his family

I’m a **Grateful** Patient

that’s why
we need you

Why your donation is important

London Health Sciences Foundation provides patients and their families with an opportunity to show gratitude to those who played a special role in the care they received while at LHSC.

Gifts received will not only recognize the special caregiver, but also help to support patients and their families who receive care at Fowler Kennedy Sport Medicine Clinic.

Whether you choose to salute a special doctor or nurse, or a clinical program, your donation is a meaningful way to say **"thank you."**



Fowler Kennedy Sport Medicine Clinic

Whether you're a weekend warrior or a professional athlete, sport injuries can have a profound effect on your quality of life.

Fowler Kennedy Sport Medicine Clinic is not only focused on returning people to their active lives through diagnosis, treatment and rehabilitation, but is also dedicated to educating patients on how to prevent injury and stay healthy. The clinic has close to 100,000 patient visits annually and provides surgical care to 1,500 patients with leading-edge techniques.

Donors play a vital role in funding state-of-the-art technology and renovations, education and research, and enhanced patient care.

"I am proud of the work carried out by our talented team and grateful to the donors who help us provide high quality sport medicine to a wide range of patients."

– Dr. Robert Litchfield, Medical Director
Fowler Kennedy Sport Medicine Clinic



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I'm a Grateful Patient

In Appreciation of

Caregiver's Name _____

Department (e.g. Physiotherapy, Acute Injury Clinic, Concussion Care, etc.) _____

Share your words of gratitude:

OFFICE USE ONLY

Gift appeal code: gc**gp

Date: _____

Orthopaedic Care - FKSMC

I'd like to make a single gift of:

\$25 \$50 \$100 \$250 Other \$ _____

I'd like to make a monthly gift of:

\$10 \$25 \$50 \$100 Other \$ _____

Payment Options:

(please choose one payment option)

Cheque (Payable to London Health Sciences Foundation) Amount: \$ _____

Cheque Payment Plan (post-dated cheques enclosed) Total Amount: \$ _____

MasterCard Visa Amex

Card Number _____

Expiry Date _____

Automatic Bank Withdrawal

(Canadian financial institutions only)

I authorize installments of \$ _____

monthly quarterly annually

Commencing (M/Y) _____

Please include a blank cheque marked "VOID"

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Telephone: _____

Email: _____

Signature: _____

Date: _____

Please tear and seal here and along sides.