

CREATING YOUR SALES SYSTEM

FIVE MENTAL MODELS TO CHANGE THE WAY YOU WORK

LEAP AND THE CONSOLIDATION WAVE



OCTOBER 2025 ISSUE 03



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From the Founder

As we start moving through November and closer to closing out the final quarter of 2025, I've been reflecting on what we've built and what we're building toward. This has been a year of significant growth. Not just in revenue, but in the infrastructure and partnerships that will define LEAP's next chapter.

The numbers tell part of the story. We're tracking around 17% year-over-year growth, and our EBITDA trajectory puts us in a strong position heading into 2026. But the real work has been happening behind the scenes, and it's the kind of work that doesn't always make headlines but absolutely determines whether scale is sustainable or chaotic.

The Houston integration continues to move forward with real momentum. We're not just expanding geography, we're aligning systems, processes, and culture across teams that need to operate as one. That takes intentionality. It takes patience. And it takes people who understand that integration isn't a one-time event, it's a discipline.

At the same time, we've been investing heavily in the operational backbone that will carry us through the growth ahead. Business Central is giving us consolidated visibility across entities. We're codifying our clinical standards and cultural values so that as we scale, we don't lose what makes LEAP different.

We're also moving forward on several fronts that position us strategically for the next phase. We're in active conversations with suppliers who understand the value of true partnership. We're deepening relationships with surgeons through events like the upcoming Tulsa dinners in November. And we're preparing the documentation and frameworks that will support future investment and enable even greater reach.

This is the work of building while we're flying. None of it is easy. But it's necessary, and it's the right work for this moment.

As we close out the year, my ask is simple: stay focused on execution, stay committed to excellence, and stay connected to the mission. The systems we're building, the partnerships we're forming, and the standards we're setting...these are the things that will allow us to serve more surgeons, support more distributors, and ultimately deliver better outcomes for patients.

Thank you for the work you're doing. 2026 is going to be a defining year for LEAP, and we're setting ourselves up to meet it ready.

Let's finish strong.



Peyton Woodyard Co-Founder

HR UPDATES

WHAT'S NEW IN THE WORLD OF PEOPLE, POLICIES...AND PARTIES

Discover the latest in HR updates—whether they're insightful, festive, or simply intriguing—perfect for a quick dive during your next break.

Coming Soon:

Holiday Gatherings

As the festive season approaches, keep an eye out for upcoming holiday parties on your calendar. These events are the perfect opportunity to unwind and celebrate with colleagues.

Updated Employee Handbook

HR has been hard at work behind the scenes, transforming the Employee Handbook—not just to tick off compliance boxes, but to make it genuinely useful. Clear guidance and fewer question marks are on the way. It's coming to your inbox soon, we promise!

November Birthdays

Bob Willis – November 10

Derek Gilstrap – November 30



Angel Free

Yes, yes...we know it's hard to believe this is already happening, but keep an eye out for information about this year's Angel Tree. We've got 20 angels to support this year so watch for details on how to pick a tag and make a child's holiday brighter!



the vibe Check

Culture isn't what we declare on slides. It's the minimum standard we refuse to drop on ordinary Tuesdays. Over the last few months, we've moved from "what we believe" to "how we behave," turning ownership, readiness, and clear communication into everyday habits. This is about raising the floor so the ceiling takes care of itself.

Raise the FLOOR & The Ceiling Follows.

What Changed

- We stopped treating outcomes as the only truth.
 Inputs matter. When the right habits are non-negotiable, results become predictable.
- Managers coach activities, not just numbers.
 Weekly expectations, end-of-week reviews, and simple rounding rhythms remove blockers before they become fires.
- We write it down. Standards, playbooks, and simple checklists turn "tribal knowledge" into team knowledge. That's how culture scales.

What "Ownership" Looks Like Here

- Present problems with solutions: Bring the issue, the proposed fix, and what you'll do by when.
 Own the next action.
- Pre-check, then over-communicate: Confirm details early. Share status before anyone has to ask. Reduce surprises, reduce stress.
- Be the calm in the room: Pressure is a constant.
 Composure is a choice. Our tone sets the team's temperature.

Manager Habits That Lift Teams

- Set the week on Monday: Three priorities. Clear commitments. Who owns what by when.
- Close the loop on Friday: What's done. What slipped. Why. What we're changing next week.
- Coach the inputs: Time spent on the right activities beats time spent explaining results after the fact.

Standards You Can See

- Readiness: Case pre-checks, clean handoffs, confirmed availability. "Boring" is the point.
- *Communication*: Simple, timely, and specific. No novel-length updates. No radio silence.
- Follow-through: Do what you said. If the plan changes, say so and reset the commitment.

Transparency Over Polish

We build in the open. Systems in flight get documented, not hidden. Progress beats perfection. When everyone can see the work, anyone can improve it.

How We Know the Floor Is Rising

- Fewer last-minute scrambles because habits got stronger.
- Smoother cross-team work because expectations are explicit.
- Faster time-to-fix because issues are surfaced with next steps, not just alerts.

One Habit to Add This Month: The 3x3 Update

Three bullets on what you completed, three on what's blocked, three on the next moves. Post it where your team looks. Keep it under five minutes to read. Make accountability effortless.

Raising the floor is not about doing more. It's about doing the right small things every time. Keep the promises. Keep the cadence. Then raise it again. That's how "ownership" turns into outcomes, and how culture becomes visible in the work.

STAYING SHARP

FROM EMERGING PARTNER TO TOP THREE SUPPLIER

If you want to see what momentum looks like, look at Isto Biologics. In the last year, Isto has become LEAP's 3rd largest supplier, with revenue more than doubling. That kind of growth doesn't happen by accident. It happens when you have the right product, the right training, and reps who know how to position clinical value.

Learn more about ProteiOS, a product helping to drive the next level of success.



The ProteiOS™ Advantage

ProteiOS™ is one of Isto's newest biologics product: a natural blend of supplemental, allograft-derived proteins designed to unlock your graft's potential in orthopedic and spinal fusion procedures.



What Makes ProteiOS Different

Comprised of nearly 1,000 unique and naturally derived proteins, growth factors, and peptides harnessed through proprietary processing methods, ProteiOS provides a powerhouse of osteoinductive, angiogenic, proliferative, and chemotactic properties. It contains the highest level of naturally derived proteins, with high concentrations including BMP-2, PDGF, TGF- β 1, and VEGF. Every lot is tested for protein content to provide quantified levels of bone healing contribution.

Creates a Completely Customizable Graft

ProteiOS is offered in a lyophilized powder form, which upon hydration with saline or water, provides ultimate flexibility for desired growth factor concentration levels. Designed to be used in conjunction with virtually any commercially available scaffold, ProteiOS can be used with your graft of choice and adapted to suit each patient's needs. You can unlock new levels of potential within your preferred graft and customize the amount added to match your specific needs.

Safe and Proven Solution

A commitment to success aligns with an unwavering dedication to safety to ensure a confident and reliable application in every surgery. ProteiOS is terminally sterilized through gamma irradiation and sourced with meticulous donor screening. It contains no cellular or self-identifying antigens to elicit an immune response.

Sizing for the Case

ProteiOS comes in multiple sizes to match the complexity of the procedure:

- XS (0.5cc): 1-level cervical
- S (1cc): 1-2 level cervical
- M (2.5cc): Foot & ankle, TLIF
- L (5cc): Foot & ankle, ALIF
- XL (10cc): Multi-level fusions

Why Surgeons Are Converting

ProteiOS solves real problems. Surgeons who've relied on autograft alone are seeing faster fusion. Surgeons who've used other products off-label in the cervical spine now have a safer, on-label alternative. And foot and ankle surgeons working on complex reconstructions have a biologic that actually delivers.

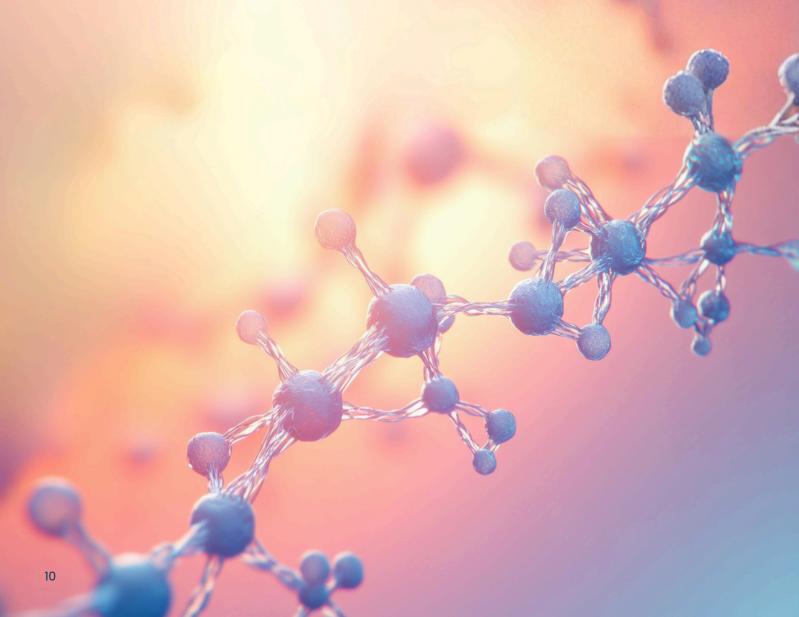
The growth we're seeing with Isto isn't hype. It's reps doing the work: educating surgeons, supporting cases, and proving value one fusion at a time.

What This Means for You

If you're not already positioning ProteiOS in your conversations, now's the time. The product works. The data backs it up. And the revenue trajectory proves that surgeons are adopting it.

Isto Biologics has gone from emerging partner to top-three supplier in record time. That's a testament to great products, and to the reps who've made it a priority.

Let's keep that momentum going.





THE CONSOLIDATON OLIGINATION O

THE BIG IDEA

If you're an independent medical device distributor, you've felt it. The pressure. The squeeze. The quiet whisper that says the industry is changing and you might not have a place in what comes next.

Big manufacturers are going direct. Private equity is rolling up distribution networks. Hospitals want fewer vendors, tighter contracts, and enterprise-level infrastructure. And meanwhile, you're out here running a business with your own relationships, your own accounts, and your own way of doing things—wondering how long you can hold on before the wave crashes over you.

Here's what no one wants to say out loud: consolidation is inevitable. The medical device distribution industry is following the same path that every fragmented industry eventually follows. Scale wins. Systems win. Infrastructure wins.

But here's what almost everyone gets wrong: consolidation doesn't have to mean elimination.

The story the industry tells is that you either sell out, get absorbed, or fade into irrelevance. But there's a fourth option. And it's the one that LEAP is building—a model where aggregation creates power, not powerlessness. Where independence isn't sacrificed for scale. Where some of the most important players in the game—the reps who actually move product and serve surgeons—don't just survive. They thrive.

Let's be clear about what's happening. The global medical device market is projected to reach \$1.29 trillion by 2029, growing at nearly 10% annually. But that growth isn't evenly distributed. It's concentrating in the hands of companies that have three things: reach, infrastructure, and negotiating power.

Hospitals are consolidating into integrated delivery networks (IDNs), which means purchasing decisions that used to happen at the surgeon level are now happening at the system level. A great relationship with a single surgeon doesn't matter if the IDN won't put you on contract. And getting on those contracts requires capabilities most independent distributors simply don't have: compliance systems, CRM platforms, national logistics networks, and the back-office support to manage it all.

Meanwhile, manufacturers are rethinking their go-to-market strategies. Research published in Strategic Management Journal found that medical device companies are increasingly torn between building expensive direct sales forces and relying on independent distributors who may lack the scale to deliver growth. The result? Many are choosing to go direct or partner with large, consolidated networks that can offer geographic coverage and operational sophistication.

For the independent distributor, this creates an existential dilemma. You built your business on relationships, clinical expertise, and the ability to move fast. But now you're competing against consolidated players who can offer things you can't: national contracts, proprietary technology, streamlined procurement, and the administrative bandwidth to handle complex hospital systems.

You can feel the ground shifting. And the industry narrative says you have two choices: sell your business to private equity, or stay small and hope your relationships carry you.

Both options suck. And neither one is actually necessary.

THE INDUSTRY NARRATIVE
SAYS YOU HAVE TWO CHOICES:
SELL YOUR BUSINESS, OR STAY
SMALL AND HOPE YOUR
RELATIONSHIPS CARRY YOU.











Here's the thing about most consolidation models: they're built on the assumption that independent distributors are inefficient, fragmented, and outdated.

The big box pitch is always the same—join our platform, adopt our systems, follow our playbook, and you'll get access to our resources.

But here's what actually happens: You lose control. You lose flexibility. You lose choice. You lose the relationships that made you valuable in the first place. Because the minute you're absorbed into a manufacturer's direct sales org, you stop being a trusted partner to your surgeons and start being a cog in someone else's machine.

Research from BCG found that medical technology companies often end up with "selling expenses 30 to 50 percent higher" than companies in other industries, largely because they've built bloated, centralized structures that add overhead without adding value. And a 2016 study by ZS Associates revealed that many medtech companies have more back-office employees than revenue-generating sales reps—which means the people who actually create value are being buried under layers of administrative bureaucracy.

That's not empowerment. That's extraction. And it's exactly what independent distributors are trying to avoid.

The LEAP Model: Aggregation That Empowers, Not Eliminates

So what's the alternative? How do you get the benefits of scale without sacrificing the relationships, autonomy, and agility that make independent distributors great?

That's the question LEAP was built to answer. And the answer is simple: you aggregate infrastructure, not identity.

Here's the difference. Traditional consolidation says: "We're going to buy your business, take over your accounts, and plug you into our system." LEAP says: "We're going to give you the infrastructure of a big player while you keep doing what you do best—serving your surgeons, running your territory, and building your business."

It's aggregation without assimilation (unless you want that). Scale without selling out. Power without powerlessness.

Here's what that looks like in practice:

You keep your relationships.

The surgeons you've spent years building trust with? They're still your accounts. The hospitals where you've proven your value? Still your territory. LEAP doesn't take over your book of business. We give you the infrastructure to grow it.

You get enterprise-level tools.

CRM systems. ERP platforms. Compliance frameworks. National hospital contracts. Back-office support for billing, logistics, and inventory management. All the things that would cost you hundreds of thousands of dollars to build on your own? You get access to them through LEAP.

You gain negotiating power.

When you're part of an aggregated network, you're not negotiating with suppliers and hospitals as a single-territory rep. You're negotiating as part of a national platform. That means better pricing, better terms, and access to products and contracts that would otherwise be out of reach.

You keep your independence.

You still run your business. You still make the calls. You still decide how to serve your accounts. LEAP doesn't micromanage how you work—we just make sure you have the support, tools, and leverage to do it better.

What Makes This Model Different (And Why It's Working)

The reason most consolidation models fail independent distributors is because they're built for the acquirer, not the distributor. The goal is extraction—take the relationships, take the revenue, cut the costs, and move on.

LEAP's model is built the other way. The goal is multiplication. When independent distributors have access to better infrastructure, they don't just maintain their current performance—they scale it. They win more contracts. They expand into new specialties. They grow their revenue without growing their overhead. And they do it all while keeping the autonomy and relationships that made them successful in the first place.

We've seen this play out in real time. Distributors who partner with LEAP don't lose their edge—they sharpen it. They get access to national supplier relationships, which means more products to offer their surgeons. They get access to technology, which means less time managing admin and more time in the OR. They get access to centralized compliance and credentialing support, which means they can move faster and serve more accounts.

And here's the part that matters most: they stay independent. They're not employees. They're not franchisees. They're partners in a platform that makes them more powerful, not less.



The Future Belongs to Empowered Independents

Consolidation is coming. That part isn't up for debate. The question is what kind of consolidation wins—and who benefits from it.

If the future is manufacturer-direct models and big box rollups, then independent distributors are right to be worried. Because in that world, relationships get commoditized, autonomy disappears, and the people who actually create value get squeezed out.

But if the future is aggregated platforms that empower independent distributors instead of eliminating them, then the next decade belongs to the reps who've spent years building trust, expertise, and relationships in their markets. Because those are the assets that can't be replicated by a centralized sales force or a playbook.

At LEAP, we're building that future. Not because we think independent distributors are inefficient. But because we think they're perhaps the most valuable players in the entire medical device ecosystem—and the industry needs to build infrastructure that supports them, not replaces them.

Consolidation doesn't have to mean selling out. It can mean scaling up.

The wave is coming. The question is whether you're going to let it sweep you away—or whether you're going to ride it.



THE COACH'S CORNER



HOW THE TOP 1% OF SALES REPS THINK ABOUT TERRITORY GROWTH Average reps manage territories. Elite reps grow them.

The difference isn't work ethic, product knowledge, or even relationships—though all those matter. The difference is mental models. The top 1% see their territories differently. They think in systems, not accounts. They build leverage, not just pipeline. And they know that growth doesn't come from working harder—it comes from working structurally different.

Here are five thought patterns that separate the best from the rest, pulled from legendary business builders and high-performing sales professionals. These aren't tips. They're frameworks. And if you adopt even one of them, you'll change how your territory performs.

1. The Concentric Circle Model: Start Dense, Then Expand The Pattern:

Most reps think geography first. "I've got Oklahoma. I need to hit every hospital in the state." But top performers think density first. They dominate a tight radius before they expand.

The Business Case:

When Sam Walton opened his first Walmart in Rogers, Arkansas in 1962, the town had 8,000 people. Every retail expert said you needed 50,000 people minimum to support a discount store. Walton ignored them. His strategy: go where nobody else wanted to go, and become irreplaceable there. He built density in overlooked small towns, and by the time Kmart and Target realized what was happening, Walton had already locked them out. He quietly built the world's largest retail empire one concentrated market at a time.

The Medical Device Story:

Amanda Chen sold enterprise SaaS to hospitals for nearly a decade before moving into medical devices. When she took over a new territory in the Pacific Northwest, she didn't try to cover Oregon and Washington. She picked Portland. One city. And for the first six months, she worked only within a 20-mile radius.

Her logic? "I wanted every surgeon in that market to know my name. I wanted OR staff seeing me multiple times a week. I wanted hospital administrators to think of me first when a purchasing decision came up. Not because I had the best product, but because I was there."

By month six, she had three anchor accounts and consistent case volume. By month nine, referrals started coming from inside those hospitals. Surgeons talking to colleagues, procurement officers introducing her to other systems. By the end of year one, she expanded into Eugene and Seattle, but she didn't dilute her density. She replicated the model.

The Takeaway:

Density creates reputation. Reputation creates referrals. Referrals create leverage. Stop trying to cover the map. Start trying to own a market.



2. The Champion Network Effect: One Great Surgeon The Pattern:

Average reps chase every surgeon with a pulse. Elite reps obsess over champions—surgeons who don't just use your product, but evangelize it.

The Business Case:

When Gymshark was building its activewear brand, they didn't try to reach everyone. They identified micro-influencers in the fitness space—people with 10K-50K highly engaged followers who actually worked out and had credibility. Instead of spreading budget across dozens of mediocre partnerships, they went deep with a handful of authentic champions. Those champions created a multiplier effect: their audiences trusted them, adopted the brand, and became advocates themselves. Gymshark grew to a billion-dollar valuation without traditional advertising, powered almost entirely by champion-driven word-of-mouth.

The Medical Device Story:

David Ortiz spent 15 years in pharmaceutical sales before switching to orthopedic devices. Early in his career, he made the mistake most reps make: he treated every doctor the same. High prescribers got more visits, but the strategy was volume.

Then he met Dr. Sarah Kwan, a spine surgeon who loved a product he represented. She wasn't his biggest account by volume, but she was vocal. She presented at conferences. She mentored residents. She had influence.

David stopped treating her like an account. He started treating her like a partner. He brought her into product development conversations. He connected her with clinical studies. He made sure she had first access to new innovations. And when she spoke, other surgeons listened.

Within 18 months, five surgeons in her network started using the same product line. Within three years, David's territory revenue tripled—not because he worked more accounts, but because he built one relationship that multiplied.

The Takeaway:

Not all clients are created equal. Identify the influencers. The ones who teach, who lead, who shape opinion. Invest 80% of your strategic energy into 20% of your relationships. That 20% will unlock the other 80%.

3. The Data-Driven Expansion Model: Growth Isn't a Feeling, It's a Formula The Pattern:

Most reps expand based on gut feel or opportunity. Elite reps expand based on data.

The Business Case:

A leading chemicals company had plateauing revenue and encroaching competitors. Their sales team was working hard but not strategically. McKinsey came in and divided the company's seven U.S. regions into 70 micromarkets, analyzing each for growth potential, competitive pressure, and whitespace opportunity. They pulled reps out of over-served territories and redeployed them into high-potential zones. Within one year, the sales growth rate doubled—without increasing marketing or sales costs. The difference? They stopped guessing and started calculating.

The Medical Device Story:

Marcus Webb sold industrial equipment before moving into wound care distribution. He brought a discipline with him that most medical device reps don't have: he tracked everything.

Every month, he ran a territory audit. Which accounts generated revenue? Which consumed time? Which had growth potential? Which were plateauing? He scored every account on three dimensions: current value, growth potential, and strategic fit.

Then he made a rule: any account scoring below a 6 out of 10 got maintenance-level attention only. Anything scoring 8 or above got strategic focus. New prospects were evaluated the same way before he invested time.

The result? Marcus stopped wasting energy on relationships that felt good but didn't move the needle. His territory didn't just grow—it compounded. Because he was constantly reallocating time toward the highest-leverage opportunities.

The Takeaway:

Your territory isn't your feelings about it. It's the math. Track what works. Double down on it. Cut what doesn't. And don't let loyalty to low-performing accounts steal time from high-ceiling opportunities.

4. The Ecosystem Play: Sell to the System, Not Just the Surgeon The Pattern:

Average reps focus on the surgeon. Elite reps think about the entire buying ecosystem—administrators, OR directors, procurement, value analysis committees, and clinical champions.

The Business Case:

Cisco discovered that their most profitable partners weren't winning by selling Cisco products alone. They were winning by co-selling with ecosystem partners—combining solutions to solve bigger problems. One Cisco reseller pitched a \$1M deal to an IT buyer and lost. Another reseller in the same account partnered with a healthcare software vendor, expanded the conversation beyond IT to line-of-business leaders, and won a multi-million dollar deal. The lesson? The second rep understood that hospital decisions aren't made by one person—they're made by systems. And strategic decisions require buy-in from every stakeholder.

The Medical Device Story:

Jessica Pham came from commercial real estate, where deals don't close based on one person. You need buy-in from ownership, property managers, tenants, lenders, and sometimes city planning boards. When she moved into spine distribution, she brought that mindset with her.

Instead of just pitching surgeons, she built relationships with OR managers. She understood their pain points—scheduling chaos, inventory headaches, vendor overload. She made their lives easier by being responsive, organized, and predictable.

Then she did the same with procurement. She learned their metrics—cost per case, contract compliance, vendor consolidation goals. She positioned herself as a partner who understood their pressures, not just a rep pushing product.

When a new IDN contract came up for bid, Jessica didn't just have a surgeon advocate. She had a procurement officer who trusted her, an OR manager who wanted to work with her, and a value analysis committee that saw her as a solutions partner. She won the contract not because her product was better, but because she understood the system.

The Takeaway:

The surgeon isn't the only decision maker anymore. Hospitals are systems. If you only sell to one part of the system, you'll lose to someone who sells to all of it.

5. The Reactivation Multiplier: Old Accounts Are Easier Than New Ones The Pattern:

Average reps obsess over new accounts. Elite reps know that reactivating dormant accounts is faster, cheaper, and more predictable than cold prospecting.

The Business Case:

A bulk oil and lubricants distributor had a problem: their inside sales team averaged just 25 outbound calls a day with minimal success. They brought in TTEC, who did something deceptively simple—they pulled every account that had purchased in the last three years but hadn't ordered recently. Then they called them. Not to sell. Just to reconnect: "Hey, we noticed we haven't worked together in a while. Everything okay?" The results? 9% of churned accounts reactivated. \$356K in recovered gross profit. Most losses weren't about product quality—they were about communication gaps, billing issues, or just falling off each other's radar.

The Medical Device Story:

Carlos Mendoza ran a book of business in Texas that had gone cold in multiple territories. Previous reps had focused on new business, leaving dozens of former customers untouched for 12–18 months. Carlos did something simple: he pulled a list of every account that had purchased in the last three years but hadn't been active in the last six months. Then he called them. Not to sell. Just to check in. "Hey Dr. Hernandez, I noticed we haven't worked together in a while. Just wanted to see if everything's okay, or if there's something we could've done better."

Half the time, it was something fixable—a billing issue, a product delay, a miscommunication. The other half, the surgeon had just moved on to another rep. But because Carlos reached out, he got the relationship back.

In six months, Carlos reactivated 18 dormant accounts. Combined, they generated \$340K in revenue—revenue that required zero cold calls, zero prospecting, and minimal friction. Because the trust was already there.

The Takeaway:

You're sitting on a goldmine of old relationships. Reactivation is the highest-ROI activity in sales. Before you chase the next new account, ask yourself: have I reconnected with everyone who used to buy from me?

Final Thought: Growth Is a System, Not an Event

Sam Walton didn't stumble into Walmart. Gymshark didn't accidentally build a billion-dollar brand. McKinsey's clients don't double growth by luck. These results came from intentional systems.

The reps who grow their territories year after year think structurally. They see patterns. They build systems.

Density before breadth. Own your core market before you expand.

Champions over volume. One influencer beats ten average relationships.

Data over intuition. Not every account deserves equal time.

Ecosystems over individuals. The surgeon isn't the only decision-maker in the ecosystem.

Reactivation over prospecting. Old customers are easier than new ones.

Pick one of these models. Test it for 90 days. Track what changes.

Because the top 1% aren't lucky. *They're intentional*. And intention is something you can learn.

YOUR MONTHLY RESOURCE

LOOM: THE ASYNC VIDEO TOOL YOU DIDN'T KNOW YOU NEEDED

If you're still typing three-paragraph emails to explain something that takes 30 seconds to show, you're working too hard. Meet Loom—a screen and camera recording tool that lets you capture, narrate, and share videos in seconds. Think of it as the Swiss Army knife for async communication. And for medical device reps juggling case prep, surgeon education, and internal coordination, it's a game-changer.

Replace Emails with Context

Instead of typing out case details, product specs, or troubleshooting steps, record a 60-second Loom walking through exactly what someone needs to see. Screen + face + voice = clarity that text can't match.

Use case: A surgeon asks about a new product feature. Instead of sending a PDF and hoping they read it, send a 90-second Loom showing the product in action with your narration. Higher engagement. Faster decision.

Document Cases Without the Hassle

Capture a quick post-case debrief: what went well, what the surgeon liked, what to prep differently next time. No typing. No formatting. Just hit record, talk for two minutes, and send the link to your team.

Use case: You just wrapped a complex spine case with a new surgeon. Record a Loom summarizing the setup, the surgeon's feedback, and what to prioritize for the next case. Now your team lead and support staff have the full picture without a 15-minute phone call.

Train Without Scheduling

Need to walk a new rep through territory handoff details? Show a distributor how to navigate a new system? Explain a product protocol to an OR team? Record it once. Share it with everyone. No calendar Tetris required. Use case: You're onboarding a new associate rep. Instead of repeating the same explanations in multiple meetings, create a library of Looms covering territory logistics, key accounts, product positioning, and hospital protocols. They can watch on their own time, rewatch as needed, and come to you with real questions—not basic ones.

Communicate Up Without Bottlenecking

Giving your manager a case update or flagging an issue? A two-minute Loom with screen share beats a meeting request every time. You get to show the problem, explain the context, and propose the solution—all without waiting for someone's calendar to open up.

Use case: A hospital is delayed on a contract decision. Instead of sending a text update, you record a quick Loom showing the email thread, summarizing the sticking points, and outlining your proposed next steps. Your manager sees everything in context and can respond with a decision in minutes, not days.



LOOM WON'T MAKE YOU A BETTER REP. BUT IT WILL MAKE YOU A FASTER, CLEARER, MORE EFFICIENT ONE.

A simple way to record is just a few clicks away. Check out Loom at Loom.com.

When to Use Loom (And When Not To)

Use Loom when:

- You're explaining something visual (product setup, system navigation, case logistics)
- You need to communicate with multiple people asynchronously
- You want to add personal tone to a message that would otherwise feel flat
- You're documenting something you'll need to reference or share later

Don't use Loom when:

- The message is time-sensitive and requires immediate back-and-forth (just call)
- You're sharing sensitive patient information
- A simple "yes" or "confirmed" will do (don't overthink it)

The Bottom Line

Loom won't make you a better rep. But it will make you a faster, clearer, more efficient one. And in a business where time is the limiting factor and clarity is the differentiator, that's worth a lot.

Start simple. Next time you're about to write a long explanatory email, hit record instead. You'll never go back.



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