

# THE LEAD

ISSUE 13 FEB 2026

## THE ROOM HAS A MOOD

*THE SOFT SKILL THAT SEPARATES GOOD  
FROM GREAT*

## BOTTLENECKS

*THE CHANGING LANDSCAPE OF PRODUCT  
APPROVALS*

**STAYING SHARP**

BARRICAID® ANNULAR  
CLOSURE DEVICE

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# From the Founder

February is where momentum stops being a concept and starts becoming a standard.

January gives everyone a clean slate. February tells the truth. The calendar fills up. The cases keep coming. The excuses get louder. And the only thing that separates “a strong start” from a strong year is whether we keep showing up the same way when it’s no longer new.

Here’s what I want you to feel in 2026: less noise, more repeatable wins.

Not because the work got easier. Because we got cleaner.

## **What we’re building (and why it matters)**

Leap exists for one reason: to make the room run. That means our product offering matters. Our relationships matter. But the real separator is operational discipline.

- Clear communication.
- Fast follow-through.
- Clean handoffs.
- No drama.

When we do that, surgeons trust us. Facilities lean on us. And our distributors and reps get leverage.

## **February focus: tighten the loop**

This month, I want every team member to run one simple standard:

Close the loop the same day whenever you can.

A confirmed detail beats a “we’ll see.” A clean update beats silence. A short message beats a long thread. If you want to make the next 30 days feel lighter, don’t look for a miracle. Look for open loops. Close them.



## **Proud of the way you’ve started**

If you’ve carried cases, solved problems quietly, supported teammates, or kept calm when a situation got sharp, I see it. That’s what Leap is built on.

Let’s keep building the year the same way: consistent, decisive, and reliable.

WES LAMBARD

# HR UPDATES

WHAT'S NEW IN THE WORLD OF PEOPLE AND POLICY



## March Birthdays

Rick Mayabb - March 25

## New Faces. *Fresh Energy.*



### **Brooke Smith**

Brooke is a University of Dayton alum with experience in B2B sales and digital marketing, and she brings the competitive grit of a former college volleyball student-athlete as our newest Associate Sales Consultant!



### **Michael Carra**

Michael Carra joins Leap as our Director of Commercial Strategy, bringing deep medical device commercial leadership and extensive contracting expertise. With a J.D. and Alabama Bar licensure, Michael will be instrumental in strengthening how we navigate contracting and drive growth.



the vibe  
*Check*



# THE ROOM HAS A MOOD

## *THE HIDDEN SKILL THAT SEPARATES GOOD REPS FROM TRUSTED REPS*

In med device, the job description reads like logistics and clinical support. But the work that actually earns trust is harder to measure. It lives in the atmosphere of the room. Every OR has a mood, and every case has a temperature. The best reps can feel it early, lower it fast, and keep the workflow moving without becoming the main character.

Here's the part most reps don't hear out loud: you aren't only supporting the procedure. You're supporting the nervous system of everyone in it. The scrub tech who is tired. The circulator who has three rooms. The new resident trying to look calm. The surgeon who is deciding whether today is a "textbook" day or a "make it work" day. Your value goes up when you can reduce friction before it becomes chaos.

The simplest way to think about it is this. Some reps bring information. Great reps bring stability. Stability isn't being quiet. It's being clear. It's knowing what matters, what can wait, and what will derail the case if it stays fuzzy.

Most problems in the OR don't begin with a crisis. They begin with small uncertainty that nobody owns. The tray is "probably" in sterile processing. The correct size is "somewhere on the preference card." The add-on case is "maybe happening." When uncertainty sits too long, people start filling in the gaps with assumptions, and assumptions multiply follow-up. The rep who interrupts that cycle becomes invaluable.

The overlooked move is to run a pre-brief that feels effortless. Not a meeting. A 90-second alignment check that makes the rest of the day smoother. What is the goal of the case? What is confirmed? What is missing? What is the backup if we don't get the first choice? When you do this calmly, you don't look anxious. You look professional. You give the team permission to be decisive.

Another underused advantage is building relationships outside the surgeon. The scrub tech who knows what is actually on the shelf. The SPD lead who can tell you the real turnaround time. The materials manager who understands constraints you will never see from the field. A rep who only knows the surgeon is a visitor. A rep who understands the full ecosystem becomes part of the operation.

Pay attention to where tension hides. It's often not in the loud moments. It shows up in tone, pace, and tiny cues: people stop asking questions, everyone speaks in short sentences, somebody starts moving faster than necessary. That's the point where you win by being boring. You slow down your voice. You make your update clean. You present one decision at a time. You don't stack three variables on a stressed team.



And yes, details matter, but not all details matter equally. The difference between an average rep and a trusted rep is knowing which detail unlocks the whole situation. Sometimes it is a size. Sometimes it is “we have it, and it is in the room.” Sometimes it is a simple reset: “We’re covered either way. If they pivot, here is the option.” When you deliver that line, you aren’t selling anything. You’re restoring control.

If you want a true vibe check for February, ask this after every interaction: Did I remove uncertainty, or did I add more follow-up? If you removed it, you did your job at a high level. If you added it, simplify your message, tighten the handoff, and close the loop.

The best reps don’t feel like extra noise in a noisy industry. They feel like relief.

And relief is what gets remembered.



STAYING

*Sharp*

## The Barricaid® Annular Closure Device

In spine, there's a version of "good news" that can still leave a patient exposed. The nerve decompresses. The leg pain eases. The case ends clean. And then the question that hangs over the next year arrives quietly: Will it reherniate?

Barricaid is built for that exact moment. It's an FDA PMA-approved annular closure device indicated to reduce the incidence of reherniation and reoperation in skeletally mature patients with radiculopathy (with or without back pain) attributed to a posterior or posterolateral herniation, when a large annular defect is present following a primary discectomy at a single level between L4 and S1.<sup>1</sup>

## Why this matters (and why it's not for everyone)

Barricaid isn't a "better discectomy." It's an adjunct for a well-defined subset of patients, where the defect size after discectomy places them in a higher-risk category. The FDA-approved labeling defines that large annular defect as 4 to 6 mm tall and 6 to 10 mm wide.<sup>1</sup> If the defect is outside that range, the device isn't indicated.<sup>1</sup>

That distinction is where reps earn real credibility. Not by being louder about outcomes, but by being disciplined about selection.

## What it is - in plain terms

Barricaid is a permanent implant with two main components: a flexible woven polymer (PET) fabric intended to close the annular defect, and a titanium alloy bone anchor intended to secure the fabric component in position.<sup>1</sup> It's supplied sterile and preloaded in a single-use disposable delivery tool.<sup>2</sup>

## What the evidence supports

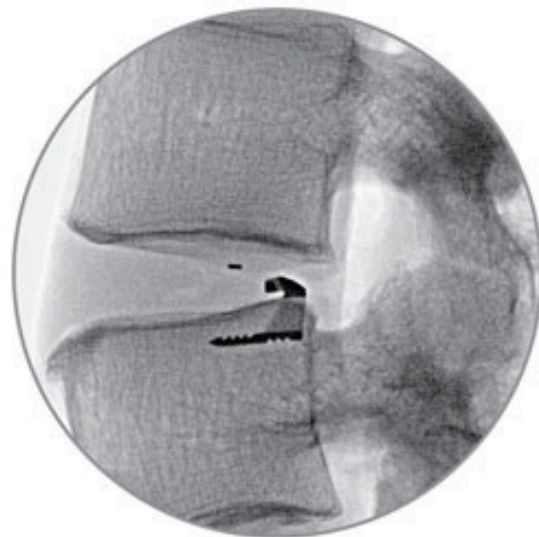
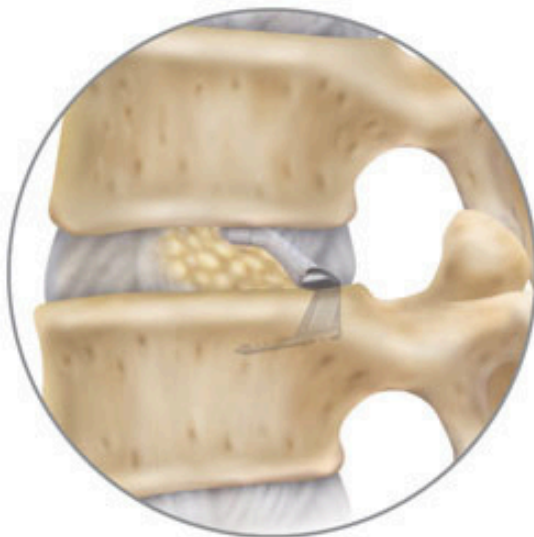
In the clinical study that supported approval, Barricaid was associated with statistically fewer symptomatic reherniations and fewer secondary surgical interventions compared with discectomy alone over long-term follow-up.<sup>1</sup> This is the point to keep clean: we don't promise perfection. We reduce risk in the right patient, by the label.

## Three questions to ask a surgeon

1. "Do you measure annular defect size after discectomy, and do you ever see 'large' defects?"
  - a. Barricaid's indication is tied to a specific measurement range. If the defect is 4 to 6 mm tall and 6 to 10 mm wide at a single level L4-S1 after a primary discectomy, that is the patient profile where Barricaid may be indicated.<sup>1</sup>
2. "In your practice, how often do you see reherniations or reoperations in that high-risk subset?"
  - a. This keeps the conversation honest and surgeon-led. The approved clinical data supporting PMA approval showed Barricaid was associated with statistically fewer symptomatic reherniations and fewer secondary surgical interventions compared with discectomy alone over long-term follow-up.<sup>1</sup>
3. "If we could reduce the chance of a return trip for the right patient, would that change your approach?"
  - a. This is the real interest check. It shifts from features to outcomes and lets the surgeon define what 'worth it' means.

## Rep talk track

"For the right patient – primary discectomy at L4-S1 with a measured large annular defect – Barricaid is indicated to reduce the incidence of reherniation and reoperation. In the PMA clinical data, adding an annular closure device was associated with fewer symptomatic reherniations and fewer secondary surgical interventions compared with discectomy alone. If you're seeing large defects and you care about reducing return-to-OR risk in that subset, it may be worth a look."<sup>1, 2</sup>



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# THE BIG IDEA

THE BOTTLENECK MOVED:  
WHY “YES” ISN’T THE FINISH LINE ANYMORE

For a long time, med device adoption ran on a simple belief: earn the surgeon’s trust, win the preference, and everything else will fall into place. That belief still matters. But in 2026, it is no longer sufficient.

The quiet shift is this: the bottleneck usually isn’t surgeon belief. The bottleneck is whether the system around the room can make a new standard repeatable.

When we say “system,” we mean the unglamorous infrastructure that determines if a great product becomes routine or becomes a recurring headache. Vendor onboarding. Contracting. Compliance. Preference card updates. Tray availability. Sterile processing turnover. Case coverage. Documentation and traceability on biologics. Purchasing teams that have learned to treat exceptions like a tax. None of this shows up on the outcome graph, but all of it shows up in whether a product gets used twice or used every week.

This is the view you only get from the middle. A distributorship sits between manufacturers and the room, but also between the room and everything the room depends on. We hear the “yes” in the surgeon’s voice, and then we see the delay when a site can’t onboard quickly. We see a set that performs beautifully, and then we see the friction when SPD can’t turn it reliably. We see a biologic that fits the case, and then we see the moment the conversation stops being clinical and becomes administrative.

In the past, you could muscle through those frictions with relationships. A strong champion could override a messy process. A rep could play hero and make the day work. But hospital operations have tightened, not loosened. Sites have multiplied. Turnover is real. Documentation is heavier. The room is still the room, but the number of hands touching the case before incision keeps growing.

That creates a new kind of decision-maker: not a person with a title, but a process with veto power. A product can have the right outcomes and still lose because it is hard to order. It can be clinically “best in class” and still get sidelined because it’s hard to stock. It can be a surgeon’s favorite and still get used less because it adds one more step the team can’t afford when the schedule is tight.

The most revealing moments aren’t the wins. They are the breaks. When a case gets delayed because one tray is missing one part, nobody asks how compelling the brochure was. When a graft is unavailable on the day-of, nobody cares about a slide deck. When a preference card is out of sync and the team is improvising, nobody wants a new conversation about switching again.

In high-stakes environments, people remember what was predictable. They remember what showed up. They remember what didn’t create chaos.

That’s why the definition of “best product” is changing. It’s no longer only the product with the strongest story. It’s the product that can be delivered, supported, turned over, documented, and repeated without drama. The market is still rewarding innovation, but the real premium is going to innovation that behaves.

This is also why distribution matters more than most people admit. Not as a middleman, but as a stabilizer. The best distributors function like a control layer: they translate clinical intent into operational reality. They keep the system from punishing the room for saying yes. They reduce the number of moving parts a facility has to manage. They build a version of adoption that doesn’t rely on memory, heroics, or “just text me when it’s happening.”

If you’re trying to understand where the industry is headed, watch what hospitals standardize, not what they praise. Hospitals standardize what they can trust at scale. And the teams that will win the next decade will be the ones who treat operational discipline as part of clinical performance, because that is where the bottleneck moved.



# THE COACH'S CORNER



WHEN DISCIPLINE BECOMES AN  
OPTION, EXCELLENCE DOES TOO

People like to talk about discipline like it is a personality trait. Like some people were born with it and the rest of us are stuck hoping motivation shows up on time.

But discipline isn't a personality trait. It's a design choice. And the moment discipline becomes optional, excellence becomes optional right beside it.

That's the trap most high performers fall into without noticing. They don't quit. They just start negotiating.

- They negotiate with the alarm.
- They negotiate with the follow-up.
- They negotiate with the workout.
- They negotiate with the uncomfortable call.
- They negotiate with the hard 15 minutes that would have fixed the whole day.

The problem with negotiation isn't that you lose every time. The problem is that you have to argue with yourself every time. And after enough arguments, you stop trusting your own word.

Here's the clean version: discipline is what removes decision fatigue.

It turns "should I?" into "this is what I do." And the science backs the design.

### 1) Automatic beats heroic.

The more a behavior becomes a habit, the less it depends on willpower in the moment. Research on habit formation shows automaticity tends to build over time with consistent repetition, but the timeline varies a lot by person and behavior. In multiple studies, the median time to reach habit formation landed around two months, with wide ranges. Some people lock it in fast. Some take much longer. The point is patience plus consistency wins.

### 2) The environment is part of your character.

Most people treat discipline like an internal fight. But habit research consistently points toward "make it easy to do the right thing" as the real lever.

- Reduce friction for the action you want.
- Increase friction for the action you're trying to stop.
- Keep the cue consistent (same time, same place, same trigger).

When you do that, you stop relying on mood.

### 3) A plan beats a promise.

The fastest way to make a standard real is to pre-decide it. Not "I'll try." A trigger and a response. When X happens, I do Y.

That small shift moves behavior from negotiation to execution. In the field, this matters more than talent. Talent can win a room once. Discipline wins the year.

So instead of trying to feel disciplined, build one non-negotiable standard that makes excellence easier. Not ten. One.

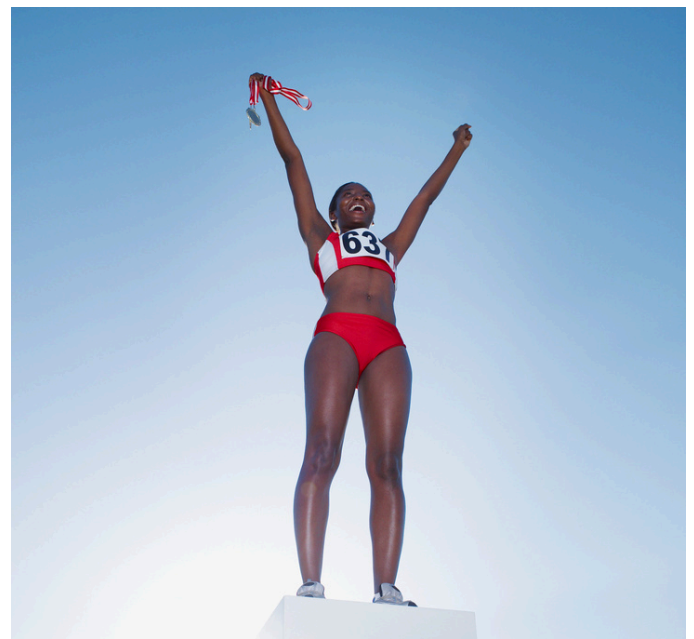
Examples:

- You close out issues on the same day.
- You send the follow-up before you leave the parking lot.
- You review tomorrow's cases before the day ends.
- You do the hard thing first, before the day gets noisy.

When that standard isn't a suggestion, you get something rare: momentum that doesn't depend on mood.

## The Next 14 Day Challenge

1. Pick one discipline that you won't debate.
2. Write it down.
3. Run it for 14 days.
4. If you want excellence to be real, stop making discipline a choice.
5. Make it the default.



# Your Monthly Resource

A close-up, blue-tinted photograph of a computer keyboard key labeled "Mute". The key is white and has the word "Mute" printed on it in a dark blue font. The key is slightly out of focus, and the background shows other keys of the keyboard, all under a strong blue light that creates a moody, monochromatic atmosphere.

Mute

## Resource Spotlight: Freedom App (the “quiet switch” for your brain)

Most people don't have a focus problem. They have an access problem. Your phone is a slot machine you carry. And even when you “don't check it,” your brain keeps a background tab open, wondering what it missed.

Freedom is a simple tool that lets you block distracting apps and websites across your devices for a set window. You can schedule it. You can make it automatic. You can even lock yourself out of changing the rules mid-session.

That last part is the point. This isn't about being productive. It's about getting your mind back.

Why it's worth trying

- It turns willpower into a system.
- It reduces the constant mental itch of “just checking.”
- It creates real downtime again, not just “scrolling until you're tired.”

### The 7-day experiment

Pick one daily window and protect it.

- 60 minutes after you wake up, or
- 60 minutes before bed.

Block the usual suspects (social, news, email if needed). Then do something analog: walk, stretch, read 10 pages, journal, sit in silence, talk to your spouse, play with your kids.

One hour a day of clean attention changes everything.

Not because life gets easier.

Because you stop feeding the noise.

**Link:** <https://freedom.to>



