AIRCAST WALKING BRACE
SELLING GUIDE

Smart Healing with Every Step
Sales Call Planning Instructions
Sales Rep should set sales call goals and objectives for each new customer engagement using the DJO Value Selling
Sales Call Planner (see last page).

Sales Call Plan Should Include:
• Who is who in the account (decision-makers/influencers)
• Primary decision-makers background/history/responsibilities/specialty
• Rep’s primary objective for the call
• Knowledge of potential areas of weakness/dissatisfaction for which the Aircast Pneumatic Walking Brace could be the solution
• The Rep’s Value Selling consultative question and drill-down approach strategy

Sample Consultative Starter Questions:
• How do you currently treat stable fractures or soft tissue injuries of the lower leg?
• How would you currently describe your protocol for stable fractures of the lower leg?
• What are the normal indications for dispensing a walker boot to a patient?
• How do you currently treat severe ankle sprains?

Sample Drill-Down Questions:
• What would you like to see improved concerning your treatment of stable foot fractures? (pain)
• What specific post-treatment challenges do you encounter with patients suffering from stable foot fractures or related severe soft tissue injuries? (pain)
• How are patients impacted post-treatment with casting immobilization? (pain)
• What challenges are associated with fast-healing expectations of many patients today? (pain)
• What negatives are associated with patient compliance when dispensing a walking brace?
Smart Healing with Every Step

Aircast® Pneumatic Walking Brace

Benefits Matrix

<table>
<thead>
<tr>
<th>Aircast</th>
<th>Natural Gait</th>
<th>Extra Support &amp; Comfort</th>
<th>Functional Management</th>
<th>Reduce Edema from Pooling</th>
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<td>Ideal</td>
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<td></td>
<td>The Aircast rocker is composed of four sections that combine to form the proper curvature permitting normal walking for a given foot size.</td>
<td>The combination of support with the pulsating action of the aircells promotes a faster edema reduction, thus promoting pain relief, patient compliance and faster healing.</td>
<td>The trimmable semi-rigid shell of our Walking Braces is a key component of functional management associated with our aircell technology.</td>
<td>The 3 straps are evenly displaced and the ankle strap is placed higher than the malleoli. This is to reduce edema from pooling in the injured area.</td>
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<td>Promotes hyper-extension</td>
<td>Aircells are located in the liner and therefore do not provide consistent support</td>
<td>Though they have the trimming feature, this only allows minimal shell expansion</td>
<td>Though they have 3 straps – the ankle strap is placed in the wrong location which leads to &quot;window edema&quot;</td>
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<td>Does not maintain a natural gait</td>
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Aircast® Pneumatic Walking Brace – Value Proposition

The clinically-proven Aircast Walking Braces have continuously advanced the science of pneumatic healing for over 30 years. The uniquely layered aircells can be individually custom-inflated, while the multi-radius rocker sole and anatomical design promotes superior off-loading for a more normal gait, allowing smart healing with every step.

Three Primary Sales Targets

1. Orthopedic Surgeon
2. General Practitioner
3. Cross-Selling Full Line Scenario

TARGET CUSTOMER IDENTIFICATION
Orthopedic Surgeon

Call Opening – Initiating the Conversation

Critical Skills: Presence and Relating
Set the tone and agenda for your meeting with the customer; generate excitement.

Sales Rep: Doctor, thank you for taking the time to see me today. The reason for my visit is to see if I could learn a little bit about your standard treatment protocol concerning patients with stable lower leg fractures and related soft tissue injuries in order to see if there are some areas that DJO can be of some future value to you. How does that sound?

Orthopedic Surgeon: Sounds fine. I’ve got a couple minutes.

Sales Rep: Perfect. Do you mind if I take a few notes while we chat?

Orthopedic Surgeon: Not at all.
Sales Rep
Can you share a little bit with me about what you’re currently doing for these patients that come in with these types of injuries?

Orthopedic Surgeon
I don’t think you could say any patients are just in love with a cast. They may feel it’s heavy and cumbersome and to go six to eight weeks can be aggravating for them. The more active a patient tries to be, you get more wear and tear on the cast itself and in a couple of instances, you may see the patient back in for re-casting due to that issue.

Another challenge you may see is muscle atrophy over that time.

Sales Rep
What do you feel are some of the challenges for patients associated with casting for these types of injuries?

Orthopedic Surgeon
Well, you’re bound to see some muscular atrophy. How does that affect the patient?

Sales Rep
The issue is that the immobilized leg is generally stiff and difficult to move, again, depending on the length of time they’ve been in a cast, depending on the injury.

Orthopedic Surgeon
Well, it is what it is.

Sales Rep
Makes sense. I suppose for patients that the time in a cast can be a real bummer.

Orthopedic Surgeon
That potential is always there and is just part of what the patient goes through.

Sales Rep
Can you share a little bit with me about what you’re currently doing for these patients that come in with these types of injuries?

Depends on the situation and severity of the injury of course, but if we’re not considering unstable fractures or trauma cases in this scenario, I normally just throw them in a walking cast. Pretty much the same way I’ve been treating them for the last 15 years.

Orthopedic Surgeon
Well, they always want fast healing but they need to be realistic about that as they are looking at a normal minimum of six to eight weeks in the cast, depending on the injury.

Sales Rep
Are there any other issues for the patient that is associated with a cast?

Orthopedic Surgeon
Well, you’re bound to see some muscular atrophy.

Sales Rep
In your opinion, how does casting address potential edema and the associated pain that may occur because of that?
Sales Rep →
Well, Doctor, I think you’ve definitely provided some food for thought here, but I’d like to summarize what we’ve briefly discussed to make sure I’ve captured everything you feel is pertinent.

Sales Rep →
Earlier you mentioned that you were most commonly, depending on injury severity, treating stable, lower leg fractures and soft tissue injuries with a walking cast; and that you’ve been following that protocol for a good number of years. Is that correct?

Sales Rep →
You told me that most patients really wanted fast healing of the injury but that they should pretty much be realistic in understanding that they’re going to be in that cast anywhere between six and eight weeks.

Sales Rep →
You mentioned that some of the challenges these patients faced under this protocol is the fact that they just are never in love with a cast and everything that comes with that, and that they sometimes feel that the cast is heavy and cumbersome which could be aggravating for them. You also told me that more active patients tended to put more wear and tear on a cast, sometimes to the point of having to come in for re-casting, and that there was a concern pertaining to muscle atrophy due to the time-frame in which the cast is applied and that the muscles just don’t get used during that type of immobilization, correct?

Sales Rep →
Finally, you mentioned that possible edema could be associated with this type of treatment and that the potential for this was pretty much always there, is that accurate?
5 Close and Ask for Commitment

Critical Skills: Presence, Positioning and Checking

Close the Sale on Highest Level of Commitment Possible—Check for Understanding of the Value Proposition

Note: As you are showing the brace, suggest that the clinician try on the brace. This helps enforce how well the brace works before you ask for the business.

Sales Rep ➔
Do you see how an Aircast Walking Brace can be a viable solution for the majority of your stabilized lower leg fractures and soft tissue injuries?

Orthopedic Surgeon
It sounds good, but I’d need to see this thing in action.

Sales Rep ➔
Why don’t you try it out on the next patient warranting it and see what you think?

Orthopedic Surgeon
I can do that.

Sales Rep ➔
Great. I’ll leave a sample with you for that patient. When would be the best time for me to follow up?

Orthopedic Surgeon
Get with Betty out front and make sure she has your contact information. I see these injuries all the time so I want us to be ready to roll.

Sales Rep ➔
Sounds great. Thank you, Doctor, and I look forward to seeing how the Aircast Walking Brace benefits your patients.

TARGET CUSTOMER IDENTIFICATION

General Practitioner

1 Call Opening – Initiating the Conversation

Critical Skills: Presence and Relating

Set the tone and agenda for your meeting with the customer; generate excitement.

Sales Rep ➔
Doctor, thank you for taking the time to see me today. The reason for my visit is to see if I could learn a little bit about your standard treatment protocol concerning patients who come in with ankle fractures, sprains and/or in need of post-operative immobilization in order to see if there are some areas that DJO can be of some future value to you. How does that sound?

General Practitioner
I’ve just got a minute or two.

Sales Rep ➔
Sounds good. I’ll keep it brief. Do you mind if I take a few notes while we chat?

General Practitioner
Not at all.
Smart Healing with Every Step

2 Need Development – Targeting the Need

Critical Skills: Questioning, Listening and Relating

Starting the Conversation —

CSS Need Dialogue Questions

Sales Rep

Can you share a little bit with me about what you’re currently doing for these patients that come in with ankle fractures, sprains and/or in need of post-operative immobilization?

Sales Rep

This makes sense. In your experience, what are some of the challenges associated with casting?

Sample Follow-Up Answers

CSS Drilling Down to Uncover Needs

General Practitioner

I usually cast and give them a cast boot to protect the bottom of the cast during mobilization. Usually the patient is in a cast for about eight weeks to ensure proper healing and then I have them come in for a post-cast follow up to make sure everything’s good.

General Practitioner

Well, that really depends on the patient. Patients are primarily concerned with how long they’ll be in a cast and some patients are very compliant with the process. From a physician’s standpoint, I’m concerned if they’re not compliant or there’s a discomfort issue – how many times will the patient have to come back to be re-cast?

Sales Rep

How is the patient impacted when they don’t wear the cast for the prescribed amount of time?

General Practitioner

You can only hope that the injury is healed enough when that cast is removed that it can take whatever level of activity that the patient throws at it. Otherwise, the impeded healing can produce chronic pain, up to the point of possible surgery to take care of the issue.

Sales Rep

How does the patient react when they obviously haven’t followed the protocol and maybe removed the cast only to discover that they’ve now got to have surgery?

General Practitioner

Well, let me put it this way. None of us are very happy about that.

Sales Rep

And I to assume, if that happens, the patient not only has the cost associated with the surgery, but also that would mean time off from work. Not to mention, that you would need to re-cast the patient post-operatively – and it’s back to square one, isn’t it?

General Practitioner

I would say so.

Sales Rep

What is the current reimbursement to the practice for casting?

General Practitioner

We don’t get reimbursement for casting at all.

Sales Rep

Okay, the practice realizes no reimbursement for casting, so if you have to cast over again for non-compliance or because you needed to take a look at the injury during healing: that’s double your cost. Would that be fair to say?

General Practitioner

I suppose it would.

Sales Rep

How would you improve this situation if you had the opportunity to do so?

General Practitioner

Unless there’s a way to get reimbursed for casting, I don’t see how it could be improved.

3 Drill Down – Raise the Level of Pain or GAIN – Summarize the Findings

A sample roadmap is below. It takes the previous need dialogue questions with a General Practitioner through the drilling-down process to uncover the Doctor’s needs.

Sales Rep

What are the issues behind the compliance rate for patients that you cast?

General Practitioner

Again it really depends on the patient. Some of them will take the time to let the injury heal and some won’t. Not matter the patient though, they all came in after four or five weeks and ask me to take the cast off. Mostly because they are feeling better, though they are not entirely healed, or because the cast is irritating them.

General Practitioner

How would you improve this situation if you had the opportunity to do so?
Sales Rep: Well, Doctor, you’ve definitely given me some insight into this particular protocol and some of the challenges associated with that. If it’s okay with you, I’d like to summarize what we’ve discussed to make sure I’ve captured everything you feel is pertinent.

General Practitioner: Okay.

Sales Rep: Earlier you told me that you usually cast your patients and provide a cast boot to protect the bottom of the cast during mobilization. Is that correct?

General Practitioner: That’s correct.

Sales Rep: You also told me that a lot of your patients are concerned about time-off and can’t be out of work for the length of time it will take for a fracture to heal. So you normally cast them for eight weeks to ensure healing and then they would come in for a post-cast follow up. Is that pretty accurate?

General Practitioner: That’s right.

Sales Rep: Within that issue, you stated that some of the related challenges with this were some of these patients being antsy with how long they’d be in a cast, whether or not they were going to be compliant, or if there were a discomfort issue with it — how many times they might have to come back to be re-cast. So you felt that all-around compliance to protocol was an important issue for you.

General Practitioner: That’s true.

Sales Rep: In those situations you said you could pretty much only hope that the injury was healed enough when that cast is removed to hold up to whatever level of activity the patient intended, but that the potential consequences with that were possible slow or impeded healing which could produce chronic pain or even cause enough harm that the patient might need surgery after all.

General Practitioner: Yes.

Sales Rep: Related to that issue, I asked you how these patients react they learn they now have to have surgery and you mentioned that they certainly weren’t excited about that and neither were you.

General Practitioner: Not at all.

Sales Rep: You told me about the costs associated with surgery for these lower-income patients and how it would mean time off from work for them, not to mention, that you would need to re-cast the patient post-operatively and that it would be pretty much back to square one.

General Practitioner: I’ve certainly seen that before.

Sales Rep: Finally, I asked you if there was any reimbursement associated with casting for the practice and learned that there is not, so costs continue to be involved if that patient has to be re-cast for whatever reason, and you told me that unless it worked out where there could be reimbursement behind it, that it was just a cost that had to be accepted. Does that pretty much cover everything we talked about?

General Practitioner: I believe it does.

Sales Rep: Well, in recappping all this, I believe that DJO has a solution for these type of patients, as well as a means to add revenue back into the practice that may have been going out the door due to this issue. If that were the case, would this be something you’d be interested in looking into?

General Practitioner: You’ve got my attention.

Sales Rep: In fact, I believe we have an excellent healing solution for the challenges you’ve told me about. One that would benefit the patient, as well as the practice.
4 Present the Solution
Link the Value Proposition Back to Uncovered Issues

Critical Skills: Positioning and Checking
Summarize your discussion and their concerns. Present the Solution. Link the Value Proposition Back to Uncovered Issues.

Sales Rep

It’s a pneumatic walking brace we call the XP Walking Brace (extra pneumatic). This SMART solution offers beneficial technologies that I believe could be of significant value for you and certainly your patients with these types of injuries. We like to say it offers “Smart Healing with Every Step.” What we mean by this is that the XP Walking Brace has the exclusive Aircast Duplex Aircell Technology that combines the semi-rigid shell support with the pulsating action of the aircells, promoting faster edema reduction, pain relief, patient compliance and improved healing time. This clinically-proven technology is stated in Dale’s study, A New Concept in Fracture Immobilization. Also taking into consideration the concern of patient compliance, the Aircast Walking Brace low-profile rocker sole promotes superior off-loading for a more natural gait and less hip differential. Finally, to combat the issue of the costs and time involved with casting and re-casting, these are pneumatic braces which reimburse on average around $300 so they can ultimately reduce these costs and can add to the bottom line. So, you get a walking brace that combats degeneration of the muscles and is clinically-proven to promote faster healing, provides your patients the stability and comfort that they want to experience making them more compliant, and a brace that will add to your bottom line. Now to me, that’s Smart Healing!

5 Close and Ask for Commitment
Critical Skills: Presence, Positioning and Checking
Close the Sale on Highest Level of Commitment Possible—Check for Understanding of the Value Proposition

Note: As you are showing the brace, suggest that the clinician try on the brace. This helps enforce how well the brace works before you ask for the business.

Sales Rep

If it makes sense for you, is this a solution that you’d consider trying with these types of patients?

Sales Rep

In order to do so, what are the next steps we need to take?

Sales Rep

Great. In the meantime, I’ll leave a copy of the Dale Study with you and get with Amber to provide my contact information.

Sales Rep

Thank you, Doctor. I look forward to working with you guys.

General Practitioner

It all sounds good, but I’d need to see this for myself.

General Practitioner

I would need to put it on a patient, of course. Just get with Amber, my MA and make sure she has a way to contact you when we see the next one. I’d like to try it out.

General Practitioner

Very good. Thanks.
TARGET CUSTOMER IDENTIFICATION
Cross-Selling Full Line Scenario

1 Call Opening –
Initiating the Conversation

Critical Skills: Presence and Relating
Set the tone and agenda for your meeting with the customer; generate excitement.

Sales Rep
Doctor, I really appreciate you seeing me today. The reason for my visit is to see if I could learn a little bit about your standard post-operative treatment protocol concerning patients who have had foot surgery in order to see if there are some areas that DJO can be of some future value to you. How does that sound?

Doctor
Sounds fine if we can keep it brief.

Sales Rep
Absolutely. Do you mind if I take a few notes while we chat?

Doctor
No, go ahead.

Need Development –
Targeting the Need

Critical Skills: Questioning, Listening and Relating
Starting the Conversation

CSS Need Dialogue Questions

Sales Rep
Can you share a little bit with me about what you’re currently doing post-operatively for these types of patients?

Doctor
Can you share a little bit with me about what you’re currently doing post-operatively for these types of patients?

Sales Rep
Makes sense. How would you describe the average patient’s expectations for healing and activity post-operatively?

Doctor
Well, I think the average patient’s desire nowadays is to not feel limited or encumbered with their normal lifestyle. Some seem to think that the surgery is supposed to fix the problem immediately and they can go back to their regular activity. I have seen patients cut down their casts to make it more comfortable, to maybe modify it so they can sleep, or get in and out of bed easier. The cast-tech tells me all kinds of stories.

Sales Rep
I’ll have to ask him about that the next time I see him. I suppose that for these types of patients, they can feel really hindered with a cast.

Doctor
Yes, and that’s why I always try and consider patient compliance.
Drill Down – Raise the Level of Pain or GAIN – Summarize the Findings

A sample roadmap is below. It takes the previous need dialogue questions through the drilling-down process to uncover the Doctor's needs.

Sales Rep
From your perspective, what do you feel are some of the challenges for these patients that are recovering from surgery?

Doctor
Again, I would have to say patients not wanting to be hindered post-operatively. You have the pain associated with the healing of the surgical site. Seems if they don’t feel the benefits of the surgery right away, or feel like recovery is more painful than what they experienced before, they can feel that the case was not a success, or maybe made things worse. Then they may be even less likely to be compliant with the post-operative protocol, or come in more frequently for follow up appointments or pain medication.

Sales Rep
Are there any other concerns that come up after post-operatively?

Doctor
Well, we need to be able to check the surgical site to make sure it is clean and healing. We also have to get the patient moving around and back to regular activities as soon as possible, so we want to ensure they adhere to rehab protocol.

Sales Rep
What does this process typically look like for a patient?

Doctor
After surgery, if all looks good, we may go ahead and cast them. We then have them come in regularly to check the progress of the healing. We try to check and make sure they’re going to PT and following the protocol. We often have to recast them as well.

Sales Rep
So how does keeping a patient in a cast affect recovery time?

Doctor
The cast itself can lead to some muscle atrophy. Patients can also favor the non-operative leg so they may have to work at it to regain their natural gait.

Sales Rep
You’ve certainly provided some interesting information about this situation. If it’s okay with you, I’d like to summarize what we’ve discussed to make sure I’ve captured everything you feel is pertinent.

Doctor
Sure.

Sales Rep
Earlier you mentioned that post-operatively, patients may want to feel better immediately and the longer their recovery time, the less likely they are to feel the treatment was a success. You also said that being able to check the surgical site and the foot to make sure it is healing is pretty important.

Sales Rep
You also mentioned that getting the patient back to their normal daily activities could mean you would see greater post-operative protocol compliance. Is this correct?

Doctor
Yes.

Sales Rep
Finally, you told me that when patients revisit post-operatively to have their foot checked, you may have to recast them.

Doctor
That’s true.

Sales Rep
Well, in recappling all this, I believe that DJO has a potential series of solutions for these issues we’ve discussed. If that were the case, would this be something you’d be interested in looking into?

Doctor
I’d like to learn more about it, certainly.
**4 Present the Solution**
**Link the Value Proposition**
**Back to Uncovered Issues**

**Critical Skills: Positioning and Checking**
Summarize your discussion and their concerns. Present the Solution. Link the Value Proposition Back to Uncovered Issues.

**Sales Rep**
The Aircast Walking Braces offer beneficial technologies that I believe could be of significant value to you when treating the types of patients that you’ve told me about. We like to say they offer “Smart Healing with Every Step”. All of the Aircast Walking Braces have uniquely layered aircells that can be individually custom-inflated, while the multi-radius rocker sole and anatomical design promotes superior off-loading for a more normal gait. Immediately following surgery when a patient needs post-operative immobilization we recommend the XP Walking Brace (extra pneumatic). This walking brace is clinically-proven to significantly diminish incidence of atrophy & osteoporosis compared to casting. In fact it reduces the number of physical therapy sessions needed by 18% and has a higher comfort rating by the patients versus casting. This information can be found in the Kalish study, The Aircast Walking Brace vs Conventional Casting Methods. Depending on type of surgery and the level of support needed, I also recommend the FP Walking Brace or SP Walking Brace. These braces provide a more moderate level of support. As patients recover, DJO provides various Foot & Ankle products that can be used during a patients’ recovery and each designed to add a high-level of support for everyday activities. Now to me, that’s Smart Healing!

**DJO Value Selling Sales Call Planner**
Fill out the appropriate DJO Value Selling Sales Call Planner ensuring to capture your question strategy and potential drill-down on the back side of the form.