AID,INC Selling Guide

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Table of Contents

Page 4   Integrity Guide Overview
Page 5   The APPROACH
Page 6   Approach by Behavior Style
Page 8   The INTERVIEW
         Page 9   Current Situation Questions
         Page 14  Desired Situation Questions
         Page 16  Benefit / Reward Questions
         Page 18  Risk / Consequence Questions
         Page 20  Urgency / Importance Questions
Page 21  The DEMONSTRATION
Page 22  The VALIDATION
         · Metal
         · Polyethylene
         · Ceramic
         · Quick Source Reference Table
Page 27  The NEGOTIATION
         · Negotiate the Pinnacle Acetabular System
         · Negotiate Polyethylene
         · Negotiate BIOLOX delta
         · Negotiate Stability & Range of Motion
         · Negotiate Metal Wear
         · Negotiate aSphere
         · Negotiate Ions
         · Ions for Dummies
Page 43  References
Page 44  The CLOSE
Leading Change in a New Environment

To help you with the entire Integrity™ Selling process, tools have been created for each step of AID, INC. This guide was specifically designed to assist you in customizing your pre-call plan.

Please find the following resources in this Integrity reference:

- **Approach section** – Tips for a successful approach, as well as examples of approaches for each behavior style
- **Interview section** – The GAP model and a question library broken down by each type of GAP question, as well as by negotiation topics to allow you to effectively create your Pinnacle pre-call plan
- **Demonstrate & Validate sections** – Key Pinnacle literature you can use during HCP sales calls to discuss our offerings, advanced materials, and clinical evidence
- **Negotiate section** – Created to assist you in understanding the needs Pinnacle Hip Solutions can fulfill, the science and data behind each bearing, and conversational examples of ways to handle common objections
- **Close section** – Tips for a successful close, including examples of “Trial-Close” questions


**Purpose: To Gain Trust and Rapport**

- Tune the world out and the HCP in
- Put the HCP at ease and make her feel important to you
- Get the HCP talking about himself and his patients
- Hold eye contact and listen to how the HCP feels
- Remember to ask permission for the HCP’s time and to show appreciation to build trust

**Tools:**

Use your body language and physical appearance to make a positive first impression

**APPROACH TIP 1:** The HCP should do most of the talking during the Approach phase

**APPROACH TIP 2:** Identify the HCP’s behavioral style and plan your own behaviors to make your HCP most comfortable during conversations

**APPROACH TIP 3:** Ask questions using behaviors that match the HCP’s preferred communication style

**APPROACH TIP 4:** Remember to ask about personal or work discussions the HCP shares as an opportunity to re-connect in future conversations
**APPROACHES by Behavior Style**

**Doer:**
Impatient and driven; pressed for time; result-oriented; bottom line; lower need for establishing relationships.

**Approaching Doers:**
- Your practice is very efficient, how do you manage this many people so well?
- Thank you for meeting with me, I know you are busy today, so I will only take a moment of your time.
- I have noticed that your practice is thriving and you are very short on time, but I wondered if you have time for one quick question.
- The last time I was here you were dealing with a patient with X. Did you get the results you hoped for?
- Many people have said you are the authority on X, could I ask you a question about how you treat that condition?
- Thank you for giving me your time last week, it was very educational for me. I had a follow-up question. I wanted to ask when you have a moment. May I ask you now?

**Controller:**
Lower energy level; detail-oriented; relies on facts, evidence, and data; hesitant to try new products.

**Approaching Controllers:**
- Last week we discussed patients with X. Have you seen the recent data that was published in X on that condition?
- I saw some interesting statistics about the condition we discussed last time, how many of those do you see in your practice that fall into that category?
- I have noticed how you analyze the research and it is impressive how you weigh all the variables to make your decisions. May I ask you a few questions on how you make your decisions with regards to your total knee patients?
- It is obvious that you evaluate new technologies thoroughly and make your own conclusions. When you get time, I would be interested in your analysis of technologies within total knee replacement. Would you be willing to talk with me sometime this week?
**Talker:**
Outgoing, enthusiastic, approachable and people-oriented; less interested in details; prefer collaboration.

**Approaching Talkers:**
- Hello! The last time we had a chance to catch up, your little boy was turning 7. Did he have a good time at the birthday party?
- I know you are a big X fan, did you catch the game last night?
- I heard that revision we talked about Monday went really well, tell me about what you found intra-operatively?
- Thank you for your time, I really enjoy talking with you and look forward to finding out how X turns out.

**Supporter:**
Cooperative and attentive; wants accurate information before making decision; trusting relationships.

**Approaching Supporters:**
- Your staff is so helpful. How do you find so many people that are service oriented?
- I admire your sincere concern for your patients, I imagine one of your main reasons for choosing a career in medicine was because you really do care about people and truly want to help them.
- Good to see you today. How was clinic? I followed up on the three items you requested and wondered if you had time to talk today after you see your patients?
- It was kind of you to remember me yesterday, thank you. I want you to know that I am always willing to do whatever I can when those situations come up. I like when I can count on people and I want to be seen that way by those I service. Is there anything I can do to help you this week?
Identify Needs and Problems

- Plan and ask specific, open-ended questions about the HCP's preferences and practice
- Listen to and paraphrase all points. If appropriate, take notes
- Identify dominant wants or needs and get agreement
- Assure the HCP that you want to help him/her and his/her patients enjoy the most value

Logical
Urgency/Importance

GAP

Emotional

Your solutions are the vehicles that move HCPs from current to desired situation

Current Situation

Desired Situation

Risks/Consequences

Benefits/Rewards
Past / Current Behaviors, Concerns & Patient Types

- What bearing do you currently prefer?
- What acetabular cup system are you currently using?
- Do you have any concerns with your current bearing of choice?
- How has the profile of your patients changed over the last few years?
- What challenges or problems are you facing with THA today?
- What problems have arisen with the (competitor) THA product?
- What treatment regimen provides the best results in your experience?
- What percentage of your patients fall into an active category in your estimation?
- Please tell me about your most challenging THA patient types.
- What has been your patient’s feedback regarding that product?
- Have your patient’s expectations of their total hips changed in recent years?
- Have you seen a change in your patients’ activity demands over the last 10 years?
- With so many patients using the internet to research their options, what are patients saying now about what they want as their THA outcome?
- Since our last fantastic conversation, I haven’t been able to wait to hear how things ended up with ___.
- Do you have examples of internet-savvy patients who come in with a “pre-determined” implant in mind?
- What are advantages in your mind with modular bearing systems?
- Have you read the latest data on the impact of acetabular cups being placed in high inclination/anteversion?
- Do you feel that it can be inherently difficult at times to obtain the ideal inclination or version intraoperatively?
- Which of your patients get the most benefit from that product?
**Decision Making**

- What type of information have you required in the past before you will use a ___ system?
- How do you select a safe and effective bearing for your patients?
- How did you develop your bearing algorithm?
- What was your take on the analysis and results of this study?
- How do your patient’s expectations affect your bearing decision?
- What are the most important factors in deciding a bearing option?
- How do wear rates impact your bearing selection?
- What different bearing combinations do you select based on various patient types?
- How do you achieve a balance between patient desires for treatments when it conflicts with the best treatment option for your patients?
- What helps you to select a particular product for your THA patients?
- How compelling do you find the data or clinical evidence for your current products?
- What is your process for deciding whether you will try a new technology?
- Have you had to alter your algorithm for bearing selection based on the changing demands of patients?
- How do you select implants for your older/low-demand patients vs. your younger/high-demand patients?

**Preferred Information**

- What kind of clinical data is most important to you?
- What forms of data are critical when choosing a THA product?
- What types of research or clinical studies do you like to see when evaluating new technologies?
- Can you tell me which forms of data are most relevant to your patients in your mind?
- What helps you to select a particular product for your THA patients?
- How important are clinically proven solutions in your implant selection?
Alternative Bearings Experiences /Beliefs

- What bearing options do you use and why?
- What have been your experiences with alternative bearings?
- What are your thoughts on hard-on-hard bearings?
- What data would you like to see to feel comfortable trying an alternative bearing?
- What key points stood out for you from the MoM studies discussed at the conference you attended?
- What are the key attributes that influence your head selection?
- How do you currently increase stability when you feel it is necessary?
- How important is increasing range of motion (RoM) for your patients? Tell me more about that.
- What are the options you have to offer your patients if the THA you currently use has to be revised?
- What is your current philosophy on MoM?
- What have been concerns of yours regarding metal wear (from Metal-on-Metal)?
- Where are you now in your preferences to use MoM bearings?
- Please tell me how you feel about the debate around MoM products.

- What results do you experience with MoM?
- Tell me more about your experiences with MoM bearing materials?
- Do you use hard-on-hard bearings for certain situations? Please tell me more about that.
- What kind of experience have you had with ceramic bearings?
- What are the key attributes that influence your liner selection?
- What is important to you with regards to shell design or fixation?
- What percentage of your THA patients receive polyethylene liners vs. metal liners?
- What is the bottom line for you when it comes to selecting a bearing?
- Please distill down for me the benefits you see in using a MoM construct vs. metal-on-poly.
- What is the algorithm you use for selecting bearings for your patients?
- How important do you feel the diametrical clearance is to wear rates in MoM bearings?
Polyethylene

- Under which circumstances would you consider a polyethylene bearing for your total hip patients?
- What have been concerns of yours regarding polyethylene when used with a metal head?
- How has poly wear influenced your liner selection?
- What percentage of your THA patients receive polyethylene liners?
- Do you have strong feelings about cross-linking for your poly liners?

Metal Liners & Heads

- What percentage of your THA patients receive metal liners?
- What is your analysis of the numerous MoM articles recently?
- Under which circumstances would you consider a metal bearing for your total hip patients?
- What have been concerns of yours regarding metal heads?
- Is metal hypersensitivity a concern of yours? What specifically is your concern?
- What are your thoughts about MoM bearings?

- What do you feel cross-linking offers in THA?
- How important is oxidative stability for you in selecting a poly bearing?
- Tell me more about how wear resistance plays into your choice for a poly liner?
- How does the mechanical integrity of a polyethylene rate in your liner selection?

- What are your thoughts about metal ions in MoM hip implants?
- Tell me your feelings on metal wear in MoM hip implants?
- How is metal wear a concern for long-term survivorship of your hip implants?
- What are your feelings about using monoblock MoM systems?
- Do you have preferences towards modular or monoblock or resurfacing systems and where do you like to use each?
Ceramic Materials

- What are your experiences with ceramic heads?
- What are your opinions about using ceramic heads?
- Have you had any fractures of a ceramic head or ceramic liner in your career?
  
  *IF YES* - Was it with the previous ceramic material, cream color BIOLOX *forte*, or the newest generation ceramic, pink BIOLOX *delta*?
- Under which circumstances would you consider a metal head vs. ceramic head for your total hip patients?

Economic Buyer

- What technology is your facility currently known for?
- How have you adopted new technologies in the past?
- How do patients say they heard about your practice?
- What kind of pressures or influences are you getting from your hospital?
- What kinds of pressures are you getting to decrease vendors or hospital inventory?
- What capacity (or percentage) do you guess your OR is running at?
General Desires

- What are your desired objectives with THA as it relates to wear?
- Give me a picture of the overall goal you want to see for your patients from hip replacement.
- What types of risks do you want to eliminate for your patients?
- Tell me about the things that would make your life easier for your THAs.
- Is there anything challenging in the size offering of your current system?
- Is there anything limiting with regards to the bearing combinations offered by your current system?
  - What data or clinical studies would you like to have that you don’t have with your current product?
  - What type of information would alleviate your concerns for your patients?
  - What type of clinical history would be beneficial to you that is not available with your current THA system?
  - What would you change about the system you currently use if you could?
  - What improvements would you like to make to your current system to improve outcomes?
  - What adjustments to the system you use would provide you more peace of mind?
  - What risks that, if you could minimize them, would make it better for your patient’s lives?
  - What outcomes would you like to achieve for your patients that are not being achieved today?
  - What obstacles do you have today that you would like to eliminate in the future?
- If you could make a significant improvement in outcomes, what would be different?
- What outcomes would you like to accomplish that you are currently not seeing in the area of __?
- How can having sound clinical data on a new technology impact your comfort in treating patients?
- Tell me about the things that would make revisions easier.
- Help me understand how more intra-operative flexibility could help you.
- What type of intra-operative flexibility would help you cover all the bases you can’t cover now?
- What do you like about bearings that can increase the RoM and stability for your patients?
- Tell me what aspects of your current poly bearings that you would like to improve upon.
- What is the best aspect of cups with a high Coefficient of Friction?
- How do roughened cups help your THA and/or revisions?
- Please share with me what your ideal fixation description would be for an implant surface.
- What are your hopes for the fixation properties of your acetabular cups?
- What kind of advantages do HA coatings on an implant offer you/ your patient?
- What have you been hearing from your patients about their THA performance expectations?
- What risks are you looking to greatly reduce for your patients, for better outcomes?
- How can I be of more value to you and your practice?
Bearing Desires

- What information would aid you in making the best decisions for your patients with regards to bearing?
- How can I be of more value to you and your practice?
- What type of testing would you find compelling when considering a new bearing?
- Tell me about the benefits you believe your patients receive from a bearing that offers low wear.
- How could lower metal run-in or bedding-in wear help your patients?
- What performance characteristics do you feel would offer the most benefit in a bearing?
- How is it beneficial to you and your staff to have numerous bearing combinations in one system?
- What are the optimal wear characteristics you hope to achieve?
- What aspects of metal liners do you appreciate?

Economic Buyer Desires

- What are your patients’ expectations now that so many are researching their surgical options on the internet?
- What are your goals for your patient volume over time?
- What do you want to be known for?
- What would you like your patient demographic to be for your practice?
- In what areas would you like being known to specialize in (advanced technology or techniques)?
- What do you want patients to hear about you and your practice?

Pre-Call Planning GAP Questions Library (see the Integrity Reference for GAP Question definitions)
General Benefits (following up on specific desires)

- If we could change the things you had mentioned, what difference would that make in your life?
- If what you desire was possible, what impact would that have for you and your patients?
- Would things be simpler for your staff if that frustration were to be eliminated?
- In what ways would making that correction lead to things being better or easier in your patient’s lives?
- If that wear concern could be eliminated, what difference would that make in their lives?
- Please tell me all the ways that reducing that risk you mentioned could impact you.
- How would things be better if we could address those desires you just mentioned?
- Tell me more about the benefits you would enjoy if that adjustment could be achieved.
- If you didn’t have to live with that issue, what would that mean to your practice and patients?
- If you didn’t have to be concerned with the problems you described, how would that impact your day-to-day life?

THA Benefits

- Help me understand how more intra-operative flexibility would help you.
- How is proven clinical success beneficial to you in regards to your peace of mind?
- In what ways would this make things easier on your surgical staff?
- How would you feel if you could significantly reduce those types of concerns for your patients?
- How would reducing revision rates impact your practice and/or status?
- How would having sound clinical data impact your feelings about a new technology?
- If I could offer you a bearing that offers high stability, low wear with intra-operative modularity, what impact could that have for your THA cases?
- If you had a system that had reliable initial fixation, what would be the benefit in your mind?
- Please tell me all the ways increased hip joint stability impacts you and your patients.
- How would it benefit you to use a different bearing with a larger head-to-shell ratio compared to your current system option?
- If you could safely use a lower wearing bearing option in your practice, how could that enhance your patients’ lives?
Bearing Benefits

- How could surgeries go better if you had more bearing combinations available in one system?
- How would life be better for your younger more active patients with a lower wearing bearing?
- How could MoM benefit the lives of your patients? How could CoP benefit the lives of your patients?
- What are all the benefits you enjoy from using a ceramic head?
- If a metal liner was designed in such a way that it significantly lowered the wear generated, how would that make a difference for you?
- Please tell me what concerns or fears would be alleviated by using a lower wearing bearing.

Economic Buyer Benefits

- How would it be attractive to you by being known for performing new cutting-edge technologies?
- How would reducing revision rates impact your institution?
- Please tell me all the ways that reducing the risk you mentioned would impact your practice?
General Risks

- What concerns you about staying with your current approach?
- What could be the cost over time of staying with your current system?
- What is the potential risk or consequence of the status quo?
- How could your life be negatively impacted by not making a change?
- What concerns you about continuing in your current direction?
- What might be the cost over time of staying on the current path?
- What costs do you feel you incur over time using your current methods?
- What could happen if a patient needs to have your current system revised?
- By staying with (competitor) for that procedure, what risks exist for your patients?
- What do you feel would result from using a lower friction fit acetabular cup like the one in the _____ system?
- How could staying with your current treatment regimen result in sub-optimal outcomes in this new environment?
- What is the risk with your current system to have a revision with a well fixed cup?
- What happens if you have a failure from a clinically unproven system?
- What is the bottom line for you if you stayed with the status quo for those patients?
- Distill down for me the benefits you see in using a MoM construct vs. MoP, please.
- What are the risks to your patients from not obtaining the highest stability?
- What could happen if you had a bearing that had higher wear?
- Tell me your concerns with doing the same thing going forward.
- What could be the consequences to your patients from having decreased range of motion?
- How could the patient have increased risks from receiving a smaller head for a similar shell size?
- What kinds of circumstances would make this significant enough for you to consider making a change?
Bearing Risks

- What are your perceived risks with the bearing you are using today?
- In what circumstances is using an alternative bearing a safer or better option?
- What could be the cost over time to younger patients having MoP bearings?
- What could be the consequences of using your current bearing in younger more active patients?
- Please tell me your concerns around metal wear for your more active patients?
- What are the consequences of using a metal bearing that has not optimized the diametrical clearance?
- What risks are there to you and your patient from a hard bearing that does not obtain fluid film lubrication barrier between the surfaces?
- What fears do you now have with using monoblock or resurfacing MoM systems?
- Does the lack of long-term studies concern you for your current system or technology?

For Stryker X3

- What is the cost to you and your patient for using a polyethylene liner with unproven oxidative stability?
- What are concerns of yours with poly liners that still have free radicals within the material?
- What might be the cost over time if you don’t have mechanical integrity in a poly bearing?

Economic Buyer Risks

- What could happen if you are not differentiated from your competitor?
- What will be the long-term issues with holding too much hospital inventory or vendors?
- What does it cost you to run the OR at less than optimal efficiency?
- Where does making this change fit in terms of your priorities?
- How important is it for you to make improvements in this area?
- How open are you to making significant progress related to the things we have discussed?
- How critical is it to move in the direction of your desired situation?
- Is this so important that action should be taken soon in your mind?

- How does trying this new direction fit into your immediate priorities?
- How important is it for you to make improvements in this area reasonably quickly?
- How open would you be to the opportunity to make significant progress in what we’ve just discussed?
In future product launches, new HCP and Sales Associate literature will be created specifically to aid you in the Integrity Demonstration. The Pinnacle Brochure (Cat. No. 0612-69-507) is an excellent literature piece to use when having general HCP discussions about the entire Pinnacle portfolio.

**DESIGN RATIONALE**

**PINNACLE® HIP SOLUTIONS**

The Pinnacle Brochure has clearly marked tabs for discussing the following topics with an HCP:

- Advanced Modularity
- Proprietary VIP Taper
- Overall High Stability
- Fluid Film Lubrication (TrueGlide™ Technology)
- Wear benefits of AltrX™ over Marathon
- Wear benefits of AltrX™ LD in stability and jump distances
- Wear and stability benefits of Ultamet® and Ultamet® XL
- Improved strength of BIOLOX® delta
- Benefits and history of Porocoat®, Gription®, and DuoFix® coatings
- Other topics such as: Anterior Approach, Femoral Solutions, DePuy Institute and a listing of our Design Surgeons

*Pinnacle Brochure - Cat. No. 0612-69-507*
The tools used to Validate our products are the specific and detailed HCP literature pieces, such as Surgical Techniques, Design Rationales, White Papers, Peer-reviewed Journal Articles, Clinical Compendiums, as well as DVDs created for surgeons.

The following pages contain examples of valuable Pinnacle validation literature.

Metal


Polyethylene and Ceramic

INTRODUCTION

Since the turn of the millennium, surgeon and patient sources, patients have become part of the decision-making process. The “Millennium Patient”, as coined may seem daunting, and often times poses challenges time to explain the decision making process in total hip arthroplasty to their patient, it only strengthens is to develop a decision-making framework between CASE STUDY

S.R. is a 31 year-old female patient that came into the Orthopaedic Center of the Rockies Performs well clinically. From the above discussions one can clearly see why the hip surgeon of 2007 has difficulty deciding which bearing cross-linked polyethylene may be an attractive alternative about the ion issues of metal on metal and the squeaking and fracture issues of ceramic on ceramic. Highly cross-linked polyethylene is the third class of bearing available. However, the potential for poly...


<table>
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<tr>
<th>TECHNOLOGY</th>
<th>VALIDATION MESSAGE</th>
<th>VALIDATION SOURCE</th>
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<tbody>
<tr>
<td>Pinnacle Hip Solutions</td>
<td>Zero incidence of lysis and backside wear with VIP taper vs. mechanical locking mechanism</td>
<td>Cara C. Powers, MD; Henry Ho, MS; Sarah E. Beykirch, BS; Cathy Huynh, BS; Robert H. Hopper, Jr., Ph.D.; C. Anderson Engh Jr. MD; Charles A. Engh MD &quot;A Comparison of a Second and Third Generation Modular Cup Design: Is New Improved?&quot; J Arthroplasty, Article in press as of September 2009.</td>
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| Pinnacle Hip Solutions        | Positive Pinnacle clinical outcomes in Australian Orthopaedic Association (AOA) National Joint Replacement Registry | Revision Rates of Primary THA in AOA Registry (link below):  
  • R3 with Anthology Stem - 2.8%  
  • R3 with Synergy Stem - 2.0%  
  • Pinnacle with Coral Stem - 1.1%  
  • Pinnacle with Summit Stem - 0.5%  
| Ultamet Metal-on-Metal Articulation | Lowest published ions in the industry (0.73 ppb at 2 years) | C. Anderson Engh Jr., et al. 2008 John Charnley Award – Metal ion levels after metal-on-metal total hip arthroplasty: A randomized trial. Clin Orthopaed Related Res. October 2008. |
| Ultamet Metal-on-Metal Articulation | 0.24% incidence of adverse metal response                                             | The implant data from this multi-center metal-on-metal study can be found in the Advancing High Stability and Low Wear Clinical Guide (0612-17-508 Rev. 2). |
| aSphere                        | 80% in-vitro reduction in wear debris                                                | Based on internal testing, this data can be found in the aSphere Design Rationale (0612-20-508). |
| aSphere                        | 77% in-vitro reduction in associated ions                                             | Based on internal testing, this data can be found in the aSphere Design Rationale (0612-20-508). |
| Marathon                       | Introduced in 1998 as the first FDA cleared cross-linked polyethylene in the industry | www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/DeviceApprovalsandClearances/510KClearances |
| Marathon                       | 95% in-vivo wear reduction at 5.7 years                                               | C. Anderson Engh Jr., MD et al. “A Randomized Prospective Evaluation of Outcomes After Total Hip Arthroplasty Using Cross-linked Marathon and Non-cross-linked Enduron Polyethylene Liners.” J Arthroplasty. 21 (8 Suppl 2); 17-25, 2006. |
The following section is designed to allow you to address the most common needs or objections of an HCP, by utilizing the various sections below.

Please refer to the appropriate page when preparing your call plans:

- Page 28  Negotiate the Pinnacle® Acetabular System
- Page 30  Negotiate Polyethylene
- Page 32  Negotiate BIOLOX delta
- Page 34  Negotiate Stability & Range of Motion (RoM)
- Page 36  Negotiate Metal Wear
- Page 38  Negotiate aSphere
- Page 40  Negotiate Ions
- Page 42  Ions for Dummies Reference
Negotiate the Pinnacle® Acetabular System

Needs

- Intra-operative options
- Reliable cup fixation
- Potential for long-term clinical success
- Optimized head-to-shell ratio
- High stability
- Low wear
- Smooth range of natural motion
- Modularity for primary or revision THA
- Cross-linked poly liner

Features & Benefits

- High Stability, Low Wear
- Advanced Modularity with Variable Interface Prosthesis (VIP) taper
- VIP taper: a proprietary design used to secure various liner types within one shell
- Self-locking 10° taper angle²
- Shallow taper provides ease of removal and enables proper alignment of the insert and liner prior to impaction
- Ultamet metal liners do not dome load: the VIP taper cradles the liner, leaving a gap between the shell and liner
- AltrX and Marathon® poly cups are 6 mm thick at minimum, to distribute the load across the entire liner-shell interface
- Poly cups come in neutral, 10° face changing, and +4 (Charnley Bore) options to optimize function, stability, and RoM
- Cross-linked poly liner
- Pinnacle shells offer advanced proprietary fixation, with 180° coverage of:
- Porocoat: 30 years of clinical success in stability and long-term fixation(e) originally designed with porosity for bone in-growth
- Gritission: coefficient of friction (CoF) of 1.2 & 63% porous, 300-micron pore size, smaller at substrate surface to increase resistance to shear forces (36% higher CoF than Trabecular metal from Zimmer)²,³
- Pinnacle has been the only truly modular acetabular system for the last 10 years and in one study showed 99.9% survivorship of Pinnacle hip components at 5 years!⁴
- Australian Orthopaedic Registry (AOA) and National Joint Registry for England & Wales (NJR) found Pinnacle Ultamet MoM bearings demonstrated 96.8% survivorship at 5 years⁵
Objections

I am apprehensive about switching to a new system

Being cautious is wise when considering what is at stake, your patient’s mobility and pain relief. Pinnacle’s exclusive VIP taper was designed to accommodate multiple bearings while optimizing the head-to-shell ratio.

The extensive modularity of both the primary & revision systems promotes confidence, having the widest range of options in response to any intra-operative finding. For example, if you need to revise a metal liner or metal head, you can replace them with an AltrX poly liner & a BIOLOX delta head while leaving the well fixed shell in place.

After being the only modular bearing system for ten years, our competitors are now releasing more modular systems. However, they don’t yet have any clinical follow-up validating their new designs.

Reasons I believe Pinnacle is the best system for your patient is DePuy’s:

- Proven VIP Taper modularity
- Numerous intra-operative options
- High Stability, Low Wear platform
- 99.9% survivorship at 5 yrs (Kindsfater)
- Favorable registry data
- 30 years experience with Porocoat
- Gription’s high 1.2 CoF
- Variety of bearings: M-Spec-on-AltrX, aSphere-on-AltrX, & BIOLOX delta-on- AltrX
Negotiate Polyethylene

Needs
- Oxidatively stable poly
- Potential for long-term clinical success
- Low wear
- Increased stability with LD liners
- Modularity for primary and revision THA

Features & Benefits

Marathon® poly was introduced in 1998 as the first FDA cleared cross-linked poly in the industry and continues to have very successful clinical outcomes. Engh et al showed a 95% in-vivo wear reduction at 5.7 years from standard poly liners.7

As the leader, DePuy improved on this already clinically successful hip liner with the introduction of AltrX poly, which was designed for high demand patients.

AltrX polyethylene, just like Marathon poly, is remelted to eliminate free radicals, resulting in an oxidatively stable material, with excellent mechanical integrity.

Differences between Marathon & AltrX are:
- AltrX uses a stronger initial bar stock, GUR 1020 resin (instead of 1050 for Marathon)
- Because of the stronger bar stock, AltrX can be irradiated at 7.5 Mrads to maximize Wear Resistance without sacrificing the Mechanical Integrity we enjoy with Marathon polyethylene
- AltrX provides the optimum balance between wear resistance and mechanical integrity

The AltrX polyethylene manufacturing process is based on the clinically proven Marathon process. AltrX has been shown to further reduce wear in wear simulators by 51% when compared to Marathon.2

AltrX offers 35% greater toughness than a 3X annealed polyethylene and decreases the risk of failures due to impingement or rim loading.8

AltrX™ LD liners are large-diameter, Altra-Link™ polyethylene liners designed to enhance stability with inner diameter (ID) sizes of 40, 44 & 48 mm. AltrX LD liners are available in lateralized and face changing designs, allowing you to achieve high stability without compromising wear resistance.

NOTE: Reduced wear claims are based on the results of in-vitro hip wear simulator tests which have not been shown to quantitatively predict clinical wear performance.
Objections

If Marathon poly is performing well clinically why did DePuy introduce AltrX?

DePuy was the first company to receive FDA clearance and offer a cross-linked polyethylene, Marathon. We recognize the high demands of today’s more active patient and are committed to continue delivering high stability, low wear solutions for you and your patients. AltrX has demonstrated a 95% wear reduction versus standard polyethylene and a 51% wear reduction versus Marathon polyethylene.²

As the leaders in bearing technology we continuously challenge ourselves to deliver advanced solutions for your high demand patients.

Objection from X3 User: I like to maximize the head-to-shell ratio to enhance stability and optimize range of motion. With X3 I am able to use a 36 femoral head with a 48 neutral liner. What are my options with AltrX?

I understand maximizing head-to-shell ratio for your patients is critical to enhance stability and range of motion. Currently, Pinnacle with AltrX offers a 36 femoral head in a 56 neutral poly liner or in a 52 +4 lateralized liner. This provides up to 142° range of motion and 19 mm jump distance.

Objection from X3 User: I am concerned that remelting weakens the polyethylene.

Other than Stryker, DePuy and the other manufacturers remelt to eliminate free radicals, since this is the only proven way to ensure oxidative stability and that the mechanical strength of the poly will not be compromised over time. We have proven the mechanical integrity of AltrX is comparable to clinically proven Marathon. Although AltrX receives a slightly increased irradiation over Marathon, the mechanical integrity is unchanged because AltrX starts from the stronger bar stock GUR 1020 resin.

Competitive Comparison

<table>
<thead>
<tr>
<th>Company</th>
<th>Brand</th>
<th>Joint</th>
<th>Resin (GUR)</th>
<th>Radiation Source</th>
<th>Dose</th>
<th>Stabilization Process</th>
<th>Sterilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biomet</td>
<td>ArCom XL</td>
<td>Hip</td>
<td>1050</td>
<td>Gamma</td>
<td>5.0</td>
<td>Mechanical anneal</td>
<td>ETO</td>
</tr>
<tr>
<td></td>
<td>E-Poly</td>
<td>Hip</td>
<td>1050</td>
<td>Gamma</td>
<td>10.0</td>
<td>Vitamin E stabilized</td>
<td>Gamma</td>
</tr>
<tr>
<td>DePuy</td>
<td>Marathon®</td>
<td>Hip</td>
<td>1050</td>
<td>Gamma</td>
<td>5.0</td>
<td>Remelt</td>
<td>Gas Plasma</td>
</tr>
<tr>
<td></td>
<td>AltrX</td>
<td>Hip</td>
<td>1020</td>
<td>Gamma</td>
<td>7.5</td>
<td>Remelt in Argon Convection</td>
<td>Gas Plasma</td>
</tr>
<tr>
<td>Smith &amp; Nephew</td>
<td>XLPE</td>
<td>Hip, Knee</td>
<td>1050</td>
<td>Gamma</td>
<td>10.0</td>
<td>Remelt</td>
<td>ETO</td>
</tr>
<tr>
<td>Stryker</td>
<td>X3™</td>
<td>Hip, Knee</td>
<td>1020</td>
<td>Gamma</td>
<td>9.0</td>
<td>Sequential thermal anneal</td>
<td>Gas Plasma</td>
</tr>
<tr>
<td>Zimmer</td>
<td>Longevity®</td>
<td>Hip</td>
<td>1050</td>
<td>E-Beam</td>
<td>10.0</td>
<td>Remelt</td>
<td>Gas Plasma</td>
</tr>
<tr>
<td></td>
<td>Prolong™</td>
<td>Knee</td>
<td>1050</td>
<td>E-beam</td>
<td>6.5</td>
<td>Remelt</td>
<td>Gas Plasma</td>
</tr>
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</table>
Negotiate BIOLOX *delta*

**Needs**
- Assurance of ceramic material toughness & strength
- Decreased ceramic fracture risk
- Enhanced wear performance
- Intra-operative options
- Modularity for operative flexibility

**Features & Benefits**
- BIOLOX *for*te was entirely alumina
- BIOLOX *delta* is the new 4th generation ceramic material matrix composite:
  - 82% Alumina
  - 17% Zirconia reinforcement particles (tetragonal zirconium oxide)
  - Homogeneously distributed in the aluminum oxide matrix act like airbags to absorb impact forces
  - Produce local pressure peaks around cracks to counteract their propagation
  - 1% Strontium Aluminate platelet-shaped crystals (for crack shielding),
  - Prevents cracks & crack propagation by deflecting the crack path to neutralize its energy
  - Trace Chromium Oxide (for stabilization)

**STRENGTH**
Burst strength of BIOLOX *delta* is considerably higher than previous ceramics. The bending strength is not affected by multiple autoclave sterilizations.

BIOLOX *delta* is one of the most wear resistant bearings in orthopaedics because:
- Diamond-like hardness resists scratching and damage from 3rd body wear particles
- Low roughness of ~2 nanometers
- Enhanced fluid film lubrication allows BIOLOX *delta* to offer significant wear reduction regardless of the liner material
- Ceramic heads reduce run-in wear compared to MoM constructs, due to their smooth hard surface
- BIOLOX *delta* is a great alternative for patients known to be sensitive to CoCr

**TOUGHNESS**
- Extremely high fracture resistance
- Resists the onset of cracking & can terminate cracks due to the Zirconia particles & Strontium Aluminate crystals
Objections

I am concerned about the fracture risk of ceramics

Based on the fracture risks of previous ceramic materials, I can understand your trepidation.

BIOLOX delta is a new (4th generation) ceramic material that utilizes a matrix composite instead of a purely alumina composition like the commonly used cream-colored BIOLOX forte.

Zirconia particles in the aluminum oxide matrix act like airbags by absorbing impact forces and producing local pressure peaks to counteract crack propagation.

Strontium Aluminate crystals prevent cracks & crack propagation by neutralizing the crack path and energy.

I want the lowest wear bearing for my THA patients

You cannot get much lower wear than BIOLOX delta! It’s low roughness or coefficient of friction, as compared to metal heads, promotes fluid film lubrication. This fluid barrier between bearing surfaces results in a wear reduction regardless of the liner selected. Additionally, the hardness of BIOLOX delta has the benefit of resisting scratching or damage from 3rd body debris.
Negotiate Stability & Range of Motion (RoM)

Needs

- Potential for decreased dislocations
- High stability
- Potential for increased range of motion
- Potential for increased survivorship
- Potential for increased wear resistance

- Reliable cup fixation
- Potential for long-term clinical success
- Decrease costs associated with revisions
- Confidence in performance

Features & Benefits

Your HCP wants fewer revisions since the associated morbidity and mortality rates are significantly higher as compared to primaries.⁹,¹⁰,¹¹

Heads are available in various neck lengths to allow you to restore appropriate femoral neck sizes, offset, and leg length, while reducing impingement risks, all without sacrificing Range of Motion (RoM).

Pinnacle shells and Ultamet liners offer 2mm of lateralization to decrease the risk of dislocation and increase RoM or stability.

Ultamet MoM offers a high femoral-head-to-acetabular-cup ratio that optimizes stability and range of motion.

For example:

- 28mm ID Ultamet + Articul/eze 12/14 taper Summit stem has up to 146° RoM
- 36mm ID + Articul/eze 12/14 taper Summit stem has up to 159° RoM²

A 36mm Ultamet bearing provides a 92% reduction in run-in (or bedding-in) wear as compared with 28mm MoM bearings.⁵

With regards to stability, Gription offers a very high coefficient of friction (CoF) in the market of 1.2 (36% higher CoF than Trabecular metal from Zimmer).²,³

Dislocations are a primary cost driver for hospitals and healthcare payers. Larger diameter MoM bearings have the potential to reduce these costs by reducing the risk of dislocation.⁹,¹⁰,¹²
Objections

I am concerned about hard bearings, why should I risk it?

DePuy is committed to high stability in THA. Dislocation is a major contributor to revisions, adversely impacting hospitals, but much more importantly, the patient.

Based on our conversation, may I have 10 minutes of your time to share how I believe Pinnacle can address the expressed concerns you have?

See FEATURES & BENEFITS around:

- Liner 2mm lateralization
- Range of Motion for 28 & 36m heads
- Range of head sizes and neck offset to restore leg length without losing RoM
- 180° Porocoat or Grition coverage

DePuy designed the Pinnacle system to offer the patient:
1) Resistance to dislocation
2) High stability (increased RoM)
3) Low wear
4) Enhanced bone preservation with optimized head-to-shell ratios
Negotiate Metal Wear

Needs

- Decrease potential risks of poly wear osteolysis
- Low metal wear
- Potential for decreased premature revisions
- Increase wear resistance
- Reliable cup fixation
- Potential for long-term clinical success
- Optimized head-to-shell ratio
- Enhanced range of motion
- Reliable stability
- Modularity for revision

Features & Benefits

DePuy Ultamet MoM offers surgeons and patients the benefit of reduced wear. Less wear can lead to lower failure rates or fewer premature revisions.

ULTAMET’S LOW-WEAR BENEFITS:

- High-carbon wrought CoCrMo increases hardness
- Increased hardness due to high-carbon (> 0.25% carbon) vs. low-carbon (< 0.5% carbon) CoCrMo
- Very low surface roughness (Ra value) that may result in lower wear due to advanced manufacturing processes
- Optimized bearing sphericity lowers potential debris generation
- Optimal (decreased) diametrical clearances of 80-120 microns (TrueGlide Technology™) for low wear in hard-on-hard bearings allowing the fluid to bear the sliding forces rather than the surfaces of the head and liner
- Increased fluid film lubrication potentially reduces wear

Based on laboratory studies, Pinnacle MoM bearings have been shown to offer remarkably High Stability and Low Wear.2

Research has shown that acetabular shells like Pinnacle may deflect in hard bone especially if the acetabulum is under-reamed by 2mm or more. However, Dr. William Griffin demonstrated that all deflection was eliminated when a CoCr insert such as Ultamet was impacted into a deflected shell. He also demonstrated in cadavers that the shell deflection disappeared after approximately 4 hours as the bone relaxed.14
Objections

I am concerned about metal wear

I understand why you raise this concern - DePuy’s R&D team has completed extensive research to understand the factors leading to increased wear in a MoM hip prosthesis. From this tribology, DePuy designed and manufactures (with precision equipment) Ultamet liners, which have numerous features that work to reduce metal wear (see Ultamet’s low-wear benefits to the left). Decreasing wear can lower the risk of premature revisions. Larger heads coupled with Ultamet’s low surface roughness, high carbon content and optimized diametrical clearance, aid in maximizing fluid film lubrication between the head and liner, which can potentially lead to even further reduction of wear debris exposure to the patient.
Negotiate aSphere™

Needs

- Low risk for metal reactivity
- Reduction of wear
- Reduction of ions
- Reduction in bedding-in or run-in wear

Features & Benefits

DePuy is redefining metal-on-metal bearings with aSphere M-Spec metal heads within Pinnacle Hip Solutions.

DePuy aSphere M-Spec features precision contoured femoral heads, using technology borrowed from the optics industry.

This contouring approximates the shaping that occurs naturally during the in-vivo run-in wear phase. The following reductions resulted as compared to the industry leading Ultamet metal-on-metal:

- A 77% reduction in metal ions
- A 80% reduction in wear debris

The Pinnacle aSphere M-Spec heads pre-contoured zone encompasses the areas of greatest and most frequent contact during routine activities.

The symmetric nature of the aSphere M-Spec head does not require special orientation by the surgeon to ensure the articulation zone is in the proper location.

The DePuy aSphere M-Spec Femoral Heads are available in the same sizes of 36, 40 and 44 options as the DePuy Ultamet XL. Therefore, aSphere also maximizes stability by optimizing the head-to-shell ratios.

The DePuy aSphere M-spec maintains the proven 80 – 120 micron clearance at the cup rim optimal for fluid film lubrication.

**NOTE:** Reduced wear claims are based on the results of in-vitro hip wear simulator tests which have not been shown to quantitatively predict clinical wear performance.
Objections

If you can’t even see a difference between M-Spec and aSphere, could it really make that much of a difference?

DePuy had to adopt technology from the optics industry in order to produce aSphere M-Spec Femoral Heads. We already had the lowest ion levels of any MoM bearing with M-Spec, but as the bearing’s leader, we wanted to work to further reduce in-vitro wear and release of ions in patients.

The fruit of the work performed by DePuy researchers is an 80% reduction in wear debris and a 77% reduction in metal ions as compared to the industry leading Ultamet metal-on-metal.2

Smith & Nephew – R3 Objection: DePuy’s metal-on-metal features dangerously small clearances (equatorial clearance of 80-120 microns and polar clearance of 40 microns) where as R3 features a 200-300 microns of diametrical clearances.

Several peer reviewed publications have demonstrated that small clearances do in fact lead to a reduction in metal wear and ions. In fact Smith & Nephew designing surgeon, Mr. Derek McMinn, has produced data for the past two Orthopaedic Research Society meetings which validate smaller clearances vs. larger clearances consistent with DePuy’s range.15,16,17

Biomet – Magnum Objection: Pinnacle metal-on-metal does not offer the optimized head to shell ratio which is featured with the Magnum.

Pinnacle aSphere M-Spec metal-on-metal not only offers the potential for three times less metal ion exposure than the Magnum, it also provides the advantages of modularity should it be needed (for example in patients who develop a rare metal sensitivity). In addition, the head-to-shell advantage is optimized at the 36mm head option. Beyond that head size, the Magnum’s benefits are minimal with regards to the benefit of stability. Above 36mm heads, Magnum’s disadvantages increase, such as sensitivity to cup placement.18

Thank you for your time and for listening to the many ways in which DePuy demonstrates our commitment to increasing stability while lowering bearing wear.
Negotiate Ions (See Ions for Dummies on the next page for a more comprehensive discussion)

**Needs**
- Patient safety
- Decreased potential risk of patient reaction
- Intra-operative flexibility
- Low wear
- Optimized range of motion
- Modularity for operative flexibility

**Features & Benefits**

When an HCP communicates concerns of adverse reactions to metal like “hyper-sensitivity”, ask whether the concern is related to metal sensitivity or reactivity.

There is a big difference between metal sensitivity (a rare immune / allergic reaction) and metal reactivity (resulting from a dosage related response). Patients with metal reactivity can have circulating Co and Cr ion levels in double digit ppb (micrograms/liter) resulting from rim loading of misaligned cups.\(^{19, 20, 21}\)

If concerned about metal sensitivity, note that BIOLOX delta heads will reduce the metal wear patients are exposed to since significantly more wear is released from the metal head compared to the metal liner in a MoM bearing.\(^7\)

If concerned about metal reactivity, clarify that not all MoM implants are created equal. The literature on adverse outcomes from MoM implants is directed toward monoblock or resurfacing designs specifically. Metal reactivity from monoblock systems is more specifically linked to poor cup placement, with excessive inclination (> 45°) and anteversion (>20°) with the associated risks of dislocations, edge loading, and impingement.\(^{22, 23, 24, 25}\)

2010 AAOS research defined the minimal Co and Cr ion level threshold for clinical symptoms to be ~ 7 ppb (or micrograms/liter) in serum and blood.\(^{24, 25}\)

The M-Spec heads-on-Ultamet liners have the lowest published MoM ion levels in the industry at 0.73 ppb.\(^{26}\) This is an entire magnitude lower than the upper limits for concern found in the AAOS papers referenced.

Additionally, Dr. MacDonald found that the pre-implantation levels of Co and Cr in this same cohort ranged from 0.1 to 0.3 ppb.\(^{26}\)
Objections

I use mostly Poly-on-Metal since I have concerns that patients could have an adverse Metal-on-Metal response.

I can see that your patient’s safety is very important to you. May I ask you a question regarding the exact nature of your adverse metal response concerns? Are you mostly concerned about the ~ 1% incidence of metal sensitivity that has been reported for decades, not specific to MoM implants (e) or Are you concerned about metal reactivity more recently being reported with high levels of metal wear from metal-on-metal bearings?

For Metal Sensitivity Concerns discuss BIOLOX delta-on-AltrX.

METAL REACTIVITY CONCERN:

As you know, there has been a substantial amount of literature recently reporting MoM patients with clinical symptoms associated with high metal ions levels. If you’ve had a chance to look more closely at this research, it would stand out that the adverse outcome is almost entirely related to monoblock or resurfacing designs, not modular MoM systems like Pinnacle.

Two papers at the 2010 AAOS linked metal reactivity to monoblock systems in misalignment.

Our Ultamet modular MoM was found to have the lowest published ion levels in the industry at 0.73 ppb. These results put Pinnacle MoM a full magnitude lower than the upper limit threshold of ion levels for metal reactivity clinical symptoms as presented in the 2010 AAOS meeting.

In the absence of a patient having true metal sensitivity, Pinnacle MoM is the least likely MoM bearing on the market to lead to metal reactivity according to the industry comparison studies.
Ions for Dummies
This section provides key definitions and science you should understand about ions

**Metal Sensitivity**
Metal sensitivity is an immune response (a.k.a. allergic reaction) that is NOT necessarily associated with high levels of Metal-on-Metal wear. This lymphocytic immune response (also called “ALVAL”) may have associated cystic masses or “pseudotumor.” Onset of symptoms is usually within a few years.1 These reactions are not specific to hip implants, and are thought to have an incidence of about 1%.25,27,28,29

**Metal Reactivity**
Metal reactivity describes the reported reactions seen with very high levels of metal wear from MoM bearings improperly positioned at high inclination angles or excessive anteversion. This is also be called a foreign body, macrophage inflammatory, or adverse local tissue response due to the large CoCr particles created from edge loading.25,30 Patients with this reaction have circulating Co and Cr ion levels that can be elevated to double digit parts per billion (ppb).31,32 Both metal reactivity and sensitivity can cause osteolysis, groin pain, and decreased RoM.33

**Cancer Risks**
The cancer risk for metal-on-metal bearing is no greater than that associated with a metal-on-polyethylene bearing.34,35

**Reactivity with Monoblocks**
The vast amount of literature on adverse outcomes from MoM implants has been concentrated on monoblock or resurfacing designs specifically. The reasons for the difference between monoblock and modular MoM systems are multifactorial in nature. There is a growing body of literature that specifically links the metal reactivity in monoblock systems to poor cup placement. Increased inclination angles above 45 degrees and anteversion above 20 degrees can result in increased risks of dislocation, impingement, edge loading, and reduced range of motion.25,27,28,29

**2010 AAOS**
There is emerging evidence that clinical symptoms will not occur unless the patient is found to have approximately 7 ppb (micrograms/liter) of cobalt and/or chromium ions in serum and blood.16,17 A patient’s pre-implant ion levels may also serve as a good baseline point for discussion, as multiple factors, including diet, can contribute to the CoCr ions in the body. Ultamet MoM was found to have less than 0.73 ppb (micrograms/liter), the lowest reported levels in the industry.26 MacDonald found that the population baseline for circulating CoCr ion levels averaged between 0.15 to 0.3 ppb. Therefore, Pinnacle Ultamet MoM minimally increases the baseline ion levels. Another study found the incidence of an adverse local response from a MoM bearing when using an Ultamet liner with an M-spec high-carbon head was 0.015%.2
References

1. Integrity Selling for the 21st Century, Ron Willingham References on the Design: Rationales and Clinical Compendium, etc.
2. Data on file DePuy Orthopaedics, Inc.
5. Survivorship of the Pinnacle® Acetabular Cup System
15. Metal Ion levels in low clearance hip resurfacings Hena K. Ziaee1,
24. Hart A, Bandi A, Lenihan J, Magglove P, Sampson B, & Skinner J. High blood cobalt levels can be used to predict failure of metal on metal (MOM) hips, 2010 AOSSP Podium No. 007, New Orleans, LA
37. Hart A, Bandi A, Lenihan J, Magglove P, Sampson B, & Skinner J. High blood cobalt levels can be used to predict failure of metal on metal (MOM) hips, 2010 AOSSP Podium no. 007, New Orleans, LA
38. Campbell PA, Van Ossouw M, Singh Gill H, De Smet KA. Interpretation of Metal Ion Levels after Metal-On-Metal Hip Resurfacing, 2010 AOSSP Poster P100, New Orleans, LA
39. Callahan Metal An analysis of cup position ing in total hip arthroplasty: quality improvement by us of a local joint registry Paper 362 2010 ORS

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Purpose:
To get a mutually beneficial decision that moves you to the next incremental step.

Note:
Asking for a commitment on your pre-call plan objective is easier when you have:
- Understood the HCP’s needs and wants
- Offered the HCP a solution he/she wants
- Worked through any of his/her problems or concerns
- Agreed on terms, price or delivery time
- Positive responses to “Trial-Closing questions, that ask for “opinions” rather than for decisions

EXAMPLE TRIAL-CLOSING QUESTIONS:
“At this point, what have I not fully explained?”
“Who might have some decision input that we haven’t gotten agreement from?”
“Do you feel confident at this point that the benefits of this product outweigh the costs?”
“What should I now know about your decision process for making a change like this?”
“Do you think this will create the desired outcome we discussed?”
Close Tip 1:
Restate how benefits will outweigh the costs

Close Tip 2:
Realize a “No” doesn’t always mean defeat!
• Perhaps you didn’t move through AID, INC comprehensively and now need to ask questions to find out if there is an issue that hasn’t been uncovered yet
• If you thoroughly performed AID, INC but received a negative response, find out what variable, if it were to change, might lead the HCP to want to talk about this again with you
• You may need to ask “Re-entry Questions” to reopen discussions, such as:
  “Do you still have the same needs that we previously discussed?”
  “Had I misinterpreted your level of interest?”
  “Have I sufficiently proven everything you need to believe you’ll get the desired benefits?”
  “Have questions or concerns popped up in your mind that we haven’t discussed before?”
  “Do we need to bring anyone else into the discussion we haven’t yet?”
  “What can I do at this point to best serve you?”

Close Tip 3:
• Become self-aware of how your beliefs & behaviors impact your close
• What emotions or conflicting feelings are you feeling when asking for a decision?
• Are you more concerned about offending the HCP or being rejected by him/her?
• Are you becoming over-zealous when it is time to close, being pushing, and revealing that your desire to make the sale outweighs your concern for the HCP’s needs?
• Do you feel you are trying to make someone “do” something rather than help them?
• Do you really believe the value you are offering the HCP exceeds the cost?
• Do you feel so much pressure that you HAVE to make the sale that you don’t focus on the needs of the customer?

There are many suggestions in the Integrity Selling for the 21st Century by Ron Willingham should you need direction on how to make progress in the area of your selling beliefs and behaviors.