

Client: MED-TEC for en Q Strategies

Project: Press release announcing change in leadership

Results: Regional news coverage for this medical equipment manufacturer.

MED-TEC names Van Gorp to the post of president and chief operating officer

MED-TEC Inc., an international provider of radiation tools and technology, has named **Dave Van Gorp** president and chief operating officer of the company. Van Gorp succeeds **Clayton Korver**, who remains chief executive officer of MED-TEC. Korver, president of MED-TEC since 1996, will shift his focus from day-to-day operations to cultivating strategic partnerships and new product development.

The northwest Iowa company and its 90 employees play a quiet but essential role in cancer care and treatment worldwide. From patient positioning equipment to the tools used to deliver radiation—including IMRT and brachytherapy—MED-TEC equipment and technologies touch virtually every phase of the cancer treatment process.

“Capitalizing on our growing sales momentum, we plan to supplement MED-TEC’s European operations with new sales and manufacturing centers in Asia,” noted **Dr. Michael Richards**, a former physician in Des Moines and chairman of the board for MED-TEC.

Van Gorp brings more than 20 years of sales and marketing management experience to MED-TEC’s initiatives. An Orange City native, Van Gorp joined the company in February 2001 as national sales director. He was promoted to executive vice president and chief operating officer in April 2002. Before joining MED-TEC, Van Gorp was general manager for Sunflower Marketing, a promotional marketing company and a division of M-C Industries. He also spent 15 years at K-Products, now American Identity, and rose to the office of vice president of sales and marketing. During his tenure, the company’s sales more than doubled from approximately \$40 million to \$88 million.

“Under Dave’s leadership, MED-TEC has expanded its distribution network for tools and technologies serving the radiation oncology markets. At the same time, he’s championed innovative and effective ways to strengthen our relationships with clinicians and health-care providers,” said Korver. “The combination of reach and relationships that Dave has initiated will serve MED-TEC well under his leadership.”

Amy Schutt was also promoted from finance manager to controller, overseeing financial operations for the entire organization. “As MED-TEC anticipates several critical projects, including corporate acquisitions and setting up manufacturing and sales operations in China, Amy will be instrumental in realizing our return on investment,” added Korver.

Schutt joined the company in 1997. A native of Orange City, she is a graduate of Northwestern College.

MED-TEC, headquartered in Orange City, Iowa, serves the radiation oncology community in the U.S. and 85 countries with a comprehensive line of accessories, hardware and software and consumables for external beam and brachytherapy cancer treatments. For more information about MED-TEC and its cancer care products and services, visit www.medtec.com.

Client: Total Health Associates for en Q Strategies
Project: Healthcare publicity
Results: Laid the groundwork for future coverage.

Is your bladder controlling your life?

One of the first rehabilitation centers in Des Moines to treat female urinary incontinence now confirms what women have said privately for years: sometimes Kegels are not enough.

That is, if women admit to the problem at all. As many as 50,000 to 100,000 women in the Des Moines metro area suffer from urinary incontinence (UI). Yet only half of them will ever discuss it with their doctors and seek treatment, according to the U.S. Department of Health and Human Services Agency for Health Care Policy and Research.

If you're female, you've had a baby—or even if you're just physically active—you probably know the feeling. It's the “leaking” that can come with a cough or a sneeze or running up the stairs. Or it may be the need to visit the bathroom with increasing frequency. Even the overwhelming urge to urinate...right now.

Despite its prevalence, UI sufferers are amazingly secretive about the condition. Young, active women that experience symptoms wonder why it's happening to them. Older sufferers mistakenly believe it's an inevitable part of aging. UI can become much more than a temporary annoyance. It can become a persistent problem that controls the sufferer's work, exercise routine and social life.

Krisanne Colby, MSPT, physical therapist for the Women's Health division of **Total Health Associates**, an outpatient rehabilitation center in West Des Moines, can sympathize. As a physical therapist with nearly a decade of experience, Colby is one of a select few therapists in the Des Moines metro area to complete specialized training to treat female urinary incontinence. The program relies on patient education, exercise and biofeedback as an alternative to medication or surgery. While the right exercises are beneficial, Colby said, she has observed patients doing Kegel exercises incorrectly, actually contributing to instability of the bladder muscles. The lack of success contributes to feelings of shame, embarrassment, and even depression that make the physical problem even harder to bear.

“Providing a private, supportive setting for treatment is key,” Colby said. “I talk with women that have stopped exercising, limit their fluids and even plan their activities around bathroom access to avoid anxiety and embarrassment. But the only shame in UI is not the problem itself, but the fact that so many women suffer needlessly.”

More prevalent than diabetes, about 15 million people in the U.S. alone suffer from UI at a cost of \$26 billion per year for diagnosis and treatment, according to the industry journal *Urology*. Females are especially vulnerable to UI because of childbearing, weight and hormone fluctuations, and experts estimate it impacts anywhere from 20 to 50 percent of women age 25 to 60.

“Women are at greater risk for urinary incontinence during two major life events: becoming a mother, and entering menopause,” said Dr. Bill Newland, MD, a Des Moines obstetrician and gynecologist. “UI is extremely common when the pelvic floor muscles have been stressed from labor and delivery. Though it's usually temporary, some new mothers continue to experience symptoms several months after delivery.

“Menopause, with lowered estrogen levels, muscle and connective tissue atrophy and medications, can lead to incontinence as women age,” Newland said.

UI's onset is often gradual. The initial leaking, called stress incontinence, is caused by a weakening of the muscles that keep urine stored in the bladder. The pelvic floor muscles fail to fight the forces that push down on the abdomen when you laugh, sneeze, run, jump or perform any other type of physical exertion, according to *Women's Waterworks: Curing Incontinence*, by Dr. Pauline Chiarelli. Left unchecked, simple stress incontinence can escalate

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to include symptoms of urgency and frequency. It may lead to other medical problems such as urinary tract infections and depression.

Experts recommend seeking an evaluation if UI symptoms continue beyond one month. Treatment options include physical therapy and biofeedback, medication or surgery. Physical therapy and biofeedback are recommended as the first line of treatment by the Agency for Health Care Policy and Research, and a benchmark study published in the 1998 *Journal of the American Medical Association* (JAMA) confirmed that more than 80 percent of its participants experienced greater control over their incontinence. Moreover, the improvement was achieved without side effects or complications.

Physical therapy programs are similar to those of Total Health Associates, which begins with a thorough physical evaluation, including a questionnaire and patient reporting through a bladder diary. A therapy plan is then created under the direction of one's physician. Total Health Associates' UI treatment program is generally completed in eight, one-hour visits and includes patient education, bladder re-training, physical therapy, postural corrections and biofeedback. The treatment is covered by health insurance in many cases.

"UI can be prevented, and physical therapy and biofeedback techniques can actually cure it. Many of our patients are seeing improvement after just one or two weeks," said Colby.

While medications may also help more than two-thirds of patients with UI, about one-third report side effects or complications from medications; patients must also take the medication indefinitely. Surgery is not a total cure and should only be considered after other treatments prove ineffective.

UI is not normal. What's more, women don't have to live with it. Sufferers should talk with their physicians if symptoms persist beyond one month, and take active control over their treatment to regain their health, their confidence, and their quality of life...free from urinary incontinence.