



Incumbent
George T. Liu, DPM, FACFAS
Dallas, Texas

Academic Background:

- B.S., Biochemistry & Biology, Trinity University, 1994
- DPM, Temple University School of Podiatric Medicine, 1999
- Podiatric Surgical Residency, University of Texas Health Science Center, San Antonio, 1999–2002
- AO Trauma Fellowship, Carl G. Carus University Hospital, Dresden, Germany, 2003
- Orthopaedic Trauma Fellowship, Vittorio Emanuele University Hospital, Catania, Italy, 2006

Diplomat, American Board of Foot and Ankle Surgery, RRA and Foot, 2007
Fellow, American College of Foot and Ankle Surgeons, 2007

ACFAS Leadership Experience:

- ACFAS Board of Directors, 2018 – present
- Annual Scientific Conference, 2011–2015, Chair, 2015–2016
- JFAS Section Editor, Adult Reconstruction–Rearfoot/Ankle Section, 2012–Present
- Post Graduate Affairs Committee, 2013–2014
- Gap Analysis Task Force Committee, 2016–2017

Professional Experience:

- Author of multiple peer review publications, book chapters, abstracts and manuscripts. Presenter at local, national and international scientific conferences
- President, Faculty Senate, University of Texas Southwestern Medical School, 2012–2013.
- Chair, Foot Care/Lower Extremities Interest Group, American Diabetes Association, 2017–2019
- President, Texas Podiatric Medical Association, 2016–2017
- AO North America Gerard V. Yu Teaching Award, 2010

Current Position: Associate Professor, Department of Orthopaedic Surgery University of Texas Southwestern Medical Center, 2009–present.

Position Statement:

WE DO GOOD WORK, BUT WHERE IS THE PROOF?

A 1987 study estimated that DPMs performed 60 percent of the elective foot surgery in the United States compared to orthopaedic surgeons. A subsequent study in 2012 reported that despite the high volume of surgeries performed, DPMs produced less than one-fourth of the clinical research publications compared to orthopaedic surgeons, suggesting that there was a “*general lack of commitment in the podiatric community to critically examine [our] work and present [our] outcomes in peer-reviewed journals.*”

IF WE DO NOT SHOW PROOF, SOMEONE ELSE WILL

We are in a competitive market for patient care earning the trust of our patients, insurance carriers, policy makers, and health care systems to demonstrate that the care we provide is value-based, low in complications and superior in patient-reported outcomes. However, two recent published reports in widely read surgical journals cited an increased complication rate

with ankle fracture surgery and increased length of hospital stay and costs associated with total ankle arthroplasties and ankle arthrodesis procedures when performed by a DPM. Publishing data comparing surgeon treatment outcomes may be one factor influencing stakeholders to grant favored referral status based on surgeon-type.

OUR GREATEST WEAKNESS IS IN OUR NUMBERS

ACFAS is the largest foot and ankle surgical organization in the world with 7,770 members and growing. Our greatest weakness is the expectation in our large organization that there is someone who will do the research that we are not willing to do ourselves. We have members publishing in peer-reviewed journals contributing to the body of scientific literature, but one-fourth is not enough. Our profession needs outcomes data to best demonstrate our impact on population health and disease management. We need to invest in our best research assets, promote research among our members and have our members participate in national registries reporting clinical outcomes.

BE AN INFLUENCER, NOT THE INFLUENCED

We can tell everyone we are the experts, but we need the data to prove it. Our advancement as a surgical profession is dependent on outcomes research. This is the influence ACFAS can have to challenge our competitors to collaborate in our efforts to improve the quality of care to our patients. We should be leading other organizations in this effort, not just following them.

ALL A BOARD

For the past 3 years, I have had the pleasure of working alongside your elected ACFAS Board of Directors, comprised of talented strategists and critical thinkers working cohesively toward the vision of our members. The board has had joint meetings with AAOS, AOFAS, APMA discussing consensus on education, training, and certification of DPMs. We have made progress reorganizing the ACFAS research grant program, promoting scientific research and developing clinical registries. With the pandemic, ACFAS reinvented its CME program providing online education resources to residents and its members. We have come a long way but have a long way to go. It would be my privilege to be reelected to ACFAS Board of Directors to continue the work that was started.