More than 1,400 foot and ankle surgeons, residents and students thronged to Las Vegas to gain the latest podiatric medical knowledge at ACFAS’ 68th Annual Scientific Conference, February 22–25, 2010. Attendees took the fast lane to learning through education sessions that included lectures, discussions, clinical workshops, debates, and comparative panels in which surgeons explored different approaches to their cases.

New sessions this year included “Surgery in the Advanced Aged,” “Internet and Social Media,” “21st Century Bone Healing” and “Curbside Consult,” in which surgeons discussed puzzling cases with a panel of peers. These new topics joined perennial favorites such as “2nd MPJ Controversies” and “Best and Worst Cases.” Speakers in moderated sessions took on tough subjects, courageously discussing unsatisfactory patient outcomes, or defending their views on tradition versus progress and the role of research in podiatric medicine.

“I am pleased to report that your College has never been stronger,” said outgoing ACFAS President Mary E. Crawford, DPM, in her opening session address. “2009 membership ended at a record of almost 6,200 surgeons. Now, more than ever, you and your peers see the value in the College’s CME offerings, consumer education, practice management resources, and research. As Fellows, you have attained the highest level of skill possible, and the ACFAS brand adds value to your credentials in the wider healthcare community and with the public.”

Taking the gavel of leadership from Dr. Crawford on Wednesday, incoming ACFAS President Michael S. Lee, DPM, stated, “The healthcare world is ever changing, especially in these uncertain times. ACFAS will continue to advance its mission, advocate for you and your

ACFAS Comments on Residency Requirements Rewrite

This past winter the Council on Podiatric Medical Education (CPME) proposed revisions to podiatric residencies and sought comments from the residency community of interest. At its February meeting, the ACFAS Board of Directors approved the following recommendations to CPME on the proposed changes.

Terminology - ACFAS strongly recommended that the word “surgical” be retained from the current PM&S terminology for residencies. The board wrote, “We believe dropping the word ‘surgical’ is taking a step backward in our profession’s never-ending quest for equivalency of training and professional parity.”

Institutional Standards Item 3.9 (g) – ACFAS recommends that the proposed new clause, “membership in the American Podiatric Medical Association,” be deleted as a residency program requirement. The board wrote, “Neither the Accreditation Council for Graduate Medical Education nor the American Osteopathic

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Top: Podiatry students enjoyed the Scientific Poster competition as an introduction to the conference and their chosen profession. Middle: Moderated sessions explored questions of progress, experience and evidence in podiatric medicine through active debate. Panelists in this session wore bow ties in honor of Gary P. Jolly, DPM, who passed away on January 30, 2010. Bottom: A pre-conference workshop in the Wright Mobile Lab.
Lessons from a Legend

By Michael S. Lee, DPM, FACFAS
President

Our profession, and specifically your College, lost a legend when Gary P. Jolly, DPM, passed away on January 30 after a courageous battle against cancer. Gary was the immediate past president when I was first elected to the ACFAS Board of Directors in 2005. With my first Perspective as your new president, I am yielding my time back to Dr. Jolly.

Dr. Jolly was known for his insightful President’s Perspective columns, which are posted at acfas.org/jolly. I would encourage you to spend a Saturday morning with a cup of coffee and Gary’s writings. His insight and passion for our specialty and College was always apparent.

At our 2009 Annual Scientific Conference, Gary spoke at a session entitled “Legends Corner,” where he could speak about anything he wished. Gary was already diagnosed with cancer, his face clearly showing the changes of a long hard fight. I was so moved by his insight that I asked him for a copy of his speech. When I learned of Gary’s death, I pulled it from my desk and re-read it. Now, I’ll share portions of it with you.

As I approach my 30th year of practice, and approach the twilight of my career, looking back at the growth of our specialty gives me a wonderful sense of accomplishment. When I began as a first-year medical student, there was no separate designation for foot and ankle surgeons. Everyone was a podiatrist, and everyone in clinical practice was a general podiatrist.

A few, typically Fellows of the American College of Foot Surgeons, as it was called back then, also engaged in foot surgery. Although hospital privileges were available to some, most podiatrists performed surgical procedures in their offices without the benefit of sedation or general anesthesia. This was the state of our profession in 1971.

My first exposure to clinical podiatry was in the outpatient clinic at the old Pennsylvania College of Podiatric Medicine (PCPM). The clinic wasn’t air conditioned, and summer clinics were physically brutal. What I found even more brutal was the limited practice that was podiatry at that time. As a well-educated, assertive, and impatient youth, I had a very difficult time correlating the depth of my pre-clinical education with the provision of routine care.

And then a wonderful thing happened. Harold Schoenhaus, DPM, and later Guido LaPorta, DPM, joined the faculty at PCPM. Dr. LaPorta became my mentor as a student and resident. He was a surgeon with an incredible mind who thought “outside of the box.”

What exactly does outside the box mean? It means to think critically, not accepting implausible explanations to clinical problems; and not to be afraid of being an iconoclast if, after studying the problem, you arrive with a different set of ideas.

I decided that I wasn’t particularly enchanted with the idea of practicing general podiatry. I wanted to be a foot and ankle surgeon. When I shared my aspirations with faculty and colleagues, I was laughed at by friends and rebuked by teachers for over-reaching.

I am extremely fortunate for a great number of reasons, not the least of which is the honor that I have to be a teacher to our Yale residents, fellows, and students. An amazing thing happens when I share my personal philosophy — they listen and they get it! What a difference 30 years makes.

The landscape of podiatry during the last three decades has changed dramatically. By foot and ankle surgery becoming an acknowledged sub-specialty within podiatry, recognition and acceptance by the medical community has been achieved. Although there may still be pockets of resistance, hospitals and clinics, including orthopedic practices, are now open to us.

Surprisingly, there are still some within podiatry who are opposed to our specialty. In fact, there are those within the “leadership” of the profession who would prefer to restrain us in order to create a more homogenous profession. Should we roll back our education and experience to achieve their goals?

Progress is inevitable. In medicine and dentistry, the development of specialization occurred many decades ago. It was only natural that such specialization should occur in our profession as well. Failure to recognize the inevitable is shortsighted and foolish. While some in the profession have abandoned the College, the College has not abandoned the profession.

I would also like to address a few remarks to our young members, particularly those who are still in residency. The ACFAS Fellows you see here today, as well as those who have gone before us, have opened up the professional world for you. The sociopolitical advancement of podiatric foot and ankle surgery didn’t come easily. A great deal of energy and resolve on the part of “us old guys” was needed to move this specialty forward.

We have done what we could and now the mantle of leadership falls squarely on your shoulders. Who among you will pick up the colors and lead? Who will stand up and say, “Follow me?” If you wait for someone else to do it, it won’t get done. Your

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What Happened in Vegas Doesn’t End in Vegas

Media across the nation was buzzing with news from ACFAS’ 68th Annual Scientific Conference in Las Vegas. Television news stations, magazines, social media and national newspapers all covered the highly attended event and shared news from ACFAS with their audiences.

The most-covered stories came from three press releases based on topics discussed at the conference: “Heel Pain Continues to Plague Adults,” “New Ankle Arthritis Treatments Help Boomers Stay Active,” and “A Winning Strategy: Don’t Play Through Pain.” These received over 720 media placements across the nation.

Las Vegas TV station KLAS-TV filmed an on-camera interview on diabetes and amputation with Troy J. Boffeli, DPM, in the conference exhibit hall. Robert J. Duggan, DPM, was interviewed by USA Today for an article on ankle sprains. And, the March 2010 issue of Lower Extremity Review featured an article on the use of platelet-rich plasma after an interview with Sean T. Grambart, DPM, who presented on the topic at the conference.

Social media made a first-time appearance at this year’s conference, with Twitter playing an important role in keeping the media, attendees, and exhibitors apprised of happenings before, during and after the event. Traffic and re-tweets continue to post on Twitter, keeping the conversation going on the most-attended ACFAS conference ever.

Welcome Your Patients to Spring with the Latest FOOTNOTES

Spring has sprung! The Spring edition of your patient newsletter, FOOTNOTES, is now available at acfas.org/footnotes. Share valuable information with your patients on getting active in the warmer weather without heel pain, preventing ingrown toenails in children and enjoying pregnancy without foot pain.

Don’t forget to distribute it your waiting rooms, on your practice web site or blog and at upcoming community events in your area.

New Patient Education CDs Released

The ACFAS Consumer Education Committee announces the release of the second edition of its highly regarded patient education series.

Reflecting two years’ work by 19 ACFAS member volunteers, a medical writer, and a medical illustrator, the 50 topics on the 5-CD set provide easy-to-understand explanations and illustrations in both English and Spanish, specifically for use by the foot and ankle surgeon.

View the full list of topics and learn how you can obtain the 2010 version of ACFAS Patient Education on CD-ROM at acfas.org/patientCD.
Optimize Your Practice Management

The medical practice environment is constantly changing. Position your practice for success with the knowledge you’ll gain at an ACFAS Coding and Practice Management Seminar.

Join us in Chicago, May 14–15, or in San Francisco, October 1–2, to learn about CPT changes for 2010, refresh your coding and documentation skills, and understand how regional differences in Medicare administration can affect payment. This advanced seminar will also hone practice management skills such as account management, employee relations, and using the Internet to build your practice.

These well-received seminars will be led by popular speakers Douglas G. Stoker, DPM, Karen Zupko, and others. Reap the benefit of their experience by attending, or sending your office manager or coding and billing staff. For more information call 800-427-2237 or visit acfas.org/PMM/seminars.

Find New Knowledge with Free Podcasts and Videos

The class will start when you are ready at acfas.org/eLearning. Bookmark this link as your handy reference site for information on the diagnosis and treatment of foot and ankle conditions. Educational podcasts, videos and more are at your fingertips 24/7.

The newest scientific session video is “Musculoskeletal Tumors,” an exploration of the challenges involving soft tissue and bone tumors of the lower extremity, including case presentations and discussion with an emphasis on differential diagnosis.

Visit often to browse all the resources in this valuable archive!

The Latest Podcasts:
- Surgical Management of the Athlete
- Lis Franc Pathology
- Wound Care vs. Diabetic Surgery

Recent Scientific Session Videos:
- 2nd MTPJ
- Musculoskeletal Tumors

Check Your Conference CME Online

If you attended the 2010 Annual Scientific Conference, you can now check your CME credits quickly and conveniently online!

You will soon receive — if you haven’t already — an e-mail with instructions on how to view your transcripts and CME credit at acfas.org. Please check them promptly, as you will have only 45 days to make any changes in the records.

After May 15, 2010, no changes can be made online. If you have questions about the online CME records, please contact the ACFAS Education Department at 800-427-2237.
With each new year, practices face changes in Medicare billing and coding. 2010 brings increased confusion due to the deletion of the Medicare consultation codes. According to Centers for Medicare and Medicaid Services, as of January 1, 2010, Medicare no longer recognizes or pays for CPT inpatient and outpatient consultation codes.

This does not mean a provider cannot perform consultations. It means you must bill an evaluation and management (E&M) code in place of the consultation CPT code that you typically would have billed. Medicare consultation codes must be replaced by using the E&M codes based on new or established inpatient or outpatient care.

When you are contacted by the primary physician to see the Medicare patient in consultation, document the request, perform the service, document the findings and follow up with the primary physician. Report the appropriate E&M code based on your documentation. Consultation documentation should be specific to the service provided.

Providers must realize consultations still exist; it’s just that the billing code has changed. The policy change was a result of the failure in educating providers in the difference between consultations and referrals. The referral terminology should not be used when performing a consultation, as this implies a transfer of care has taken place.

Another challenge is the AI modifier. Since Medicare would only cover one initial visit per inpatient stay (hospital and nursing facility) in the past, the AI modifier was established to differentiate between services performed by the principal physician of record and any other consulting providers. When consulted for initial nursing home care, the podiatrist may now bill the initial nursing home codes (99304-99306). Medical records must show that the documentation requirements have been met for the initial E&M level billed. The AI modifier is informational only and should not reflect on claims processing.

If you, the podiatrist, are the principal physician of record, it is your responsibility to attach the AI modifier to your initial claim. Providers should continue to use the consultation codes for all other insurance plans. As for Medicare advantage plans, individual plans will determine whether they will process consultation codes. Have your billing staff check with each carrier for coverage determination.

Christine E. Weikert, DPM, FACFAS, is president and CEO of The Podiatric Billing Specialists, LLC.

ACFAS Comments on Residency Requirements Rewrite continued from page 1

Association’s Postdoctoral Training Document mentions professional memberships in their standards. CPME must be autonomous, independent, and impartial in its relationships with all professional societies or external organizations."

Program Standards Item 5.2 – ACFAS noted the requirement that residency directors be certified by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPM) and/or the American Board of Podiatric Surgery (ABPS). The board wrote, “We suggest CPME reconsider the feasibility of future program directors being ABPOPM-certified.”

Appendix A, Item A – Patient Care Activity Requirements – ACFAS also noted proposed changes to the required case activities for residents. The board wrote, “We recommend that the requirement of 1,000 clinic encounters for 36-month residencies be maintained, not decreased. In addition, we believe that the new minimum requirement of 25 medical histories and physical examinations is extremely low and should be substantially increased.”

CPME’s public comment period ended on April 1. The Council will consider all input and publish new residency standards for implementation effective July 1, 2010.
All sessions at the conference were filled with avid listeners. Innovator, educator and author Sigvard T. Hansen, MD, FAAOS (top right), a long-time advocate for foot and ankle surgeons, delivered the keynote address at Tuesday’s Opening Session.

Attendees enjoyed the largest exhibit hall ever mingling and meeting with fellow members, vendors and service providers. Right: A College member updates his online professional profile at the ACFAS booth. Far right: Conference-goers learn about technologies and innovations.
Many thanks to Merz Pharmaceuticals for supporting the future of the profession by bringing two leaders from each of the ACFAS Student Clubs to the conference. Sixteen student leaders attended in Las Vegas (11 pictured).

The 180 scientific posters on display drew much attention. This year, poster authors were on hand at lunchtime to discuss their projects with interested viewers.

Opening receptions were THE place to meet, greet and network with colleagues and industry leaders.

Mary E. Crawford, DPM, handed the president’s gavel to Michael S. Lee, DPM, on February 24.

New Fellows of the College received their Fellow pins at the 2010 Honors and Awards Ceremony.
Manuscripts Showcase the Role of Research

The ACFAS Manuscript Awards of Excellence were established to encourage research on the practice of podiatric medicine. Research performed today will help advance foot and ankle surgery and help surgeons determine best practices for patient care.

Manuscripts submitted for consideration are blind-reviewed and meticulously judged on established criteria by the Manuscript Review Committee. The committee selected 19 manuscripts out of 32 submitted to be presented at the conference, as well as the top winners below.

“We were very pleased with the quality of this year’s entries,” says Manuscript Committee Chair A. Jay Phillips, DPM. “Every year we see improvement and growth in the research protocol and thought processes.”

The awards were generously funded by the Podiatry Foundation of Pittsburgh, and presented by Nicki L. Nigro, DPM, and Jeffrey S. Nigro, DPM, chair of the foundation’s Scholarship Committee, during the ACFAS Honors and Awards Ceremony on February 24, 2010.

First Place — $3,000
*Roodabeh Samimi, DPM
Donald R. Green, DPM
Richard M. Green, DPM
Donna Agan, EdD

Second Place — $2,500
Comparison of Pullout Strength Between 3.5 mm Fully Threaded, Bicortical Screws and 4.0 mm Partially Threaded, Cancellous Screws in the Fixation of Medial Malleolar Fractures
*Jason D. Pollard, DPM
Ali D. Deyhim, DPM
Ryan Rigby, DPM
Nathan Dau, MSE
Christy King, DPM
Lawrence M. Fallat, DPM
Cynthia A. Bir, PhD

Third Place — $1,500
Radiographic Analysis of Adult Acquired Flatfoot Corrected with Medial Column Arthrodesis With and Without a Medializing Calcaneal Osteotomy
*Thomas H. Jordan, DPM
Shannon M. Rush, DPM
Graham A. Hamilton, DPM
Lawrence A. Ford, DPM

Honorable Mentions — $750 each
Immediate Weight Bearing Following Modified Lapidus Arthrodesis
Philip Basile, DPM
Emily A. Cook, DPM
*Jeremy J. Cook, DPM

Bi-Plane Chevron Medial Malleolar Osteotomy for Increased Exposure of the Medial Talar Dome
*William T. DeCarbo, DPM
Angela Granata, BS
Christopher F. Hyer, DPM

Identifying Risk Factors in Subtalar Arthroereisis Explantation — A Case Control Study
*Emily A. Cook, DPM
Jeremy J. Cook, DPM
Philip Basile, DPM

Antibiotic Impregnated Cement Blocks for Large Segmental Bone Infection for Maintenance of Weight Bearing Function in the Foot and Ankle
*Michael J. McCourt, DPM
John M. Schubeth, DPM

* Indicates the author who presented the paper at the conference.

Want to see your name on this page next year? Enter a manuscript by August 2, 2010, to be eligible for the 2010 Manuscript Awards of Excellence. Look for details on the insert in this issue of Update.

Appreciation for Committee Members
Sincere thanks go to the members of the manuscript committee for their hard work in reading and evaluating the submissions.

A. Jay Phillips, DPM, Chair
Eric A. Barp, DPM
Troy J. Boffeli, DPM
Richard Derner, DPM
John L. Etcheverry, DPM
Barry I. Rosenblum, DPM
Posters Present Progress

The Scientific Poster competition is a valuable educational resource at the Annual Scientific Conference. It contributes to the future of scientific and clinical understanding in podiatric medicine, and helps those interested in pursuing research learn the basics of study design. The 2010 display contained 180 posters, including 7 from schools of podiatric medicine.

The 2010 winners are as follows:

**Individual Category**

**First Place**
Simultaneous Correction of Congenital Vertical Talus and Talipes Equino Varus using the Ponseti Method of Serial Casting: A Case Report
Michael G. David, DPM

**Second Place**
Malignant Angiosarcoma of the Talus: A Case Report
Jennifer L. Bell, DPM
Matthew DeMore, III, DPM

**Third Place**
Takedown of Ankle Arthrodesis and Conversion to Total Ankle Arthroplasty with Creation of Fibula: A Case Report
Bradley M. Lamm, DPM
Kayse L. Lake, DPM

**Institutional Category**

**First Place**
Fifth Metatarsal Base Fractures: Internal and External Fixation Comparative Clinical Outcome
Authors from University of California, San Diego, School of Medicine
Daniel K. Lee, DPM
Gerit D. Mulder, DPM

**Second Place**
Nonoperative Care for the Treatment of Adult Acquired Flatfoot Deformity
Authors from the Western Pennsylvania Hospital (Pittsburgh, Pa.)
Matthew Nielsen, DPM
Daniel Shadrick, DPM
Keith McSpadden, DPM
Jennifer Miklos, DPM
Nicholas Dodson, DPM
Michael Cashdollar, DPM
Erin Dodson, DPM
Robert W. Mendicino, DPM
Alan R. Catanzariti, DPM

**Third Place**
Percutaneous Fenestration for Chronic Achilles Tendonosis
Authors from St. Mary’s Medical Center (Evansville, Ind.)
Keith Bangart, DPM
Jason Denton, DPM
Daniel L. Bangart, DPM
Terence A. Alvey, DPM

**Student Surgery Club Category**

**First Place**
Analysis of Pressure & Contact Area between 2-Bone-Segments with Uni-Cortical and Bi-Cortical Staple Fixation
Ohio College of Podiatric Medicine

**Second Place**
Variations in the Clinical Presentation of Malignant Melanoma in the Foot
School of Podiatric Medicine at Barry University—Florida

**Third Place**
The Accuracy of Ultrasound in the Diagnosis of Soft Tissue Masses in the Lower Extremity
Arizona Podiatric Medicine Program at Midwestern University

**A Note of Thanks**
A debt of gratitude is due the members who volunteered their time as judges of the poster exhibit competition. They spent many hours at the 2010 Annual Scientific Conference evaluating and judging the entries.

Christopher L. Reeves, DPM, Poster Chair
Robby A. Amiot, DPM
Jeffrey R. Baker, DPM
Tzvi Bar-David, DPM
James J. Bartley, Jr., DPM
Scott L. Basinger, DPM
Tara L. Blitz, DPM
Michael R. Bourne, DPM
Richard T. Braver, DPM
Jarrett D. Cain, DPM
Kellivan J. Cheng, DPM
Stanton J. Cohen, DPM
G. Marc Conner, DPM
Amy L. Duckworth, DPM
Eric K. Gilbertson, DPM
Richard N. Goad, DPM
Darryl M. Haycock, DPM
Vincent J. Hetherington, DPM
Byron J. Ho, DPM
Ernest L. Isaacson, DPM
Brandi M. Johnson, DPM
Lt Col Brent A. Johnson, DPM
Scott F. Jorgensen, DPM
Filza Khan, DPM
Alex H. Kim, DPM
Tony D.H. Kim, DPM
John E. Mancuso, DPM
Hai-En Peng, DPM
Monica H. Schweinberger, DPM
Bruce A. Scadday, DPM
Eveline F. Tan, DPM
Nathan B. Thomas, DPM
Michael J. Trepal, DPM
Jay A. Wenig, DPM
Board of Directors Tackles To-Do List
The ACFAS Board of Directors met on February 22, 2010, immediately before the Annual Scientific Conference in Las Vegas. Outgoing President Mary E. Crawford, DPM, presided over a full agenda, including these board actions:

- Approval of comments to be submitted to the Council on Podiatric Medical Education on the proposed revisions to podiatric residencies guidelines (CPME Document 320).
- Creation of a new Credentialing and Privileging Task Force to advise the board on relevant issues and the immediate development of a new delineation of privileges document.
- Creation of a new Clinical Practice Guidelines (CPG) Management Council to determine new CPG topics, revisions of existing CPGs and selection of CPG expert panels, and to integrate even more evidence-based medicine and comparative effectiveness data into the documents.
- Preliminary approval of a new position statement on total ankle replacement, to be finalized in April.
- Decision to conduct a survey of charitable medical missions to determine which missions should be posted on the ACFAS website for member information.
- Prioritization of 10 new initiatives to be implemented as revenues exceed budgeted projections during the year.
- Preliminary approval of a multi-center research proposal on subtalar arthroereisis, following completion of the College’s first multi-center study on 1st MTPJ, as recommended by the EBM/Research Committee.

Retiring board members John M. Giurini, DPM, Marc A. Kravette, DPM, and Jerome S. Noll, DPM, participated in their final meeting, while Richard Derner, DPM, Kimberly Eickmeier, DPM, and Sean T. Grambart, DPM, observed as directors-elect.

The next ACFAS board meetings will be July 30–August 1, 2010, in Colorado Springs, Colo.; November 12–13, 2010, in Chicago, Ill.; and March 9, 2011, in Fort Lauderdale, Fla.

In Memoriam
The College recently received word of the passing of the following Fellows:

- Michael L. Centrella, Jr., DPM, Wilmington, Del.
- Sulman A. Bhutta, DPM, Westminster, Md.

Perspective

professional identity is enhanced by the presence of the letters FACFAS after your degree. You have a debt, an obligation to support the College and help it to grow and mature.

I once had a dream, and it was fulfilled. I have had another dream, one of parity and collegial cooperation between our College and the American Orthopaedic Foot and Ankle Society. Some would ask why — I would ask, why not? Let us set our own limits and not be restricted by those who are afraid of change and opposed to professional growth. We should never be afraid of progress and we should never let others determine our future.

Thank you for your attention and patience, and God bless.

And God bless you, Dr. Jolly. You will be sorely missed.
profession, and most importantly, shape the way in which you provide patient care. ACFAS is ‘changing lives.’ It will be my pleasure to play a small role in this process, and I look forward to the challenges that lie ahead.”

This year’s exhibit hall was also the largest and most vibrant ever. Attendees watched product demonstrations, met with vendors, browsed the poster exhibits and exchanged views with their peers over lunch. Many also stopped by the ACFAS booth to learn new ways to reach out to patients and expand their online professional profiles, and explore continuing education available on acfas.org.

You can browse other conference highlights throughout this issue of Update. And, don’t miss the next meeting of the most valuable scientific program in your profession. Make plans now to join us March 9–13, 2011, for ACFAS’ 69th Annual Scientific Conference at the Broward County/ Fort Lauderdale Convention Center, Florida.

Record Numbers Swell Scientific Conference
continued from page 1

A New WEBSITE Equals NEW PATIENTS

Vogler Honored at Vegas Conference

Harold W. Vogler, DPM, is the 2010 recipient of the ACFAS Distinguished Service Award. This award is presented annually by the ACFAS Board of Directors to recognize long-term, behind-the-scenes volunteerism to the profession and the College. Vogler was selected for over 20 years of leadership in the cause of professional parity and unfettered hospital privileges for pediatric surgeons.

As early as 1990, Vogler was pushing for changes to the Joint Commission and Centers for Medicare and Medicaid Services (CMS) procedures to allow DPMs to conduct histories and physicals in hospitals. As chair of the ACFAS Professional Relations Committee, Vogler’s goal was achieved within the Joint Commission in 2000, which led to similar changes by CMS in 2006.

“Dr. Vogler has been our profession’s leading advocate for parity and privileging, bar none,” says ACFAS Immediate Past President Mary E. Crawford, DPM. “Quite frankly, this honor is long overdue. We are all beneficiaries of Harold’s vision and determination.”

The award was presented in a ceremony on February 24 at the ACFAS Annual Scientific Conference in Las Vegas. A listing of past recipients is available on the ACFAS web site.

“A1,975 new patients!”
Greg Renton
Orlando, FL

“A1,089 new patients!”
Robert J. Abrams, DPM, FACFAS
Newhall, CA

“A724 new patients!”
Mitchell Waskin, DPM, FACFAS
Richmond, VA

Websites starting at $995

www.dpmwebsites.com
888.748.6631

Social Networking Available

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The New Patient Website People

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Platinum Level
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DePuy

Bronze Level
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MMI-USA
Orthofix
OsteoMed Corporation L.P.
Podiatry Foundation of Pittsburgh
Synthes

Pewter Level
ArthroCare Corporation
BioPro
DOX Podiatry
Extremity Medical
Integra LifeSciences Corporation

The Musculoskeletal Transplant Foundation
Officite
Osteotech
The Podiatric Billing Specialists

Get details about these member services at acfas.org/benefitspartners.

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The ACFAS vision is to serve society as the preeminent source of knowledge for foot and ankle surgery. Our mission is to advance the competency of our members and the care of our patients.

Health Policy

Wealth of Privileging Resources on ACFAS.org

Despite tremendous progress in hospital privileging parity in recent years, even board-certified or qualified foot and ankle surgeons may encounter difficulties in obtaining or maintaining hospital privileges for reasons ranging from others’ unfamiliarity with their unique training to economic discrimination.

This is why acfas.org has numerous online resources to help you. In addition, a new delineation of privileges document is now being developed by the Credentialing and Privileging Task Force appointed by the ACFAS Board of Directors in February 2010.

The most recent versions of all ACFAS privileging documents can be found at acfas.org/privileges:
• ACFAS Position Statement: Credentialing for Podiatric Foot and Ankle Surgeons
• The Education and Training of Foot and Ankle Surgeons
• ACFAS Principles for Hospital Privileging and Due Process Rights
• ACFAS Position Statement: History & Physicals Privileges for Podiatric Foot and Ankle Surgeons
• Hospital Medical Staff Privileging — Nuts and Bolts
• Joint Commission Standards Clarification for DPMs Performing Entire History and Physical for a Patient Admitted for Care
• Joint Commission Letter to ACFAS Members on DPM Performance History and Physicals
• ACFAS Explanation of Centers for Medicare and Medicaid Services (CMS) Rule on History and Physicals
• CMS Guidance on Hospital Medical Staff Privileging
• CMS Final Rule for Hospital CoPs; including DPM Performance of History & Physicals
• Social Security Act Definition of “Physician”

Watch for more health policy updates in This Week @ ACFAS