

Update



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ACFAS Seeks to Support Surgical Fellowship Programs



By Christopher F. Hyer, DPM
Chair, ACFAS Fellowship Committee

One of the most challenging issues foot and ankle surgeons face is educational parity with other physicians who receive a standard four-year residency in addition to medical school. ACFAS believes that surgical fellowships can add to a DPM's educational base by providing an additional year of subspecialty training that is hands-on, involving direct patient care.

The ACFAS Fellowship Committee has been charged with the strategic plan tactic of "offering member resources regarding fellowships and continually investigating opportunities to support fellowships." The committee has created its own long-term goal of fostering the availability of high-quality surgical fellowship opportunities by giving programs assistance, guidance and visibility.

The committee is working on a process to recognize podiatric surgical fellowship programs. It is creating a list of "minimal requirements," which are an analysis of the processes and support structures in each program to assure adequate post-graduate-level training is occurring in the fellowship. For programs that meet the requirements, the committee has also created recommendations that will allow the College to cultivate and create incentives for high-quality fellowship training for foot and ankle surgeons.

The committee is working on a thorough vetting process of these recommendations, which also requires review and approval by the ACFAS Board of Directors. The committee hopes to roll out this program by the end of the summer. More information about this listing of ACFAS-recognized fellowship programs and their support will be provided when this process is finalized. ■

Attention: Fellowship Program Directors

The College is compiling a list of all existing podiatric surgical fellowship programs to consider for ACFAS recognition and support.

If you'd like your program to be considered for the College's recognized list of programs, please send your program information and questions to ACFAS Director of Membership Michelle Brozell at mbrozell@acfas.org.

In This Issue

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- Delineation of Privileges Guidelines
- Total Ankle Replacement Position Statement

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Granting Insight



Lawrence A. Ford, DPM, and Christy King, DPM, were awarded one of two ACFAS Clinical and Scientific Research Grants in 2009 for their proposed study, "Pre-operative and Post-operative Analysis of Plantar Pressures for Hallux Valgus Correction." Dr.

Ford is program director and Dr. King is a resident at the Kaiser San Francisco Bay Area Foot and Ankle Residency Program. The doctors had a recent conversation with Update on what this grant represents.

Q: Why did you decide to pursue this study, and what is its goal?

LF: I've always been interested in the debate around central metatarsalgia, or lesser metatarsal overload, as a result of first ray insufficiency. The questions this problem raises include, does simply correcting the intrametatarsal angle offload the second metatarsal? Or, does one type of bunion procedure have more of an effect than another? The goal of our study is to provide a little more information about the role the first ray has on the lesser metatarsals.

CK: When I was in medical school, I came across a quote by Albert Szent-Gyorgyi, a Hungarian biochemist: "Research is to see what everybody else has seen, and to think what nobody else has thought."

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What Happens in Vegas...

By Michael S. Lee, DPM, FACFAS
President

As I reflect on our 2010 Annual Scientific Conference in February, I realize that the old cliché, “What happens in Vegas stays in Vegas,” couldn’t be further from the truth. The buzz created by the 2010 conference continues to permeate the membership and the profession. But the positive vibe about the conference is just one piece of what is exciting your board of directors these days.

Only ACFAS delivers independent, unbiased and nonprofit content.

Indeed, the scientific conference was a success. Frankly, we’ve grown to expect it. The lecture halls were full and most workshops had waiting lists. No longer do we see lecturers pontificating “podiatric dogma” from the dais; today they take a more pragmatic, evidence-based approach. The quality of the abstracts and posters were never better or more plentiful. And most importantly, your College has worked hard to minimize industry bias by demanding full speaker disclosure of any conflicts of interest prior to the conference.

But what has me so excited goes beyond the conference. Many other metrics prove the College’s trajectory is straight up. Despite turmoil about the future of healthcare and even our own profession, ACFAS continues to demonstrate its value to a record 6,200 members. Here are some examples:

- Our 2010 membership renewal rate was over 98 percent, while many other medical associations have seen declining memberships due to the economy and tightening reimbursement rates.
- The 2010 conference broke records for attendance, exhibits, posters, manuscripts and attendee evaluations. The average speaker evaluation was 4.5 on a 5-point scale! Student and resident attendance was up as well. But perhaps the most telling number was that non-member DPM attendance increased significantly — to nearly 20 percent of our DPM registrants. Obviously, ACFAS’ reputation extends beyond our own ranks.
- Industry also looks at ACFAS as “the” surgical exhibition. In an economy where medical device, pharmaceutical and other companies downsized their exhibits, ACFAS had its largest show this year. Booths were noticeably larger, with more products and services on display.
- Recent online polls conducted by other sources cite ACFAS as *the* gold standard in foot and ankle CME. Yes, we have considerable competition for your CME hours, but only ACFAS delivers independent, unbiased and nonprofit content. Our speakers participate with no self-interest at stake. That’s a subtle but important difference — and DPMs know it.

To these and other metrics I simply say, “There must be a reason.” And the reason is *value*. Fiscally, past and current board members have been careful stewards of your dues dollars with balanced budgets and annual contributions to our reserve

assets, even in the past few years. In these challenging economic times, you and your peers see the value in the College’s many CME offerings, consumer education, practice management resources, and research. But above all of these tools and resources is the imprimatur of the ACFAS brand.

As Fellows, you have attained the highest level of surgical skill possible. And since ACFAS is the *only* specialty organization that *mandates* board certification or qualification, the ACFAS brand, and “FACFAS” after your name, add tremendous value to your credentials in the health-care community and with the public.

Since 1942, the collective wisdom of over 15,000 ACFAS members was the driving force that transformed us from chiropodists, to podiatrists, to today’s foot and ankle surgeons. As we enter a new decade, ACFAS members are the unquestioned proven leaders of the profession, and every step of the way, ACFAS is your proud partner.

The ACFAS brand, and “FACFAS” after your name, add tremendous value to your credentials.

So, “What happened in Vegas” has not “stayed in Vegas;” it is only the prelude to what will happen in sunny Fort Lauderdale for the 2011 Scientific Conference, March 9–13. Our theme? “Brilliant! minds, ideas, beaches.” Be there! ■

ACFAS Student Clubs

ACFAS Student Clubs are active at all nine podiatric medical schools, with the newest club at Western University School of Health and Sciences holding its kick-off meeting last month. And for the second year in a row, the Des Moines University College of Podiatric Medicine & Surgery has honored its ACFAS Student Club as “Outstanding Club of the Year.”

“This is a student award, meaning first through third year students vote for the club they believe has been the most beneficial to the student body,” says outgoing club president Douglas L. Croff. “To be honored two years in a row shows the dedication of the club to student education and school activities.”

More information and a photograph of club members can be found at acfas.org/Students/activities. Congratulations to Croff and the ACFAS Student Club at Des Moines University!

Log In for Full Member Benefits

Many ACFAS members are enjoying the redesigned acfas.org, with its new look, improved navigation and continually updated information.

Are you getting the full benefit when you visit the website? There are many valuable features that are available exclusively to members of the College, and you have to log in to access them.

Your initial login is easy with your ACFAS member ID. You can find the ID just above your name on the label of your latest issue of the *Journal of Foot & Ankle Surgery* or *Update*. Your default password is your last name.

TO LOGIN:

- Go to acfas.org
- Click the “Log in” button in the upper right corner

- Type your member ID number in the space marked “Log-in ID”
- Type your last name in the space marked “Password”
- Press the “Log in” button, or hit “enter” on your keyboard.

Once you’ve logged in, you can personalize your login detail by choosing “Change ID and Password” at the top center of the page.

Your member login gives you access to:

- Online issues and archives of the *Journal of Foot & Ankle Surgery*
- The ability to expand your online profile, giving prospective patients extra detail for up to three of your practice sites
- “Find a Colleague” member directory
- Online clinical sessions and surgical techniques videos, where members of the College can earn CEUs
- Use of ACFAS member logos
- State scope-of-practice laws, Clinical Practice Guidelines, privileging documents and many more resources.

Unlock the full potential of your membership by logging in today at acfas.org.

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Focus on ACFAS BenefitsPartners

ACFAS BenefitsPartners provide College members access to top-level products and services to boost your career, run your practice and save you money. PodiatryCareers.org is ACFAS’ online career center, where job seekers can post resumes and employers can post information about available jobs, or browse resumes in search of that perfect candidate.

From the economy to healthcare reform, we’re working in complicated times. Some things should be easier, and when it comes to your career or recruitment, they can be. At PodiatryCareers.org, you can get everything you need in one spot.

ACFAS has partnered with the HEALTHeCAREERS Network to pack this online career center full of resources and connections for general podiatry and foot and ankle surgery. And the network is connected to other sites, partners and a community that allows you to search jobs across all practice types or recruit multiple healthcare specialties. You’ll have access to:

- **1,000s of jobs and job seekers** Postings are healthcare-focused, unlike monstrous job boards.
- **eNewsletters & email resources** Medical eNewsletters or e-mails alert professionals to new jobs or qualified candidates.
- **Industry content** News and employment tips are regularly updated.

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Mark Your Calendar for 2011 Scientific Conference

Begin your plans now to attend the most valuable scientific program in your profession — ACFAS' 69th Annual Scientific Conference, March 9-13, 2011, at Broward County/Fort Lauderdale Convention Center, Florida.



You'll find plenty of choices in education, with panel discussions, controversial debates, hands-on workshops and more. You can also be a part of it by submitting a manuscript or poster for consideration for presentation at the scientific conference.

Research is essential to the medical profession, and the College is at the forefront of research for foot and ankle surgeons. If you're involved in a study, submit your manuscript or poster by these dates:

- August 2, 2010 — Manuscript submission deadline
- October 1, 2010 — Poster submission deadline

Guidelines for submission are available online at acfas.org. And keep your eye on the website for more conference information, coming soon!

Ankle Arthritis Challenges

ACFAS e-Learning is Your Online Resource

The newest scientific session video at ACFAS e-Learning is "Ankle Arthritis," an exploration of the challenges and potential interventions for this condition, including diastasis, osteotomy, visco supplementation, arthrodesis, and total ankle replacement.

Visit acfas.org/eLearning whenever you are looking for reliable information on the diagnosis and treatment of foot and ankle conditions. Resources in this valuable online archive include educational podcasts, videos and more, always just a click away.

Check back often for current topics and information at acfas.org/eLearning.

The Latest Podcasts:

- Lis Franc Pathology
- Wound Care vs. Diabetic Surgery
- Early vs. Late Metatarsal Management
- Cavus Foot (release date: June 1)

Recent Scientific Session Videos:

- Musculoskeletal Tumors
- Ankle Arthritis
- 2nd MPJ

Watch for these new podcast topics and more, coming this summer!

- | | |
|---|---|
| <ul style="list-style-type: none"> • Chronic Ankle Pain: Arthrodiastasis • Metatarsal Fractures • 2nd MPJ Pathology • Hallux Rigidus • Arthroscopy of the Foot and Ankle: Use and Abuse • Challenges in Residency | <ul style="list-style-type: none"> • Chronic Regional Pain Syndrome • Complication—Rearfoot • Orthobiologics and Bone Healing • Imaging <p><i>especially for students:</i></p> <ul style="list-style-type: none"> • Gearing Up for Residency |
|---|---|

2010 CME Calendar

For information on upcoming programs visit acfas.org, or call (800) 421-2237.

June 18–19, 2010 (Fri/Sat)

Arthroscopy of the Foot and Ankle Surgical Skills Course

Orthopaedic Learning Center (OLC)
Rosemont, IL

To be waitlisted, please contact Maggie Hjelm, hjelm@acfas.org

16 continuing education contact hours

Sold Out

October 1–2, 2010 (Fri/Sat)

Coding and Practice Management Seminar

Parc 55 Hotel
San Francisco, CA

15 continuing education contact hours

October 16–17, 2010 (Sat/Sun)

Trauma of the Foot and Ankle Surgical Skills Course

Scientific Education and Research Institute (SERI)
Denver, CO

16 continuing education contact hours

November 5, 2010 (Friday)

Tendon Repair Surgical Skills Course

Intercontinental Dallas Hotel and Wright Mobile Lab
Dallas, TX

8 continuing education contact hours

November 6, 2010 (Saturday)

Tendon Repair Surgical Skills Course

Intercontinental Dallas Hotel and Wright Mobile Lab
Dallas, TX

8 continuing education contact hours

November 20–21, 2010 (Sat/Sun)

Arthroscopy of the Foot and Ankle Surgical Skills Course

Orthopaedic Learning Center (OLC)
Rosemont, IL

To be waitlisted, please contact Maggie Hjelm, hjelm@acfas.org

16 continuing education contact hours

Sold Out

December 11–12, 2010 (Sat/Sun)

Arthroscopy of the Foot and Ankle Surgical Skills Course

Orthopaedic Learning Center (OLC)
Rosemont, IL

16 continuing education contact hours

Applicable Uses of V & E Diagnosis Codes

By Christine E. Weikert, DPM, FACFAS

Proper documentation and coding is important. You should report your coding to the highest level. Documenting detailed information on accidents and specifics of the patient's complaint assists in claims processing as well as improving patient care.

When it comes to documentation and submitting charges based on the services you have rendered, we sometimes overlook important diagnoses that may not directly apply, but certainly can influence your claim. Along with thorough documentation, utilize and report the appropriate V & E diagnosis codes on the initial claim as secondary diagnoses.

V codes are the supplementary classification of factors influencing health status and contact with health services (V01-V89). These V codes should be used to indicate circumstances other than the primary disease or injury. Using the V code on your claim provides specific information that documents more complexity to your service.

One example is the MRSA patient. The secondary diagnosis MRSA is coded with V09.0, "infection with microorganisms resistant to penicillins." This code should be reported as a secondary diagnosis after the codes used for the infection.

E codes are the supplementary classification of external causes of injury and poisoning. These codes should not be overlooked when documenting and submitting claims, especially accident claims such as vehicle and worker's compensation claims. Assign the appropriate E code for all initial treatments, not subsequent care.

E codes help you describe the cause, intent and place of occurrence for all external causes of injuries, poisonings and other adverse effects. You may use more than one E code per claim. For example:

- E codes E810-E819, "Motor Vehicle Traffic Accident," have subdivisions to identify the injured person as driver, passenger, motorcyclist and so on.

- The primary code for an allergic reaction to a medication such as penicillin may be 693.0, "dermatitis due to drugs taken internally." The secondary E code could be E930.0, "medicinal substance causing adverse effect in therapeutic use, penicillins."

Refer to the V and E codes in your ICD-9-CM manual or online tool for further information.

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

NEWS FROM THE COLLEGE

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- **Dynamic advertising** Banner ads, featured eNewsletter opportunities and other options connect job seekers with future employers.
- **Account tools** Members can browse position postings, build their own resumes or CVs, create a personal account page to search jobs, and access additional resources.
- **Conference Connection™** Surgeons and others can find out who is attending industry events and plan time to network face-to-face.

It's time for an easier way to hire or advance your career. Visit PodiatryCareers.org or call 888-884-8242 today!

In Memoriam

The College recently received word of the passing of the following Fellow:

- Gerald Stein, DPM, Sterling Heights, Mich.



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Progress on Multicenter Trial on Hallux Rigidus Procedures

The first multicenter retrospective trial investigating the efficacy of several standard surgical treatments for end-stage hallux rigidus began in July 2009. As the data collection nears its endpoint, *Update* checked in with the trial's project director, Paul J. Kim, DPM.

"The IRBs have approved each site," reports Dr. Kim, "and all sites have been asked to complete data collection by the end of June."

Next, Kim will review the data, commission a statistical analysis, and summarize the results for review by the ACFAS Board of Directors. After review, he will

write the results for publication in the *Journal of Foot & Ankle Surgery*.

This study marks not only the first such clinical trial of these procedures, but also the first such project that the College has sponsored.

"I think we've learned a lot," says Kim. "This was a good, simply designed study that teased out some of the issues that we couldn't have predicted. And we're all excited because this sets the stage; we're creating templates for any future projects, to make the process more streamlined and more economically efficient."

More information on this project is available at acfas.org/research_resources and ClinicalTrials.gov.

Heel Pain Guideline Updated

2010 Revision is Supplement to May/June JFAS

The ACFAS Clinical Practice Guideline (CPG), "Diagnosis and Treatment of Heel Pain," has been revised and mailed to members as a supplement to the May/June 2010 issue of the *Journal of Foot & Ankle Surgery*.

"In the years since the publication of the first ACFAS Heel Pain CPG in 2001, the body of knowledge regarding the etiology and treatment options has grown substantially," says lead author James L. Thomas, DPM. "For example, it is now recognized that multiple factors, including nerve entrapment, may be implicated

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A New WEBSITE Equals NEW PATIENTS



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The New Patient Website People

I'm lucky to be involved with a residency program where we're encouraged to explore the podiatric world through research. While various aspects of bunionectomies have been analyzed, we hope this research can provide valuable information about how a variety of bunionectomies affect the weight-sharing surface of the foot.

Q: How does research tie into what you do as a podiatric surgeon?

LF: Research is just part and parcel of everyday practice. There's so much to learn from patients, and I have far more questions than I do answers. Just asking a question often leads to developing a project.

I'm fortunate to practice in a large HMO, with access to a huge database and reports from scientists and statisticians in my division, so that certainly helps.

CK: As a resident, there are two main sources from which I glean knowledge. I am constantly learning through many new clinical and surgical experiences and by studying research journal articles. I'm excited to be able to contribute to the advancement of my profession.

Q: How do you integrate research into interactions with residents?

LF: We're lucky to have residents who are bright and ambitious, so incorporating academics and challenging ingrained concepts is already part of the culture. With residents and attendings who are conscious of evidence-based medicine (EBM), it becomes

easier to incorporate it in scholarly activity. In a first-year research course for residents, they're asked to come to the first class with a research question. That question is refined, and they're guided in their research and their methodology to try to develop a good, meaningful project that they can get started on right away, and might eventually lead to IRB approval and actually doing the study.

Q: How does research tie in with your involvement as an ACFAS volunteer?

LF: The College provides a standard of excellence in foot and ankle surgery and academics, so in many ways I'm inspired by my ACFAS colleagues to keep current and contribute to my profession.

As chairman of the 2010 Annual Scientific Conference Committee, we are trying to move toward conference agendas that have more EBM. Essentially, that means more scientific evidence to support our conclusions and our practices. EBM is a buzz word, but it's also trying to make a lot of our arguments more credible.

Q: What can you say about the value of the ACFAS Clinical and Scientific Research Grant?

LF: I think it's valuable in several ways. First, it makes you familiar with the art of applying for a research grant, which can be intimidating. That alone is a valuable exercise.

Second, in order to complete the grant application, you must have completed the background and the introduction, and the

proposed methodology. So, by applying for the grant, you've completed a lot of the project already.

Third, it helps provide funding for projects that could otherwise be cost-prohibitive. In our case, we've needed a specific type of data collection and software that we wouldn't be able to get without this grant.

CK: The true value of the grant is immeasurable. Not only does it allow us to purchase equipment to accurately measure plantar pressures before and after surgery, but the grant also generates professional confidence and encouragement for individual research.

For more information on the ACFAS Clinical and Scientific Research Grant, visit acfas.org/grant. ■

RESEARCH *continued from page 6*

in what may previously have been considered solely a mechanical condition.”

The new CPG features:

- Redesigned pathways incorporating the latest diagnostic and treatment modalities
- In-depth, up-to-date referencing

- Extensive use of photographs, images, and illustrations.

This revision will be submitted for inclusion on the website of the National Guidelines Clearinghouse. It is available now at acfas.org/CPG and on jfas.org. ■

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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

Delineation of Privileges Guidelines to be Revised

One of the most frequently requested ACFAS documents is the Delineation of Privileges Guidelines. Along with the ACFAS Position Statement on Credentialing and Privileging, it has aided countless members in their hospital staff privileging efforts since it was first written in the early 1990s. Twelve privileges-related documents are now available online at acfas.org/privileges.

The credentialing and privileging statement was revised in December 2009. The companion delineation guidelines have been temporarily removed from the website and

are being completely rewritten by a special task force. The revised guidelines should be posted by early August 2010.

Questions? Contact Kristin Hellquist, director of health policy and practice advocacy, at 773-693-9300 or kristin.hellquist@acfas.org.

Total Ankle Replacement Position Statement Adopted by Board

Total ankle replacement can be a safe and effective treatment option for end-stage ankle arthritis in certain patients, according to a new position statement adopted by the ACFAS Board of Directors.

The position statement summarizes the

results of research into the advantages and limitations of both ankle fusion and total ankle replacement, and concludes that the safety profiles of the two procedures are comparable.

“This new position statement should be helpful to many members. We have taken a great deal of thought and effort to draft a meaningful document,” says Jerome K. Steck, DPM, who wrote the statement with Jeffrey C. Christensen, DPM. “Special thanks go to Dr. Christensen for his insight and technical writing abilities in preparing the document,” adds Steck.

The entire position statement is available online at acfas.org/position.