

Update



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Online Registration Begins for ACFAS 2011

For many, March will be the tail end of a long, cold winter. But you can escape the slush and sleet at the ACFAS 2011 Annual Scientific Conference in sunny Fort Lauderdale, Fla., March 9–12.

Online registration is now open for the top-rated foot and ankle surgical conference. Refresh your perspective while earning the continuing education contact hours you need in this world-class educational program. Renowned and respected speakers will lead lectures, debates and workshops that combine trusted experience with the latest advances in evidence-based medicine.

You can start your week on March 8 with a pre-conference workshop to learn more about practice management or a variety of surgical techniques. Then move on to the scientific conference on March 9, offering exploration of vital topics including arthritis, trauma, diabetic care, sport specific injuries and fact versus fiction debate. And, hear a timely keynote address by Robert M. Pearl, MD, CEO of the Permanente Medical Group, on being a leader, not a victim, in today's healthcare environment.

Unique returning features include the "Curbside Consult,"

"There's a camaraderie in this space where we can share our ideas with colleagues."

which offers surgeons the opportunity to present and discuss a difficult case with a panel of experts. You can submit your case for consideration at the conference website by Jan. 15, 2011. And once again, poster authors will be invited to answer questions about their research at lunchtime in the Exhibit Hall. Don't miss the chance to get personal responses to your inquiries at the profession's largest scientific poster display.

As conference committee chair Lawrence A. Ford, DPM, reminds us, "The main reason we foot and ankle surgeons come to the scientific conference is to better ourselves with education. There's a camaraderie in this space where we can share our ideas with colleagues and ask each other questions on the challenging topics we face today."

Join your colleagues in the pursuit of podiatric surgical excellence. Take advantage of early bird rates and save when you register by Jan. 4, 2011. The complete program and registration information has been mailed to all members; for more information, call 800-421-2237 or visit acfas.org/ftlauderdale. ■



Reflections on the First Residency Program Training Surgeons, Creating Leaders



Allen M. Jacobs, DPM

The pioneers who first performed foot surgery at Detroit's Civic Hospital started our evolution from chiropodists, to podiatrists, to today's foot and ankle surgeons. Residencies have been a key factor in this transformation. Update recently talked with Allen M. Jacobs, DPM, about the first podiatric surgical residency program, founded by Earl G. Kaplan, DPM, at Civic, later Kern, now Southeast Michigan Surgical Hospital.

Update: You were part of the first group of residents at Kern Hospital, which opened in 1973. What was that like?
Jacobs: We were surrounded by many of the people who built the surgical expertise of our profession ... people like Earl Kaplan, who clearly was the father of podiatric foot surgery, and Irv Kanat, Robert Weinstock ... and many, many others. We always felt we were in the presence of true pioneers who were dedicated to teaching.

In those days, in many major cities, most podiatrists were concentrated in two or

three hospitals. Consequently, although the timespan was shorter, residents did an incredible volume of surgery. We had three operating rooms, and each one was used all day, six days a week.

It was part of Dr. Kaplan's philosophy that residents need to learn everything. We learned to give anesthesia; clean and break down and turn over the rooms; and if need be, clean the instruments. He felt there was no task that was below a doctor to do, and that to be competent you had to know everything that went on. *continued on page 4*



Getting More Bang for Your Buck!

By Michael S. Lee, DPM, FACFAS
President

Not only did the country go to the polls this month, you and 6,299 other ACFAS members — a record number, by the way — are also voting right now, as you do every year at this time, on renewing your professional partnership with the College. Membership renewals truly are a “vote” — a clear signal of whether members see real value in their dues investment. And early projections show a 95 percent win-win renewal rate. Have you climbed on the ACFAS bandwagon yet for 2011?

When you voted on Nov. 2, was your vote based on fiscal/economic issues? Unlike our federal and state governments, you needn't worry about the College's fiscal responsibility. In fact, at our November board meeting we adopted a 2011 budget that, for the first time since 2003, does not require us to save hefty sums for our long-term reserve fund. Why? Because our reserves are now equal to 90 percent of our annual budget — well over the recommended benchmark of 50 percent.

ACFAS wasn't always in this comfortable fiscal position. In 2003 the College's reserves stood at only 12 percent of revenues. Through sound policies that required annual contributions to reserves, selling an aging office building, and wise investing, we can now afford to devote about \$100,000 more of your dues dollars every year to programs and services, many of which you identified in our 2009 member survey.

This gives you an even bigger bang for your buck in our five strategic initiatives:

- Delivering superior CME to enhance your clinical competencies.
- Promoting our specialty to patients, government, the media, and the healthcare community at large.

- Advancing scientific and clinical research through the journal, Clinical Practice Guidelines, research grants, etc.
- Representing the specialty through health policy advocacy, including scope of practice and privileging.
- Improving your practice management expertise.

We have compared the College's finances to other medical associations, using benchmarking data by the American

Through sound policies we can devote \$100,000 more of your dues dollars to programs and services.

Society of Medical Society Executives and the American Society of Association Executives (yes, there are associations for everything, even other associations). What we found is that ACFAS is more financially productive and efficient than other medical associations. Our staff produced more at a lower cost and our general administrative expenses, on average, are also lower.

Even though it had just adopted the 2011 budget, the board also spent considerable time reevaluating the results of the 2009 member survey. In particular, the board read and discussed 75 pages of your written responses to these questions:

- How would you define success in your professional life as a podiatric surgeon?
- What key services or developments would most help you ensure that you achieve success as you have defined it?
- When you think about your professional life; what, if anything, keeps you up at night?

- What current trends or developments do you see that represent the greatest opportunities over the next 3–5 years?

This exercise was incredible food for thought, and time well spent. Your comments will be constantly in our minds as we navigate the College in the years ahead. But the board is never satisfied with the status quo. In 2011, among many new goals, we expect to:

- Deliver more and even stronger CME, both in seminars and online.
- Further leverage our superb websites for members (acfas.org) and patients (FootHealthFacts.org).
- Expand the content of the *Journal of Foot & Ankle Surgery*.
- Complete one multi-center research study and start another.
- Provide even more member assistance on privileging and coding queries.

How's that for fiscal accountability and member value?

So, if you haven't yet cast your vote on renewing your ACFAS membership for 2011, consider the tremendous bang for the buck you receive from the College, not only from our products and services, but also the superb reputation that having “FACFAS” after your name represents to patients, hospitals and other medical professionals.

And, if you have already voted to renew your partnership with the College, thank you! I pledge we will deliver on our promises in 2011. ■

For quick links to more from articles in this issue, visit acfas.org/update

What's New at ACFAS e-Learning?

“Workers Compensation” is the newest addition to the library of Scientific Session videos at ACFAS e-Learning. This informative video provides expert

advice from a physiatrist, a lawyer and a podiatric foot and ankle surgeon on best practices in handling workers compensation cases. After this session you should gain the knowledge to:

- Review AMA classification guidelines to determine disability rating
- Discuss the potential nuisances of handling workers compensation patients

- Review real-world case studies of claimants and assessing physicians
- Understand the independent medical exam process

Fall 2010 Podcasts:

- Metatarsal Fractures
- Challenges in Residency
- 2nd MPJ Pathology
- CRPS (release date: December 1)

Latest Scientific Sessions:

- Pediatric Deformities
- Workers Compensation

ACFAS members are eligible to earn free continuing education contact hours for this and other selected materials on the site. Linger to browse the entire archive of reliable information on the diagnosis and treatment of foot and ankle conditions in video, podcast, and DVD.

Visit acfas.org/eLearning today for all the most recent offerings. ■

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

November 20–21, 2010 (Sat/Sun) Arthroscopy of the Foot and Ankle Surgical Skills Course

Orthopaedic Learning Center (OLC)
Rosemont, Ill.

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, Ill.

To be waitlisted, please contact
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16 continuing education contact hours

Sold Out



Pre-conference Workshops
March 8, 2011

Annual Conference
March 9-12, 2011

Beauty, Value and Education

Embrace the brilliant minds and ideas in the innovative and trusted educational program of ACFAS 2011, while enjoying a uniquely beautiful setting.

Influenced by the sun and waves, Fort Lauderdale is the “Venice of America,” with more than 300 miles of sparkling Intracoastal waterways. The weather is always brilliant in this tropical city of many treasures. Arrive early or stay later for diving, fishing, snorkeling, golf, or just ooh-ing and aahhh-ing.

In the evenings, you can enjoy a water taxi ride to elegant Las Olas Boulevard and shop at the city’s upscale boutiques, or dine at waterfront restaurants, then stroll the beach.

Fort Lauderdale is easily reached from two airports, Fort Lauderdale/Hollywood or Miami International. Conference attendees can enjoy specially-negotiated rates at two luxurious hotels, the Hilton Fort Lauderdale Marina or the Marriott Harbor Beach Resort & Spa, with the guarantee that if rates should drop, the lower rates will be applied to any already-booked rooms. So make your reservations today at acfas.org/ftlauderdale. ■



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March 8, 2011 (Tuesday)

Pre-Conference Workshops

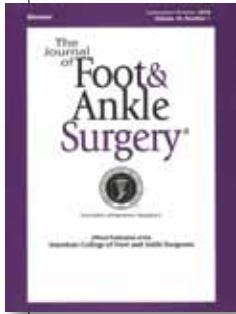
- **Managing Your Practice** (full day)
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- **Complex Techniques in Diabetic Reconstruction** (half day, morning)
4 continuing education contact hours
- **Techniques in Revisional Surgery** (half day, afternoon)
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- **Current Concepts in Ankle Arthroplasty** (half day, afternoon)
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98% of Members Reading, Sharing JFAS



The *Journal of Foot & Ankle Surgery (JFAS)* is read by 98 percent of subscribers, according to a 2010 readership survey by an independent healthcare market research firm. And, 95 percent of respondents save or share the journal after reading it.

These outstanding statistics reflect those in previous years' surveys. What's changed this year is readers' qualitative evaluation of the articles and information in *JFAS*: without exception, this year's quali-

tative scores are higher in every aspect, with scores of 4 or above on a 5-point scale.

"The success of *JFAS* is in no small part due to the efforts of editor D. Scot Malay, DPM, MSCE, and the 29 journal section editors whose pursuit of quality has raised the bar on all of the content published in our journal," says Allen M. Jacobs, DPM, chairman of the ACFAS Council for Journal Management. "The journal is without question the finest peer-reviewed surgical journal in the field of podiatry, and is read by practitioners throughout the world."

The online edition of the November 2010 issue includes *JFAS*' first audio add-on, in which the editor interviews

Bradley M. Lamm, DPM, author of "Two-Stage Percutaneous Approach to Charcot Diabetic Foot Reconstruction." More interviews are planned for each issue in 2011.



D. Scot Malay, DPM, MSCE

"This new feature is for interested readers to hear authors talk about some of the more complex or perhaps controversial points of their papers," says Malay. "We're trying to keep the audio quick and timely. It will be at your fingertips 24/7 online — and we'll be adding more extras in the not-too-distant future."

Start listening to the conversation now by logging in at acfas.org/jfas. ■

Reflections on the First Residency Program *continued from page 1*

Update: The original program at Kern was six months, later expanded to 12 and then 24. Many residency programs are now 36 months. How does this expansion enhance the education of the podiatric surgeon?

Jacobs: Longer residencies provide increased experience not only in terms of numbers, but also complexity of cases. Back in the day, we were not doing the kinds of surgical procedures that are done by podiatrists today, such as major trauma or reconstruction; we were not nearly as involved in issues such as diabetic or pediatric foot deformities. As podiatry became more and more involved in these complex issues, extended residency training became a necessity.

Update: What impressed you most about the Kern program?

Jacobs: My favorite memory is the spirit of unity that the attendings had. There was a spirit that you seldom see today and needs to be reawakened — of defending podiatry, and moving it ahead as a profession, and doing it very much together.

Watching Dr. Kaplan and the people who

worked alongside him, we understood the battle to be fought, and we were prepared to fight it and to win it — not only academically and surgically, but also with a political awareness taught from the very beginning.

Dr. Kaplan helped build this profession by training competent individuals and then having them go out and train other competent individuals. He let you know your mission was to take your training and encourage, stimulate and educate others. And ACFAS was a major part; you were expected to participate in and grow the organization.

Update: What would you say is the program's lasting achievement?

Jacobs: Over time other programs have developed and grown, but if you look at the transitional period of taking podiatry from a non-hospital, general office-based practice to what it is now, those battles were fought by people who trained at Civic and Kern hospitals.

Dr. Kaplan and the people at that hospital set the standard that others followed. Sometimes people don't understand that there was a time when this profession was not a sur-

There are still too few residency slots for students graduating from podiatric medical schools. ACFAS encourages you to do what you can to further the progress of podiatric surgical education:

- If you are involved in residency training, consider adding a slot to your program.
- If you are not yet involved in residency training, consider creating a new program by contacting the CPME help line, open 24 hours at 800-372-0775.
- If you are not in a position to create a program, consider contacting a local program and offering your services as a guest lecturer, or other roles suggested by the program director.

The College believes strongly in the educational value of podiatric surgical residencies, and is dedicated to working together with other organizations to solve this problem. Your help is needed — today!

gical profession and we did not have easy access to hospitals. At one point in our history it was Dr. Kaplan and the people working with him who opened those doors.

Dr. Kaplan's vision was that you will be trained in all aspects, including political, and you're going to go out and open some more doors. ■

Vote for Your Board of Directors

After reviewing in-depth applications, conducting personal interviews and thoughtfully considering the qualities of applicants to serve on the ACFAS Board of Directors, the Nominating Committee has recommended and placed three Fellows on the ballot for January's board election:

- Darryl M. Haycock, DPM
- Laurence G. Rubin, DPM
- John S. Steinberg, DPM

Two 3-year terms will be filled in the election. Voters have the option of casting one or two votes on their ballots. Regular member classes eligible to vote are: Fellows, Associates, Emeritus (formerly Senior) and Life Members.

Candidate information and ballots will be mailed no later than Dec. 24, 2010. If any additional candidates are nominated by petition, they will be included in the election materials and ballot. Completed ballots must be returned to the ACFAS office by mail or fax no later than Jan. 24, 2011.

Questions on the committee's selection process may be directed to Committee Chair Mary E. Crawford, DPM, at dockmary@aol.com. Questions about the election process may be directed to Executive Director Chris Mahaffey, CAE, at mahaffey@acfas.org.

Other members of the committee included Tzvi Bar-David, DPM; Edwin L. Blicht, DPM; Michelle D. Detweiler, DPM; Robert J. Duggan, DPM; Michael S. Lee, DPM; John T. Marcoux, DPM; and Randal L. Wraalstad, DPM.

ACFAS Student Clubs Start School Year Right

As the school year gets underway for students at the nine podiatric medical schools, so do the many activities of the ACFAS Student Clubs. Liaisons from the ACFAS Board of Directors visit each school in the fall to educate students about the College, help with club recruitment, offer mentoring and give academic lectures.

On Oct. 21, ACFAS President-Elect Glenn M. Weinraub, DPM, spent the day at California School of Podiatric Medicine. The club welcomed his presentation on how to prepare for residency, as well as a lecture about surgical complications.

Daniel Stilwell, club president and CSPM Class of 2012, says, "I had many first and second year students come up to me after the presentation and tell me how great it was to have early exposure to surgery and clinical situations. This is exactly what I want to provide through our club."

The ACFAS Student Club at Temple welcomed ACFAS Secretary-Treasurer and TUSPM alumna Michelle L. Butterworth, DPM, as their guest lecturer on Oct. 14.

"It was our great privilege to kick off the year with Dr. Butterworth, who lectured on the benefits of ACFAS and on pediatric flatfoot to a standing-room-only crowd of students," says Jeremy Walters, Temple Class of 2012 and club president.

Both clubs have planned impressive programs of surgical lectures and workshops throughout the year. ■



Jeremy Walters

Committee Volunteers Wanted

You can help shape the advancement of your profession, the future of the College and, ultimately, the care of patients. The College is looking for talented, dedicated ACFAS members to serve on 2011-12 committees.

Applications are due by Dec. 15, 2010. The various committees cover a wide range of responsibilities. For more information on getting involved, including committee descriptions and an application, visit acfas.org/volunteer.



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Podiatry, EHR and the ARRA Stimulus

By Christine E. Weikert, DPM, FACFAS

ARRA, HITECH, EHR — these acronyms can make our heads spin as soon as we hear them. Then the questions start to flow. Am I eligible? What does this mean to me? How do I take advantage of this?

Podiatrists are among the physicians listed as qualifying to take part in the government stimulus program for implementation and meaningful use of a qualified electronic health record (EHR) system. The incentive payment is per physician; if you are a member of a group practice you can have your incentive paid to the group. If you are employed by a hospital you will not be eligible, as the EHR would be implemented by the hospital, not you.

Incentive reporting for office-based physicians will begin in January 2011, followed by payment after 90 consecutive days of reporting. If you have not already done so, now is the time to start looking at the options and determining which EHR will best fit your practice. It can take up to six months to implement an EHR into a physician practice. As you begin the journey into the electronic world, there are several things you'll want to consider.

Have the right people lead you through this confusing process. If you do not have a designated person in your practice, there are companies and agencies that will hold your hand and guide you.

Look only at certified products or those guaranteed to be certified. The Office of the National Coordinator for Health Information Technology at HHS has opened the official federal website for listing health IT products that have been independently tested and certified as eligible for incentive payments. Carefully check software version numbers as well as vendor and product brands when determining whether their systems have been certified to meet meaningful-use criteria. Visit the federal site at: onc-chpl.force.com/ehrcert.

It's my belief that, in future, patient charts and billing will need to be completely

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State Regulation Roundup

Revised rules for the practice of podiatric medicine were recently adopted or proposed by a number of states.

- **Colorado**—Colorado has several new regulations effective Oct. 30 that expand the scope of podiatric practice, set forth related guidance, and define terms.
- **Florida**—Public comment ended Nov. 5 on a proposed rule amending regulations on the standard of care for office surgery, and several other rules related to continuing education and discipline for podiatrists are pending.
- **Pennsylvania**—The State Board of Podiatry issued new rules effective Oct. 9 increasing continuing education requirements and clarifying course eligibility requirements.
- **Texas**—Effective Oct. 14, as had been anticipated by ACFAS in earlier reports, the Texas State Board of Podiatric Medical Examiners amended regulations to remove the definition of “foot,” which is addressed in other provisions.

- **Washington**— On Oct. 27 the state board approved draft language and planned a future hearing on rules for office-based surgery.

For links to details on new state regulations and more, visit acfas.org/update.

ACFAS Joins Coalition for Patients’ Rights

ACFAS has joined the Coalition for Patients’ Rights® (CPR), a group of 36 organizations of licensed healthcare professionals who provide safe, effective and affordable healthcare services to millions of patients each year.

CPR’s primary objective is to counter the AMA Scope of Practice Partnership (SOPP) initiative. SOPP’s unstated but obvious goal is economic protection of MD “turf,” not patient access to licensed health practitioners. Podiatry was the first target of the SOPP. While AMA withdrew the SOPP document on podiatry, its sig-

nificantly flawed text is still being used to discriminate against DPMs.

CPR’s goal is to ensure Americans’ growing need for healthcare is met by access to quality healthcare providers of their choice. CPR plans to meet face-to-face with AMA representatives to address the modules that were written about CPR-member professionals, including podiatric surgeons.

Look for future reports on CPR’s work and the College’s involvement here and in *This Week @ ACFAS*. ■

Watch for more health policy updates in *This Week @ ACFAS*

PRACTICE MANAGEMENT

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integrated. You should look only at systems that have combined program options through one company on one platform and that are guaranteed to meet government regulations. You do not need to purchase a billing program now; however, more than likely you will need a program to check eligibility and insurance coverage electronically. Working with one system makes all this much more efficient.

Be sure to look at the content of the program. Many of us treat more than just heel pain or a nail problem. You’ll want to evaluate how easy it will be to put the type of content you’ve been keeping on paper into the EHR.

Finally, make sure that you have all the necessary hardware in place to enhance productivity and maintain the workflow in your office. Think about computers, printers, scanners and other equipment that may be needed.

Start shopping now if you want to take advantage of the full financial incentive in 2011-12. Not all programs are for every office; determine what will provide you with the program that best fits your needs.

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

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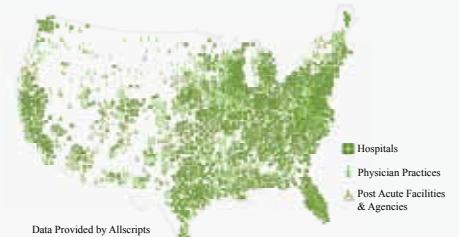
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Get details about these member services at acfas.org/benefitspartners.



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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.



PATIENT OUTREACH

ACFAS in the News

“Many patients visit their foot and ankle surgeon suffering from foot pain only to find out they actually have a stress fracture without having experienced an injury,” says Georgeanne Botek, DPM, in a recent ACFAS news release to consumer media.

The story, “Is Your Foot Fracture an Early Sign of Osteoporosis?” has been featured in print and online media across the U.S., including the *Kansas City Star* and the *Arizona Republic* newspapers. Botek and other ACFAS spokespeople have been interviewed by several national consumer magazines on this popular topic. Watch your next *Update* for the results!

“Carrying 40- to 70-pound packs on the back every day can put amaz-

ing stress and strain on feet,” according to ACFAS media spokesman Brad R. Wenstrup, DPM, who served in Iraq as the Army Reserve chief of surgery at the prison hospital of Abu Ghraib. His comment appeared in the article “Serving the Military,” in *Nailpro*, a magazine read by over 60,000 nail spa professionals.

The readers of *ADVANCE for Physical Therapy & Rehab Medicine* were advised “Don’t Ignore Flat Feet.” According to ACFAS spokesman Karl B. Collins, DPM, “flatfoot disorder may gradually worsen to the point that many of the tendons and ligaments in the foot and ankle are simply overworking, often to the point where they tear and/or rupture.”

FootHealthFacts a Hit on Medline

FootHealthFacts, the ACFAS consumer information website, got more than 5,300 visitors from links on the National Institutes of Health’s web pages in September 2010.

In fact, FootHealthFacts is one of the most-cited sources on NIH’s Medline “Walking Problems” web page. And, its “Find an ACFAS Physician” search engine is the sole link for a physician in the page’s “Directories” listing.

The Pew Internet & American Life Project found that 83 percent of Internet users have searched for health information online. Make sure they find your practice by completing your online professional profile today at acfas.org/profile. ■