



ACFAS Update

VOLUME 19 ISSUE 2

NEWS from the AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS

The Magic of Mobile!



Download the Amazing New Conference App, ASC 2012

Now available for download—the 2012 ACFAS Annual Scientific Conference Mobile App: ACFAS 2012. Go digital this year with the handy app that puts ACFAS 2012 at your fingertips. Conference-going will never be the same! [\(continued on page 6\)](#)

ACFAS First Electronic Election Results



Recently elected to the ACFAS Board of Directors were Kris A. DiNucci, DPM and Christopher Hyer, DPM. They will begin their three-year terms at the 2012 Annual Scientific Conference on March 1-4 in San Antonio, Texas.

The new directors were elected via the first ACFAS election conducted by electronic Internet voting. The College's experience with this new form of balloting proved successful, capturing virtually the same percentage of voters as in past years.

"To gauge member interest in changing from print to electronic voting, we surveyed last year's voters and 95 percent approved of an all-electronic system," says Chris Mahaffey, CAE, FASAE, ACFAS executive director. "Nevertheless, experts advised us that we might see a decline in voter

response our first year, but that didn't happen, so we're quite pleased."

Going electronic translated into substantial savings in staff time and about \$3,000 in postage and printing. Says Mahaffey: "There's a time and place for technology and a time and place for paper, and I think the trend is definitely toward voting on the Internet."

Also elected to the Board by the Division President's Council is Randall L. Wraalstad, DPM, for a two-year term. The DPC chair is an ex-officio member of the board with the right to vote. Wraalstad has served as Division 2-Pacific Region president for five years.

Heading the 2012-2013 Board of Directors will be the four incoming officers elected by the Board: Michelle L. Butterworth, DPM, president; Jordan Grossman, DPM, president-elect; Thomas S. Roukis, DPM, PhD, secretary-treasurer; and Glenn M. Weinraub, DPM, immediate past president.

Continuing on the board is Richard Derner, DPM; Sean T. Grambart, DPM; Laurence G. Rubin, DPM; and John S. Steinberg, DPM.



2012 Surgical Skills Courses

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History of ACFAS

Over the next year, experience the most memorable moments of the past 70 years.

page 3

perspective

TRUE PERSPECTIVE



Well, here it is, my last President's Perspective. I suppose the traditional route would be to write about what a great year it has been and how much our College has accomplished in the last 12 months. And in fact, this was exactly the tact I had been planning on, until I picked up the biography of Steve Jobs. It was not only an excellent read; it also contained an important perspective regarding what is truly important during our lives and careers.

Think back to when you were a medical student, a resident, and now a practitioner. Think how your perspective during those three stations of life has allowed you to view seemingly static situations with different eyes and different expectations. Let's take a moderate hallux valgus deformity as an example. How much different is your approach today compared to how it would have been when you were a student? Now apply this to the profession of foot and ankle surgery as a whole. Talk about perspective!

One of Steve Jobs' life tenets is that *"the best way to predict the future is to invent it."* I can think of no better doctrine for this profession and for this College.

Clearly ACFAS is in excellent shape today. We have the best scientific conference in the world. We publish the most clinically relevant and the most-widely circulated scientific journal, the *Journal of Foot & Ankle Surgery*. Our

membership is at an all-time high and growing. We have a superb staff. And in my opinion, we have in our ranks the brightest thinkers and the most skilled foot and ankle surgeons, bar none. I'd say this is a pretty good start for inventing our future!

So where do we go now?

We must continue to evolve. My old perspective was that we should, in time, eliminate the DPM degree in favor of the MD degree, but my personal perspective has changed over the years. I now believe we should propel the DPM degree forward. The concept of being the same, yet also being different needs to take life within our degree. There is no reason why we, as DPMs, should not enjoy the same basic medical training as any other MD or DO and yet still possess a level of expertise regarding the foot and ankle that far exceeds our esteemed medical colleagues?

I see three tasks ahead of us:

1. Fellowships — This type of specialized training needs to grow in number and variety. This will be the tool by which individuals can professionally express their expertise and creativity.

2. The Schools — Some of our medical schools have already started to invent the future by collaborating or even merging with mainstream medical schools, but some have not - and to those I ask, why not? The modern podiatric surgeon functions in the allopathic world, so

there is no excuse to train a student outside of that world. The natural progression of this key change is to start a domino effect which yields increased exposure to research, greater acceptance into academic health centers, publication of more Level 1 studies, and more dual degreed DPMs.

3. The Residencies — A standardized three-year program was a great start, but it was only a start. The days of "stand alone" programs are over. Our training programs need to take place in numerous academic physical sites with a variety of attendees from all degree backgrounds. "Exposure" is the key to developing the best foot and ankle surgeons in the world.

Steve Jobs had a way to see the possible in the impossible though what his colleagues deemed the "reality distortion field." This is what formed the basis for the success of Apple, Inc. I am hopeful that there is a little bit of Steve Jobs in all of us.

Thank you for allowing me to serve the College and you as your president. It has been a wonderful experience to watch our profession invent its own future every day.

A handwritten signature in blue ink, appearing to read "Glenn Weinraub".

Glenn M. Weinraub, DPM, FACFAS
ACFAS President

Questions for Dr. Weinraub? Write him at president@acfas.org.

education

What's New, What's Hot in



Everyone loves e-learning. After all, what's not to love? It's highly convenient, extremely effective, and embraced by education experts as a top-tier learning approach. Here are some of ACFAS new and timely e-offerings you won't want to miss:

Scientific Sessions: Targeting Highly Relevant Topics

Recently released, the *Surgery in the Advanced Aged* presentation couldn't be more topical, given the burgeoning population growth of older Americans. This important discussion provides a unique look at treating today's older patient, whose chronologic versus physiologic ages may not necessarily match. Discussed are pre-operative considerations and procedural choices based on the patient's lifestyle, the noncompliant foot trauma patient, cases of ankle trauma, and what to do when a previously tolerable flatfoot now requires more than an orthotic insert.

The popular *Soft Tissues Techniques* presentation delves into the indications and surgical management of soft tissue techniques, providing demonstrations of contemporary strategies. The panel discusses surgical management of the posterior tibial tendon through the interosseous ligament, Achilles tendon repair with flexor tendon augmentation, the role of plantar plate repair in lesser metatarsophalangeal joint instability, spring ligament repair, and more.

Podcasts: Listen in on Lively Conversations

Newly available is the eye-opening, informative podcast on *Subtle and Missed Injuries of the Foot and Ankle*. This in-depth panel discussion details the experiences and expertise of four podiatric surgeons, revealing ways to detect often-missed injuries. For excellent guidance on how to give your diagnostic skills a major boost, this podcast is an essential learning opportunity.

Packed with interesting and sometimes conflicting perspectives, *The Medicine of Surgery* is an enlightening podcast featuring views from five podiatric surgeons. This meaty podcast probes a variety of topics, including what types of pre-operative tests should be ordered, considerations for comorbidities (from cardiac disease to diabetes to bulimia to many other disorders), when to prescribe prophylactic antibiotics, and concerns about healing and ulcer management.

There are many other e-learning opportunities available from the College, too. Take a look at the various options at www.acfasdistancelearning.com.



2012 EDUCATION PROGRAMS

February 29, 2012

2012 Preconference Workshops
San Antonio, TX

March 1-4, 2012

ACFAS 2012 Annual Scientific Conference
San Antonio, TX

June 1-2, 2012

Practice Management/Coding Workshop
Portland, OR

June 15-16, 2012

Arthroscopy of the Foot & Ankle
Rosemont, IL

August 11-12, 2012

Arthroscopy of the Foot & Ankle
Rosemont, IL

October 12-13, 2012

Practice Management/Coding Workshop
Arlington, VA

November 2, 2012

**Surgical Complications of Foot & Ankle
Surgery (Forefoot)**
Jersey City, NJ

November 3, 2012

**Surgical Complications of Foot & Ankle
Surgery (Rearfoot)**
Jersey City, NJ

November 10-11, 2012

Trauma of the Foot & Ankle
Rosemont, IL

December 15-16, 2012

Arthroscopy of the Foot & Ankle
Rosemont, IL

acfas.org/education

**Information on 2012 Regional meeting
dates coming soon, plus the Diabetic
Surgical Seminar and Workshop!**

Laying the foundation ...

Jerome S. Noll, DPM, FACFAS

Many organizations struggle to survive and grow. College members, like most Americans, are well aware of the business and organizational challenges that have taken place over the last 20 years. Of the thousands of businesses and associations that emerged in the late 1990s, roughly only half survived the recent recession. But despite the troubled economy, the College in its 70th year, remains strong thanks in part to its sturdy foundation built by so many before us and strengthened by those today.

The American College of Foot Surgeons (ACFS) was born as the nation was plunged into World War II. How was the College able to survive and grow in such a harsh national environment?

The founders of the College distinguished themselves and their organization by setting high standards for ACFS fellowship and their early certificate numbers distinguished themselves among their peers with many thousands of ACFAS members following in their footsteps.

The College's founding officers: Drs. Doug Mowbray, Lowell Purgett, Les Walsh, and O. E. Roggenkamp, created the certification and education processes in which they were charged. At the same time, the founders always recognized one chiroprapist for having the vision of forming the ACFS, the only doctor to hold honorary membership in the early decades of the College, whose

influence was critical to the early growth of the College, Dr. William Stickel.

By the end of World War II, the founders were aided by Drs. Ralph Fowler, Earl Kaplan, Lawrence Frost, and Sam Korman. Dr. Kaplan recorded the objectives of the college: *To promote the art and science of foot surgery; to disseminate among its members, and the profession in general, all knowledge of foot surgery; to educate the public and students about foot surgery; and to encourage and maintain the highest professional standards among its members as they constantly strive to develop advanced techniques in foot surgery.*

The College initiated rigid requirements for recognizing Fellows including written and oral examinations after case submission. The ACFS Constitution and By-laws specifically laid out the case submission process that candidates followed.

At approximately the same time, on the west coast, a small group of chiroprapists began performing foot surgery together with a medical doctor, Dr. A. Gottlieb. Among these pioneers were chiroprapists such as Drs. Robert Brennan, Robert Rutherford, Dale Austin, Leo Liss, and Anthony DeLeo. These west coast physicians founded a surgical society called the American Society of Foot Surgeons.

This small band of foot surgeons originated the education efforts of the College. They lectured throughout the United States and also provided training on surgical

techniques. This original group of Fellows developed the first preceptorships and the earliest training programs.

Dr. Lester (Pappy) Walsh, another founder, became the second president of the College in 1947. He was responsible for writing the first constitution with Doug Mowbray. The small group of Fellows and Associates sought inclusion in private insurance plans, access to hospital staffs, to be defined as physicians under state narcotics legislation, and participation on industrial accidents boards. The founders believed unimpeachable skills and credentials had to be demonstrated. Dr. Walsh noted in the profession's journal that the progress of foot surgery would occur only as fast as the chiroprapist progresses.

The founders and Dr. Stickel strongly believed that the public desired a cure for many foot ailments and surgical treatments in the chiroprapist's realm. Together, the group committed to setting high standards for the College but, at the same time, they were determined to accept nothing less than true professional status. "If you bargain for a penny the world will pay you no more," Walsh said.

When the 1940s ended the ACFS had 14 Fellows and 11 Associate members. Dr. Lowell Purgett was elected president in the summer of 1949 at the Drake Hotel in Chicago, prior to the annual meeting of the NCA House of Delegates.

The ACFS foundation was laid for the growth that was to come.

patient outreach

Perioperative Counseling: ACFAS' Latest Patient Education Tool!

Unveiled at the 2012 Annual Scientific Conference will be an exciting new ACFAS patient education tool—the customizable Patient Education Handout CD. Once you get a sneak peak of these handouts on various surgical approaches, you'll see how easy it will be to educate your patients on their upcoming procedure.

Providing clear, concise, and ample information, these 10 peer-reviewed handouts walk patients through the before, during, and after phases of numerous surgical approaches.

The handouts describe common procedures for Achilles tendon disorders, Achilles tendon rupture, bunions, chronic ankle instability, flatfoot, fracture repair,

hallux rigidus, hammertoe, and tailor's bunion. There's also a handout on ankle arthroscopy.

A special feature is the ability to tailor each handout to the patient's specific needs and situation. Among other highlights, each piece covers:

- Risks and benefits of surgery
- Details on preparing for surgery
- Description of the procedure
- Post-op instructions
- Patient consent form

The new CD will be specially priced for the conference—so pick it up and be among the first to step up your patient education!



A Historical Thank You

Leading up to the College's 70th anniversary this year, ACFAS historian Jerry Noll, DPM, has been researching and cataloging the



College archives for over three years. Recently he appealed for historical documents from members in this newsletter — and

Leon Cohen, DPM responded. Dr. Cohen kindly donated past issues of the *Journal of Foot & Ankle Surgery*, as far back as 1961, some of which were missing from the archives.

Besides putting together some missing historical puzzle pieces for the College, Dr. Cohen has also made history himself. He was the first DPM in New Mexico to become an ACFAS Fellow, the first DPM in New Mexico to obtain full hospital staff privileges, and the first DPM in New Mexico to be elected a hospital chief of surgery. Dr. Cohen also served as president of the New Mexico Podiatric Medical Association and that state's podiatry regulatory board, among many professional and civic roles in his career.

Thank you, Dr. Cohen, for your generous contribution to the profession and to the ACFAS Archives at the College's Chicago headquarters.

2012 Surgical Skills Courses: Hands Down — The Best Hands-On Experience



Long hailed by attendees as an unrivalled hands-on experience, ACFAS Surgical Skills Courses have succeeded over the years in providing a vital means for surgeons to update, expand, and perfect their skills.

The College's 2012 lineup of courses continues to offer the ideal blend of proven and cutting-edge insights and techniques. Out of the six courses offered, here are examples of three:

- **Surgical Solutions for Complications of the Forefoot** (November 2, 2012, Jersey City, NJ)

This course combines simulated real-life experiences with an inside view on how the expert faculty manages forefoot complications, both primary and referred. Instructors will assist each participant in working on a cadaver to develop techniques that make surgical complications less challenging. Lectures and case-based discussions will focus on numerous pathologies of the forefoot. Among other competencies, participants will walk away knowledgeable in ways to avoid, analyze, and manage surgical complications of the forefoot and adept in developing surgical techniques for definitive reconstruction.



- **Surgical Solutions for Complications of the Rearfoot and Ankle** (November 3, 2012, Jersey City, NJ)

Participants will discover insights and techniques for minimizing and managing



rearfoot and ankle complications and improving outcomes. Lectures, case-based discussions, and hands-on cadaver work guided by an experienced faculty will focus on various pathologies: complications from trauma, failed osteotomies/ reconstruction, failed rearfoot arthrodesis, and revision of failed soft tissue surgery. At the end of the course, participants will have learned to critically analyze and perform various approaches to deal with rearfoot and ankle complications.

- **Trauma of the Foot & Ankle Surgical Skills** (November 10-11, 2012, Rosemont, IL)

This course enables participants to acquire the cognitive and technical skills needed to successfully and confidently manage common and complex foot and ankle fractures. Lectures will emphasize the contemporary philosophy for managing foot and ankle injuries, surgical approaches, reduction techniques, and fixation constructs of foot and ankle fractures. Each participant will work on a cadaver with simulated trauma created by faculty, receiving personalized instruction and choosing from an extensive selection of internal and external fixation devices.

For more information on these and other ACFAS Surgical Skills Courses, visit acfas.org/skills.

The Magic of Mobile!

(continued from cover)



Simply download the conference app to your iPhone, iPad, Droid, or BlackBerry—and you'll instantly be able to:

- Keep track of your pre-selected sessions through My Schedule
- Review all the happenings through the complete 2012 ASC Schedule
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- Read the latest happenings on a built-in Twitter feed

Download the ACFAS 2012 conference for your mobile device today through one of the following options:

1. On your mobile phone web browser type: <http://crwd.cc/acfas2012>. Your phone type will be automatically detected and will download the correct app directly to your phone.
2. Scan the QR Code with your mobile device to download the app.
3. Visit acfas.org on your mobile device for a link to download the app.



Get Ready for ASC 2012!

The 2012 Annual Scientific Conference, slated for March 1-4 in San Antonio, is just around the corner and promises to bring attendees amazing discoveries of new knowledge and skills. If you didn't pre-register, don't despair: You can still register onsite. And you can book your hotel accommodations today at acfas.org/sanantonio. Don't miss this opportunity to attend ACFAS' signature annual event where you can get up to 34 CME hours, cutting-edge information, hands-on training, and much more.

ICD-10-CM: Ready or Not

Doug Stoker, DPM, FACFAS

On October 1, 2013, ICD-10-CM (International Classification of Diseases, 10th Revision, Clinical Modification) will replace the long used ICD-9-CM.

All practitioners, regardless of your practice circumstances, need to be aware of this change and be prepared for it. We have used ICD-9 for many years and we are all aware of the shortcomings of this coding system. The change to ICD-10 will be very challenging for all involved in the medical system.

The ICD-10 codes are an entirely new system, not just an addition or change from the ICD-9. The new codes give right and left specificity and are much more anatomic specific (right, left, area of the foot and ankle, type of injury, etc.). There is also a seventh character that shows whether the

encounter was an initial encounter or subsequent encounter and also gives information about the healing of the area of concern. This significant change in the way we code for our services will require all of us to become familiar with the new system.

Converting our present systems to ICD-10 needs to start now. If we wait, the conversion will not be a friendly one for practitioners.

How do I get started? I recommend beginning with contacting your accounts receivable/billing software vendor and clearinghouse to assess their progress in getting ready for the change. The new 5010 format that started in January 2012 is the beginning of these changes. Regular contact with your vendor is necessary to make sure they will be ready, as these changes will require a lot of work for them.

Next, you can download a free copy of 2011 ICD-10 and the General Equivalent Mapping (GEM) from the CMS website at www.cms.gov/ICD10/11b1_2011_ICD10CM_and_GEMs.asp#TopOfPage. These changes will require very specific documentation to be accurate. With the advent of Electronic Medical Records, all of us need to look at the specificity of our records and make sure that a coder will be able to accurately get the information needed to bill our services correctly.

Watch for more articles regarding this important change in future issues of *ACFAS Update* and *This Week @ ACFAS*. If you have a specific coding issue, email me at coding@acfas.org.

What makes ICD-10 so different from ICD-9?

ICD-9	ICD-10
13,000 diagnostic codes	68,000 diagnostic codes
3 to 5 characters in length	3 to 7 characters in length
Many codes lack specificity	Greater specificity in coding
Limited space for new codes	Very flexible for adding codes



CALL FOR SITES | **ACFAS Multicenter Study Seeks Participants**

Here's your opportunity to take part in ACFAS' new research initiative on subtalar joint endoprosthesis for flexible flatfoot. Applications are now being accepted for investigative sites in this multicenter retrospective study examining the determinants of favorable and unfavorable outcomes in adults and children. Subjects and sites will be compensated for their time. For more information, criteria for site selection, and an application, go to www.acfas.org/2012study.



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Teaching Tomorrow's DPMs



Each day at the nation's podiatric medical schools, students work hard to prepare for a career in podiatric medicine and surgery. Whether they're learning in the classroom or the clinic, a crucial and constant element in their education is the faculty. So what's it like to hold a faculty post and practice in an academic setting?

According to Brian Pekarek, DPM, FACFAS, academic practice offers tremendous career satisfaction and stimulation. For about the past four years, Pekarek has held the position of assistant professor, Department of Surgery, at Ohio College of Podiatric Medicine (OCPM) in Cleveland. He finds there are many differences between his current position and his previous experience in a private multispecialty practice.

In his current post, Pekarek serves primarily as a clinical instructor for third- and fourth-year students, although he also provides some classroom teaching and lectures to first- and second-year students. "Our goal is to teach the students so they can pass their boards and be well-prepared to enter their residency," he says. "This can be a tall order, because we're not a large university and don't have hundreds on our faculty." OCPM has about 400 students and a clinical faculty of 10.

"The best part of my job is that I get to teach what I really care about—surgery and wound care," says Pekarek. In their surgical rotations, Pekarek's students learn various aspects of surgical protocol,

such as evaluating patients prior to surgery, writing pre- and post-op notes, working with OR staff, and assessing patients for post-op infection.

The Art of Teaching

One of the biggest challenges of teaching is to get through to each student individually—and meeting that challenge is high on the list of what Pekarek likes best. "It's gratifying and energizing to see the results of a student who's learning throughout the clinical setting," says Pekarek. "But to get there, you have to make sure you're teaching according to the student's own learning style."

To elicit optimal results from a student, Pekarek needs to determine which mode of learning best suits the student. For example, does the student learn best through hands-on training? Or visual illustration? Or reading? "We're fortunate that our school does of a good job of providing faculty retreats and workshops on different learning styles," says Pekarek.

Also constantly on Pekarek's radar screen is the need to differentiate between teaching academic medicine versus clinical medicine. "Sometimes the smartest academic students in the school will come to clinic and can't put it all together," he notes. "Our job as clinical instructors is to merge the students' academic knowledge into what goes on in the clinic. We're teaching them how to think, how to reason, how to narrow down the possibilities and come up with a diagnosis."



“Our job as clinical instructors is to merge the students’ academic knowledge into what goes on in the clinic. We’re teaching them how to think, how to reason, how to narrow down the possibilities and come up with a diagnosis.”

— Brian Pekarek, DPM, FACFAS

High-Level Stimulation

Adding to the stimulation provided by the teaching process is the ability to consult with accomplished foot and ankle surgeons on the faculty. “We have some of the top minds in the profession,” says Pekarek. “It’s great to be able to bounce ideas off each other.” He notes this differs from his years practicing in a multispecialty group. “I was a sole practitioner, so I had to go to other private practices to get another surgeon’s perspective. But here we have many talented, experienced minds who are readily available.”

Pekarek also enjoys OCPM’s continuing education opportunities. The college sponsors three conferences a year, where faculty members convene in three different states to share insights, techniques, and information.

Potential Obstacles

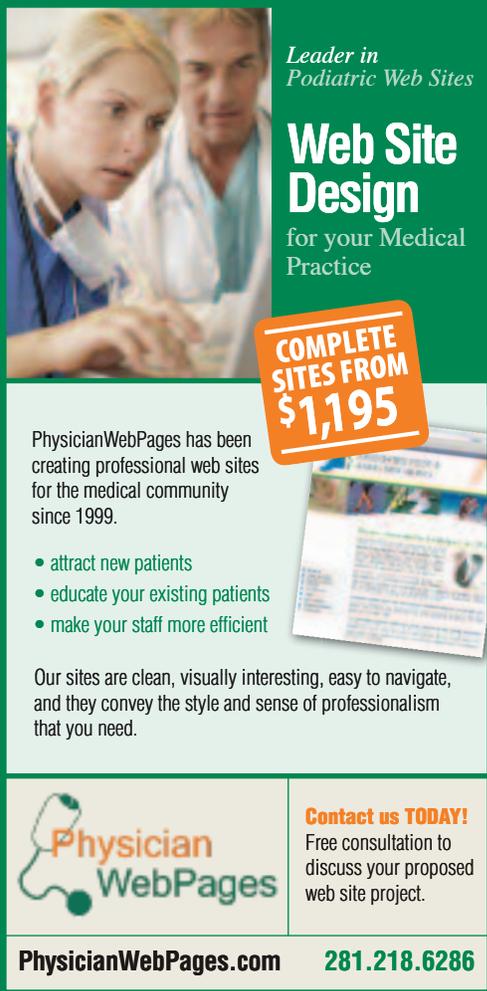
All practice settings, of course, have potential hurdles to overcome. In the academic world, as in any organization, finding agreement among all involved parties, such as various faculty and administrative staff, requires acceptance of different perspectives and interests.

Some academic settings strongly encourage their faculty to conduct research and publish the results of their studies. If you enjoy participating in research, as Pekarek does, this is not an issue. But if these endeavors don’t interest you, the school’s drive to be published may be problematic for you.

Is This Right for You?

Pekarek thinks the academic setting might be a great option to consider for those who like to be challenged every day. “The students challenge you, the faculty challenges you—you’re always challenged to learn more. You’re constantly reading and updating your knowledge base,” he says.

In fact, staying on the leading edge is the name of the game in an academic setting. “Students and residents are always interested in the latest technology and always want to try different things, so we’re constantly getting new grafts, new products, and state-of-the-art equipment to evaluate,” Pekarek says. All this adds up to a practice setting characterized by continual learning.



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ACFAS Gives Thanks for Dedicated Volunteers

The College gratefully recognizes members who have devoted their time and expertise in service on ACFAS 2011-2012 committees and task forces.

Thanks are also due to those who served in the past year as peer reviewers and section editors on the *Journal of Foot & Ankle Surgery*. Their names have been published in JFAS and can be viewed at acfas.org/jfas.

Eliza M. Addis-Thomas, DPM, AACFAS
Michael T. Ambroziak, DPM, FACFAS
Robby A. Amiot, DPM, FACFAS
Jeffrey R. Baker, DPM, FACFAS
Tzvi Bar-David, DPM, FACFAS
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Michael L. Stevens, DPM, FACFAS
Gregory P. Still, DPM, C-Ped, FACFAS
Daniel Stilwell

Wenjay Sung, DPM, AACFAS
Timothy D. Swartz, DPM, FACFAS
Daniel J. Tucker, DPM, FACFAS
Michael D. Vaardahl, DPM, FACFAS
Timothy A. Vogler, DPM, FACFAS
Kymberly J. Vogt, DPM, AACFAS
Steven D. Vyce, DPM, FACFAS
Eric G. Walter, DPM, FACFAS
Stephen C. Wan, DPM, FACFAS
Randal L. Wraalstad, DPM, FACFAS

ACFAS Recognizes New Fellowship Program

The ACFAS Fellowship Committee recently met and officially recognized a new Foot and Ankle Surgical Fellowship Program:

Sarasota Orthopedic Associates Foot & Ankle Fellowship, Sarasota, FL

Fellowship Director: James M. Cottom, DPM, FACFAS

ACFAS recommends the continuation of foot and ankle surgical education after residency in the form of a specialized fellowship. Programs meeting minimal requirements are officially recognized by the College, which will in turn provide support for these programs. For a complete listing of programs, support by ACFAS and minimal requirements, please visit acfas.org/fellowshipinitiative.

In Memoriam

Brent H. Weinberger, DPM, Encinitas, CA

health policy



Credentialing and Privileging Advisors Team launched

ACFAS's new "CPAT" initiative will soon start to offer peer-to-peer advice and counsel on hospital credentialing and privileging issues. In January, eleven ACFAS Fellows attended two days of training from medical staff and legal experts in this arena to guide their upcoming work.

Team members pictured include:
Front row: (L-R) James Bender, Craig Breslauer, DPM; Greg Still, DPM; Alan Goldenhar, DPM

Back Row: (L-R) Raef Fahmy, DPM; Harold Vogler, DPM; Gary Lepow, DPM; Jeff Oster, DPM; Charles Craft, DPM; Melvin Price, DPM; Bruce Scudday, DPM

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MONDAY, FEBRUARY 11 *thru* THURSDAY, FEBRUARY 14, 2013

ACFAS CALL *for* MANUSCRIPTS AND POSTERS 2013

Research is essential to the medical profession and ACFAS is at the forefront of research for foot and ankle surgeons. If you are involved in a study that would be beneficial to the profession, the Annual Conference Program Committee invites you to submit your manuscript or poster for consideration for presentation at the **Annual Scientific Conference, Monday, February 11 – Thursday, February 14, 2013 in Las Vegas, NV.**

MANUSCRIPT SUBMISSION DEADLINE: AUGUST 15, 2012

Winners of the ACFAS Manuscript Awards of Excellent divide \$10,000 in prize money from a generous grant given to the the ACFAS by the Podiatry Foundation of Pittsburgh.

To Submit your manuscript, log on to acfas.org. Detailed information regarding manuscript requirements and polices is printed in the “2013 Call for Manuscripts” and “Instructions for Authors Submitting a Manuscript.”

POSTER SUBMISSION DEADLINE: OCTOBER 15, 2012

Have a poster you want to submit? The poster submission deadline is October 15, 2012. To submit your entry, visit acfas.org for detailed information regarding poster requirements and policies. You can also view sample abstracts in the “2013 Poster Guidelines.”

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