Ted Kennedy, Jr. To Deliver Keynote at ACFAS 2013

If there’s someone who understands the American healthcare system, as both a patient and from the political perspective, it’s Ted Kennedy, Jr. He’s a cancer survivor himself, while his father’s U.S. Senate career was devoted to healthcare access for all Americans. For these reasons, he will be the keynote speaker at the ACFAS 2013 Annual Scientific Conference on February 11–14, 2013 in Las Vegas, Nevada.

His topic, “Facing the Challenge,” will probe the issues that come into play when today’s physician strives to provide compassionate, optimal patient-focused care.

The ACFAS 2013 program and hotel registration will be unveiled in early September. Hotel rates will be $139 at the Mandalay Bay Hotel or $169 for rooms at “The Hotel” at Mandalay Bay.

First ACFAS Compensation Survey Members’ Compensation Grew, While Some “Perks” Dipped

According to the recent ACFAS member survey, net professional income rose in 2011 over the previous year for more than half (54 percent) of respondents, with 26 percent seeing a hike of 11 percent or higher. In contrast, about 22 percent of respondents reported a decrease in compensation.

These and many other findings were revealed through the College’s 2012 Member Opinions Survey, one of two surveys conducted this past spring. This was the first time ACFAS included compensation and benefits questions in the survey, which is conducted every three years. The survey also took the pulse of members’ practices and needs, providing vital direction for ACFAS initiatives and giving members valuable benchmark data. More results from the survey will appear in ACFAS Update over the coming months. (continued on page 4)
It’s 5 am and the alarm is buzzing; it’s time to welcome another day. I enjoy the quietness of the house to do some work — emails, charts, letters and bills. A quick sip of coffee and I’m off for a run. I enjoy this peacefulness as I know the rat race is just minutes away. I return home and the chaos begins. Breakfast is fixed, lunches are made, backpacks are loaded, shoes are found and we rush out the door making it to school just before the bell rings.

I walk into my office and my day begins. Dr. Smith needs this patient seen today. Return patient calls. Finish patient records. Refill prescriptions. Dr. Jones needs me for a consult. I take a drink of coffee, smile and see my first patient.

My mind wanders as I work: What’s for dinner? Pick up milk. Did Ryan pass his spelling test? I don’t have time to see that drug rep. Did I feed the fish? I hope that infection doesn’t need surgery today. Will I make it to Ryan’s baseball game?

Surgery, a base hit, pizza, homework, laundry, a fish funeral, bath and finally everyone is in bed. My day is complete.

This is a typical scenario for many physicians, not just parents. And while I don’t mean to begrudge working fathers, all this usually comes down on mom. So it’s not surprising then that four times as many female physicians in the US work fewer than 20 hours/week, in contrast to their male colleagues. This probably explains why, in our recent ACFAS practice/salary survey, male respondents made on average $70,500 more per year than female participants. The difference is even larger in other medical specialties, where male compensation is $86,000 higher than female physicians.

More women are practicing medicine in the U.S. than ever before and they are entering medical schools in record numbers. In 2010-2011 women accounted for 47 percent of all first year medical school students and 48 percent of all MD degrees awarded. The statistics are similar in podiatric medical schools with women accounting for 41 percent of all first year podiatric medical school students and 44 percent of all DPM degrees awarded.

In 1970, fewer than 8 percent of physicians in the US were women; by 2011 this number increased to 33.8 percent. While there has been an increase in women residents, currently 45 percent, in all specialties over the past ten years, there has been minimal change in the percentage of women choosing particular specialties. Women currently make up only 15 percent of the surgical workforce and only 5 percent of female medical students choose a surgical specialty. Instead, women tend to gravitate to non-surgical specialties and primary care, such as internal medicine, pediatrics, family practice, and OB-GYN. Currently 74 percent of OB-GYN residents are women; whereas, less than 10 percent of orthopaedic surgical residents are women, the lowest percentage among all residency programs.

Surgery has been known to have longer, irregular hours and studies show that female surgeons are more likely to be single or divorced. They are also more likely to postpone having children or having none at all. With these facts, it is not hard to understand why most female physicians prefer non-surgical specialties. What is the future then for surgical specialties with the increasing numbers of female physicians? If surgical specialties are not attractive to half of the medical school student population, the people applying to these programs are limited and may not be the best and brightest.

Will this affect the podiatric profession since every graduating resident now has at least three years of surgical training? Surgery will no longer be an option for our profession, but a mandated path for every podiatric medical school graduate. Since most female physicians pursue non-surgical specialties, will the numbers of female podiatric medical students decrease? Time will tell and I hope this won’t be the outcome, because as crazy as my day seems, I love being a foot and ankle surgeon, a wife, and a mom and I look forward to tomorrow so I can do it all again.

Michelle L. Butterworth, DPM, FACFAS
ACFAS President
Elevate Your Expertise via ACFAS Surgical Skills Courses

Let the popular ACFAS Surgical Courses bring you to a new level of surgical skill and competency. Offering the optimal vehicle for honing and expanding skills, these high-energy courses feature the format and faculty that earn them high praise from both new and seasoned surgeons. More than 80 percent of attendees’ time is spent in the hands-on cadaver lab, with learning amplified by knowledge gained from lectures, panel discussions, and surgical videos.

What’s available in the remaining 2012 lineup? You can still sign up for any of the three available courses that zero in on surgically managing forefoot complications, rearfoot complications, and trauma injuries, as follows:

“Surgical Solutions for Complications of the Forefoot” (November 2, 2012, Jersey City, NJ) provides an outstanding program that addresses numerous pathologies—failed bunion head and base procedures, failed lesser metatarsal procedures, failed digital surgery, Lisfranc pathologies, and failed soft tissue surgery. Attendees will learn to identify ways to avoid, analyze, and manage complications, develop surgical complication thought processes, and much more.

“Surgical Solutions for Complications of the Rearfoot and Ankle” (November 3, 2012, Jersey City, NJ) excels at building expertise in handling a host of pathologies—trauma complications, failed osteotomies/reconstruction, failed rearfoot arthrodesis, and revision of failed soft tissue surgery. Among other take-aways, attendees will be able to analyze case-base approaches to dealing with complications and will be able to develop techniques for definitive reconstruction.

“Trauma of the Foot & Ankle Surgical Skills” (November 10-11, 2012, Rosemont, IL)—consistently rated as a favorite program—returns to the curriculum this year. This intensive, comprehensive two-day course delves into surgical approaches, reduction techniques, and an impressive selection of fixation constructs for foot and ankle fractures. Attendees will walk away well equipped to evaluate and manage simple and complex fractures and dislocations of the foot and ankle.

Because attendance is limited for these courses, be sure to register today. For more information, go to www.acfas.org/skills.
Your Maintenance of Certification (MOC) Made Easy!

Look no further than ACFAS to fulfill your self-assessment needs. Thanks to the College’s many e-learning offerings and online record-keeping, members will find it easy to succeed in fulfilling the revised Maintenance of Certification (MOC) requirements that will begin in 2014. At that time, the American Board of Podiatric Surgery MOC program will adopt the new guidelines from the Centers for Medicare and Medicaid Services (CMS) designed to assure continued competence. To meet the requirement for the CMS incentive, diplomats must complete 25 CME credits per year, with 2.5 credits constituting a self-assessment component.

As many members already know, ACFAS has a self-assessment tool in e-Learning. Members can conveniently earn the needed 2.5 hours of self-assessment by going to the ACFAS website and selecting among the 27 clinical sessions found under “Scientific Sessions” on the ACFAS e-Learning page. You’ll find a wide range of educational choices, with new topics added every six to eight weeks.

ACFAS also makes it easy for you to keep track of your CME activity. The post-test that you complete for each clinical session will serve to fulfill the self-assessment component of MOC requirements. Then, to provide documentation of your CME involvement, ACFAS maintains a permanent record of your participation that you can access 24/7 by visiting ACCESS MY CME at acfas.org.

Perfecting Your Practice Workshops: Tips for Turbulent Times, and Much More

Would you like some guidance on how to navigate the tides of healthcare change? How about the lowdown on the latest trends in podiatric surgical coding and CPT policy? Or insights on HIPPA, ICD-10, fraud, reimbursement, or financial planning? You’ll find the information and strategies you need on these and many other topics at the ACFAS Practice Management/Coding Perfecting Your Practice workshops. There’s still time to take advantage of this learning exchange by registering for the October 12-15, 2012 workshop in Arlington, Virginia, near Washington DC’s Reagan National Airport.

As a unique aspect of the Perfecting Your Practice workshops, the program is ideal for everyone on the podiatric practice team—surgeons, business office managers, coding and payment staff, and practice managers. It provides a great opportunity to have all of your vital medical practice questions answered, and will fortify you and your staff with practical tools and tips.

The two-day workshop is led by a faculty of experts in podiatric practice management, ensuring up-to-the-minute information and proven advice. To obtain more details about the program and register for the Perfecting Your Practice workshop in October—the final of the 2012 curriculum—visit acfas.org/pmm/seminars.

ACFAS Maintains Your CME Record for Access 24/7
Who’s Earning What

Annual compensation (excluding bonuses) in 2011 ran the gamut, from roughly $85,000 to $348,200. The greatest percentage of respondents (30 percent) earned between $100,000 and $150,000, and the average compensation was $196,962.

Survey results also showed:
- Members aged 36 to 50 earned the highest average annual compensation ($218,549). Younger members (≥35 years) had an average compensation of $149,228.
- Men earned more than women (average $208,102 vs. $137,570). The vast majority of survey participants (87 percent) were men.
- Having rearfoot board certification garnered better compensation. Members certified in reconstructive rearfoot/ankle (RRA) surgery were in the top position at $259,899, followed by those certified in foot surgery ($213,975) and foot and ankle surgery ($205,967).
- Compensation did not increase with more years in residency (range: <1 to >4 years). Average compensation was highest among those who spent 1 year ($203,852) or 2 years ($200,890) in residency.

Beyond the Basics: Additions to Compensation

Many respondents received cash bonuses or profit sharing on top of their base compensation, as well as various benefits and perks:
- Among those who owned their own practice and received an allowance for expenses or profit sharing, the average expense allowance was $48,569 and the average profit shared was $71,895.
- Regular cash bonuses went to 39 percent of respondents. The average amount in 2011 was $52,192.
- Retirement plans were available to 61 percent of respondents, as follows: employer contribution 401(k) plan (38 percent) and employer-funded retirement plan (23 percent).
- Insurance benefits included malpractice (61 percent), medical (53 percent), long-term disability (32 percent), dental (29 percent), and short-term disability (25 percent). Respondents received far less malpractice insurance than was noted in the 2009 survey.
- Compensation for educational and professional activities significantly declined from what was reported in the 2009 survey. Heading the list of perks in this area was CME (56 percent), followed by education reimbursement (45 percent), and professional dues allowance (45 percent).
- Among other benefits reported were paid holidays (29 percent)—which averaged 12.7 days—and car allowance (25 percent).

More data available on ACFAS.org

More details and cross-tabs of the compensation and benefits survey is available to ACFAS members only (password protected) at ACFAS.org/compensation. Also watch for additional findings on members’ practice profiles, social media presence, electronic medical records, practice trends, and more in future issues of ACFAS Update.
The beginning and the end of the 1980s brought significant administrative change to the American College of Foot Surgeons (ACFS). Following the retirement of Dr. Earl Kaplan as Executive Secretary, and the interim support offered by Past President, Dr. Robert Weinstock; Mr. John Bennett was hired as the College’s first professional executive director. Headquarters were established in San Francisco since Mr. Bennett also served as the ABPS executive director. Mr. Bennett brought efficiency and professionalism to the organization, according to then ACFAS (1979-1980) President Dr. Raymond Scheimer. Dr. Scheimer was the first second-generation president of the ACFS. His father, Dr. Oscar Scheimer, served as president 10 years earlier and had been the co-editor of the Journal of Foot Surgery.

Along with Dr. Scheimer, Drs. Donald Hugar, Stuart Marcus, Gary Dorfman, Edward Fischman, Joel Clark, Richard Hecker, David Chazan, Arnold Cohen, and James Lawton were the presidents who led the College through the 1980s. ACFS President Dr. Donald Hugar, and his fellow officers served an 18-month term when College by-laws were amended to move the Annual Business meeting and officer elections to the better attended Mid-Winter meeting.

ACFS membership, which had doubled in the previous eight years to 1,250 members, doubled again by the end of the decade, to over 2,500. With the ABPS fully-functioning as the surgical certifying body of the profession, the College could concentrate on member education and services for, board qualified and board certified foot surgeons. ACFS examinations for membership were eliminated for all levels of membership, except fellowship status (FACFS), which still required oral examination.

 Significant advances took place in the scientific and educational objectives of the College in the 1980s. The size and format of the Journal was extensively modernized under new leadership. Drs. Richard Reinherz and Craig Gastwirth were appointed Journal editor and associate editor, respectively. The years of service of co-editors Drs. Oscar Scheimer and Irving Knight were also acknowledged. Williams and Wilkens, Inc. was secured as publisher to properly market the Journal to an international audience and it became a bi-monthly publication.

Other scientific initiatives included textbook publication and research. The second edition of the ACFS textbook, Complications in Foot Surgery: Prevention and Management, was published early in the decade with Dr. Stuart Marcus as editor. A second printing was necessary due to demand. Due to the popularity of the second edition, a third edition was planned for release in 1992, to coincide with the 50th anniversary of the College. Drs. Jeffrey Carrel and Howard Sokoloff were appointed editor and associate editors.

The College increased research grants and stipends to stimulate publication creativity at the various colleges and residency programs. The concept of an independent research foundation was promoted. The College joined the Joint Residency Review Committee (JRRC) with Council of Podiatric Education and ABPS representatives.

Early in the decade, the College was involved in an initiative to develop a malpractice insurance product as a member benefit. This involvement in risk management analysis revealed a need to create standard of care guidelines to promote best outcomes. After investigating the malpractice issue for a number of years, the ACFS Board of Directors signed a Memorandum of Understanding with the Podiatry Insurance Company of America (PICA).

Public outreach was an increasing objective for the College in the 1980s. Dr. Stuart Marcus called on ACFS members to maintain “high ideals without compromise,” reacting to misinformation put forth by non-ACFS members about foot surgery and the role of podiatric surgeons. A number of patient and public education brochures were published during Dr. Gary Dorfman’s presidency (1982-1983). ACFAS placed an advertisement in Parade magazine regarding podiatric surgery that resulted in 23,350 requests for the brochure. ACFS Directors released position papers on “second opinions” and minimal incision surgery. By the end of the
decade, College representatives had met with Health Care Financing Administration personnel about surgery center reimbursements and College leaders sought an increasing presence in discussions with Joint Commission about hospital privileges for foot surgeons.

In 1984, the ABPS and ACFS joined in a 60/40 percent deal to purchase larger administrative office space in San Francisco. Dr. Edward Fischman was ACFS president at the time. In the mid-80s, the board of directors was expanded and many special interest committees were developed, including committees focusing on arthroscopy, biomaterials, and laser surgery. The Board continued to engage the Regional Divisions in coordination of national programs and member services.

The decade ended with the College surpassing 2,500 members. Dr. Alan Shaw was appointed chairman of the Standards of Care Committee and began work on the development of what would become the Preferred Practice Guidelines and today, the Clinical Practice Guidelines.

Dr. Lowell Scott Weil, Sr. was appointed scientific chairman of the ACFS Scientific Conference and his program led to the most attended conference in the College’s first 47 years.

By 1989, the ACFS directors determined that the growth of the College and increasing member services would require a full-time staff. The job was offered to Mr. Bennett, but he respectfully declined. As the search for a new executive director was initiated, it was decided to relocate the College headquarters to Chicago, which was home to more medical associations than any other US city. Committees were formed to search for a full-time staff, negotiate a buyout with ABPS of the jointly-owned property in San Francisco, and investigate real estate in Chicago.

ACFS as we know it today was truly beginning to take shape.

President Marcus called on ACFS members to maintain “high ideals without compromise.”
Associate Members:
Get Your ACFAS Membership Started
... and On Track

It’s the season for new beginnings! Summer is winding down, and ACFAS is happy to help commemorate your many career firsts:

Starting your first year of residency?
ACFAS congratulates you on achieving your DPM, and wants to help you celebrate by providing your first year of membership at no cost. Get all the benefits of the College, including the Journal of Foot & Ankle Surgery delivered to your mailbox, free for a year!

Passed Part 1 of the ABPS Certification Exam in Summer 2012?
If you’ve successfully completed the written portion, you’re on the road to Board Certification! Advertise your ABPS status, and take advantage of the many educational resources ACFAS offers, by joining the College as an Associate Member. Once you join, you can list the credential “AACFAS” after your name. And to help you make the transition from resident to practitioner, ACFAS is:
- Waiving the application processing fee and dues for the rest of 2012; and
- Holding a raffle of all new Associate Member applicants (who passed the exam in 2012) that submit their applications by November 15, 2012. Your names will be put in a drawing to win an Apple iPad. The winner will be announced in an upcoming issue of ACFAS Update.

Passed Part 2 of the ABPS Certification Exam in Summer 2012?
Congratulations on your certification, and on completing this important milestone in your career! Become recognized as a Fellow Member of ACFAS, which will allow you to list the esteemed “FACFAS” credential after your name. Once you’ve received your exam results from ABPS, contact ACFAS to become part of the best: a Fellow Member of the American College of Foot and Ankle Surgeons. The sooner you apply, the more quickly you can enjoy all the benefits of membership. For questions or an application, contact membership@acfas.org.

Associate Members:
Get Your ACFAS Membership Started
... and On Track
Congratulations Class of 2012!

1st Year of Resident Membership is On Us

The ACFAS Regional Divisions continue their support of first-year podiatric surgical residents by providing complimentary first-year membership in the College. This offer gives new residents:

- Dues waived for one year — a direct value of $116
- Member pricing on conferences, products and services
- Access to the College’s top-notch educational offerings
- Connection to a community of your peers, the best and brightest foot and ankle surgeons in the country
- A subscription to the Journal of Foot and Ankle Surgery

Residents who join now will get an additional three months of membership, through September 2013. Links to the application and more are available at acfas.org/update. The ACFAS Regional Divisions look forward to welcoming new residents to the College!
By taking part in the **much-welcomed** ACFAS Subtalar Study, you can positively impact an ongoing reimbursement struggle and also boost your practice’s visibility. The College is accepting applications for investigative sites to participate in this important multicenter study looking at mid- and long-term outcomes following subtalar joint arthroereisis for flexible flatfoot in adults and children.

“This research initiative grew out of consistent interest from our membership,” says Adam Fleischer, DPM, MPH, FACFAS, the study’s principal investigator. “Year after year, College surveys indicated that members wanted this reimbursement problem addressed and resolved.”

A major aim of the study is to add to the growing body of evidence on subtalar arthroereisis—hopefully leading to the establishment of a dedicated, billable Current Procedural Terminology (CPT) code for this procedure.

“Insurers tell us there’s not enough high-level research with long-term follow-up to determine whether subtalar implants are a safe and reasonable option for our patients and worthy of reimbursement,” says Fleischer. “With our study, we can provide the much-needed data on mid- to long-term survivorship of subtalar implants, along with other information that will help improve our outcomes with this procedure.”

To collect this data, investigators will reach out to their past patients for follow-up. Says Fleischer: “This is an excellent opportunity to reconnect with prior patients and increase the practice’s visibility within the community.” Patients and sites will be compensated for their time.

If you’re interested in joining other experienced investigators and making a difference in your profession, and if you have no real or perceived conflict of interest with industry, check out the criteria for selection and obtain an application at www.acfas.org/2012study.

---

“Year after year, College surveys indicated that members wanted this reimbursement problem addressed and resolved.”

— Adam Fleischer, DPM, MPH, FACFAS
Ensuring comprehensive healthcare choices for all patients is the focus of the Coalition for Patients’ Rights (CPR), a national coalition of some 35 organizations representing more than three million licensed and certified healthcare professionals. ACFAS is an active member of the CPR, and urges all College members to uphold the patient-centered approach to care supported by the CPR. The Coalition emphasizes the importance of a patient’s right to choose the healthcare professional who best meets his or her needs. Since its inception in 2006, the Coalition has been advocating for the ability of all healthcare professionals to practice to the full extent of their ability, training, certification, and licensure.

Recently ACFAS and the Coalition wrote letters to the Federal Trade Commission (FTC) applauding the FTC’s position in opposing proposed state legislation that would severely limit the practice of non-MD health professionals. Battling anticompetitive measures such as this pending legislation will continue to be a priority for ACFAS and the CPR.

In addition to representing foot and ankle surgeons, the Coalition comprises a wide range of healthcare professionals, including registered nurses, psychologists, speech-language pathologists, audiologists, occupational therapists, physical therapists, and advanced practice registered nurses (certified registered nurse anesthetists, nurse practitioners, certified nurse-midwives, and clinical nurse specialists). For more information on the CPR, visit www.patientsrightscoalition.org.
Dr. Amberry Celebrates 60 Years with the ACFAS

Congratulations to Tom Amberry, DPM, who marks his sixtieth year as an ACFAS member—and what an amazing 60 years it has been! Over the past six decades, Amberry has managed to enjoy a distinguished career as a podiatric surgeon, followed by record-breaking feats at age 71+ as basketball shooter extraordinaire.

Amberry joined the College in August 1952, one year after starting his practice in Long Beach, California. The College was only 10 years old then, and Amberry played an integral leadership role, serving as president of the Western division for years. He attended the first-ever Annual Scientific Conference and never missed a subsequent conference during his entire career. In addition to running a thriving practice, publishing widely, and speaking, Amberry gained recognition for his unique Museum of Feet—a one-of-a-kind collection of thousands of foot-related items.

When he retired in 1990, Amberry needed a hobby and took up free-throw shooting. “I had touched a lot of feet during my 40-year career, but never a basketball,” says Amberry. That set into motion a string of post-retirement achievements: He shot his way into The Guinness Book of World Records by sinking 2,750 free throws in a row, captured 300+ worldwide gold medals, and appeared on TV with Jay Leno, David Letterman, and many others. The Chicago Bulls even hired him to improve players’ performance, with excellent results. The ACFAS is certainly proud to have “Dr. Free Throw” as a longtime member!

Summer Board Meeting Highlights

The ACFAS Board of Directors met on July 20-22, 2012 in Newport, Rhode Island for the annual board retreat. The major discussion topics were the results of the 2012 Member Opinion and Practice Economic Surveys, conducted in May-June 2012. Numerous changes to the 2013 business plan were made based on the survey’s results.

Other agenda items and outcomes included:

- Approved the 2011 financial audit, which showed total revenue of $5.07 million and expenses of $4.57 million. Total unrestricted net assets of the College now stand at $5.34 million.
- Approved policy changes regarding Emeritus Membership for early retirement, dues for board-qualified post-graduate fellows, criteria for JFAS section editor selection and appointment, and the College’s investment policy.
- 2013 Membership dues will not be increased.
- Approved the concept of a Residency Directors Forum.
- Reviewed progress in the Arthroereisis Multi-Center Research Study, Regional Divisions, Student Clubs, and Legacy Fund.
- Conducted the Executive Director’s annual performance evaluation
- Appointed the 2012-13 Nominating Committee of Glenn M. Weinraub, DPM, Chair; Michael Ambroziak, DPM; Michelle L. Butterworth, DPM; Christopher Lamy, DPM; Scott C. Nelson, DPM; Jerome K. Noll, DPM; and Aksone Nouvong, DPM.

The next Board of Directors meeting will be held November 9-10, 2012 at ACFAS Headquarters in Chicago. Members with any questions about these or other board issues are invited to contact ACFAS executive director Chris Mahaffey, CAE, FASAE, at Mahaffey@acfas.org.

In Memoriam: Cecil W. Davis

ACFAS sends its condolences to the family and friends of Cecil W. Davis, DPM, FACFAS, the first African-American ACFS President, who passed away recently at the age of 92.

Dr. Davis’ served as President of the College from 1978-1979 and based his podiatry practice out of this home and office in Hackensack, NJ until his retirement in 1999. Before starting practice, he served in the U.S. Army in World War II and the Korean War.

ACFAS is grateful for Dr. Davis’ service as President of the College, and his many patients are thankful for his services to them as well.
Online Job Board Offers ACFAS Member Discounts to Employers

With the high number of websites out there that help you advertise your open career opportunities, sometimes the answer to where to turn for the best ROI can be hard to find. PodiatryCareers.org is the official online career center of the American College of Foot and Ankle Surgeons (ACFAS), and gives you access to the most qualified candidates: ACFAS Members. Affordable pricing packages are available depending upon your hiring needs. Post your jobs today!

Call (888) 884-8242 or visit the Career Center page in the Member Center on acfas.org for more information and ACFAS member discounts on job posts.
Give your patients the surgical information they need by supplementing your consultations with the latest patient education handouts from your trusted source, American College of Foot and Ankle Surgeons.

The College's latest peer-developed patient educational CD provides clear, concise handouts that walk patients through the before, during and after phases of numerous surgical procedures.

One CD with 11 surgical topic descriptions, including:

- Understanding Your Foot or Ankle Surgery
- Achilles Tendon Disorders
- Achilles Tendon Rupture
- Ankle Arthroscopy
- Bunion Surgery/Hallux Valgus Repair
- Chronic Ankle Instability
- Flatfoot Surgery
- Fracture Repair
- Hallux Limitus/Rigidus Surgery
- Hammertoe Surgery
- Tailor's Bunion Surgery

Each topic highlights

- Risks and Benefits of Surgery
- Details on Preparing for Surgery
- Description of the Procedure and
- Post-Op Instructions

Plus, each handout can be tailored to your patients’ specific needs!

Order your Perioperative Patient Education Series on CD for only $95 at acfas.org/perioperativeCD or call 800-421-2237.
HealthCare Associates
Credit Union
www.hacu.org

We specialize in the business side of practice management

Financial Solutions
- Personal Products and Services
- Business Products and Services
- Customized Lending Needs

Educational Resources
- Limit Personal AND Professional Liability
- Property Coverage
- Life & Disability Coverage
- Health Benefits for Practice Employees

Contact Norma Cantrell today at 630.276.5730 or 800.942.0158 x 5730

ACFAS CORPORATE SPONSORS

Gold Level
PICA
Small Bone Innovations, Inc. — SBi
Wright Medical Technology, Inc.

Silver Level
Biomimetic Therapeutics, Inc.

Bronze Level
Biomet Sports Medicine
BioPro, Inc.
Medtronic
Merz Pharmaceuticals
Nextremity Solutions

Podiatry Foundation of Pittsburgh
Solana Surgical, LLC
Stryker
Synthes, Inc.

Pewter Level
DePuy Orthopaedics, Inc.
Musculoskeletal Transplant Foundation — MTF
OrthoHelix Surgical Designs, Inc.
OsteoMed, L.P.