



ACFAS Update

VOLUME 19 ISSUE 7

NEWS from the AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS



2013 SCIENTIFIC CONFERENCE

Las Vegas

HOT TOPICS in the SPOTLIGHT

PRE-CONFERENCE WORKSHOPS
SUNDAY, FEBRUARY 10, 2013

ANNUAL SCIENTIFIC CONFERENCE
MONDAY thru THURSDAY, FEBRUARY 11-14, 2013

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2013 ANNUAL SCIENTIFIC CONFERENCE
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perspective

SCOPE OF PRACTICE: A RESTRICTED PERSPECTIVE



While I love living in South Carolina, I do not enjoy its limited scope of practice for podiatric physicians. South Carolina law does not allow a podiatrist to perform ankle surgery and is one of only five states with such a restriction. I moved here in 1999 upon completion of my residency where I was trained in all aspects of foot and ankle surgery, but I chose to move here with the hope that the law would be changed, and I could utilize the full extent of my surgical training.

After 13 years of being intimately involved with the scope of practice battle for South Carolina, I can honestly say I have never been more wrong. We have lost every legislative battle, significant money, and are no better off than when I moved here.

We have educated the public and legislators on our education, training, and certification. We have done our grassroots campaigning. We made our PAC contributions. We met with the orthopaedists and tried to reach a compromise, even going so far as to require rearfoot certification, similar to what recently passed in New York. Bottom line: We have done all and given all that we could.

I say it's time for a change of strategy. Let's call it what it is: We are in an economic turf war—and always have been. And you see it in dozens of specialties: anesthesia, psychology, optometry, APRNs vs. MDs, and many others. It has nothing to do with our education, training, or patient safety. It's a restriction of trade and I think it's time to get the Federal Trade Commission (FTC) involved.

The FTC is a law enforcement agency charged by Congress with protecting the public against anticompetitive behavior and deceptive and unfair trade practices. When healthcare markets are competitive, consumers benefit from lower costs, better care, and more innovation. Restricted scope of practice acts preclude many podiatric surgeons from performing the full range of services that they were educated, licensed, and board certified to deliver, as well as restrict patient access to their services. Such anticompetitive measures limit competition, impair free markets for healthcare services, risk additional cost increases to our already costly healthcare system, and fail to improve patient safety.

By responding to state-based requests to evaluate state regulatory and legislative proposals that jeopardize or threaten patient access to quality healthcare, the FTC is fulfilling its duty to promote market competition and its benefits.

In just the past few months, the FTC has supported bills to make it simpler for APRNs to serve Kentucky and Louisiana health consumers by eliminating restricted practices. They have also recommended that the Maine Dental Board not impose certain restrictions to dental hygienists. And when the FTC fulfilled its duty, the American Medical Association criticized them, charging that the FTC shouldn't interfere with states' rights.

AMA President Jeremy Lazarus, MD, said the FTC does not have the clinical expertise to make judgments regarding the competency

of healthcare professionals to perform medical procedures, stating that the "FTC staff are not experts in patient care or safety and should not offer advice on such matters." If so, then I must ask, "What qualifies our state legislators as healthcare experts?"

I applaud the work of the FTC. Ensuring competition in healthcare is more important than ever as the U.S. seeks to identify and promote cost-effective, team-based models of healthcare delivery. As our population ages and healthcare needs expand, healthcare professionals, such as ACFAS surgeons, must be allowed to practice to the fullest extent of their education, training, licensure, and certification.

In the late 1970s the FTC overcame strong objections from the pharmaceutical industry and mandated generic prescribing. The sky did not fall on Pharma then, nor would the sky fall on any medical practitioner today if the FTC mandated free and unfettered patient access to healthcare practitioners who are, in fact, even better trained in their subspecialties than MDs.

It's predicted there will be a huge shortage of healthcare practitioners when all Americans gain access to health insurance. If the AMA refuses to acknowledge that their 19th century vision of MDs being the only medical providers on the planet is outdated, then perhaps it's time for the FTC to help them see the new realities of healthcare.

A handwritten signature in blue ink that reads "Michelle L. Butterworth". The signature is fluid and cursive.

Michelle L. Butterworth, DPM, FACFAS
ACFAS President

Questions for Dr. Butterworth? Write her at president@acfas.org.

ACFAS e-Learning: “Anywhere, Anytime” Education



Outstanding online education is just a click away at ACFAS e-Learning—and now your choices of topics are better than ever. You can visit this 24-7 to access many different distance learning opportunities: podcasts, scientific session videos, and surgical techniques videos.

Each of these learning media lets you tap into the minds of the best and the brightest in podiatric surgery. You'll get high-caliber insights and instruction—and in many cases, free continuing education (CE) credit, too.

ACFAS e-learning options appeal to various schedules and preferred learning modes. For example, podcasts are audio-only, enabling you to listen in on lively conversations that typically last about 15 to 45 minutes. In contrast, the scientific session videos engage the learner through both audio and visual, and generally take about 60 to 90 minutes to complete.

New Podcasts

The College is now releasing two new podcasts per month that will expand your exposure to discussions of new trends or differing viewpoints. Among the newest podcasts:

- Ankle Arthritis
- Dealing With Your Own Complications
- Perfecting Your Practice
- The Business of Medicine

Latest Scientific Sessions

Offering CE credit to College members, these video presentations make it easy for you to fulfill your **Maintenance of Certification (MOC)** requirements for self-assessment education. New videos from previous Annual Scientific Conference sessions are released every six weeks. Among the latest offerings:

- Successes Through Small Incisions
- Trauma Debates
- The Troublesome Achilles Tendon

Dozens of other ACFAS e-learning offerings are also available, so be sure to check out www.acfasdistancelearning.com. Visit it often and make the most of online education that will broaden your knowledge and sharpen your skills.

2012 EDUCATION PROGRAMS

October 12-13, 2012

Practice Management/Coding Workshop
Arlington, VA

October 19-20, 2012

Advances in Forefoot Surgery Workshop and Seminar
Charlotte, NC

October 26-28, 2012

Diabetic Foot & Ankle Surgical Symposium (and Optional Skills Wet Lab)
Coconut Grove, FL (20 minutes from Miami)

November 2, 2012

Surgical Solutions for Complications of the Forefoot
Jersey City, NJ

November 3, 2012

Surgical Solutions for Complications of the Rearfoot and Ankle
Jersey City, NJ

November 10-11, 2012

Trauma of the Foot & Ankle
Rosemont, IL

December 15-16, 2012
Foot and Ankle Arthroscopy
Rosemont, IL

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

acfas.org/education



Solo Practice Means You're Always in the Driver's Seat



Solo practice has thrived for ages, making its debut long ago when the first practitioner hung out his shingle. But in today's changing healthcare landscape, this type of practice may be declining. In fact, according to the ACFAS 2012 Practice Survey, group practice recently surpassed solo practice as the most common setting for College members.

Yet, despite the fact that fewer foot and ankle surgeons are in solo practice today than three years ago, the idea of going solo offers tremendous appeal to many. That's because of its defining attribute: When you "go it alone," you're totally in charge and totally in control.

Solo's Big Advantage: Doing What You Want To Do

Attesting to the virtues of going solo is Cliff Mah, DPM, who describes his practice located in Portland, Oregon. Ever since he completed his residency in 2007 and purchased his father's 20-year podiatric practice, Mah has been able to pursue the aspects of care that interest him most.

"I changed the profile of the practice to place more emphasis on surgical care," says Mah. "This better reflected my training and allowed me to do what I most enjoy—surgery." Today, Mah's practice consists of about 30 percent trauma cases, 30 percent foot and ankle reconstruction, 30 percent general podiatry, and 10 percent diabetic

foot care. He has privileges at two hospitals in the area.

Mah also enjoys having total freedom to determine his hours and schedule. This is a tremendous advantage that sets solo practice apart from other types of practice.

Many solo practitioners also appreciate another type of freedom: the ability to make all decisions by themselves rather than having to compromise or struggle with issues of disagreement. In solo practice, you get to make all the decisions regarding how to run the business.

"Managing a practice isn't something that's taught in residency—you have to learn about this on your own." — Cliff Mah, DPM

The Biggest Challenge with Solo Practice

Of course, being in total charge of a business can create its own set of problems. "Learning about the business side of practice was my biggest challenge when I started out," says Mah. "Managing a practice isn't something that's taught in residency—you have to learn about this on your own." He says that some people enjoy the business part of having a practice, while others don't.

Some of the issues relating to practice management include coding and billing, building a practice, and interviewing and hiring. To learn about these aspects of having a business, Mah attended practice management courses offered by ACFAS.

"I encourage anyone who's starting out to take one or two courses to give them direction in managing their practice," says Mah. He has also learned by talking with colleagues to get their insights. "It took me about two years to get a good handle on the business side of my practice."

Today, Mah's practice consists of a staff of five—an office manager, two medical assistants, a medical billing specialist, and a receptionist. He outsources functions regarding payroll and employee benefits to a human resources company.

How are new models of care and healthcare reform affecting solo practice? Mah says that the electronic medical record is a big challenge for those in solo or small group practice because of its large expense.

Advice for Aspiring Solo Surgeons

In addition to stressing the value of taking practice management courses, Mah urges that surgeons take a realistic approach to growing their business. “Be patient,” he says. “It takes time—on average three to five years—to build a practice and referral base.”

In Mah’s case, it helped tremendously to take over an established practice. “I had a leg up because I learned some tips from my father when I bought his practice, and I had a base of patients.”

“A quick recovery is the best way to keep patients pleased.”

Nevertheless, marketing efforts were needed to help him change the focus and expand the surgical side of the practice. To build up his referral base, Mah introduced himself to primary care physicians, emergency rooms, urgent care facilities, and physical therapists. That effort has paid off, with 80 percent of this practice now coming from referrals and the other 20 percent coming from the Internet and phone directory advertising.

Still another piece of advice from Mah hones in on the quality of services: “Provide good care,” he says. “Try to get the best outcome and get your patients on their feet and back to work as soon as possible. A quick recovery is the best way to keep patients pleased.”

ACFAS/Officite Webinar Series: Managing Your Practice



Defining a successful Web presence strategy for your practice can be challenging. Which strategies will yield the best results? Where do you start and how can you track your online success? In this series of webinars, ACFAS Benefit Partner, Officite, will cover all the options on the Web presence spectrum—from reputation management and social media to search engine marketing and website design—to help you enhance your online presence, increase office productivity and attract new patients.

The ACFAS/Officite Managing Your Practice webinar series will consist of four complimentary webinars (all webinars take place at 8pm CT):

September 26, 2012

Social Media: Less Time, More Results
Facebook, YouTube, Twitter, Google Plus, Etc.; also a Primer on Blogging

November 1, 2012

Securing More Referrals — and New Patients

These are non-CME programs.

November 28, 2012

Defending Against Bad Online Reviews

January 9, 2013

Maximizing Office Efficiencies

Miss a webinar? Visit acfas.org/pmwebinars to watch past programs.

To register for the webinars, visit officite.com/company/webinars. Space is limited, so be sure to reserve your seat today!

The 1990s

Jerome S. Noll, DPM, FACFAS

Part VII in the Exploration of the College's First 70 Years During 2012: The 90s: Continued Growth and Advancements

The 1990s were a decade of impressive organizational growth for the American College of Foot Surgeons (ACFS), including an organizational name change. The advancements of the 1990s were led by Presidents Drs. James Lawton, Howard Sokoloff, Gary Kaplan, Alan Shaw, Lowell Scott Weil, Sr., David Novicki, Harold Schoenhaus, Howard Zlotoff, A. Louis Jimenez, John Schuberth, and Gary Lepow.

After nearly 50 years of growth, the College's leadership decided it was time for its offices to be relocated to an area with many other national medical associations so it could retain staff trained in medical association management. Until this time, ACFS was co-headquartered with ABPS in San Francisco.

In September 1990, the College opened new offices in Park Ridge, Illinois, near Chicago's O'Hare Airport. Cheryl Beversdorf, CAE was hired as the College's first full-time executive director. Ms. Beversdorf's training and experience, both in the Washington political arena and in the association realm, took the College to the next level of organizational maturity.

The year 1992 marked the 50th anniversary of the College and the organization's name change to the American College of Foot and Ankle Surgeons (ACFAS). Dr. Gary Kaplan was the president at the time, and as one of the sons of Dr. Earl Kaplan, held the distinction of being the second father and son team to lead the ACFAS.

In two short years, rapid membership and program growth caused the College to outgrow the newly relocated administrative offices. In 1994, the College purchased an office building in Park Ridge, formerly occupied by the American Society of Anesthesiologists. This larger space would allow for a growing staff and the possibility of an in-house surgical skills training center. That same year, sadly, marked the passing of Dr. Earl Kaplan whose contributions to the profession are always remembered.

In 1996, Beversdorf moved to a new organization, and the College turned to Thomas Schedler, CAE, as its new executive director. Schedler brought a new level of management sophistication to the College, including strategic governance, board decision-making based on member needs and data, and hiring specialized staff for education, practice management, consumer education, and health policy initiatives.

During and after the College's office relocation and growth of professional staff, a flurry of new initiatives evolved in the 1990s:

- The first websites, acfas.org and jfas.org, were launched.
- Moving and expanding cadaveric surgical skills workshops to the Orthopaedic Learning Center near Chicago's O'Hare Airport and other locations.
- International meetings
- Visiting Surgeons Program (by non-North American surgeons)

- Exchange Program Directory, listing physicians interested in educational exchange and medical missions.
- Publication of the third edition of the College's *Prevention and Management of Postoperative Complications in Foot and Ankle Surgery* textbook.
- Preferred Practice Guidelines (PPGs) were published to enhance hospital privileging, public education, and reimbursement. PPGs were eventually converted to Clinical Practice Guidelines (CPGs) and today are Clinical Consensus Statements (CCSs).
- Practice Management and Coding Seminars
- ACFAS Universal Scoring Scale was developed at the end of the decade and reevaluated in 2003 and 2011.
- The Practice Enhancement Program helped members promote their unique training and practices to patients, other medical specialists, insurance carriers, and government.
- Significant new work in the health policy arena, including CMS, the Joint Commission, private insurance, hospital privileging, and state scope of practice issues.

Another health policy effort of the College was to engage mutual interest organizations. In 1993, representatives from APMA, AAOS, AOFAS, and ACFAS met to discuss the new RBRVS system and potential CPT revisions. Subsequent years saw the ACFAS and the AOFAS come together at several meetings. The Board regularly attended

APMA House of Delegates meetings and pushed for a resolution, passed in 1996, to increase the number of qualified training programs while charging the schools with the responsibility of not graduating more students than residencies could absorb.

In 1997, Dr. Richard Reinherz retired after 17 years as Editor-in-Chief of the *Journal of Foot and Ankle Surgery (JFAS)*. Dr. Lowell Weil, Sr. was appointed the new Editor-in-Chief and Dr. Lawrence Lavery was named Managing Editor. After serving as ACFAS President, Dr. Schubert became the Interim Editor of JFAS.

Yes, the Nineties were a decade of tremendous change and growth for the College—and the membership rolls proved it. ACFAS active membership grew from 3,000 in 1990 to 5,000 by 1999, not including new membership categories for students and residents. But even more growth was on the horizon in a new century.

Make the Most out of ACFAS' Patient Education CD Series



Patients sometimes are overcome with a crippling sense of fear when they hear the word “surgery.” Ease that fear by providing information that encompasses details on the before, during and after of surgery. ACFAS offers a set of Perioperative handouts for patients, including images and detailed descriptions of each procedure, all on one CD which is fully customizable to your practice and backed with the ACFAS logo, so your patients can rest assured that they are being treated by a quality foot and ankle surgeon.

Also consider purchasing the Patient Education CD. This CD set includes printable handouts in both English and Spanish that you can provide to your non-surgical patients in order to more easily explain their injury to them.

So ask yourself: Does your practice utilize the latest in patient-centered, all-inclusive information? If not, then consider purchasing one or both of these CD series' compiled for ACFAS members' use in the office, which can be found at acfas.org/marketing.





Las Vegas

HOT TOPICS *in* the SPOTLIGHT



PRE-CONFERENCE WORKSHOPS
SUNDAY, FEBRUARY 10, 2013

ANNUAL SCIENTIFIC CONFERENCE
MONDAY *thru* THURSDAY, FEBRUARY 11-14, 2013

What's your best vehicle for keeping in touch, in the know, and highly competent? The answer: the ACFAS 2013 Annual Scientific Conference, in Las Vegas, **February 11-14**. Plan on attending the College's flagship event—and return home with powerful new insights, sharpened surgical skills, and strong connections to your colleagues.

Start with These Preconference Gems

You can get a head start on ACFAS' top-flight educational opportunities by coming to Las Vegas a little early. Choose from one practice management session and three hands-on surgical workshops, each providing in-depth preconference education on Sunday, February 10:

Perfecting Your Practice: Coding, Physicians' Employment Models, and Contracts. Always a favorite, this all-day workshop will reveal effective coding tips and strategies, explain crucial information regarding contracts, and shed important light on accountable care organizations

(ACOs) and other models of care as they relate to podiatric practice.

Advanced Tendon Fixation and Tendon Transfer/Repairs. At this full-day course, you'll acquire skills in various procedures for tendon problems in common foot and ankle injuries and deformities. These procedures include, among others: posterior tibial tendon transfer, flexor hallucis longus (FHL) tendon transfer for chronic Achilles rupture, and ankle stabilization using posterior lumbar allograft.

Diabetic Deformity: Master Techniques in Reconstruction. Learn how to effectively evaluate and manage complex deformities in diabetes. This intensive half-day workshop

will examine techniques for Medial Column Stabilization, Forefoot and Midfoot Osteotomies and Rearfoot Reconstruction and Salvage. You'll examine many other approaches as faculty guides you in performing procedures for diabetes deformities.

Juvenile/Adolescent Flatfoot Reconstruction. For those who treat a young population, this is the ideal opportunity to gain experience in executing flatfoot procedures. In addition to learning technique pearls regarding arthroeresis, you'll examine many other approaches, including gastrocnemius recession and extra-articular calcaneal osteotomy. The risks associated with juvenile/adolescent flatfoot reconstruction will also be examined.

REGISTER
NOW!

A Stimulating Program with Numerous Options

From lively debates on today's hot topics to an array of leading-edge scientific sessions and hands-on workshops, ACFAS 2013 offers attendees a stimulating platform for learning. Here's a small sampling of the exciting options you'll find:

Shades of Grey—a provocative, case-based discussion of surgical decision-making that will grab your attention and open your eyes.

Non-Union to Union—How to Get There—an inside look at various cases of non-unions and solutions to resolve complications.

Video Pearls for the Subtle Cavovarus—enlightening videos (always popular among attendees!) that will improve your approaches to this condition.

It's All About the Pressure: Altered Biomechanics and How to Fix It—an in-depth discussion on what you need to know about the biomechanics behind difficult wounds.

The Jury's Out—Anatomy of a Podiatric Malpractice Trial—a riveting, actual podiatric malpractice trial will be illustrated to reveal lessons learned; this session will be offered twice to accommodate high demand. (PICA session)

Manuscripts/Abstracts—a must-attend highlight that will keep you attuned to research and new discoveries.

Total Ankle Joint Replacement—perfect for those who want to stay current on this increasingly popular procedure, regardless of whether you perform it or refer it out.

Perks of Percutaneous Procedures—designed to amplify your knowledge on minimally invasive procedures.

Closing Just About Anything: Flaps, Grafts, and Technology—led by a panel of experts who will probe up-to-the minute information and techniques on wound closure.

Fad or Fact—if you're wondering about the staying power of "the latest" therapies, don't miss this objective look at today's talked-about wonders.

All the learning and networking opportunities planned for ACFAS 2013 are detailed in the program booklet, which ACFAS members will receive shortly. Don't miss out on the premier gathering of your profession! To register online and obtain more information, go to acfas.org/lasvegas.

Special hotel rates are available for the ACFAS 2013 Annual Scientific Conference in Las Vegas, but don't delay!

Reservations must be made by January 9, 2013.

Because reservations are processed on a first-come, first-served basis, be sure to register early to get your first choice. Here are your options:

Mandalay Bay Resort and Casino
3950 Las Vegas Boulevard South
Single/Double: \$139

THE Hotel at Mandalay Bay
3950 Las Vegas Boulevard South
Single/Double: \$169

Luxor Las Vegas
3900 Las Vegas Boulevard
Single/Double: \$59

Walk or tram to meeting room.

To register, fill out the form in the program booklet, or go to acfas.org/lasvegas.

Book your room by November 15, 2012 and your name will be placed in a drawing for an upgraded hotel room.

ACFAS Membership/Practice Surveys 2012:

MEMBERS SEE EXPANDED PRACTICES ON THE HORIZON

Benchmarking is valuable for any clinician, and for foot and ankle surgeons a reliable peer comparison resource resides in the College's member surveys conducted every three years. The latest of these—the ACFAS 2012 Practice Survey—provides insights that can help members and the College gauge what's happening among foot and ankle surgical practices and understand what may lie ahead.



Podiatric group practice is now the most common practice type among members.

CHANGING PATTERNS IN PRACTICE SETTINGS

According to the 2012 Practice Survey conducted in the spring, a notable change surfaced in the type of practice reported by College members. The results revealed that significantly fewer respondents are in solo practice today than three years ago—nearly 30 percent in 2012 versus 42 percent in 2009. That decline now makes podiatric group practice, reported by 43 percent of respondents (up from 39 percent in 2009), the most common practice type among members. Modest rises also occurred in multispecialty practice (14 percent) and orthopaedic group practice (7 percent).

Similar to 2009, more than three quarters (77 percent) of survey participants were in private practice in 2012. About 11 percent of respondents selected “clinic or multispecialty practice,” 5 percent selected “hospital-based practice” (up from 3 percent in 2009), and 2 percent selected “hospital employees.”

In light of emerging models of care, the trend toward group practice is not surprising. However, when asked “Do you feel pressure to evolve your practice into a larger group or the hospital employee models?” more than half of survey respondents (56 percent) said “no.”

PATIENT MIX AND ETIOLOGIES

The 2012 survey also yielded information on patients, which generally resembled the results from the previous survey:

- The most common patient age group was over 65 years (31 percent), and 60 percent of patients were female
- A typical weekly case load consisted of 78 percent existing patients and 22 percent new patients.
- The top three etiologies with most patients were nonsurgical care (33 percent), forefoot reconstruction (18 percent), and wound care (11 percent).



The most common patient age group was over 65 years



60% of patients were female



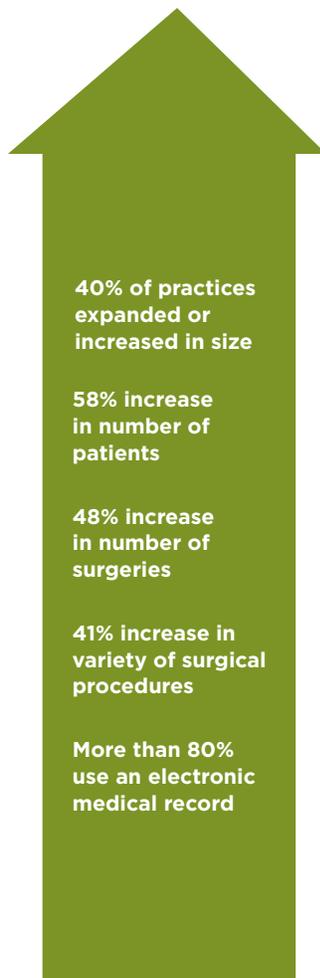
37% reported an increase in average number of hours worked

GROWTH, CHANGES IN PRACTICE, AND OUTLOOK

Additional findings showed changes in practice size, services, and other variables compared with 2009 data:

- About 40 percent of practices expanded or increased in size.
- Substantial increases took place in number of patients (58 percent), number of total surgeries (48 percent), and variety of surgical procedures (41 percent).
- The average number of hours worked per week increased for about one third (37 percent) of respondents.
- About 31 percent of respondents reported an increase in their practice's level of sub-specialization since 2009.
- More than 80 percent of respondents use an electronic medical record (EMR), and 61 percent qualified for "meaningful" use in 2011.

As for looking ahead, it appears that most ACFAS members see growth on the horizon. More than half of respondents said they expect to increase their number of patients and number of total surgeries within the next three years. Stay tuned for more survey highlights in future issues of *Update*.



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Honoring 40 Years of Commitment

To recognize and thank long-term members for their loyalty and dedication to the College, the ACFAS Board of Directors grants foot and ankle surgeons who have been members for 40 years or more Life Membership in the College. This year's recipients are:

Edward L. Chairman, DPM, FACFAS

Nicholas G. Camarinos, DPM, FACFAS

Guido A. LaPorta, DPM, FACFAS

L. Bruce Ford, DPM, AACFAS



Student Club Happenings

Jordan Grossman, DPM, ACFAS President-Elect and Board Liaison to the ACFAS Student Club @ Kent State University, visited the club

in September to present Nathaniel Preston, 2012-2013 Club President, with their annual stipend check and other gifts from the College. Dr. Grossman and Christopher Hyer, DPM, the second Board Liaison to the club, also presented a lecture and suture workshop for the club members.

In Memoriam

Gordon W. Patton, DPM, FACFAS, Fayetteville, GA

Influence Your Profession: Volunteer for a 2013 ACFAS Committee

It takes diligent volunteers to make sure the College remains an effective voice for foot and ankle surgeons. Members always step up to fulfill that mission and are rewarded when they shape ACFAS' initiatives to advocate for members and patients. They join and grow with colleagues nationwide who are proactive in their profession.

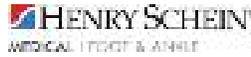
Applications to volunteer in 2013 on ACFAS' 11 committees are now being accepted. Serving is a year-round commitment and open to Fellow or Associate members. If you currently serve on a committee, note that your role does not automatically carry over into next year, and you need to resubmit an application.

Committee members are responsible for attending meetings as well as attending and promoting events within their purview. In between, they must keep up with committee activities.

Giving your time is a testament to your dedication to ACFAS' mission. The College appreciates your consideration to continue serving, and welcomes new committee members.

Learn more about the role of committee members and how to apply at acfas.org/volunteer. Application deadline is October 31.

Membership Group Purchasing Benefits



Did you know as an ACFAS member, you have preferred access to GPO purchasing power with Henry Schein Medical: Foot & Ankle, the industry leader in medical supply distribution with a specialized foot and ankle division? Take advantage of this partnership to maximize your savings on medical supplies and pharmaceuticals, as well as exclusive

products, such as: the Alma Laser, Sensilase PAD IQ and other equipment needs for your office.

For more information, please visit www.henryschein.com/podiatry or contact a consultant at 800-323-5110 or footandankle@henryschein.com.

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2012

Surgical Skills Courses

**November 2, 2012
(Friday)**

**Surgical Solutions
for Complications of
the Forefoot**

DoubleTree by Hilton Hotel & Suites
Jersey City, NJ

**November 3, 2012
(Saturday)**

**Surgical Solutions for
Complications of the
Rearfoot and Ankle**

DoubleTree by Hilton Hotel & Suites
Jersey City, NJ

**November 10-11, 2012
(Saturday/Sunday)**

**Trauma of the Foot
& Ankle Surgical
Skills Course**

Orthopaedic Learning Center (OLC)
Rosemont, IL

To register online or for more information,
visit the ACFAS web site at www.acfas.org.



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