As my term as ACFAS President comes to an end, I am filled with mixed emotions—sadness, honor, excitement, and optimism. I am saddened that the flurry of activity and contact with so many of you will lessen, but honored to have served as President of the College, excited about our accomplishments, and very optimistic about our future.

At the beginning of my term as President, I asked myself, “What kind of impact am I going to have on the College and its members?” As I have said before and truly believe, I needed to ensure that the tradition of ACFAS excellence continued to grow. I am proud now to stand here and say that ACFAS has stayed true to its mission this year. We remain the preeminent source of knowledge for foot and ankle surgery and the foremost resource for the profession.

Our educational endeavors have continued to be top notch, and they grow with record-breaking attendance at our Annual Scientific Conference in San Antonio. They also boast increased regional programming, and sell-out, high-caliber, hands-on surgical skills courses.

Our focus on research has also accelerated with the continuation of our second multi-center research project and the presentation of two grant awards for original research. Our prestigious Journal of Foot & Ankle Surgery also continues to expand and receive high accolades.

When I was installed as president last March, I said the College is like home to me. Home is not just a physical place; it’s a feeling of belonging, community, camaraderie and a place where one finds comfort and security. Home is a place where a group of people can work together to achieve a common goal. I have found all of these things in ACFAS and it’s why I consider the College my home.

Fortunately, my sentiments are shared by over 6,800 foot and ankle surgeons who also call the College their home. Our home is unique because it is still the only national organization for podiatric surgeons that requires its members to be board certified or board qualified. This is the “ACFAS difference,” and is just one of the many reasons I am proud to call the College my home.

Home is also one’s residence during their formative years. Our future leaders will come from today’s 760 resident members and 1,350 student members – both at all-time highs. We are working hard to enhance both the pre-doctorate and post-doctorate education processes, including the development of a new Residency Task Force. This task force’s focus will be on resident education, residency program development, and services of residency directors. We will also use our liaison positions within the AACPM and COTH to help ensure top-notch residency education.

In his novel “Cutting for Stone” Dr. Abraham Verghese (our 2012 annual conference keynote speaker), defines home as a place where you are wanted. Our increased focus on our young members proves that students and residents are wanted by ACFAS. We welcome you to our home of proven leaders and lifelong learners who change lives every day. And although this is a bit cliché, it is perfect to say, “mi casa, su casa!”

So, thank you for this opportunity to lead our College and help move our great profession forward. I am both honored and humbled to have served as your 61st President. The American College of Foot and Ankle Surgeons will always be home to me; there is no comparison to ACFAS and its tradition of excellence. Truly, there is no place like home!

Michelle L. Butterworth, DPM, FACFAS
ACFAS President

Questions for Dr. Butterworth? Write her at president@acfas.org.
The only sure thing in Vegas

In Las Vegas, the odds aren’t always with you, but when you attend the 2013 ACFAS Annual Scientific Conference, you’re a sure winner! Join us at Mandalay Bay in Las Vegas, February 11-14, and build your skills, expand your knowledge and connect with your fellow professionals. A call or a click guarantees you a spot at the table.

Come early for pre-conference workshops on juvenile flatfoot, diabetic deformities, advanced tendon repairs and practice management. The main event begins first thing Monday morning, February 11, highlighted by Ted Kennedy, Jr.’s keynote speech, “Facing the Challenge.” Your hot streak continues all week with opportunities for lively debate and learning. Highlights include:

- Scientific Poster display—The profession’s largest scientific poster display, with over 300 posters with the latest scientific and clinical studies
- Manuscript/Abstract presentation—Learn about cutting-edge research and new discoveries relating to the practice of foot and ankle surgery
- All About the Pressure: Altered Biomechanics and How to Fix It—Learn the biomechanics behind difficult wounds
- The Complex Ankle—Decisions to be made regarding revisional ankle surgery
- Surgery in the Difficult Patient—When is it appropriate to prophylax?
- Complications that Keep You Up at Night—Insights from your fellow professionals on the issues that just won’t go away
- Out-of-this-World Wrap Party at the Stratosphere—The “high point” of the conference!

With an average of 320 sunny days every year, restaurants owned by the likes of Bobby Flay, Mario Batali, and Emeril Lagasse, pampering spas and legendary entertainment, Las Vegas offers an exhilarating setting for the learning and camaraderie of ASC 2013.

ASC 2013 promises to be a winning event. Online registration closes January 24. After the 24th, onsite registration is required and rates increase. Register now and save your money for a great steak or a few extra hands in the casino!
Over the past year this column has described, decade by decade, the amazing evolution of the American College of Foot Surgeons, and then as of 1992, the American College of Foot and Ankle Surgeons. This is the final chapter of our story — the decade of 2000-2010.

The 2000s was a decade of significant economic changes in medicine, the start of the Internet era, and professional advancements that boosted membership from 4,987 in 2000 to 6,223 by 2010. In addition, two major steps toward professional parity occurred, in which the College played significant roles.

In 2000, new Joint Commission standards allowed DPMs to conduct histories and physicals, followed by similar CMS rule changes in 2005. Dr. Harold Vogler, as chair of the Professional Relations Committee, was the quarterback of this and similar privileging advancements during his career.

The most significant advancement, however, was the standardization of three-year pediatric medicine and surgery residencies later in the decade, for which the College had long advocated.

After seven years of service, Executive Director Thomas R. Schedler announced his retirement in late 2002. After a national search, association veteran J.C. (Chris) Mahaffey was selected as the new CEO. Shortly afterward, a cost-benefit analysis led to the sale of the College’s office building in Park Ridge, Illinois and relocation into nearby O’Hare Airport-area office space, which ACFAS still calls home.

In 2000, 2005, and 2009, ACFAS launched increasingly sophisticated websites as web technology and usage flourished. (Yet another redesign will be unveiled in April 2013.) Also, the College’s national public relations program evolved with specially trained media spokespersons and FootPhysicians.org (now FootHealthFacts.org), a dedicated website for consumers and patients.

By 2006, the College’s reputation as the “gold standard” in podiatric CME was solid, but high-speed Internet access and iPods were now the norm for most members, so ACFAS launched electronic learning with podcasts, online CME courses, and DVDs. The podcast-of-the-month was a wild success, with over 10,000 downloads per month worldwide. Also, one new video course became available online each month.

An evolution that occurs in many successful medical associations was addressed by ACFAS in 2007. The Board decided that its members should have the right to choose their own professional memberships and eliminated a requirement that College members be APMA members to renew their ACFAS membership. (APMA membership has always been required to join the College, however.) Reaction was mixed and at times heated, but in the spring of 2008, a majority of members voted in favor of the Board’s policy change in an all-member referendum in which 66 percent of members participated.

In 2006, Journal of Foot & Ankle Surgery editor John M. Schuberth, DPM, stepped down after eight years of service. The board appointed D. Scot Malay, DPM, MSCE, as the new editor. Under Malay’s leadership, the Journal’s peer review process was strengthened, more articles were published, and an electronic manuscript database aided in the Journal’s production.

Among many other accomplishments during the 2000s:

- Patient education brochures were replaced with similar information on CDs for unlimited copies by members.
- “E-membership” options for students and international surgeons were launched.
- The “Legacy Fund” was created so members could make tax-deductible contributions to an endowment fund for research and other philanthropic purposes.
- Money-saving services such as a credit union for business loans, group purchasing for medical supplies, and an online resume and job board were launched.
- Work in the health policy and practice management arenas was increased, especially in scope of practice battles, hospital privileging, and reimbursement.
- The Distinguished Service Award was created to recognize the “unsung volunteer heroes” of the College.

The facilitators of all this progress were the following ACFAS presidents in the 2000s: Barry Scurran, Robert W. Mendicino, Robert F. Frykberg, Bruce R. Werber, Gary P. Jolly, John J. Stienstra, James L. Thomas, Daniel J. Hatch, John M. Giurini, and Mary E. Crawford.
Starting with a simple goal in 1942 of educating foot surgeons and protecting the public trust, ACFAS has grown to become the largest medical society of foot and ankle surgeons in the world. William Shakespeare wrote, “What is past is prologue.” If so, our first 70 years is the precursor for even more amazing transformations in the years ahead.

The 2000s was a decade of significant economic changes in medicine, the start of the Internet era, and professional advancements that boosted membership from 4,987 in 2000 to 6,223 by 2010.

My thanks go to the many ACFAS members, past presidents, and staff for their contributions to the ACFAS history and archiving program. This series of historical retrospectives could not have been possible without the assistance so many have freely volunteered.

The conference app is ready for downloading now by visiting http://crwd.cc/acfas2013 on your mobile device, at acfas.org or through iTunes. Watch This Week and your email for download reminders and for a code to download your personal conference schedule.
2012 CLINICAL AND SCIENTIFIC RESEARCH GRANT AWARDS

Following a bumper crop of excellent submissions and for the first time, the College is proud to announce two 2012 Clinical and Scientific Research Grant award winners.

This year’s grants go to Adam Fleischer, DPM, MPH, for “Effects of Hallux-Valgus Surgery on Balance and Activity in Older Adults” and Daniel Lee, DPM, PhD, for “Comparative Clinical Effects and Risk Factors Associated with Vitamin D in Ankle Fractures and Arthrodesis Healing.”

Effects of Hallux Valgus Surgery on Balance and Activity

With baby boomers starting to reach retirement age and fall prevention quickly becoming a public health concern, Adam Fleischer, DPM, MPH, sees this as a critical time in the field of foot and ankle surgery, a chance to ensure that the profession’s unique perspective on what contributes to falls and fall prevention is considered in future care plans.

In his study, “Effects of Hallux Valgus Surgery on Balance and Activity in Older Adults,” he plans to illustrate how this surgery not only improves balance, but contributes to increased activity levels in the post-surgery group.

He sees it as an opportunity to ensure that foot and ankle surgeons “have a seat at the table nationally” in the conversations about fall prevention. “Many people will need to be involved in these discussions—orthopaedists, physical and occupational therapists, geriatricians. I want to make sure that podiatric surgeons are at that table, as well.”

Hallux valgus deformity has been shown to be a serious impairment to mobility and fall risk. “Two studies have shown that bunion deformity doubles the risk of falling,” says Fleischer. “This will be the first study to look at the way the surgery will affect balance.” The study will also look at the quantity and quality of weight-bearing activities patients experience after surgery, and measure the effect on activity for up to a year post-surgery.

Fleischer believes that, should the study prove that hallux valgus patients do have improved gait, balance and physical activity following surgery, and fewer falls, a larger study over a longer period of time will be warranted. “I’d like the opportunity to study a much larger population, and monitor them up to five years out.”

In addition to his practice, Fleischer is affiliated with Advocate Illinois Masonic Medical Center in Chicago and is an associate professor of Podiatric Medicine and Radiology and member of the attending staff of the Scholl Foot & Ankle Center at Rosalind Franklin University of Medicine and Science. A frequent speaker at regional and national conferences, Fleischer is joined in this study by Lowell Weil, Sr., DPM; Lowell Weil, Jr., DPM, MBA; Martin Yorath, DPM; Erin Klein, DPM, MS; Saba Sadra, BS, MS; and Bijan Najafi, PhD.

Vitamin D and Bone Healing

Vitamin D deficiency is garnering national attention as researchers debate its role in preventing and treating a number of conditions. In his study, Daniel Lee plans to substantially increase the understanding of vitamin D’s effect on bone healing in fractures and following arthrodesis.

“This is a spectacular opportunity to study something that’s difficult to find information on,” says Lee. “Most studies are on surgical techniques, which are important, of course. But we wanted to focus on the patient’s overall health, as we’ve seen a lot of poor bone healing and we need to look at ways to address it.”

This will be the first study to look at the way the surgery will affect balance.”

— Adam Fleischer, DPM, MPH
Lee believes this study will benefit others in the field because it will place more emphasis on awareness of patients’ metabolic conditions and help ensure those conditions are optimized. “We anticipate this study will aid foot and ankle surgeons through improved understanding of the metabolic needs of our bone healing patients. ACFAS membership will have access to invaluable knowledge through this study on bone healing and vitamin D biomarkers. Proof of an association between vitamin D and bone healing will give the opportunity to supplement vitamin D for patients at risk.”

“This is a spectacular opportunity to study something that’s difficult to find information on.”
— Daniel Lee, DPM, PhD

Lee practices at Kaiser Permanente’s South Sacramento Medical Center in Sacramento, California. In addition to his practice, Lee has a PhD in Biomedical Science from Chulalongkorn University in Thailand and has completed fellowships in Switzerland, Russia and the National Institutes of Health in Maryland. His co-investigators are Domingo Hallare, MD, FAAOS, Dahlia Lee, MD, FAAOS and Chief of Orthopedic Surgery at Kaiser Permanente South Sacramento Medical Center, and Lindsay Russell, DPM.

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Throughout the U.S. there is a shortage of podiatrists to care for the foot health needs of Americans. As many ACFAS members are also aware, currently there is a shortage of residency training programs to meet the required demands.

A National Residency Facilitation project to develop 36 month Podiatric Medicine & Surgery Residency (PMSR) programs is in place, overseen by the American Association of Colleges of Podiatric Medicine. The American College of Foot and Ankle Surgeons has endorsed this project and has supported it in principle as well as with financial support. The purpose of the project is to lead to the development and initiation of sufficient PMSR programs to fill the current shortfall, and ensure that all future qualified graduating DPMs will enter into approved residency training programs. Edwin Wolf, DPM, a long-standing residency director and noted podiatric educator, has been appointed as the National Residency Facilitator to oversee this project.

The postgraduate training of doctors of podiatric medicine has advanced tremendously in the past several years. Fellows and Members of the American College of Foot and Ankle Surgeons are uniquely qualified to direct podiatric medicine and surgery training programs. In order to assure well-educated podiatrists, our profession has mandated that all residency training programs be at least three years in length. Aside from podiatric surgery, programs must include rotations in general medicine, general surgery, behavioral health, medical imaging pathology, trauma, emergency care and biomechanics. Minimum activity volumes in many of these disciplines must be included, as well.

Residency training is funded through the Federal Medicare Program, the major financier of graduate medical education in this country. This program pays hospitals to train residents. The amount reimbursed is identical for each resident, regardless of specialty. There is no difference in graduate medical reimbursement for a Council on Podiatric Medical Education (CPME) approved first year resident than there would be for a third year general surgery resident, a fifth year neurosurgery resident or a second year ob-gyn resident. And this amount can be sizeable.

Even though the Federal Government placed a limit, or cap, on the number of residency positions a hospital may be paid for allopathic and osteopathic medicine, podiatry can generate additional funding for new or expanded residency training programs. We are uncapped as we continue to have a documented shortage in the number of training programs to meet the needs of the public.

BEING A RESIDENCY DIRECTOR.

Who better than ACFAS Fellows and Members?
What’s in it for you?

Above the altruistic reasons, ACFAS members have significant reason to consider a residency director role. There are direct personal benefits in starting residency training programs which may be significant. Federal money received for residency education includes payment for residency directors and faculty. Since reimbursement for podiatry residents is identical to payments for other medical specialties, residency directors of podiatry programs are usually paid in line with other directors.

A recent study done by AACPM shows that for programs with two or more entry-level positions, residency directors often earn more than $50,000 per year. Many directors also earn fringe benefits as employees of institutions. This may include healthcare coverage, pension funds, malpractice insurance coverage and other employee benefits.

Resident-run clinics need faculty. The faculty are paid attendings. The increased visibility within the facility allows for greater referrals to you and your colleagues and greater interpersonal relationships which translate to significantly greater income.

Progress in the development of new residency training programs is beginning to appear. Over a hundred and forty new facilities across the country have been identified as potential locations for program sponsorship. Of those, some are in the process of application for approval for residency sponsorship by the CPME. Some facilities have had applications reviewed by CPME and acted upon, and others have had on-site evaluations by the CPME; the final step before consideration for provisional approval of sponsorship.

The process has begun and is well under way, but it will take time and the continued effort of all involved until the issue is resolved. ACFAS calls upon all its dedicated individuals to ensure our rightful place at the healthcare table—especially the OR table. Let’s make certain there are well trained, qualified individuals for the next generation. Please consider sponsoring a PMSR at your facility.

Start now. Email the National Facilitator directly at ewolf@aacpm.org or call (212) 874-0609.
JFAS Reader Survey Results

According to the results of a 2012 survey, readers of the Journal of Foot & Ankle Surgery (JFAS) consider it the most trusted and respected journal of its kind, far ahead of its closest competitor, (Journal of Bone and Joint Surgery). Not surprisingly, JFAS is also the most widely read of the surveyed journals. In the survey, conducted by an independent firm, 99 percent of respondents indicated that they read JFAS, with nearly 60 percent reporting that they read every issue.

Among the types of articles reported to have greatest interest to readers, “Tips, Quips and Pearls” heads the list, with 91 percent of respondents assigning it a high rating. Other top-ranked content includes original research reports, case reports and series, instructional courses and review articles.

Respondents rated JFAS highly for reliably publishing articles directly applicable to the specialty, keeping readers abreast of important developments, and publishing articles by recognized authorities. Eighty percent of the attributes listed in the survey earned scores of four and above on a five-point scale.

ACFAS members receive the print edition of JFAS and have free access to the online edition as a member benefit. According to the survey, 45 percent of readers do at least some of their Journal reading online. Interestingly, while the majority of readers still use the print publication, 62 percent expressed interest in having a JFAS mobile app. Of those who are not currently accessing medical applications by smartphone or tablet, 35 percent indicated they would be “very likely” to do so in the next year.

Newly Recognized Fellowship Programs

ACFAS recommends the continuation of foot and ankle surgical education post-residency in the form of a specialized fellowship. Continuing its support of surgical podiatric fellowship programs, the ACFAS Fellowship Committee recently announced two more programs officially recognized by the College. These programs have met minimal requirements designed to ensure adequate post-graduate-level training is occurring in the fellowship:

- The Philadelphia Foot and Ankle Trauma Fellowship, Philadelphia, Pennsylvania. Program Director: Justin Fleming, DPM
- West Houston Medical Center Fellowship in Reconstructive Foot and Ankle Surgery, Houston, Texas. Program Director: Samuel S. Mendicino, DPM

In addition, two more programs are in their inaugural year as a fellowship, and have been granted conditional status until they complete 12 months of training, after which time they will be re-evaluated for complete program recognition:

- Family Foot and Ankle Specialists Fellowship, Greenville, Texas. Program Director: Steven P. Branch, DPM
- Foot & Ankle Care Reconstruction, Hillsboro, New Jersey. Program Director: Shail Patel, DPM

To find out more information about these programs and others recognized by the College, please visit the ACFAS website at acfas.org/fellowshipinitiative. The Fellowship Committee continues to work to provide visibility and support for podiatric fellowships, furthering the specialized education of foot and ankle surgeons after residency. If you would like your fellowship program to be considered for recognition by the College, contact Director of Membership Michelle Brozell at michelle.brozell@acfas.org for an application.
Volunteer for ACFAS – in Your Own Backyard!

Do you have a desire to get involved with ACFAS and give back to your local foot and ankle surgical community? Now’s your chance! Five of the ACFAS Regional Divisions currently have openings in their officer slates, and are holding open calls for volunteers. Click on the Division you reside in to see details about the available volunteer positions:

- **Division 1 “Pacific”**: ACFAS Division 1 covers the states of California and Hawaii, as well as Guam and is seeking a Secretary. The Secretary is responsible for assisting the leadership of the Division on an as-needed basis, and helping with creation and follow through of projects to provide support and value to the ACFAS Members, and ACFAS student clubs, in Division 1. [acfas.org/division1](http://acfas.org/division1)

- **Division 3 “Southwest”**: ACFAS Division 3 covers the states of Arkansas, Louisiana, Oklahoma and Texas, and is seeking a new Secretary/Treasurer, responsible for keeping the books of the Division, providing financial oversight for Division funds, compiling bi-annual financial reports to the Division Presidents’ Council Finance Committee, and assisting with leadership of the Division. [acfas.org/division3](http://acfas.org/division3)

- **Division 5 “Florida”**: ACFAS Division 5 members reside in the state of Florida. The Division is in need of a new Secretary/Treasurer (see position description in Division 3, above). [acfas.org/division5](http://acfas.org/division5)

- **Division 6 “Midwest”**: ACFAS Division 6 encompasses the Midwest states of Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota and Wisconsin. The Division needs a new Secretary (see position description in Division 1, above). [acfas.org/division6](http://acfas.org/division6)

- **Division 10 “Upstate New York”**: ACFAS Division 10 encompasses the upstate portion of New York State, outside of New York City and the surrounding areas. They are in need of a new Vice President. The Vice President assists the Division President in all aspects of Division activities, including creation of and implementation of local educational programs, management of division funds, and division representation at the ACFAS Annual Scientific Conference. [acfas.org/division10](http://acfas.org/division10)

The above Divisions will hold elections of all submitted names in January, with terms starting in time for the 2013 Annual Scientific Conference, February 11-14, in Las Vegas. Terms are three years in length, and most Divisions provide the opportunity for officers to succeed up to other positions in the officer slate.

Do you live in one of the above Divisions and are interested in learning more, or are you interested in submitting your name to be considered for one of the above positions? Contact the College at membership@acfas.org, contact your Division’s officers (listed on the Division webpages), or watch your email for your Division’s “Call for Volunteers” communications, being sent directly to members who reside in the above Division territories.
MEMBER SURVEY INDICATES ACFAS IS ON THE RIGHT TRACK

How well is the College performing for you? According to members who participated in the ACFAS 2012 Member Survey last spring, an overwhelming majority of respondents—more than 97 percent-rated ACFAS’ overall performance as excellent, very good, or good. In addition, 92 percent of respondents indicated that the College understands their issues and priorities.

Survey participants gave high marks to many of the College’s programs and services. Topping the list were continuing medical education (CME) meetings (the Annual Scientific Conference, Surgical Skills courses, regional courses, and specialty courses) and the Journal of Foot & Ankle Surgery. These also ranked as the two most important College activities to respondents.

“The results of the Member Survey provide vital feedback for the College,” says Chris Mahaffey, MS, FASAE, ACFAS executive director. “They tell us that we’re on the right track in our efforts to provide lifelong education that meets the needs of our members. The results also give us solid direction for developing and enhancing our programs in the future.”

Other findings shed light on member preferences and patterns of participation in ACFAS offerings. For example:

- Respondents consider it important for ACFAS to continue building consumer awareness of members’ specialized training and to advocate for DPMs in credentialing, privileging, and accreditation issues. These findings give impetus for the College to increase such efforts even further.
- While face-to-face education ranked as the most preferred mode for CME delivery, nearly three quarters of respondents also indicated a desire for online delivery. With ACFAS e-Learning releasing many more options today than a year ago, members have a wider spectrum of choices for obtaining CME.
- A large majority (89 percent) of respondents use the College’s website (acfas.org). This is not surprising, given the array of features on acfas.org—the latest news and information, This Week@ACFAS, numerous podcasts and CME videos, Scientific Literature Reviews Monthly, registration and applications for various activities, and much more.

- Nearly half of respondents use or refer patients to FootHealthFacts.org, the College’s patient education website. “This is a tremendous resource for members that should be more widely utilized! FootHealthFacts.org is filled with patient education on numerous podiatric conditions, making it the perfect tool to greatly augment the surgeon’s educational efforts,” says Mahaffey. For proven tips on how to use this resource, check out the July 2012 issue of Update (page 9) at acfas.org/update.
- When asked about future products that respondents would be likely to use, the greatest percentage (73 percent) indicated topic-specific clinical protocol recommendations.

Many thanks go to the members who participated in this important survey. The data gleaned from this tool will help provide a blueprint for meeting members’ needs in the future.

More than 97 percent of respondents rated ACFAS’ overall performance as excellent, very good, or good.
GRAMBART, REEVES Elected to ACFAS Board

Recently elected to the ACFAS Board of Directors by voting College members were Sean T. Grambart, DPM of Champaign, Illinois and Christopher Reeves, DPM of Orlando, Florida. They will begin their three-year terms at the 2013 Annual Scientific Conference on February 11-14 in Las Vegas, Nevada.

The directors were elected via the second year of electronic Internet voting. The College’s experience with this new form of balloting has proved successful, capturing virtually the same percentage of voters as when paper ballots were used. Members without valid e-mail addresses were mailed instructions on how to vote online.

Heading the 2013-2014 Board of Directors will be the four incoming officers elected by the Board: Jordan Grossman, DPM, president; Thomas S. Roukis, DPM, PhD, president-elect; Richard Derner, DPM, secretary-treasurer; and Michelle L. Butterworth, DPM, immediate past president.

Continuing on the board are Kris A. DiNucci, DPM; Christopher Hyer, DPM; Laurence G. Rubin, DPM; John S. Steinberg, DPM; and Randal L. Wraalstad, DPM. Retiring from board service in February will be Glenn M. Weinraub, DPM.

FALL BOARD MEETING OUTCOMES

The ACFAS Board of Directors met on November 9-10, 2012, in Chicago, Illinois. Major actions or discussions at the meeting included:

- Updating the business plan based on the results of the 2012 Member and Practice Surveys. Changes will also be reflected in 2013 committee responsibilities.
- Approval of the 2013 budget projecting revenues and expenses of $5.6 million.
- Selection of John J. Stienstra, DPM, as recipient of the 2013 Distinguished Service Award for significant contributions to the College’s arthroscopy programs.
- Selection of a new investment advisory firm to manage the College’s reserve funds.
- Approval of a budget variance to fund a second research grant for 2012.
- Continuation of financial support of the American Association of College of Podiatric Medicine National Residency Facilitator initiative, and the California Podiatric Medical Association’s Physician and Surgeon Joint (Licensure) Task Force.
- Discussion of recent Federal Trade Commission opinions on proposed state legislation affecting patient access to healthcare providers.
- Approval of new disciplinary procedures for speakers and volunteers who compromise the integrity of clinical presentations or governance decisions due to conflicts of interest.
- Recommendation of policies for use by regional divisions in the promotion of division educational programs.
- Review of the 2012 JFAS readership survey, the publisher’s report, and related Journal matters.
- Approval of procedures to determine how future ACFAS-sponsored research study topics are selected.

The next board meeting will be February 10, 2013, immediately prior to the ACFAS 2013 Annual Scientific Conference in Las Vegas, Nevada.

In Memoriam

Sammie L. Gilstrap, DPM, FACFAS, Beaumont, TX
Karl J. Raynor, DPM, FACFAS, Indianapolis, IN
SA LU TE TO A C F A S 2012 VOL UN TEER LEAD ERS

The College gratefully recognizes members who have devoted their time and expertise in service on ACFAS 2012-2013 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.
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