ACFAS 2015: Picking Up Where the Super Bowl Leaves Off

Is it any coincidence that two of the biggest events of the year, Super Bowl XLIX and the ACFAS 2015 Annual Scientific Conference, will both converge on the city of Phoenix this February? Just a few short weeks after the Super Bowl, ACFAS 2015 will sustain the high energy and momentum of the game with three days of dynamic sessions and workshops, signature special events, hundreds of exhibitors and unlimited opportunities to connect with your colleagues.

“ACFAS 2015 will cover everything from treatment trends in recent literature to the newest diagnostic and surgical techniques,” shares George T. Liu, DPM, FACFAS, Annual Scientific Conference committee chair. “The goal of our committee is to provide an even-handed representation of evidence-based and experience-based medicine and surgery during the program,” Dr. Liu adds. “Evidence is the foundation that influences the best practices for our patients. It also directs quality assurance measures, which insurance companies and healthcare systems use to monitor patient care and medical costs,” he explains. “This is the culture of today’s healthcare, and it’s here to stay. Our duty is to keep our members current and active participants in this process.”

ACFAS 2015 kicks off with the opening general session, Healthcare’s Most Important Reform: The Doctor, featuring keynote speaker David H. Newman, MD, a physician-researcher and author who has become a leading voice in restoring access, quality and efficiency in healthcare.

After the conference officially opens, attendees can anticipate a winning lineup of instructional courses, educational programs and cadaveric workshops on a variety of timely topics, including diabetic wound management, trauma, forefoot complications, osteobiologics, chronic tendinopathy, total ankle replacements and regenerative medicine. And thanks to the overwhelming success of last year’s HUB and ACFAS Job Fair, both events are set to make their second appearance at ACFAS 2015.

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Every profession has its dogma, a set of beliefs that a group holds to be true. But I've been known to challenge dogma—sometimes I'm right, sometimes I'm proven wrong.

Here's an example: The impetus for me to intensely study hallux rigidus (HR) came from my chief resident, David Dawson, DPM, FACFAS, when he told me during my first month of residency, “I love HR surgery because no matter what procedure you choose, patients do well.”

I wondered why, if this statement was true, would anyone perform a first metatarsal “decompression” osteotomy and alter the shape of the first metatarsal, the cost of internal fixation and a longer recovery compared with Cheilectomy alone? I wondered what the literature told us. So after hand-searching our library journals and textbooks (this was before powerful Interest search engines), I was disappointed because the etiologies proposed were as numerous as the surgical approaches proposed. Surely any pathology that had myriad possible causes, and even more surgical approaches, was anything but a proverbial “slam-dunk” for the patient and surgeon.

Dr. Dawson’s innocent statement morphed into a prospective study of 50 feet defining the clinical, radiographic and intra-operative articular surface mapping HR. The second study of this patient population was a short-term, one-year follow-up that demonstrated improved function and subjective patient outcomes, but not range of motion following Cheilectomy alone for early to mid-stage hallux rigidus and similar results for late stage HR treated by metallic hemi-implant or silicone total implant arthroplasty. In contrast, decompression osteotomies resulted in worse function, subjective patient outcomes and iatrogenic problems such as forefoot callusing, lesser toe deformities and the need for in-shoe orthotic devices to reduce metatarsalgia. This negative effect occurred regardless of HR grade.

We are currently compiling the data for the IRB approved, 15-year follow-up of the original prospective study mentioned above, with more than 85 percent of the patients returning for evaluation. This is an unprecedented long-term follow-up study and should help to answer some of the questions raised by the short-term follow-up data.

It is too early to share the results, but I am hopeful that I will have to eat my words about first metatarsal decompression osteotomies and that Dr. Dawson’s dogmatic statement will be realized as fact. Time will tell us the truth and in short order. However, regardless of the results, the most important thing to me is that the dogmatic statement was challenged and studied under the rigors of science.

As ACFAS members, we should all continue to further our skill sets using all of the College’s resources. However, by challenging “podiatric dogma” with the rigors of science, we can further our efforts to deliver evidence-based, effective and fiscally sound care that ultimately will improve our patients’ outcomes. The other option is to let other organizations do it for us and then follow their lead. Which would you prefer? Asking the hard question and seeking the answer, or following someone else’s lead and adhering to their guidelines?

Thomas S. Roukis, DPM, PhD, FACFAS
ACFAS President

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

Get a Head Start on ACFAS 2015 with Pre-Conference Workshops

Kick off your learning at ACFAS 2015 in Phoenix the day before the full conference begins by attending one of three pre-conference workshops scheduled for Wednesday, February 18. These hands-on sessions will help you master your surgical technique and gain the tools needed to successfully manage your practice:

Perfecting Your Practice: Coding/Practice Management Workshop
Need pointers on running the business side of your practice? Attend this top-rated, interactive workshop and get the inside scoop on surgical coding, evaluation and management codes, durable medical equipment and meaningful use attestation. Also included is a hands-on coding session that shows you how to code for wound care, modifiers and surgery.
8am–5:30pm, 8 Continuing Education Contact Hours

Diabetic Deformity: Master Techniques in Reconstruction
Complex deformities in diabetic patients can present many challenges for even the most experienced foot and ankle surgeon. This cadaveric workshop covers procedures for Charcot deformities, indications for locking plate technology and risk stratification in limb salvage vs. limb amputation. ACFAS faculty also discuss personal experiences with midfoot, rearfoot and ankle amputation cases.
7:30am–Noon, 4 Continuing Education Contact Hours

Master Surgical Techniques: Fine-Tuning with the Experts
Learn firsthand from a six-member ACFAS faculty of expert foot and ankle surgeons as they review, demonstrate and teach a specific procedure each has mastered. Hear the latest surgical trends and techniques, brush up on your knowledge of surgical anatomy of the foot and learn new strategies for complications and revision. While this workshop includes brief classroom instruction, most of the work will take place in the cadaver lab where faculty will perform each procedure.
12:30–5pm, 4 Continuing Education Contact Hours

Space for these special pre-conference workshops is limited, so register today at acfas.org/phoenix.

2014-15 EDUCATION PROGRAMS

December 5-6, 2014 (Friday/Saturday)
Advanced Forefoot Reconstruction and Complications Workshop and Seminar
Marriott/Renaissance Columbus
Downtown Hotel
Columbus, OH

February 18, 2015 (Wednesday)
Perfecting Your Practice: Practice Management/Coding Workshop
Phoenix Convention Center
Phoenix, AZ

February 18, 2015 (Wednesday)
Diabetic Deformity: Master Techniques in Reconstruction
Phoenix Convention Center
Phoenix, AZ

February 18, 2015 (Wednesday)
Master Surgical Techniques: Fine-Tuning with the Experts
Phoenix Convention Center
Phoenix, AZ

February 19–22, 2015 (Thursday–Sunday)
Annual Scientific Conference
Phoenix Convention Center
Phoenix, AZ

April 17–18, 2015 (Friday/Saturday)
Advanced Forefoot Reconstruction and Complications Workshop and Seminar
Buffalo Marriott Niagara
Buffalo, NY

May 1–2, 2015 (Friday/Saturday)
Advanced Forefoot Reconstruction and Complications Workshop and Seminar
Sheraton Harborside Portsmouth Hotel
Portsmouth, NH

*To be waitlisted, please contact Maggie Hjelm.

For a full listing of upcoming educational opportunities, visit acfas.org/education.
Back by Popular Demand: ACFAS Job Fair

Employers and jobseekers alike will find just what they’re looking for at the second-ever Job Fair being held in the Exhibit Hall during ACFAS 2015. Hosted once again by PodiatryCareers.org, an ACFAS Benefits Partner, the Job Fair gives the opportunity to post open positions and resumes (electronically and on bulletin boards) and to arrange potential interviews onsite using the PodiatryCareers.org online scheduling tool.

If you’re unable to attend ACFAS 2015, don’t worry—all positions and resumes listed within the Job Fair are posted to PodiatryCareers.org post-conference.

Also, ACFAS members receive reduced rates on online job postings and can post their available positions on the Job Fair bulletin boards at no cost.

So visit the Job Fair in the Exhibit Hall while you’re in Phoenix—this is your chance to find the perfect candidate or career!

Explore Phoenix While at ACFAS 2015

While ACFAS 2015 will have plenty to keep you busy while you’re in Phoenix, be sure to take some time to explore the US’ sixth-largest and sunniest city!

Phoenix, named to signify the rising of a new city from ruins of the Hohokam civilization, boasts a population of nearly 4.3 million and spans 2,000 square miles. It’s home to many recreational locales, such as the Sonoran Desert—one of North America’s greenest and wettest deserts—and South Mountain Park and Preserve, the largest municipal park in North America. It also has more than 200 golf courses, dozens of unique museums and historical landmarks and six expansive lakes just a little more than an hour’s drive away. Plus, you’re just a short car ride to Sedona, a picturesque town nestled against the Arizona red rocks and the Grand Canyon—a site of absolute amazement!

Phoenix gives you lots of reasons to come early and stay late after ACFAS 2015. With so much to see and do to make the most of your stay, your conference experience will be one you won’t soon forget!

For more on ACFAS 2015, visit acfas.org/phoenix. To learn more about Phoenix, refer to the Greater Phoenix Convention & Visitors Bureau’s website at visit-phoenix.com.
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The HUB (sponsored by PICA), an intimate interactive theater housed in the expansive Exhibit Hall, provides practical learning in an informal environment; and this year, expect HUB sessions on cyberliability, contracts, public speaking, fellowship and much more.

And once again, the ACFAS Job Fair, sponsored by PodiatryCareers.org, will give attendees the chance to post open positions and resumes and to arrange potential interviews while onsite using PodiatryCareers.org’s convenient online scheduling tool.

Plus, watch for attendee favorites, such as pre-conference workshops, Resident and Student Networking (by invitation), the ACFAS Honors and Awards Ceremony and the opportunity to meet scientific poster authors, the opening Premier Connection outdoor networking event and the wrap party (with a family-friendly feel) at the Chase Field ballpark.

Dr. Liu looks forward to “teaching, sharing information, camaraderie, meeting new colleagues and learning from others,” while at ACFAS 2015. “Information is everywhere, and it’s produced by many experts within and outside our profession. We don’t exist in a vacuum. The annual conference functions as the medium to share their experience, generate perspectives and produce meaningful interpretations of the medical literature. It’s about differentiating the rational from the sensational. That’s how a profession grows and evolves.”

At the conclusion of the conference, Dr. Liu and the Annual Scientific Conference Committee will review all member evaluations and comments to begin planning for ACFAS 2016. “We are always looking for ways to improve the program and better serve our members’ needs,” says Dr. Liu, “and I’m privileged to work with talented committee members, speakers and ACFAS staff on this annual educational endeavor—it’s a true collaboration.”

To discover more about all that awaits you in Phoenix and to register for ACFAS 2015, visit acfas.org/phoenix.

“I’m privileged to work with talented committee members, speakers and ACFAS staff on this annual educational endeavor—it’s a true collaboration.”

— George T. Liu, DPM, FACFAS, Annual Scientific Conference committee chair
Fall Board Meeting Recap

The ACFAS Board of Directors met for their Fall Board Meeting on October 24–25, 2014 in Rosemont, Illinois, near the College’s headquarter offices. At the meeting, the Board took the following actions:

- Approved significant new policies on conflicts of interest and interactions with companies.
- Approved the 2015 operating budget of $5.9 million in revenue and expenses and updated the business plan.
- Reviewed the College’s investment portfolio with the independent investment advisor.
- Elected Lawrence DiDomenico, DPM, FACFAS, as recipient of the 2015 Distinguished Service Award, which will be presented during the ACFAS 2015 Annual Scientific Conference on February 20.
- Approved new procedures for the finalization and publication of Clinical Consensus Statements.
- Approved an “evidence based” decision-making algorithm for new program or service ideas and approved new board meeting protocols.
- Appointed Alan R. Catanzariti, DPM, FACFAS, to the Council on Journal Management for a three-year term.

The next Board of Directors meeting will be February 18, 2015, immediately prior to the Annual Scientific Conference in Phoenix. Please send any questions regarding these or other board issues to ACFAS Executive Director Chris Mahaffey at mahaffey@acfas.org.

Three New Fellowship Programs Receive Status with ACFAS

ACFAS' Fellowship Committee determined two new fellowships meet the minimal requirements to receive Recognized Status with the College:

- Pediatric and Adult Foot & Ankle Surgical Fellowship in Atlanta, Georgia; led by Program Director Craig A. Camasta, DPM, FACFAS
- SouthWestern Podiatric Surgical Sports Medicine Fellowship in San Clemente, California; led by Program Director Philip Radovic, DPM, FACFAS

The following fellowship received Conditional Status with ACFAS since it is a new program that hasn’t yet had a fellow matriculate through:

- Foot and Ankle Fellowship of South Florida in Plantation, Florida; led by Program Director Warren Windram, MS, DPM, FACFAS

All Conditional Status programs are considered for “Recognized Status” with ACFAS after the first fellow completes the program. ACFAS highly recommends taking on a specialized fellowship for the continuation of foot and ankle surgical education after residency. If you are considering a fellowship, visit acfas.org/fellowshipinitiative to review a complete listing of programs and minimal requirements.

Temple’s Student Club Members Gain Knowledge Through Fellow Visits

The ACFAS Student Club at the Temple University School of Podiatric Medicine recently welcomed Michelle L. Butterworth, DPM, FACFAS, who spoke to the club during a recent meeting. Dr. Butterworth shared risk management essentials for foot and ankle surgeons and sample podiatric malpractice cases with students. She also stressed the importance of the patient-doctor relationship in establishing trust, the need for a thorough follow-up with all patients post-op and why surgeons should practice within their scope and standard of care.

Michelle Butterworth, DPM, FACFAS, visits with the Temple ACFAS Student Club during a club meeting. Pictured are (L-R): Alexander Spangler, Rebekah Cherian, Rizwan Tai, Dr. Butterworth, Katie Adams and Emmanuella M. Eastman.

In Memory

Neal R. Frankel, DPM, FACFAS
Chicago, IL
Winter *FootNotes* Now Available

Cozy up with the winter edition of ACFAS’ free *FootNotes*, which is now available for download in the ACFAS Marketing Toolbox at acfas.org/marketing.

Winter 2014 *FootNotes* includes the following articles:

- Protect Your Feet and Ankles From Winter Weather
- “But I can still walk on it”: Debunking Broken Toe Myths
- Getting Fit in the New Year

To help grow your practice and attract new patients, be sure to customize this issue of *FootNotes* with your practice’s contact information in the space provided and put copies in your waiting room. You can also post these articles on your social media sites or company website and distribute copies of *FootNotes* at health fairs or speaking engagements.

Take advantage of the many other valuable ready-to-use resources in the Marketing Toolbox and start promoting your practice today!
When Jeffrey Jensen, DPM, FACFAS, became dean of Barry University’s School of Podiatric Medicine in 2010, he quickly realized the university’s untapped potential to advance podiatric research. “Private practitioners usually don’t have the time to conduct research, and residency programs (with a few exceptions) are often so busy and spread out that establishing meaningful research on top of medical and surgical rotation requirements is difficult,” Dr. Jensen explains. “Research is typically left to schools of podiatric medicine or other academic health centers, which is why in 2011 we launched the Paul and Margaret Brand Research Center at Barry University, named for husband-and-wife physician team and medical pioneers, Drs. Paul and Margaret Brand.”

Today as the Center’s director, Dr. Jensen ensures that research is generated in three core areas: 1) randomized clinical trials in wound care, 2) student-initiated research projects and 3) larger projects funded by National Institutes of Health, Department of Defense or the state of Florida. Elizabeth Martinez, managing director of the research center; Robert Snyder, DPM, director of clinical research; Gerhild Packert, PhD, director of basic science research and the Barry University School of Podiatric Medicine faculty oversee these areas of focus.

The Brand Research Center consists of two laboratories and three clinics, each equipped with state-of-the-art devices and technology. Although Dr. Jensen says the Center is in its infancy compared to major research institutions, what sets it apart is that it can conduct basic science or biomechanical research and support it with patient care and clinical trials with the three clinics. “The Center also has specific areas of expertise in wound care, biomechanics and radiology that enhance our research abilities, both within Barry University and to facilitate collaboration with other universities,” notes Dr. Jensen.

To enhance research efforts in vascular medicine, limb salvage, biomechanics, sports medicine, podopediatrics and neuropathy prevention, the Center offers students $30,000 in competitive research scholarships annually. These scholarships allow students to work with faculty members to develop research ideas, write protocols, obtain institutional review board approvals and conduct research.

One issue of particular importance to students, residents and faculty at the Center is South Florida’s high rate of diabetic amputations. According to Dr. Jensen, “South Florida, based on age and race demographics alone, will continue to have tremendous complications associated with diabetic foot ulcerations.”

However, Dr. Jensen says all of the Center’s efforts, including clinical trials, having three Barry University foot and ankle clinics at three major hospitals, obtaining the Diabetes Amputation Prevention Project grant and working with the American Diabetes Association, “highlight our local commitment to helping those with diabetic foot concerns have a better quality of life.”

While in just three short years the Center has established a reputation as a leading research facility in South Florida, its impact is felt most greatly in the classroom. “In the clinical setting, our students and residents are exposed to patients who have not previously healed, informed consents, inclusion/exclusion criteria, adherence to protocols and appropriate documentation,” says Dr. Jensen. “It is critical for a doctor in training to understand how research
is performed and to participate in that process. This also extends to their reading and comprehension of research articles and their quest to be lifelong learners,” he adds.

Although Dr. Jensen maintains the Center “has only just scratched the surface” in terms of accomplishments, he outlines several achievements the Center has made since it was founded. “First, we have been successful in a time of financial contraction at the federal and state levels. Second, we have collaborated with multiple schools and specialties within Barry and have the support of the university president, provost, chief financial officer and dean. And finally, we are now protecting the intellectual property generated by current research and faculty,” he says.

One accomplishment noted by many in the research community is the Center’s success in maintaining funding from year to year, a rare feat in today’s difficult business environment. Since 2011, the Center has generated more than $3.2 million from multiple funding sources. “The high bar that entities, such as the state, Department of Defense or corporate, set for funding validates the research,” says Dr. Jensen. “To maintain our funding, we must have a steady stream of research ideas that meet the following criteria: 1) innovation, 2) a large patient demographic to justify funding, 3) a great team and 4) a research setting to enhance success,” Dr. Jensen explains. “It’s a simple formula, but if you are missing one of these criteria, the chances for funding decrease significantly,” he adds.

With so much to look forward to, the Center promises to have a bright future and to make great strides in advancing research for podiatric medicine. To learn more about the Center’s activities, visit barry.edu/podiatry/brand-research-center or contact Dr. Jensen directly at jejensen@barry.edu.

“In the clinical setting, our students and residents are exposed to patients who have not previously healed, informed consents, inclusion/exclusion criteria, adherence to protocols and appropriate documentation.”

— Jeffrey Jensen, DPM, FACFAS, Director of Barry University's Paul & Margaret Brand Research Center
CMS Sides with ACFAS, APMA on Sunshine Act CME Exclusions

The Centers for Medicare & Medicaid Services (CMS) sided with ACFAS and APMA on a small detail in the regulations governing the Affordable Care Act’s (ACA) Open Payments System. CMS removed language that would have exempted continuing medical education (CME) accredited via the Accreditation Council for Continuing Medical Education (ACCME, equivalent to the CPME for MD CME) but no other accrediting agencies. CMS said other language in the ACA accomplishes the same objective without naming specific accrediting agencies.

“All we wanted was a level playing field,” said ACFAS Executive Director Chris Mahaffey. “CMS listened to us, agreed the original language was flawed and proposed a change in July. That change is effective January 1, 2015.” The CMS rule change will not directly affect physicians but could have had a chilling effect on educational grants to non-allopathic CME providers. ACFAS and APMA staff met with CMS’ Open Payments staff last January through the efforts of US Representative Danny Davis (D-IL 7).
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Members in Focus

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Winter Footnotes