



ACFAS Update

VOLUME 22 ISSUE 4

NEWS from the AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS

A Little Weird, a Little Live Music and a Lot of Food

SAVE THE DATE FOR ACFAS 2016 IN AUSTIN

Prepare to take center stage with ACFAS 2016 next year in the Live Music Capital of the World—Austin, Texas!

Austin is the perfect backdrop to showcase our Annual Scientific Conference with its stimulating sessions, in-depth hands-on workshops, state-of-the-art exhibits and award-winning posters, papers and case studies you've come to count on each year.

Join us **February 11–14, 2016**, at the Austin Convention Center for a chart-topping conference experience you won't soon forget. Learn from the very best in the profession while taking in Austin's world-famous music scene, vibrant history, eclectic cuisine and Hill Country hotspots. Special preconference programs kick off the show on **Wednesday, February 10**, so come down a day early to get a head start on everything ACFAS 2016 has to offer.

Watch acfas.org/austin and ACFAS publications for the latest updates—we look forward to seeing you in Austin!



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“We don’t need roads.” President’s Perspective

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“Roads? Where we’re going, we don’t need roads.” —*Back to the Future*



There is no question that our profession has matured and grown over the years. With the steady enhancement of our education, training and certification (especially the standardized three-year residency), full professional parity is inevitable . . . yet one roadblock remains.

There are now only four states in our national union that have not included the diagnosis and treatment of ankle pathology in their podiatric scope of practice: Alabama, Mississippi, South Carolina and Massachusetts. Each state has worked hard to overcome the shortfall, some more than others, but the question I ask is, **Who will be last?** Forty-six other states, of all sizes and political influences, have successfully navigated the political waters to gain this important law. Why can't they?

In 2012, Augusto Sarmiento, MD, writing in the *Journal of Bone and Joint Surgery* about the potential shortage of orthopaedic surgeons, admitted that podiatrists were then performing all types of highly technical surgical procedures, including fractures of the Tibia, ankle, os calcis hindfoot and forefoot. He said, “(Podiatrists) have become experts in the field to the point that it is ludicrous to argue that their qualifications do not allow them to cover such a wide territory.”

This is not a unique view held by one orthopaedic surgeon; it is a widely known and accepted fact by patients, 46 legislatures, many courts, and yes, by many orthopods. The technical ability of the foot and ankle surgeon is not the issue. Like many other scope battles, for MDs this is a turf issue, an economic issue and nothing else. If patient care were the main concern for those opposing this issue, they wouldn't have a leg, let alone an ankle (sorry for the pun) to stand on. I say, if this is a patient care issue, show me the evidence. Show me the maimed, show me the bodies. If not, admit that all you're doing is slowing and preventing quality patient care.

It is time for the four remaining states without ankle in their scopes (and the profession as a whole, especially the College) to put forth a concentrated effort to make it unanimous in all 50 states. Why is it important to those of you in the 46 states? Because without uniformity of state scopes, we will always be one inch shy of the goal line: total professional parity.

This is 2015, the year APMA's Vision 2015 set as the goal to achieve total professional parity. While there's work yet to be completed, great strides have been made since Vision 2015 was launched in 2008. Let us use this target year as an incentive to get the job done

in Alabama, Massachusetts, Mississippi and South Carolina. If state legislators in the most recent ankle converts (Connecticut, Kansas, New York, etc.) could be convinced, why not these last four states? In some states it took a three-year surgical residency requirement . . . or ABFAS rearfoot certification requirement . . . to win allopathic support. If that's what it makes, ACFAS would support that compromise to get this job done.

Hopefully, we can then close the door on this decades-long march. And, as we do, a new parity door is now opening. In California, the Joint Licensure Initiative between the DPM, DO and MD communities is nearing resolution. The prognosis is that a common medical and surgical license for all three medical professionals may be achieved within the new two years. And then we'll start our next march, to achieve similar licensure in the other 49 states.

Every journey starts with a single step. Let's take the last few steps on ankle scopes expeditiously because we'll have a new journey to start in the not too distant future!

A handwritten signature in black ink, appearing to read 'Richard Derner' with a stylized flourish at the end.

Richard Derner, DPM, FACFAS
ACFAS President

Questions for Dr. Derner? Write him at president@acfias.org.

HUB Conversations Continue on Long After ACFAS 2015

It's been four months since ACFAS 2015 in Phoenix, and attendees are still talking about our HUB sessions! From cyberliability to contracts to catapulting your career to the next level, the HUB in the desert—supported by PICA—covered timely topics that brought audience members and speakers together through open and lasting conversation.

Known for its casual and more personal environment, the HUB is considered a “judgment-free zone” where attendees can drop in anytime on focused and fast-paced sessions, no pre-registration necessary, and can interact directly with the speakers. Conveniently located inside the Exhibit Hall, the HUB in Phoenix

saw steady attendance each day and plenty of lively discussion during sessions. PICA presented three of the four sessions it sponsored, including *Patient Selection Risks: Case Studies*, *Communicating with Patients in an Electronic Age* and *Justification: A Key Factor in the Defense of Podiatric Malpractice Claims*.

“HUB attendees really seemed to enjoy the programs,” says Barbara Bellione, director of risk management for PICA and a HUB presenter. “Their feedback will definitely help us plan next year’s HUB topics,” she adds.

Don't miss the HUB at ACFAS 2016, **February 11–14** in Austin, Texas. Refer to future issues of *Update* for details on HUB session topics and times.

Dive Into Surgical Skills Courses This Summer

Jump feet first into ACFAS' Surgical Skills Courses and immerse yourself in the latest advanced and restorative techniques in foot and ankle surgery.

Three hands-on workshops—*Foot and Ankle Arthroscopy*, *Comprehensive Flatfoot: Reconstruction and Arthrodesis*, and *Advanced Foot and Ankle Arthroscopy*—feature:

- generous lab time;
- surgical demonstrations;
- personalized one-on-one instruction with expert faculty;

- focused panel discussions;
- tips for recognizing risks associated with different treatment approaches.

Each course is worth 16 continuing education contact hours and includes breakfast, refreshment breaks, lunch and dinner, plus a fireside chat where you can share your most difficult case with faculty and fellow attendees.

Register now at acfas.org/skills. If a course is sold out, contact Maggie Hjelm at hjelm@acfas.org to be waitlisted.

2015-16 EDUCATION PROGRAMS

**July 17–18, 2015
(Friday/Saturday)**
Interactive Surgical Coding Workshop
Hilton McLean Tysons Corner
Tysons Corner, VA
(Washington, DC)

**August 1–2, 2015
(Saturday/Sunday)**
Foot and Ankle Arthroscopy
Orthopaedic Learning Center
Chicago, IL

**October 9–10, 2015
(Friday/Saturday)**
Complex Foot Surgery with Advanced Solutions
Hilton Charlotte Center City
Charlotte, NC

**October 16–17, 2015
(Friday/Saturday)**
Interactive Surgical Coding Workshop
Monte Carlo Resort & Casino
Las Vegas, NV

**October 17–18, 2015
(Saturday/Sunday)**
Comprehensive Flatfoot (Reconstruction & Arthrodesis)
SpringHill Suites Las Vegas Convention Center
Las Vegas, NV

**October 23–24, 2015
(Friday/Saturday)**
Complex Foot Surgery with Advanced Solutions
Hilton Milwaukee City Center
Milwaukee, WI

**November 6–7, 2015
(Friday/Saturday)**
Taking a Scalpel to the Evidence Seminar
Renaissance Atlanta Midtown Hotel
Atlanta, GA

**November 7–8, 2015
(Saturday/Sunday)**
Advanced Arthroscopy for Foot and Ankle
Orthopaedic Learning Center
Chicago, IL

**November 13–14, 2015
(Friday/Saturday)**
Complex Foot Surgery with Advanced Solutions
Detroit Marriott Troy
Troy, MI

**December 4–5, 2015
(Friday/Saturday)**
Complex Foot Surgery with Advanced Solutions
Hyatt Regency Cincinnati
Cincinnati, OH

**December 12–13, 2015
(Saturday/Sunday)**
Foot and Ankle Arthroscopy
Orthopaedic Learning Center
Chicago, IL

**April 15–16, 2016
(Friday/Saturday)**
Complex Foot Surgery with Advanced Solutions
JW Marriott Houston
Houston, TX

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

SOLD OUT

SOLD OUT

For a full listing of upcoming educational opportunities, visit acfas.org/education.



Call for **MANUSCRIPTS** and **POSTERS**

Share your research and insights with foot and ankle surgeons from around the globe—submit a poster or manuscript to the College's Annual Manuscript and Poster Competition at ACFAS 2016 set for February 11-14 in Austin, Texas.

Manuscript submissions are due August 14, 2015.

Be sure to review the manuscript requirements and author instructions before submitting your entry for consideration. All manuscripts are blind-reviewed and judged on established criteria. Winners divide \$10,000 in prize money.

Poster abstracts must be submitted by September 1, 2015, slightly earlier than in years past, to be eligible for consideration. Visit acfas.org for details on poster format and abstract submission. Winners will receive cash prizes ranging from \$500 to \$1,000.

Give your research the large and attentive audience it deserves; send us your manuscripts and posters for presentation consideration today!

news from the college

First MD-Led Fellowship Receives Status with ACFAS

For the first time, an MD-led fellowship program, Foot and Ankle Trauma Fellowship at OhioHealth Grant Medical Center, has been granted Conditional Status by the ACFAS Fellowship Committee. Located in Columbus, Ohio and under the direction of Benjamin Taylor, MD, the program will be considered for upgrade to full Recognized Status once the first DPM candidate matriculates through the program.

“This is a unique opportunity to train ACFAS Foot and Ankle post-graduate Fellows under our orthopaedic trauma surgeon colleagues,” says Daniel Lee, DPM, PhD, FACFAS, chair of the ACFAS Fellowship Committee. “It’s extremely rewarding to see the birth of this inter-collegial relationship. I hope this will not only set forth further fellowship relationships, but also strengthen our professional ties with all specialties for the common goal of excellence in foot and ankle surgery.”

ACFAS highly recommends taking on a specialized fellowship after residency. If you are considering a fellowship, visit acfas.org/fellowshipinitiative for a complete listing of programs and minimum requirements.

In Memory

Richard T. Dudzinski, DPM, FACFAS, Pflugerville, TX

Murray Edelstein, DPM, FACFAS, Boca Raton, FL

Renato J. Giorgini, DPM, FACFAS, Lindenhurst, NY

Catherine A. Purdy, DPM, FACFAS, Salem, OR



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Diverse Career Key to Building Lasting Connections

James L. Thomas, DPM, FACFAS
Member Since 1994



Sometimes the people you meet and the decisions you make help shape your career in ways you never expected. This could not be more true for James L. Thomas, DPM, FACFAS, whose diverse professional experience spans the U.S. Air Force, academia and multidisciplinary practice.

After he attended podiatry school through the U.S. Air Force's Health Professions Scholarship Program and graduated from the California College of Podiatric Medicine, he completed his residency at Lakeview Hospital (now Wheaton Franciscan Healthcare-St. Joseph) in Milwaukee. "I worked on general orthopaedic cases as well as trauma and fracture management," Dr. Thomas explains. "That really helped catapult me into the surgical side of the profession.

The salary discrepancy between military and civilian practice impelled Dr. Thomas to join two multidisciplinary medical groups. This allowed him to work with residents and externs, but he wanted to be in a more formal academic setting. Over the next 25 years, he taught orthopaedic surgery at the University of Alabama (UAB) and the University of Florida and oversaw foot and ankle training at West Virginia University. Not only did he refine and expand his surgical skill during this time, he "met, observed and became friends with some of the leading figures in orthopaedic surgery."

The transition from group practice to academia was also a career-defining moment for Dr. Thomas because he could conduct

more research. "It changed my career because I could publish more, and it increased my professional opportunities since I was on faculty at larger academic institutions," he says. "I also became more involved with the ACFAS Board of Directors and later served as ACFAS president from 2006 to 2007, all while training orthopaedic surgery residents and eventually bringing in podiatry residents to train with orthopaedic residents at UAB."

However, after working for so long in academia, Dr. Thomas felt ready to return to patient care. Today in his position with The Orthopaedic Clinic in Auburn, Alabama, he works alongside orthopaedic physicians, including two of his former surgery residents who are now the clinic's total joint and spine surgeons. He was the first foot and ankle surgeon to join the staff two years ago and has worked with the local hospital to perform the full scope of foot and ankle surgery.

Working in a multidisciplinary practice has also helped increase Dr. Thomas' knowledge base. "If I need guidance or a new perspective on a particular case, I can consult with my coworkers to get their opinions and feedback," he notes. And thanks to the many connections he made throughout the country while working in academia, he knows he can always contact professors from major orthopaedic clinics nationwide if he needs a second opinion on anything from total joints to trauma to tumor work.

But working in a multidisciplinary practice

does not come without its challenges, such as loss of autonomy. "When you have a large faculty staff, it's easy to lose some autonomy in decision-making because so much is defined by how the group as a whole is doing," says Dr. Thomas.

"Turf battle," as he describes it, is another challenge that often exists between podiatry and orthopaedics. To work together more seamlessly, Dr. Thomas recommends foot and ankle surgeons and orthopaedic surgeons recognize that each has strengths to bring to the table. "If you are less experienced in, say, Charcot foot reconstruction or total ankle replacement, don't be reluctant to send your cases to those who specialize in these areas."

He also advises to seek out different opinions with colleagues or within the community because "if you can build a relationship while improving patient care, it's a win-win situation."

Had Dr. Thomas not trusted his instincts or welcomed change, he might not have broadened his experience or have met so many colleagues and friends along the way. However, following different trajectories in his career path required persistence. "Whether it's a fellowship, residency or academic position you're pursuing, be persistent," he concludes. "Your training and experience not only serve as the foundation for your career, they help you develop personal and professional relationships that last a lifetime."

Dr. Thomas' Tips for Diversifying Your Career

If new to the foot and ankle surgery profession:

- Get as much training as possible.
- Apply for a fellowship.
- Don't be afraid to make a move to the right place.

If joining a multidisciplinary practice:

- Know up front what the practice is looking for.
- Make sure the position and expectations are clearly defined.
- Look for well-established practices that are associated with the local hospital to avoid any issues with your credentialing.

“If you can build a relationship while improving patient care, it's a win-win situation.”

—Dr. James L. Thomas, DPM, FACFAS

patient outreach

Market Your Practice This Summer with *FootNotes*

If your summer plans include speaking at community health fairs or your local hospital, bring along the latest issue of *FootNotes* to help grow your practice and attract new patients.

Available for download in the ACFAS Marketing Toolbox, the Summer issue features:

- *Have You Checked Your Feet for Skin Cancer?*
- *Tips to Avoid Storm Cleanup Foot Injuries*
- *Protect Your Kids' Bare Feet This Summer*

Remember, all issues of *FootNotes* can be customized with your office's contact information and posted on your company website and social media sites or printed and distributed to your patients.

Visit acfas.org/marketing for many other free members-only resources designed to give you maximum marketing results with minimal effort. From PowerPoint presentations to press release templates to a complete *FootNotes* archive, you'll find just what you need to promote your practice throughout the year.

Expand Your Horizon: Follow Us on Twitter & Facebook

Join the conversation—connect with ACFAS on Twitter and Facebook to widen your professional circle, weigh in on the latest trends in foot and ankle surgery and stay up-to-date on College events and activities.

Our growing group of friends and followers comprise a supportive community always ready to offer advice or to share their experiences to help guide you in your practice. Visit the acfas.org homepage to access all of our social media sites and start networking with your colleagues.

Also encourage your patients and friends to “like” FootHealthFacts.org, our consumer education website, on Facebook and to follow FootHealthFacts.org on Twitter for timely tweets on foot and ankle conditions.



research

Fund Your Research Through ACFAS

Be a part of the movement to bring the best surgical care to patients through your research by applying for the 2015 ACFAS Clinical and Scientific Research Grant.

Each year, the College awards up to \$40,000 in grant money to members like you who are conducting groundbreaking research in the field of foot and ankle surgery. Send us your application for consideration by **September 15, 2015** for the opportunity to receive financial support for your clinical- or laboratory-based research.

Evidence-based medicine and the profession cannot advance without your discoveries—visit acfas.org/grant for criteria and details on the application process.

ACFAS Update

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