Get your ticket to the hottest show in town—ACFAS 2016! Join more than 1,500 of your peers at the Austin Convention Center February 11–14 for a blockbuster conference featuring:

- in-depth sessions with the most trusted and respected speakers
- award-winning manuscripts and posters
- hands-on cadaveric workshops
- our largest Exhibit Hall to date with 140+ exhibitors
- the HUB theater featuring candid talk on timely topics
- the third annual ACFAS Job Fair
- and more!

Special preconference programs begin on Wednesday, February 10, which means you have an extra day to explore Austin and get a sneak preview of everything ACFAS 2016 has in store for you.

Register today at acfas.org/austin for the best rates on registration and hotel accommodations.

More Multidisciplinary Speakers on the Roster for ACFAS 2016

You consult with colleagues on your treatment team—MDs, DOs, PTs and other specialists—to get a complete picture of your cases. Expect that same collaborative feel at ACFAS 2016 where a dozen non-DPMs specializing in rheumatology, radiology, infectious diseases and more will share their expertise to give you a well-rounded view in a variety of sessions.

Visit acfas.org/austin now to download the ACFAS 2016 program and put their sessions on your conference schedule!
As an experienced practitioner, I have given a great deal of thought as to where our profession is and where it should be going. Some may say, “this is a dream,” or “that’ll be the day,” but I am hoping it will soon be a reality.

I believe a conversation has to start in order for our profession to continue to grow and move to the next level of maturation. Before saying this is impossible or it should never happen, look inside yourself, as I have, and I think you will agree this must occur.

What is the future of our profession? It is becoming more obvious there is going to be a separation between the surgical and non-surgical foot and ankle surgeon. Similar to the dentists and oral surgeons, there is a need for the surgical and non-surgical podiatrist.

Years ago, surgery was performed by almost all podiatrists regardless of training. The rationale was related to reimbursement; there was a significant difference in the reimbursement for surgical vs. non-surgical procedures. Today, most podiatrists still perform surgery, however, the difference is that the reimbursement of surgery is greatly reduced. One can be quite productive/successful in treating conditions within the office rather than performing surgery.

Therefore, in order for our profession to move forward, we need to realize some in our profession may elect not to perform surgery. Once we realize this fact, our profession will become stronger. This doesn’t mean we should change the education model of our profession; in fact, it is even more critical to continue to improve the quality of our medical school education. Every student must graduate with the same skills and knowledge in order to diagnose and treat every condition involving the foot and ankle, which includes maintaining the three-year residency model. However, not all will be performing surgery; there is no harm in referring patients to skilled surgeons once conservative measures are exhausted.

Every medical school graduate should have the right to be educated to the best of his or her ability. As in allopathic medicine, not every orthopaedic physician completing their residency becomes a surgeon. They realize, either by choice or circumstance, that surgery is not for them. However, they are still able to treat patients successfully and are integral parts of the healthcare system.

Is there anything wrong with the idea of both surgical and non-surgical podiatrists? I don’t think so, and I’ll give you a simple example: A patient comes into the office with heel pain. We realize most cases are treated successfully without the need for surgery. Treating the symptomatic patient with injections, orthotics, night splints, physical therapy, etc. is a productive process. But when this treatment fails, the patient is then referred to one of your partners who routinely performs surgery for treatment. The reality is the procedure itself pays minimally in relation to all the conservative modalities performed.

This is a maturation process of our profession. It won’t be palatable for some, but I believe it is necessary. I feel we need to head toward this direction in order for our specialty to move forward and be completely integrated into the healthcare system.

Please understand this is not a concept in which those who do not perform surgery are second-class citizens, and it is not about each of us individually and our egos. It is about what’s best for our profession.

Our surgical decision-making is often times judged in our greater medical community, and the results that are produced. We need to look inside our own home in order to move forward — our profession will be that much stronger once we have completed this significant journey.
Preconference Workshops — A Perfect Precursor to ACFAS 2016

Jumpstart your ACFAS 2016 experience and come to Austin a day early for the ACFAS Preconference Workshops on Wednesday, February 10. Refine your surgical technique or conquer coding, all while earning continuing education contact hours and getting an inside look at the excitement that awaits you over the next few days.

Practice Management/Coding Workshop
Dig deep into evaluation and management codes, durable medical equipment and meaningful use attestation, then put your coding skills to the test in an interactive session covering wound care, modifiers and more.
8am–5:30pm, 8 Continuing Education Contact Hours

Diabetic Deformity: Master Techniques in Reconstruction
Gain a new perspective on Charcot foot, rotational and transpositional flaps, amputations and infection management in this cadaveric workshop filled with insightful lectures and hands-on labs. You'll leave confident and reinvigorated in your approach to reconstructive surgery.
7am–Noon, 4 Continuing Education Contact Hours

High-Frequency Foot Surgery Techniques
Brush up on foot and ankle anatomy, complications and revision strategies while learning new and alternative surgical techniques in an intensive, hands-on cadaveric lab. This is your opportunity to receive focused instruction on everything from complex hammertoe with plantar plate repair to tarsal tunnel decompression.
Noon–5pm, 4 Continuing Education Contact Hours

Space for these special preconference workshops is limited, so register today at acfas.org/austin.

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

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

Your Feedback Leads to Two New CCS Topics

Thanks to your 2015 Member and Practice Survey responses regarding clinical consensus statements (CCSs), two new CCS topics—perioperative management and heel pain—are now in development. Andrew J. Meyr, DPM, FACFAS, and Paul D. Dayton, DPM, MS, FACFAS, will chair panels for each of these topics.

Following conference calls, an in-person meeting, and liberal use of email and document sharing, the two panels will write their statements for publication in *The Journal of Foot & Ankle Surgery*. Direct questions about these new projects to Sarah Nichelson, JD, ACFAS director of Health Policy, Practice Management and Research, at sarah.nichelson@acfas.org.

research

Two Opportunities to Share Your Expertise

ACFAS has two exciting opportunities for foot and ankle surgeons to share their expertise on surgical quality measures and medical device technology.

First, the National Quality Forum is soliciting nominations for a standing committee to evaluate new surgical measures and review previously adopted measures addressing surgical events (pre-, intra- and post-surgical care), use of perioperative medications and adverse surgical outcomes. The time commitment to participate is a few hours per week, including four conference calls and one in-person meeting.

Second, the U.S. Food and Drug Administration is seeking College members to provide outside expertise and give clinical and scientific viewpoints on medical device development.

For more information about these opportunities, including expertise requirements and nomination materials, contact Sarah Nichelson, ACFAS director of Health Policy, Practice Management and Research, at sarah.nichelson@acfas.org.
ACFAS members showed sizable increases in their average annual salary over the past three years, with more members making between $150,001 and $500,000. This was one of many findings from the recent 2015 ACFAS Compensation and Benefits Survey compared to the 2013 survey.

The overall average annual salary of ACFAS members is $211,723, with those between ages 36 and 65 earning about $227,000 and those certified in reconstructive rearfoot/ankle earning even more at $261,755.

Members with their own practices reported an average allowance of $50,817 for expenses or profit sharing (in addition to the salary they paid to themselves). This group also reported an average profit shared from the practice of $80,614.

Compared to their 2013 net professional income, 25 percent of respondents said their 2014 net professional income increased by more than 10 percent. Twenty-nine percent said their income increased by between 1 and 10 percent.

Despite these increases, items included in members’ benefits packages decreased significantly across the board since ACFAS’ 2009 survey. IRA, professional dues allowance, CME and malpractice insurance have taken the biggest hits.

Visit acfas.org/compensation to view the complete 2015 Compensation and Benefits Survey Data and stay tuned for more survey highlights in future issues of ACFAS Update.
NYCPM Welcomes ACFAS Board Liaison

The New York College of Podiatric Medicine’s ACFAS Student Club welcomed board liaison John S. Steinberg, DPM, FACFAS, on Oct. 14. He and one of his residents, Joseph Park, DPM, spoke with the club about diabetic limb salvage, resident life and the Central Application Service for Podiatric Residencies. Dr. Steinberg also presented the club with its annual stipend check.

Board liaisons meet with each of the nine podiatry schools throughout the year. Stay tuned for more recaps of their visits in future issues of ACFAS Update.

ACFAS Board Visits Temple University

Temple University’s ACFAS Student Club hosted the College’s Board of Directors and staff on Oct. 23. Board President Richard Derner, DPM, FACFAS, provided club members with an overview of ACFAS, while board member Christopher F. Hyer, DPM, FACFAS, spoke on ankle instability. Board members also took part in a residency directors panel discussion to answer students’ questions about residency programs. Club members then treated the ACFAS board and staff to a tour of the university.

Earlier in the month, Temple’s student club also enjoyed a visit from board liaison John S. Steinberg, DPM, FACFAS, during which he discussed diabetic limb salvage and Medstar’s residency program.
Three cheers to those dedicated members who have been a part of ACFAS for 40 years or more! In honor of their commitment to the College, ACFAS has awarded the following members with Life Membership status:

David V. Chazan, DPM, FACFAS, Rochester, NY
Joel R. Clark, DPM, FACFAS, San Francisco, CA
Warren M. Johnson, DPM, FACFAS, Fremont, CA
Michael H. Kent, DPM, FACFAS, Shelby Township, MI
James R. LaRose, DPM, FACFAS, Upland, CA
Marshall G. Solomon, DPM, FACFAS, Warren, MI
George V. Tsoutsouris, DPM, FACFAS, Highland, IN
Gary A. Wasiak, DPM, FACFAS, Highland, MI
Frederick M. Weil, DPM, FACFAS, Hoffman Estates, IL
Charles R. Young, DPM, FACFAS, Farmington Hills, MI
Kerry Zang, DPM, FACFAS, Mesa, AZ

Don’t stress if you’re short a few CME hours for continued licensure or privileging, ACFAS has your back with the College’s e-Learning portal! Accessible 24/7 from any location, our portal offers you easy and convenient ways to earn CME:

- View our free monthly Clinical Sessions and podcasts
- Download individual Surgical Techniques videos
- Purchase entire Surgical Techniques series on DVD

Just pass an exam and submit it to ACFAS to obtain your continuing education contact hours—on your schedule. Visit acfas.org/e-learning today to get started!
Residency and Fellowship Programs: Can They Coexist and Complement Each Other in the Same Institution?

— Christopher F. Hyer, DPM, FACFAS, Jason R. Miller, DPM, FACFAS and John S. Steinberg, DPM, FACFAS

While the misconception that residencies and fellowships cannot train successfully within the same institution still persists in the foot and ankle surgery profession, three ACFAS members are proving this notion wrong.

Christopher F. Hyer, DPM, FACFAS, Jason R. Miller, DPM, FACFAS and John S. Steinberg, DPM, FACFAS, who each lead both residency and fellowship programs, share their secrets for success.

What motivated you to direct both fellowship and residency programs?

Hyer: Ever since completing a yearlong fellowship myself, I’ve seen the value and importance in this advanced training. I’ve been involved in fellowship training for about 12 years now. It’s a privilege to work with the best of the best each year and to watch them get even better.

Miller: I started the fellowship first. After leaving a high-volume, four-year residency program, I realized not all residency programs have a broad scope of training like I had where all aspects of adult and pediatric foot and ankle surgery are covered. This pushed me to provide more advanced training for postgraduate residents in areas in which they may not have had enough experience.

I started the residency when the shortage crisis began. With two to three times as many candidates out there as there were slots to fill, I decided to do something to help mitigate the situation so no one would go through what some of my classmates did.

Steinberg: I began our research/limb salvage fellowship in 2009. We always had pediatric residents rotate with us from affiliated programs, but it wasn’t until 2012 that I was asked to step into the role of residency program director because the current director was stepping down. It was a natural way to tie together the clinical and academic resources of MedStar Georgetown University Hospital, where the fellowship is based, with the diverse and large hospital setting of MedStar Washington Hospital Center, where the residency program is based.

Is your fellowship program an extension of your residency program, such as PGY-4? Why or why not?

Hyer: I don’t see fellowship as a PGY-4 or extended residency. The point is to expose the fellow to a high concentration of complex reconstructions, refine learned skills from residency and teach new skills to master these types of cases.

Residency is mandatory; fellowship is voluntary. Fellowships are for those who want to get the most training possible and to practice in a situation to use these skills on a regular basis.

Miller: A fellowship shouldn’t be an extension of a residency but an opportunity for foot and ankle surgeons to hone their skills and further themselves beyond what they learned in residency.

Steinberg: No, our fellowship is distinct and separate. The application process is open and not tied to the residency program in any way.

How do you differentiate the roles of PGY-3 chief resident and fellow?

Hyer: I see these as two very different roles. A fellow is really a junior attending or associate within my practice and an attending when it comes to the residents. The fellow serves as another educator to the residents and often has other insights to bring forward. The chief resident is rooted in the residency program and has management responsibilities within the residents. The chief resident is still very much in learning mode, while the fellow is in refinement mode.
**Miller:** In my program, the fellow is more of an assistant residency director than a chief. The fellow is a great sounding board for residents’ research ideas and can promote the inquisitive behavior that leads to research. In my absence, the fellow is responsible for helping the residents in any area seen fit.

**Steinberg:** Our fellowship is primarily research-oriented, while the residency is driven by clinical volume. Fellows generally spend two days per week in the OR to help direct the PGY-2 or PGY-3 working the case so they can develop their teaching skills and serve as a junior attending.

**How do you resolve conflicts between your PGY-3 resident(s) and fellow(s)?**

**Hyer:** It’s important for both sides to embrace the educational process and to realize that everyone learns in different ways. We tend to get a bit greedy about who “has the knife” in each case and think it’s the only way to learn. This is a shortsighted view of education.

**Miller:** I haven’t experienced any conflicts either. However, if a conflict were to arise with another residency program, I would likely resolve it with the program director or with the chief of the section.

**Steinberg:** Our residents and fellows have very distinct roles, so conflicts usually don’t arise. However, if a concern existed, both the residents and fellows know they can approach their program leadership about it anytime.

**What list of procedures/surgeries would you perform with a fellow versus a senior resident and why?**

**Hyer:** I don’t differentiate which procedures are performed by fellows versus chief residents. It all depends on individual aptitude. In many cases, I’ll allow the fellow to teach the chief as I take a more supervisory role. In other cases, I’ll take the lead in actively teaching both fellows and chief residents.

**Miller:** Typically, I don’t allow residents to perform total ankle replacement or messy complex trauma cases. Fellows work on these instead with my guidance and resident assistance. Less complex cases can typically proceed with the fellow providing more of the oversight and I can take the backseat.

**Steinberg:** The fellow directs and teaches during the same cases in which the resident takes the lead clinical role.
Board Nominees Announced

After careful review of applicants to serve on the ACFAS Board of Directors, the Nominating Committee recommends these four Fellows for three positions in the electronic election:

Christopher L. Reeves, DPM, FACFAS (Incumbent)

Randal L. Wraalstad, DPM, FACFAS (Incumbent)

Paul D. Dayton, DPM, FACFAS

Thanh L. Dinh, DPM, FACFAS

Two three-year terms and one one-year term will be filled by election. Candidate profiles and position statements are available at acfas.org/nominations. The ballot order and appearance are prescribed in the bylaws. Eligible voters may cast one, two or three votes on their ballot. Regular member classes eligible to vote are Fellows, Associates, Emeritus and Life Members. For information on nominations by petition, see acfas.org/nominations.

Online voting will take place from November 30 to December 30. All eligible voters will receive an email with special ID information and a link to the election website. After logging in, members will first see the candidate biographies and position statements, followed by the actual ballot. Eligible voters without an email address will receive paper instructions on how to log in to the election website and vote. There will be no paper ballots.

The 2015 Nominating Committee included:

Thomas S. Roukis, DPM, PhD, FACFAS, Chair
Michael J. Cornelison, DPM, FACFAS
Richard Derner, DPM, FACFAS
John T. Marcoux, DPM, FACFAS
L. Jolene Moyer, DPM, FACFAS
Harry P. Schneider, DPM, FACFAS
Julie A. Wieger, DPM, FACFAS

If your practice or home contact information has recently changed, be sure to update your ACFAS member profile by logging into your account at acfas.org.

While you’re in your member profile, you can:

- Update any email addresses you use (work or personal) as well as your fax number and your work, home or cell number.
- Confirm you’re receiving your Journal of Foot & Ankle Surgery and ACFAS Update at your preferred address.
- Make your contact information available to your colleagues through the College’s online membership directory by clicking “Yes” to the Members-Only Directory.
- Include yourself in the “Find an ACFAS Physician” search tool on FootHealth-Facts.org. Just click “Yes” for “Consumer Physician Search.”

Let the College know about any appropriate updates throughout the year to stay connected with peers, potential patients and ACFAS!

In Memory

Joseph W. Reynolds, DPM, FACFAS
Visalia, CA
Pay Your 2016 Dues by Dec. 31

Before you ring in the New Year, be sure to pay your 2016 dues. If you’re an Associate or Fellow member, you should have already received your dues reminder in the mail. Pay online at acfas.org/paymydues or via mail or fax by Dec. 31, 2015 and continue to enjoy the many valuable benefits your ACFAS membership provides.

Find Your Career or Candidates at ACFAS Job Fair

Employers and jobseekers—find your perfect match at our third annual Job Fair during ACFAS 2016. Hosted in the Exhibit Hall by PodiatryCareers.org, an ACFAS Benefits Partner, the Job Fair allows you to post open positions and resumes (electronically and on bulletin boards) and to arrange potential interviews onsite using PodiatryCareers.org’s online scheduling tool.

If you can’t make it to ACFAS 2016, don’t worry—all positions and resumes listed within the Job Fair are posted to PodiatryCareers.org after the conference.

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

New Fellowship Program Receives Status with ACFAS

The following fellowship meets the minimal requirements to be granted Conditional Status with the College:

- CHI Franciscan Health Foot & Ankle Fellowship, Federal Way, WA
  Program Director: Byron Hutchinson, DPM, FACFAS
  acfas.org/fellowshiphutchinson

All Conditional Status programs are considered for Recognized Status with ACFAS by the Fellowship committee after the first fellow matriculates through the program.

Also, two ACFAS Recognized fellowship programs recently changed program directors:

- SSC Sports Medicine Fellowship, Irvine, California
  The program director changed from Michael Heaslet, DPM, FACFAS to Austin Hewlett, DPM, FACFAS.
  acfas.org/fellowshiphewlett

- University Hospitals Richmond Medical Center Fellowship, Concord, Ohio
  The program director changed from Jonathan Sharpe, DPM, FACFAS to Mark Mendeszoon, DPM, FACFAS.
  acfas.org/fellowshipmendeszoon

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.
New Infographic on Diabetic Foot Care Makes Patient Outreach Easy

As part of a nationwide media campaign in honor of National Diabetes Month, ACFAS released a brand-new infographic, *The Dos and Don’ts for Diabetic Foot Care*.

This latest free promotional tool is available for download in both English and Spanish in the ACFAS Marketing Toolbox and on FootHealthFacts.org. Share the infographic with your patients and post it to your social media channels to streamline your patient education efforts. You can also print the infographic and hang it in your exam and waiting rooms.

More infographics will be added to the Marketing Toolbox throughout the year. Refer to the Infographics section at acfas.org/marketing for new releases and updates.

[Image of infographic]

**acfas.org/marketing**
Using Telemedicine? We Want to Hear from You!

Telemedicine in practice can take many forms, including email, smartphones, video conferencing and other types of electronic communication. ACFAS is beginning to gather information on how foot and ankle surgeons use telemedicine. If you use telemedicine in your practice, please contact Sarah Nichelson, JD, director of Health Policy, Practice Management and Research, at sarah.nichelson@acfas.org.

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One CD with 11 surgical topic descriptions, including:

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

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- Description of the Procedure and
- Post-Op Instructions

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