



ACFAS Update

VOLUME 26 ISSUE 3

NEWS from the AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS

New Total Ankle Arthroplasty Course Is the Total Package

Next-level surgical education starts in our new course, *Total Ankle Arthroplasty* (TAA), scheduled for September 6–8, 2019 at the Science Care Lab in Denver.

Work alongside instructors Drs. Larry DiDominico, Steve Brigido, Chris Hyer, Al Ng, Jason Miller, Ben Overley and Tom Roukis, all of whom bring special skillsets and cutting-edge techniques, as you perform implantation of all seven ankle replacement systems (five primary and two revisions) in a cadaver lab.

See how TAA can help manage degenerative, posttraumatic and systemic ankle

arthritis and better understand what to do before, during and after surgery.

Also learn:

- The indications for TAA versus ankle fusion
- When to use supplementary procedures
- How to resolve any complications that may arise

This course is worth 18.5 continuing education contact hours and is limited to 16 participants. Visit acfas.org/skills for registration details.



Total Ankle Arthroplasty Surgical Skills Course

Apply Today

September 6-8, 2019
Science Care Lab - Aurora, Co

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PAY IT FORWARD



Professionally speaking, what drives us? Where does our passion lie? What really moves the needle for us in our professional lives? Some may say the next innovative surgery, while others may say seeing improved patient outcomes. For me, it is being a mentor, teaching and watching young surgeons develop their own thought process and surgical skillset.

It's this passion that brings me to one of my favorite times of the year—springtime. A time for honoring mothers, watching baseball and seeing graduating residents and fellows set sail into the world as foot and ankle surgeons.

In training programs, yesterday went by too fast and tomorrow never comes. Well, I am here to tell you that tomorrow is here today—where the decisions and successes are yours, and so are the failures, but the learning never ceases.

Personally, my residency training had many endless days and many lessons that I carry every day. I was blessed with mentors who were dedicated to resident education and made certain we were all prepared for what lie ahead. But as I reflect on that time in my life, it's humbling to think about the passion, desire and unwavering patience my mentors

expended to develop young surgeons who likely already thought they were exceeding at their skills. Perhaps, that is the secret?

Today, as I reflect back three years ago when our graduating residents began this journey, I see two individuals who are not the same people as they were then. Two individuals who have developed into fine surgeons with decision-making skills that will soon be put to the test. They are ready for those challenges because of their mentors who, like mine, had the passion to teach them in such an efficient manner that they can do so without pupils realizing they are being taught. A formula of subtle encouragement, selective (sometimes not so selective) criticism and a lot of implied pressure, which equates to thinkers and doers. As a surgeon, their development has been inspiring to watch.

Everyone reading this is a leader, teacher and educator affecting people we interact with daily. People, patients, colleagues, employees, residents and fellows are affected by what we consistently do, and not so much just by what we say. This is a big responsibility, and I challenge all my peers to become a mentor in some way to residents, fellows and young surgeons. I've always learned as much if not

more about a subject when I teach it. If you want to be humbled, have a resident or fellow stump you with a clinical question! I promise it will only happen once. If you want to find more fulfillment in your profession, train residents and postgraduate fellows. Provide them the opportunities to develop deeper skills and knowledge than you have.

Walt Disney once said, “We keep moving forward, opening new doors and doing new things because we’re curious, and curiosity keeps leading us down new paths.” This same holds true in the College. We want to continue finding new paths and to continue encouraging our young members to make lifelong learning a habit. It’s the “pass it along” theory—“If you get, give. If you learn, teach.”

Congratulations to all of those graduating from residency and fellowship programs. Make the ACFAS difference by being a proven leader and a lifelong learner who changes lives. Go make a difference ... and pay it forward!

A handwritten signature in black ink, appearing to read 'Chris Reeves', written in a cursive style.

Christopher L. Reeves, MS, DPM, FCFAS
ACFAS President

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

Register Now for Coding & Billing Seminar

How well do your coding and billing procedures stack up? Find out in the popular seminar, *Coding & Billing for the Foot & Ankle Surgeon*, July 26–27 in Dallas or September 20–21 in Teaneck, New Jersey.

This fast-paced and interactive program shows you how to accurately code and bill for a week's worth of clinics, surgeries, calls, office procedures and complex cases in a foot and ankle surgical practice. Work on actual patient scenarios step by step and learn how to identify gaps in your existing processes that could be affecting your reimbursement.

Danielle N. Butto, DPM, AACFAS, ACFAS Practice Management Committee chair,

considers the seminar a must-attend event for anyone looking to avoid “leaving money on the table” in the OR. “*Coding & Billing* provides insight on how to bill office visits and document them appropriately,” she says. “It’s also a great refresher on modifiers and new codes that take effect each year,” she adds. “Billing and coding procedures change constantly, and this seminar ensures you are on the forefront of those changes.”

Coding & Billing for the Foot & Ankle Surgeon closes with a breakout session dedicated to private practice and multispecialty practice and is worth 12 continuing education contact hours. Visit acfas.org/practicemanagement to view the agenda and to register.

In Memory

Angela C. Dagley, DPM, FACFAS
Webster, TX

2019 EDUCATION PROGRAMS

July 20–21, 2019 (Saturday/Sunday)
Foot & Ankle Arthroscopy **SOLD OUT**
Orthopaedic Learning Center
Chicago, IL

July 26–27, 2019 (Friday/Saturday)
Coding & Billing for the Foot & Ankle Surgeon
Dallas Marriott City Center
Dallas, TX

August 10–11, 2019 (Saturday/Sunday)
Foot & Ankle Arthroscopy **SOLD OUT**
Orthopaedic Learning Center
Chicago, IL

September 6–8, 2019 (Friday-Sunday)
Total Ankle Arthroplasty
Science Care Lab
Denver, CO

September 20–21, 2019 (Friday/Saturday)
Coding & Billing for the Foot & Ankle Surgeon
Teaneck Marriott at Glenpointe
Teaneck, NJ

October 18–19, 2019 (Friday/Saturday)
Foot & Ankle Arthroscopy
Orthopaedic Learning Center
Chicago, IL

October 26–27, 2019 (Saturday/Sunday)
Revision Surgery: Managing Operative Challenges (Advanced Content)
MERC Lab
Chicago, IL

November 16–17, 2019 (Saturday/Sunday)
Foot & Ankle Arthroscopy
Orthopaedic Learning Center
Chicago, IL

*To be waitlisted for sold-out courses, contact Maggie Hjelm at hjelm@acfas.org.

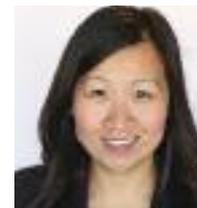
What Are You Worth?



Danielle Butto
DPM, AACFAS



Bela A. Pandit
DPM, FACFAS



Jennifer Van
DPM, FACFAS

We have all heard the saying, “Know your worth—then add tax.” But if you are a foot and ankle surgeon, how do you know if your salary is accurate? ACFAS Practice Management Committee members Danielle Butto, DPM, AACFAS, of Saint Francis Hospital and Medical Center (Hartford, CT), Bela A. Pandit, DPM, FACFAS, of Pandit Foot and Ankle Clinic (Evergreen Park, IL) and Jennifer C. Van, DPM, FACFAS, of Temple University Foot & Ankle Institute (Philadelphia, PA) share their advice for determining salary value.

How can foot and ankle surgeons accurately determine their salary value when transitioning from residency to full-time practice, changing from hospital practice to private practice or vice versa, moving to a different state, etc.? What resources can they turn to for data?

DB: Residents in particular should remember that while they may have great surgical training, bringing on a new practitioner is a cost to any practice. Also, it usually takes time to build a schedule before you start producing for the practice, so your starting salary should reflect that.

Clearly define the skills and expertise you brought to your previous employer when switching practices or negotiating a starting

salary. Refer to ACFAS’ and the Medical Group Management Association’s (MGMA) reports on average salary if needed.

BP: Refer to ACFAS’ salary survey results as well as your state association survey results. The U.S. Bureau of Labor Statistics website can also help you get a general overview of realistic salary expectations. Job boards can give you an idea of the salary amounts being offered nationwide.

To determine your personal value, you must research the environment in which you intend to work and your level of experience. For example, if you are coming out of residency with no experience, no patient following and very limited knowledge of practice management, you should expect to earn less in a private practice versus a hospital. After you gain more experience, you should be able to earn more.

The same rules apply when moving to a different practice, state, hospital or other scenario. You need to look at the environment you will be working in and what you can bring to the practice. To do this, you need to understand your price per patient visit (PPV), which is basically what you generate per encounter. If you practice routine foot care only, you will have a lower PPV than if you practice more procedure-based/surgical services. Having a higher PPV gives you

more leverage in terms of salary negotiations. You should also determine if your new opportunity allows you to grow your PPV.

JV: Unfortunately, no magic salary calculator exists as numerous factors contribute to salary value. It should come as no surprise that where you decide to work will affect your salary. Less populated areas provide higher salaries. Other factors that play a role in regional salary disparity include physician density, competition and differing fees for service payments from Medicare.

Salaries can vary depending on the type of practice you join (hospital, private practice, academia, multidisciplinary group, orthopaedic group, etc.). I suggest talking to as many people as possible, especially residency directors in the area, because they may be more acutely aware of starting salaries.

How can foot and ankle surgeons stay ahead of changes, uncertainty or instability within the economy and job market? What can they do to always remain in high demand?

DB: I think it is important to always improve your current skills by attending conferences or courses. Also know the practice you are joining and make sure the job has the work volume to support you as a practitioner.

BP: I am a firm believer in always having a niche that you not only excel at but enjoy. And make sure to advertise this niche. Social media, press releases, health fairs, etc. are all great ways to get the word out. This will ensure a high demand. Refer to the ACFAS Marketing Toolbox at acfas.org/marketing to help with your promotional efforts.

Always try to have other buckets of revenue as well. Never assume you are above anyone and network, network, network! Opportunities exist in the least expected circumstances.

JV: Get involved! Volunteer on hospital committees as well as with national organizations, such as ACFAS. The more involved you get, the more you are in the know when it comes to changes or uncertainty. The added benefit is that while meeting more physicians, you are simultaneously networking and building your practice. Also, take advantage of educational opportunities, such as conferences, courses, etc. Not only will your skillsets improve, but you are also increasing your value as an employee.

What can foot and ankle surgeons do to successfully negotiate salary or an employment contract?

DB: Knowing the trends is always helpful, such as the average salary for someone x amount of years out of training in your area.

BP: Besides knowing your PPV and your potential to increase it, be realistic in your expectations. Keep a small list of non-negotiables that are important to you, but be flexible on others. Sometimes an employer's benefits add up to a significant amount and you may be offered a lower salary. See if any of those are insignificant to you or unnecessary.

Be confident in presenting what you can add to the practice. Highlight specialty training or your niche that the place of employment would benefit from but maybe does not have. Be sure to research the practice ahead of time and explain what value this would mean in large terms.

Most importantly, present yourself as someone who will self-advertise and will continue to generate new patients.

JV: Take a realistic look at what you truly have to offer the practice. This can be anything from new patients and primary care provider referrals for a seasoned surgeon or simply a “go get them” positive attitude from a newly trained surgeon. For instance, a foot and ankle surgeon who has recently completed residency training or fellowship can demonstrate his or her eagerness to build the practice by offering weekend or evening hours.

What advice do you have for foot and ankle surgeons who are unsure how to estimate their worth or who may be selling themselves short?

DB: Look at ACFAS' and MGMA's data and keep a record of what you bill, collect and produce so you can compare that to the salary you are actually making.

BP: This is when it is important to ask your peers who are in similar situations.

JV: Know that you bring value to any practice you join. The surgical skillsets you learn, develop and perfect in residency make you an asset. Still, try to ask as many questions as possible to as many people who are willing to answer them to get a better idea of the supply and demand in your area.

Refresh Your Practice's Marketing Efforts with Spring FootNotes

Draw new patients out of hibernation and into your office with the spring edition of *FootNotes*. Available for download now in the ACFAS Marketing Toolbox, this latest issue features the following articles:

- *Enjoy Pregnancy Without Foot Pain*
- *High Ankle vs. Lateral Ankle Sprains: What's the Difference?*
- *Healthy Feet Can Reduce Seniors' Risk of Falling*

Customize the editable box on page 2 of *FootNotes* with your practice's contact information then:

- Post the issue on your practice's website and social media pages
- Leave printed copies in your office or include them with billing statements
- Distribute copies at any upcoming spring health events or speaking engagements you have scheduled in your community

Head to acfas.org/marketing for infographics, PowerPoint presentations, healthcare provider referral tools and many other free resources to help your practice bloom and thrive no matter the season.

RVUs Explained



Michelle Detweiler
DPM, FACFAS

Relative value units (RVUs) can often cause confusion, but they are a necessary component in determining foot and ankle surgeons' compensation.

At their most basic, RVUs are a measure of value used in the Medicare reimbursement formula to calculate payment for physician services. RVUs fall into three categories:

- 1. Work RVUs.** These reflect the relative time and intensity associated with providing a medical service.
- 2. Practice Expense RVUs.** These reflect the costs of maintaining a practice (rent, office supplies, medical equipment, etc.).
- 3. Malpractice RVUs.** These reflect the cost of malpractice insurance.

ACFAS Practice Management Committee member Michelle D. Detweiler, DPM, FACFAS, breaks it down even further. "Each of the three RVU types is adjusted to account for geographical differences in the

costs of practicing medicine in different areas of the United States," she explains. "These adjustments are called Geographic Practice Cost Indices (GPCIs)."

Each RVU type has a corresponding GPCI adjustment, and Congress uses this to set the conversion factor value—or what RVUs amount to in dollars—annually. Foot and ankle surgeons can stay up to date on conversion factors by referring to the annual physician fee schedule available on cms.gov.

In large group and hospital employment models, work RVUs are used not only to analyze physician productivity, but in many cases, to draft contracts, notes Dr. Detweiler. "Salaries and bonuses are often based on work RVUs," she adds.

Work RVUs come into play in private practice because insurance contracts generally base their payments on the conversion factors given in the annual physician fee schedule.

Private practitioners also need to be sure that their contracts adjust annually based on the change in RVUs.

Work RVUs can also be used as bargaining points when negotiating an employment contract. "Residents and fellows should look to the work RVUs of an established foot and ankle surgeon whose practice is similar in training and goals," Dr. Detweiler advises. "Current practitioners can take work productivity for a year, convert it to work RVUs and compare it to industry guidelines."

Based on the the results of the ACFAS 2018 Practice Economics and Insights Survey, the majority of the responding employed practitioners, with the majority of income based on RVUs or work RVUs, produced 5,000 to 10,000 RVUs in 2017. "It will be interesting to see how work RVUs will further factor into foot and ankle surgeons' compensation over the next two to three years," closes Dr. Detweiler.

“It will be interesting to see how work RVUs will further factor into foot and ankle surgeons’ compensation over the next two to three years.” — Michelle D. Detweiler, DPM, FACFAS

Grab Your Spot at the 2019 Arthroscopy Courses

Experience the unique learning environment at the Orthopaedic Learning Center in Rosemont, Illinois. Register now for our October or November *Arthroscopy of the Foot and Ankle* courses—the gold standard in arthroscopy training.

ACFAS thought leaders host didactic and hands-on laboratory learning in this interactive course. A debriefing and case discussion the first night allow you to share and discuss your own arthroscopic radiographs.

This course fulfills privileging requirements and is worth 16 continuing education contact hours. Secure your spot today at acfas.org/skills and prepare to elevate your surgical technique.

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MARKETING TOOLBOX TALK

Each issue of *ACFAS Update* answers a question about how to market your practice and generate referrals from other healthcare providers. This issue's featured Q&A explains how to set and track an advertising budget for social media.



Q: I would like to advertise my practice on social media. How do I set and track an advertising budget?

A: Just like with any form of advertising, you can spend as much or as little as you would like to boost a post. Before you decide to spend any money, make sure it makes sense for your practice and your audience.

Once you decide to spend a little money, watch the analytics carefully to be sure you are getting the return you would like to see. If an ad is not performing as you expected, take it down and post something different. This is a great way to test and learn what works for your audience.

For more practice marketing tools, visit acfas.org/marketing.

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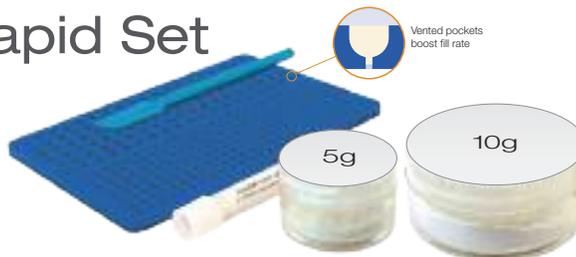
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ACFAS Marketing Toolbox in Action



Philip J. Parr
DPM, MS, AACFAS

Philip J. Parr, DPM, MS, AACFAS, is one ACFAS member who is making the College's free marketing resources work for him and his practice. ACFAS' *Take a New Look at Foot & Ankle Surgeons* video is posted on the homepage of his practice's website, texasfootdoctor.org, as well as on his practice's social media channels. He also regularly uses the items from the ACFAS Marketing Toolbox to educate his patients and help increase referrals.

"We've received such a positive response to the *Take a New Look* video from patients, staff and surrounding hospitals and clinics," he says. "The video presents a great overview of who we are and what we do, and it does so in a professional, well produced format."

He distributes the patient health information, infographics, *Take a New Look* fact sheets and *FootNotes* newsletter from the Marketing Toolbox to his patients with their care plans and directs them to FootHealthFacts.org for

foot and ankle health tips and information. He also shares FootHealthFacts.org's social media posts on his practice's Facebook page.

"ACFAS offers so many free, easy-to-use tools that help us educate our patients, market ourselves as foot and ankle surgeons and unify the profession," notes Dr. Parr. "If you're looking to attract new patients to your practice or to drive traffic to your website, head to the Marketing Toolbox and start putting these tools to use."

We'd love to hear how you use the ACFAS Marketing Toolbox. Share your story with Melissa Matusek, director of Marketing and Communications at melissa.matusek@acfias.org.

news from the college

JFAS Upgrades to Editorial Manager®

Authors, editors and reviewers for *The Journal of Foot & Ankle Surgery (JFAS)* can now look forward to a more streamlined manuscript submission and peer review process thanks to Elsevier's new *Editorial Manager®* platform. This cloud-based content management system improves communication between authors, editors and reviewers and manages metadata and files, as well as prepress and digital workflow steps.

"*Editorial Manager®* combines cloud-based submission, reviewing, editing and correspondence functions so these processes

flow much more smoothly and efficiently," says D. Scot Malay, DPM, MSCE, FACFAS, *JFAS* editor.

Specifically, *Editorial Manager®* allows:

- Authors to submit manuscript files, forms and metadata and to act on revision requests
- Editors to review submissions, assign reviewers and make and communicate decisions to accept, revise, transfer or reject manuscripts
- Reviewers to work on manuscripts, accept or reject assignments (without logging in), flag their own availability and special-

ties for editors and perform and submit all review tasks directly in the system

Most importantly, notes Dr. Malay, the new system tracks editorial activities and compiles data for statistical analysis. It also enables authors, editors and reviewers to procure reports, check information using online databases, track citations and compare text with prior publications. "*Editorial Manager®* is robust and user friendly, and I'm pleased it's now in effect and available for our use," he says.

Learn more about *Editorial Manager®* and its features at jfas.org.

1990S

PAST
PRESIDENT
PROFILE

Gary S. Kaplan, DPM, FACFAS

When your father was the one who opened the first podiatric teaching hospital and residency program in the United States, it is safe to say that foot and ankle surgery is in your DNA. Gary S. Kaplan, DPM, FACFAS, a past ACFAS president and son of the late Earl G. Kaplan, also a past ACFAS president and one of the College's founders, knew early on that he wanted to follow in his father's footsteps.

His father's passion for the profession and for giving back inspired Dr. Kaplan to not only become a foot and ankle surgeon himself, but to volunteer with the College. He took on various leadership roles within ACFAS and eventually became ACFAS president in 1991. During his term, Dr. Kaplan worked hard to push through legislation at the national level that would give foot and ankle surgeons parity with MDs and DOs.

Today, he is one of the driving forces behind the American Podiatric Medical Association (APMA) Government Education Fund (GEF), which supports education of members and of

Congress through lobbying activities, and the Kaplan-Clarke-Foster Invitational Golf Tournament, which raises funds to bring foot and ankle surgeons to Washington, DC to, as Dr. Kaplan says, "pound the pavement for podiatry." "I would like to ask ACFAS members to join us in supporting this event," he adds, "so we can continue to be effective at the federal level, such as with the passing of the VA bill, which was signed into law by the president."

He also still practices and has led a residency program for 38 years with more than 200 surgical residents trained to date. "Training residents is one of the best ways to advance the profession," says Dr. Kaplan, "and I will always support it."

In the time since his term as ACFAS president ended in 1992, Dr. Kaplan has seen many changes within the profession, some better than others. One example he notes is how challenging it can be for foot and ankle surgeons to work with the insurance industry. "We often need to jump through hoops to get

paid, which leaves many receiving the short end of the stick," he explains. "However, over the past 26 years or so, surgical techniques and training have advanced 10-fold. We're recognized more as experts in foot and ankle surgery, and MDs, DOs and Congress accept us more as doctors."

Much like his father and mentors Dr. Irv Kanat and Dr. Robert Weinstock instilled in him, Dr. Kaplan encourages both new and seasoned foot and ankle surgeons to always give back. This means volunteering for leadership positions within organizations like ACFAS, training and mentoring peers, conducting research and continually refining one's own surgical skills.

But for the profession to truly flourish, Dr. Kaplan reminds foot and ankle surgeons to look inward. "Be who you are, not someone else," he closes, "and you'll see just how fulfilling a career in foot and ankle surgery can be."



“Be who you are, not someone else, and you’ll see just how fulfilling a career in foot and ankle surgery can be.”

— Gary S. Kaplan, DPM, FACFAS

New Infographic Shows Patients How to Protect Their Feet from Lawnmower Injuries

With blades that spin at 3,000 revolutions per minute and the potential to produce three times the kinetic energy of a .357 handgun, a power lawnmower can pose grave danger to unprotected feet.

ACFAS' newest infographic, *Keep Your Feet Safe from Lawnmower Accidents*, available now in the ACFAS Marketing Toolbox, gives patients sensible tips to keep their feet safe when using a power lawnmower. Download

this infographic at acfas.org/marketing then print and display it in your office, distribute copies to your patients and referring physicians or post it on your social media sites. The infographic also includes an editable box in the lower righthand corner for your office's contact information.

Access our complete infographics library at acfas.org/marketing plus PowerPoint presentations, healthcare provider



marketing tools and the *FootNotes* patient newsletter to boost your practice marketing efforts throughout the year.

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ACFAS Update

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Benefits Partners

Get details about these member services at [acfas.org/benefitspartners](https://www.acfas.org/benefitspartners).



Officite



in this issue



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