THE NATIONAL TODAY

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OFFICIAL NEWSPAPER OF THE APMA ANNUAL SCIENTIFIC MEETING

APMA
American Podiatric Medical Association

THURSDAY
JULY 27, 2017

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#APMA2017

Welcome to Nashville

Nashville welcomes you to the APMA 2017 Annual Scientific Meeting (The National). The National is a must-attend event for podiatrists. From offloading workshops, to a surgical blitz, to expert practice advice, to robust dermatology content, The National covers the field of foot and ankle care.

Be sure to join us for the kick-off at the Opening Address at 8 a.m. on Thursday in Presidential D. Our colleague Rob Conenello, DPM, will share his moving experience as a physician turned patient. You won't want to miss the lessons Dr. Conenello gleaned from his battle with cancer, which we can all apply with our own patients. After the Opening Address, attend the grand opening of the exhibit hall.

Come out to support your alma mater at a friendly competition during the inaugural Podiatry School Student Quiz Bowl from 5:45–7:30 p.m. on Saturday. Enjoy the latest science shaping the practice of podiatry at Track 1: Oral Abstracts Presentation at 10 a.m. on Friday and the Poster Abstracts Symposium at 1 p.m. on Saturday. With more than 110 abstracts submitted this year, the science at The National is the best podiatry has to offer. Young physicians will enjoy the return of Young Physicians' Lunch-and-Learn sessions Thursday and Friday, as well as content tailored to their needs throughout the program.

Speaking of lunch, if you didn't sign up

see **WELCOME,** page 4

Aiming for Great

Physician grows after experiencing life as a patient

Robert Conenello, DPM, had his greatest learning experience when his life turned inside out. He became a patient forced to deal with a devastating cancer diagnosis, a challenge he will share in his Opening Address, "Do Great Things."

"I think we should have a personal war against *average*," Dr. Conenello said. "Whatever endeavor we are trying to fulfill, it should be attempted with maximum effort. As doctors, fathers, husbands, and athletes, we need to do more than expected. Since my children have been young, I have always urged them to do great things."

Robert Conenello, DPM

It is a simple adage that can apply to anyone in any situation, and one he hopes that attendees will take to heart.

"We as physicians have been given a great opportunity to touch lives. I will continue to do all I can to instill in others the passion to live life to its fullest by interacting with each other in a positive and mutually beneficial way."

Opening Address
8–9 a.m. Thursday
Presidential D

In 2012, Dr. Conenello, a past president of the American Academy of Podiatric Sports Medicine and an avid

see **OPENING SESSION,** page 7

Role of Biomechanics, Orthotics

Biomechanics is important; custom orthotics for heel pain are not

Two Breakfast Symposium presentations will stimulate discussion as they explore the importance of following biomechanics during diagnosis and studies showing that using custom orthotics and corticosteroid injections may not be the best treatments for heel pain.

The Foundation of Biomechanics

In "Standards of Care in Biomechanics," Mark J. Mendeszoon, DPM, will examine how the mechanics of the foot and ankle can affect the lower extremities, including the back. He will also evaluate their impact on overuse injuries. Dr. Mendeszoon specializes in sports medicine, biomechanics, and surgery, and is a senior partner at Precision Orthopaedics Specialties, Chardon, OH. He will focus on boot mechanics and two newer theories—Kirby tissue stress and Dannenberg's sagittal plane.

"I will tell people what I try to utilize and how I visualize people when I do my

see **BIOMECHANICS,** page 5

INSIDE

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Do you know where your products are made? Gordon Laboratories is proud to say we manufacture all of our products in the USA. We manufactured the first pharmaceutical specialty line for podiatry more than sixty years ago in suburban Philadelphia, and today we produce the largest selection of topical podiatric pharmaceuticals.

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See what's NEW in our Booth 1015

Treating Complex Wounds, Gas Gangrene

Presentations to explore the challenges to treatment, healing

Successfully managing wounds using split thickness grafts and learning to diagnose and treat gas gangrene will be examined Thursday during a Wound Care track.

Track 1: Wound Care
10–11:30 a.m. Thursday
Tennessee C

Split Thickness Grafts

Treatment advances can come at a price. For the use of synthetic skin grafts, the price may have to be paid out of a patient's pocket because insurance does not cover the use of synthetics. A reliable option is to use an established treatment covered by insurance—split thickness wound grafts.

"The focus will be on managing diabetic wounds and other complicated wound sites for patients who have otherwise failed all other measures," said Joshua Moore, DPM, clinical assistant professor of surgery and assistant dean of educational affairs at Temple University School of Podiatric Medicine. "You should not be afraid of being aggressive surgically with these complicated wounds."

In "Split Thickness Skin Grafts in Wound Care," Dr. Moore will use a case study of a patient with diabetes to demonstrate management techniques, starting with diagnosis and continuing through surgery, healing, and post-operative follow-up.

"Recovery requires being absolutely non-weight bearing until the wound is healed," Dr. Moore said. "If the patient is a healthy person, it is one thing, but if the patient has diabetes, you need to be strict. You need to have weekly check-ups."

Gas Gangrene

Gas gangrene is a bacterial infection that produces gas in the tissues. Its victims face emergency surgery, a long period of healing, possible amputation, and even death. In her presentation, "Gas Gangrene," Kimberlee Hobizal, DPM, MHA, will explain how to identify the condition, which organisms cause it, and how to treat it.

Dr. Hobizal, of ASP Orthopedics and Sports Medicine, Beaver, PA, will examine treating patients in an acute setting using operative debridements and in a chronic setting using routine wound care. Using case studies from her practice, she will walk through a diagnosis, physical exam, diagnostic imaging, surgical intervention, and follow-up treatment.

Gas gangrene is the result of a progressive buildup of gas in tissue that leads to necrosis. The gas-causing bacteria come in several forms, but the most common is the clostridium perfringens bacteria.

About 1,200 cases of gas gangrene are diagnosed annually in the United States, and the majority are in the lower extremities, most often from a wound that was not addressed in a timely manner. Often, it is a wound that is chronic in nature or has extended to the bone.

"First and foremost, the patient must be taken to the operating room and an extensive operative debridement needs to be done to salvage the limb. It is a very serious infection, and it can be deadly," Dr. Hobizal said. "Typically, we see the wound on the bottom of the foot because that is the area that is exposed to most pathogens. Most commonly, it is in patients who have neuropathy."

Patients with gas gangrene often have multiple comorbidities and are unaware of the wound because they lack feeling in the lower extremities. The wound is commonly discovered when it emits a foul odor.

Healthy patients can develop gas gangrene from an injury, such as a wound on the foot that occurs while swimming in a river or a lake.

"Surgery is really the only option," Dr. Hobizal said. "If the X-ray shows any type of emphysema or gas bubbles, that is a red flag saying this patient needs to go to the operating room urgently, probably within two hours.

"Treatment is usually debridement and excision, with amputation in some cases where the infection is extensive. Post-operatively, antibiotics specific to the pathogen are needed."

A hospital stay of five to seven days is common because the patient often needs multiple debridements and wound cultures, Dr. Hobizal said. His or her labs need to be monitored, and wound care is needed after the infection is eradicated.

"The big takeaway from this is the importance of understanding the urgency of the situation. Gas gangrene is a surgical emergency. The faster it is recognized, the better the prognosis is for the patient." ■

WELCOME

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to attend one of the five great non-CECH lunch symposia we're offering Thursday, Friday, and Saturday, be sure to join us at 12:45 p.m. Thursday and Friday at the APMA booth (#1027) for our social media workshops.

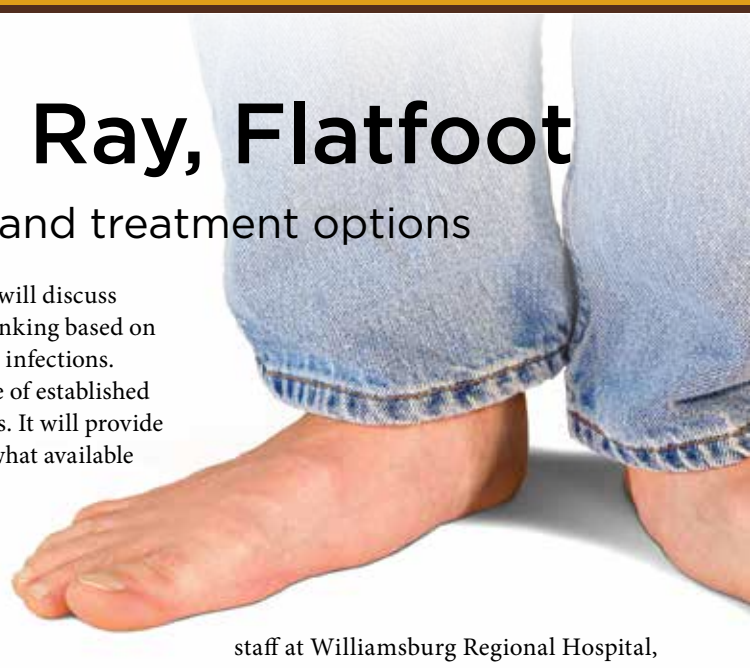
Enjoy the benefits of the MACRA/MIPS Update at the Breakfast Symposium at 7 a.m. on Sunday, followed by our renowned Coding Seminar and Ethics presentation at 8:30 a.m.

Be sure to take some time to peruse our exhibit hall and thank the nearly 200 companies on hand to share their products and services, and support podiatric medicine. Please thank our outstanding sponsors who have made this event possible. You'll have a dedicated chance to enjoy the exhibit hall, along with light refreshments and live music, during our Exhibit Hall Mix and Mingle event from 4–5:30 p.m. on Thursday. Breakfast will be provided at 7 a.m. on Saturday in the exhibit hall. The hall closes at 11 a.m.

For a complete schedule, check out our Final Program (available at the registration desk) or download our APMA Meetings app from the App Store or Google Play Store. Our app also offers regular notifications of changes to the schedule or locations. ■

Dealing With First Ray, Flatfoot

Surgeons to share tips for diagnosis and treatment options



Two surgery presentations in Thursday's Foot and Ankle track will look at managing infections and non-union of the first ray and osteotomy options for repairing flatfoot deformities.

First Ray Infection, Non-Union

Jacob Wynes, DPM, MS, will present "Management of Infection and Non-Union of the First Ray," focusing on biologic considerations for infection and non-union, and ways to recognize them. He also will provide practical treatment options.

Track 4:
Foot and Ankle Surgery
10–11:30 a.m. Thursday
Tennessee A

Dr. Wynes, an assistant professor of orthopedics at the University of Maryland School of Medicine, Baltimore, will use case studies and explain the development of novel management approaches.

"Infection and non-union are mutually exclusive events, but they can overlap," he said. Approaches Dr. Wynes will discuss include out-of-the-box thinking based on literature for hip and knee infections.

"There will be a mixture of established as well as novel procedures. It will provide a good understanding of what available options there are in managing these two entities," he said. "There are guidelines that have been developed from other areas extrapolated to the management of the first ray. There is substantial evidence to support a lot of these modalities."

Surgery for Flatfoot Deformities

Michelle L. Butterworth, DPM, will explore "Medial Calcaneal Displacement Osteotomy," in which she will discuss indications for using the procedure and how it is performed.

"This is a highly effective procedure when it is properly indicated. You get adequate correction, it has high success rates, and with the proper technique you can minimize complications," said Dr. Butterworth, chief of the medical staff at Williamsburg Regional Hospital, Kingstree, SC.

The procedure is best used to deal with stage 2 posterior tibial tendon dysfunction. In a physical exam, if the patient has any tibial posterior dysfunction, the strength of the tendon should be assessed, she said.

"If it is a flexible deformity where I can still do a flatfoot reconstruction, then this osteotomy is one of the procedures I use to correct the deformity," Dr. Butterworth said.

In her presentation, Dr. Butterworth will explain the techniques she uses, surgical tips, fixation options, and dealing with complications. ■

The Power of Stem Cells

Understanding cellular senescence contributes to healing

Managing foot ulcers, particularly in patients with diabetes, is one of the great challenges facing podiatric physicians. Cellular senescence is the major barrier to the healing process for these wounds, but the use of Mesenchymal stem cell grafts has the potential to overcome that barrier for better outcomes.

During Thursday's Breakfast Symposium presentation, "Cellular Senescence," Matthew J. Regulski, DPM, medical director of the Wound Institute of Ocean County, Toms River, NJ, will provide a better understanding of cellular senescence's role in chronic diseases.

Breakfast Symposium 1
6:30–8 a.m.
Thursday
Presidential A

"Cellular senescence is a key factor in the development of every age-related chronic disease from head to toe—Parkinson's, Alzheimer's, atherosclerosis, and chronic wounds," Dr. Regulski said. "There are disease states that cause chronic inflammation that results in the production of reactive oxygen species.

"One of the most devastating diseases is diabetes, which causes premature aging and rapid cellular dysfunction. That is why patients with diabetes have wounds that are harder to heal and harder to regenerate. It's harder for them to fight infection because the cells are aged, senesced, and tired."

Other causes of cellular senescence are DNA damage, telomere erosion, oncogene activation, infection, radiation, and medications.

"Oncogenes are genes that are activated to prevent tumor formation. Therefore, cellular senescence is evolutionarily an anti-tumor mechanism that activates tumor suppression," Dr. Regulski said. "Cellular senescence is a state of proliferation arrest. Therefore, cells do not grow because they are metabolically active in a pro-inflammatory way."

> "Foot and ankle specialists should understand why we are applying a cellular component to this diseased tissue."
>
> *Matthew J. Regulski, DPM*

The production of these pro-inflammatory proteins can lead to the induction of chronic, sterile, low-grade inflammation and, in the context of obesity, they can lead to the initiation of type 2 diabetes and its deleterious comorbidities. Understanding cellular senescence and chronic inflammation can lead to recognizing one of the contributors to the non-healing diabetic ulcer, he said.

"Because of cellular senescence and non-proliferating cells, the use of living placental stem cell grafts, which have three living cell lines and hundreds of proteins, can have tremendous impact on restoring, repairing, and up-regulating the endogenous regenerative capacity of human tissue," Dr. Regulski said. "Mesenchymal stem cells could be called 'medicinal signaling cells' because they secrete factors as dictated by the inflamed and diseased microenvironment. Therefore, they are able to repair, regenerate, and reconstitute the abnormal cellular component as well as the dysfunctional protein library being secreted by senescent cells."

Dr. Regulski predicts that these types of cells are the wave the future.

"There are more than 700 clinical trials going on right now with Mesenchymal stem cells for all age-related chronic diseases. Foot and ankle specialists should understand why we are applying a cellular component to this diseased tissue. My hope is that everyone will understand why we are doing these types of applications and the power that can come from using stem cells," he said. ■

THE NATIONAL TODAY

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BIOMECHANICS

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workups," Dr. Mendeszoon said. "We want to give people an understanding of how biomechanics is integrated with overuse injuries, and then start to talk about injuries you will see with athletics."

Breakfast Symposium 2
6:30–8 a.m.
Thursday
Presidential B

Having a solid background in biomechanics and sports medicine can help you grow your practice and integrate yourself into the medical and sports medicine community, Dr. Mendeszoon said.

Best Therapies for Heel Pain

The primary treatments for patients with heel pain have long been to use custom orthotics and corticosteroid injections, but recent studies show those may not be the best options.

During the second breakfast presentation, James B. McGuire, DPM, PT, will review the 2014 *Journal of Orthopedics and Sports Physical Therapy* guidelines regarding heel pain and how they differ from the 2008 guidelines.

"This review of the literature has specific implications for podiatric medicine and how we treat heel pain," he said. "Corticosteroid injections do not have the evidence we think they do. Manual therapies and orthotic interventions are much more important, but the data supporting the use of custom foot orthoses as opposed to prefabricated orthoses just isn't there."

The data supporting the use of medial longitudinal arch support and heel cushioning for a short period of time—several weeks—to reduce pain and improve function is strong, but the effectiveness of long-term use of these interventions has yet to be demonstrated.

"The data supporting the use of a one- to three-month program of night splinting had pretty good evidence for heel pain with symptoms of pain on rising and post-static dyskinesia," Dr. McGuire said.

The use of physical agents, such as phonopheresis and lasers, had little evidence to show they were effective, he said. Also receiving low scores were special footwear, rocker soles, cushioned soles, and shoe rotations.

"The recommendation for heel pain is to use manual therapies, night splints, and some form of short-term orthotic management," Dr. McGuire said. "If the patient responds positively to those interventions, then there is no need to move on to a corticosteroid injection, which has limited evidence and may actually be harmful, or a custom orthotic, which is only indicated when the patient exhibits other signs of structural instability and additional types of foot pain." ■

TODAY'S SCHEDULE

6:30–8 a.m.

Breakfast Symposium 1: Wound Care
Presidential A

Breakfast Symposium 2: Biomechanics
Presidential B

8–9 a.m.

Opening Address
Presidential D

9–10 a.m.

Exhibit Hall Grand Opening and CECH Scanning
Convention Center Ryman B1—6

10–11:30 a.m.

Track 1: Wound Care
Tennessee C

Track 2: Biomechanics/Sports Medicine
Tennessee D/E

Track 3: Pain Management
Tennessee B

Track 4: Foot and Ankle Surgery
Tennessee A

11:30 a.m.–1:30 p.m.

Lunch Break and CECH Scanning
Convention Center Ryman B1—6

11:45 a.m.–12:45 p.m.

Non-CECH Lunch Symposium: BBWM™—A Proactive Approach to Support Healing
Presidential B

Noon–1 p.m.

Young Physicians' Trauma and Reconstructive Surgery Lunch and Learn (Non-CECH)
Ryman Studio F

12:45–1:15 p.m.

Social Media 101 Workshop (Non-CECH)
APMA Booth (#1027) in the Exhibit Hall

1:30–2:30 p.m.

Plenary Lecture: Nail Surgery Techniques
Presidential D

2:30–4 p.m.

Track 1: Limb Preservation
Tennessee C

Track 2: Dermatology
Tennessee D/E

Track 3: Public Health/Disparities
Tennessee B

Track 4: Miscellaneous Topics in Podiatric Medicine
Tennessee A

4–5:30 p.m.

CECH Scanning
Convention Center Ryman B1—6

THURSDAY'S CECH SCANNING SCHEDULE

9–10 a.m.
Scanning in the exhibit hall
1.5 contact hours

11:30 a.m.–1:30 p.m.
Scanning in the exhibit hall
1.5 contact hours

4–5:30 p.m.
Scanning in the exhibit hall
2.5 contact hours

QUESTION OF THE DAY

Q: *What quantity of opioid pain medication do you typically prescribe for your post-operative bunionectomy patients?*

"For me, it depends on the patient. Typically, I would prescribe perhaps Oxycodone, 5 mg tablets, # 36 for a typical Austin bunionectomy. If I anticipate that they will have a lot of pain, or if I know it's going to be over a long weekend, I might prescribe more."
Jane Andersen, DPM, North Carolina

"My usual practice is to prescribe # 10 pain pills post-operatively and then try to progress to anti-inflammatories. Additional pain medications will be prescribed after office evaluation to determine need for same."
Dennis Frisch, DPM, Florida

"One alternative: I do not prescribe opioids at all. However, I do not do bone surgery anymore. For any soft tissue procedure or even an injury, I use an NSAID (like naproxen) alternated with Tylenol. This gives an incredible amount of pain relief. When you add ice and a Lidoderm patch, it works even better."
Cary Zinkin, DPM, Florida

Factors of Arthritis Pain

Causes extend beyond the sensitive spots

Patients with arthritis usually receive treatment at the point of their pain, but the source of the arthritis symptoms often can be traced to distant factors, including lower extremity dysfunction and spinal nerve hypersensitivity. The theory of "pseudo-stenosis" will be explained by its creator during the Pain Management track.

Track 3: Pain Management
10–11:30 a.m. Thursday
Tennessee B

Pseudo-stenosis is the dysfunction of the spine that mimics spinal stenosis. It can result from biomechanical dysfunction, which is also one of three components of arthritis pain, said Stuart Goldman, DPM, who will present "Lower Extremity Arthritis and Spinal Stenosis/Pseudo-Stenosis: Understanding and Managing the Three Factors of Arthritic Pain." Dr. Goldman is the author of *Walking Well Again: Neutralize the Hidden Causes of Pain*.

"There are three common factors that affect arthritic pain, and we must deal with two of them—and sometimes all three—to have success," Dr. Goldman said.

The first of the factors is the local pathology of the pain, which can be bone, soft tissue, inflammation, or degenerative arthritis.

"If someone has arthritis in the knee, hip, or ankle, the doctor appreciates it, but does not necessarily investigate what causes it," Dr. Goldman said.

The second factor—biomechanical dysfunction—is linked to the way a person walks, and is usually associated with the seven causes of pseudo-stenosis.

"Even minor biomechanical dysfunction can cause exacerbation of arthritic pain, which one can confirm by treating the distant biomechanical dysfunction properly," Dr. Goldman said.

The third factor is related to spinal nerve compression.

"Both spinal stenosis and pseudo-stenosis can cause nerve compression in the back, which mimics or exacerbates lower extremity symptoms. That exacerbation can include any kind of arthritic presentation."

The key to managing arthritic pain is to consider all three factors, diagnose which are involved, and treat them.

"We should be questioning patients about arthritis and arthritic symptoms of the entire body, not just the feet," Dr. Goldman said. ■

Stay in the Know

The APMA Meetings app is the essential tool for getting the most out of your time at The National. Look for the app in the iTunes store for IOS devices or the Google Play store for Android devices, or visit **www.apma.org/thenationalapp**.

The app has the latest information about sessions, exhibitors, speakers, and more. Use it to set your own agenda for the conference by choosing the sessions you want to attend and vendors you want to visit. With the app, you will receive notifications regarding any change in the schedule and other important information. Also, you can read the latest news from the conference.

If you need help downloading the APMA Meetings app, have questions about how it functions, or want to learn more about APMA's social media platforms, visit the APMA booth (#1027) today! ■

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OPENING SESSION

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athlete, found himself forced into the role of patient as he faced a series of medical maladies.

"As physicians, we are trained to not only understand what the pathology is but, more importantly, why. I knew I had to advocate for myself to first understand the reason I was ill," said Dr. Conenello, who practices at Orangetown Podiatry outside New York City and lives in Ridgewood, NJ.

He first dealt with glossopharyngeal neuralgia, an irritation of the ninth cranial nerve that leads to intense pain in the ear and throat. Two years after surgery, the symptoms returned and his doctor discovered a cancerous tumor in his throat.

His subsequent diagnosis was daunting—30 percent chance of survival, extensive surgery that would take most of his jaw and tongue—and, ultimately, wrong. His doctor had misidentified the particular form of cancer. Surgery was no longer necessary, but radiation and chemotherapy were still looming.

"I utilized my thought pattern as a clinician to think as logically as possible to help my medical team put the pieces together. You realize that all of your training as a physician helps you deal with [a health crisis], but truly it is the support team of family, friends, and patients that helps you move forward."

Dr. Conenello's experience as a patient—particularly one who faced a misdiagnosis—taught him how to be a better physician.

"Communication with our patients is paramount," he said. "Through my journey, I have learned to become a better listener with my patients and realize that they will always help guide you. I have also learned to never discount any of my patients' complaints. Their discomfort is subjective and is real to them."

As the treatment to cure his cancer ravaged his body, Dr. Conenello stuck with his personal mantra. This focus has carried him through his personal and professional life with a positive outlook.

"Of course working hard at your craft is so important, but so is how we interact with each other," he said. "A great thing could be listening better, showing kindness to someone less fortunate, or giving back more than you receive. I would hope that all attendees will realize that it is great to be successful, but in the grand scheme of life, it is much more important to be significant." ■

YOUR LUNCH HOUR MENU OPTIONS

The educational program at
The National is sure to whet your appetite for more, so take advantage of our many lunchtime opportunities to augment your continuing education. Here are Thursday's lunch-hour options.

CECH Scanning and Exhibit Hall
Ryman B1–6
11:30 a.m.–1:30 p.m.
Make the rounds of our massive exhibit hall and visit the nearly 200 exhibitors who helped make The National possible. Pick up a boxed lunch with your lunch ticket (available at Registration) in the exhibit hall. Don't forget to stop by a scanning location to scan your badge for continuing education credit.

Non-CECH Lunch Symposium (*ticketed event**)
11:45 a.m.–12:45 p.m., Presidential B
BBWM™—A Proactive Approach to Support Healing
Sponsored by Organogenesis

**The non-CECH lunch symposia are ticketed events with limited seating. If you have not reserved a ticket for this symposium, you may pick up a boxed lunch in the exhibit hall and bring it to the non-CECH lunch symposium, where standby seating will be available on a first-come, first-served basis.*

Social Media 101
APMA Booth (#1027)
12:45–1:15 p.m.
This non-CECH seminar is designed to introduce you to social media and its benefits for your practice. Back by popular demand, this session allows you to learn from APMA's staff social media experts and your peers who are putting it to use. Bring your boxed lunch!
Sponsored by PharmaDerm, a division of Fougera Pharmaceuticals Inc.

Young Physicians' Trauma and Reconstructive Surgery Lunch and Learn
Ryman Studio F
Noon–1 p.m.
Young physicians will have an opportunity for an intimate discussion of relevant topics during Lunch-and-Learn sessions on Thursday and Friday. Moderated by experts in the field, these sessions will include short presentations from young physicians with an opportunity for discussion and feedback after each.
Sponsored by MiMedx Group, Inc.

Marijuana Inconsistencies

Laws regulating use are vague, vary from state to state

Federal law prohibits the use of marijuana, but its use for therapeutic purposes is legal in 29 states and the District of Columbia. There is little consensus on how medical marijuana programs should operate. However, one shared view in the marijuana debate is that the whole process is confusing.

Track 3: Public Health/ Disparities
2:30–4 p.m. Thursday
Tennessee B

The status of medical marijuana will be examined Thursday in "Mapping Marijuana: Variation in Key Features of Current State Medical Marijuana Laws." APMA's House of Delegates in March passed Resolution 11-17, which supports evidence-based treatment with medical marijuana and the right of podiatric physicians to prescribe it.

"States vary on the extent to which the medical marijuana can be used. From a health-care provider point of view, it is difficult to know what to do. We are in a period where medical marijuana is expanding, and support for it continues to push that expansion," said Scott Burris, JD, professor and director of the Public Health Law Research Center, Temple University Beasley School of Law.

Burris will present an overview of the move to legalize the use of marijuana for medical purposes. Restrictions on its use vary from state to state, from the number of plants allowed to the number of ounces that can be used—and for how long.

"These jurisdictions have lists of qualifying diseases that marijuana can be prescribed for, and most are pretty broad and long," he said.

Currently, only allopathic or osteopathic physicians can prescribe the use of marijuana for treatment. That means podiatric physicians cannot prescribe it, and they do not treat most of the conditions for which medical marijuana can be used. ■

See the latest products and services for podiatry in the APMA exhibit hall.

Open for Business

Nearly 200 exhibitors offer cutting-edge podiatric products and services

Immediately after Thursday's Opening Address, the Exhibit Hall Grand Opening will give you your first opportunity to meet The National's nearly 200 vendors. The exhibit hall is the place to improve your practice efficiency and patient care. If you need it to run a podiatry practice, you will find it here.

From dermatology and surgery to billing and marketing, the exhibit hall has it all. You can check out cutting-edge surgical tools, investigate new software to help your practice efficiency, and sample lotions to bolster your patient offerings. Get a peek at hundreds of orthotics, shoes, and socks, and pay a visit to the new APMA booth (#1027).

Come back for the Mix and Mingle reception from 4–5:30 p.m. on Thursday to catch up with friends and make new connections while enjoying light refreshments. Many vendors will be offering raffles; check out the APMA Meetings app for a complete list of participating booths.

You can't come to Nashville without hearing live music, and the Mix and Mingle has that covered, too. The Josh Christina Band blends rockabilly, rock 'n' roll, country, and blues into its own high-energy, throwback sound. With its infectious sound, you may find yourself dancing through the aisles!

While The National offers ample unopposed exhibit hall hours, time flies when you are having fun. Make the most of your time in Nashville to help your patients and yourself by exploring every corner of the exhibits. ■

Visit the Redesigned APMA Booth

APMA is excited for attendees to visit its redesigned booth! Come to the APMA booth (#1027) to learn more about what your association is doing for you every day.

The highlight of the new booth is a mini theater. During CECH scanning breaks, attendees can stop by for 10- to 15-minute presentations on a variety of topics related to services provided by APMA. Hear talks about closing a practice, avoiding a MIPS penalty, compliance resources, and more. The mini theater also will host the popular non-CECH social media sessions during the lunch breaks on Thursday and Friday.

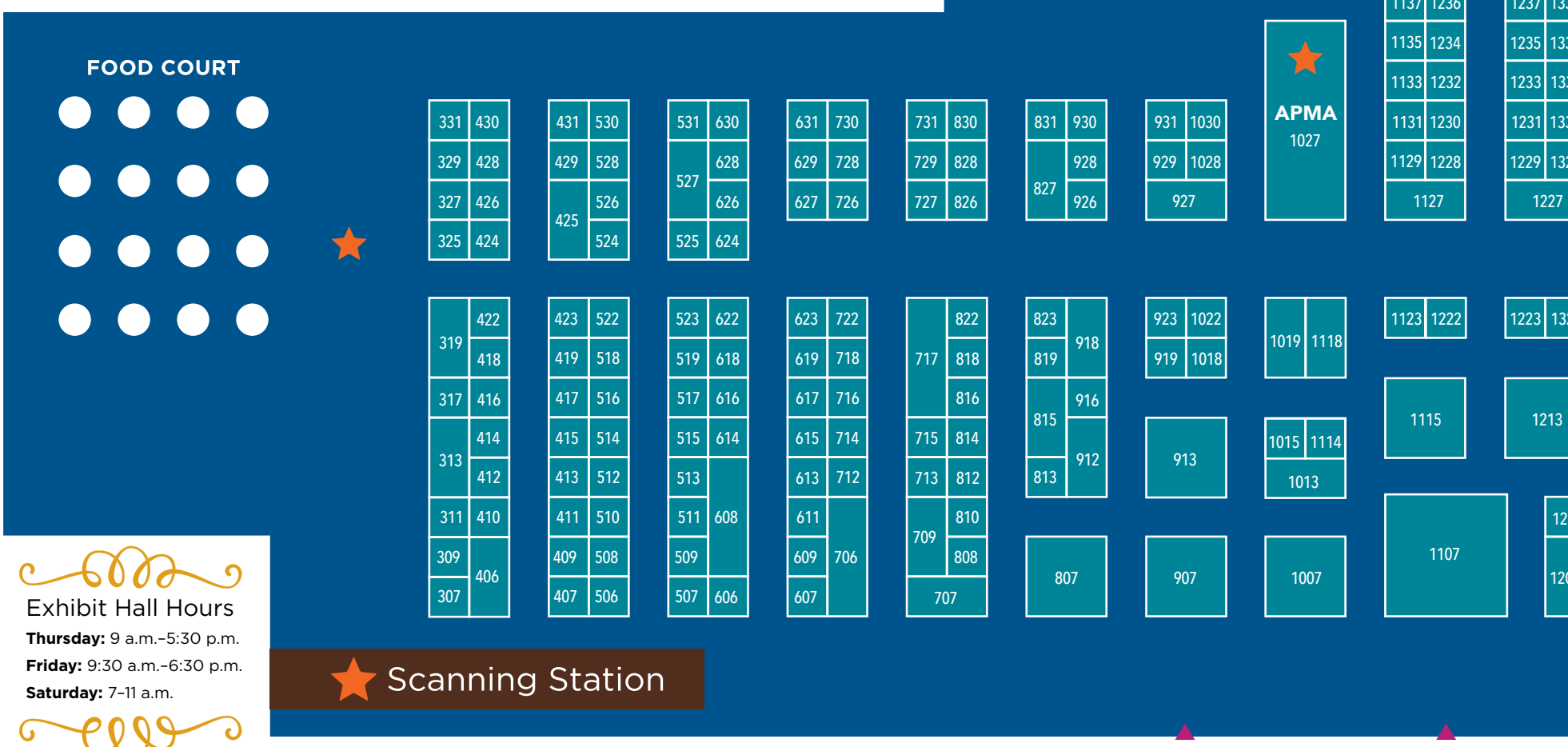
The APMA booth will also play host to the popular "Ask a Coding Expert" event. Stop by and receive advice on your coding quandaries—no question is too big or too small—from a renowned coding expert. For more coding help while at the booth, activate or renew your APMA Coding Resource Center (CRC) subscription at a special meeting rate. Come to the booth for a demonstration of all of the invaluable features of the CRC—including instant access to Codingline support.

Do you have questions about podiatric medical legislation or how you can get involved in advocacy efforts? Make your APMAPAC donation at the APMA booth and let one of the Legislative Advocacy team members walk you through the process of using our eAdvocacy site.

Already registered for the Team APMA 5K Run/Walk? You can pick up your registration packet at the APMA booth. Not registered? You can do that at the APMA booth, too, and help provide scholarships for podiatric medical students.

APMA and CPME staff will be on hand throughout the meeting to answer any of your association-related questions. Whatever your question, it can be answered at the APMA booth ■

EXHIBIT HALL FLOOR PLAN



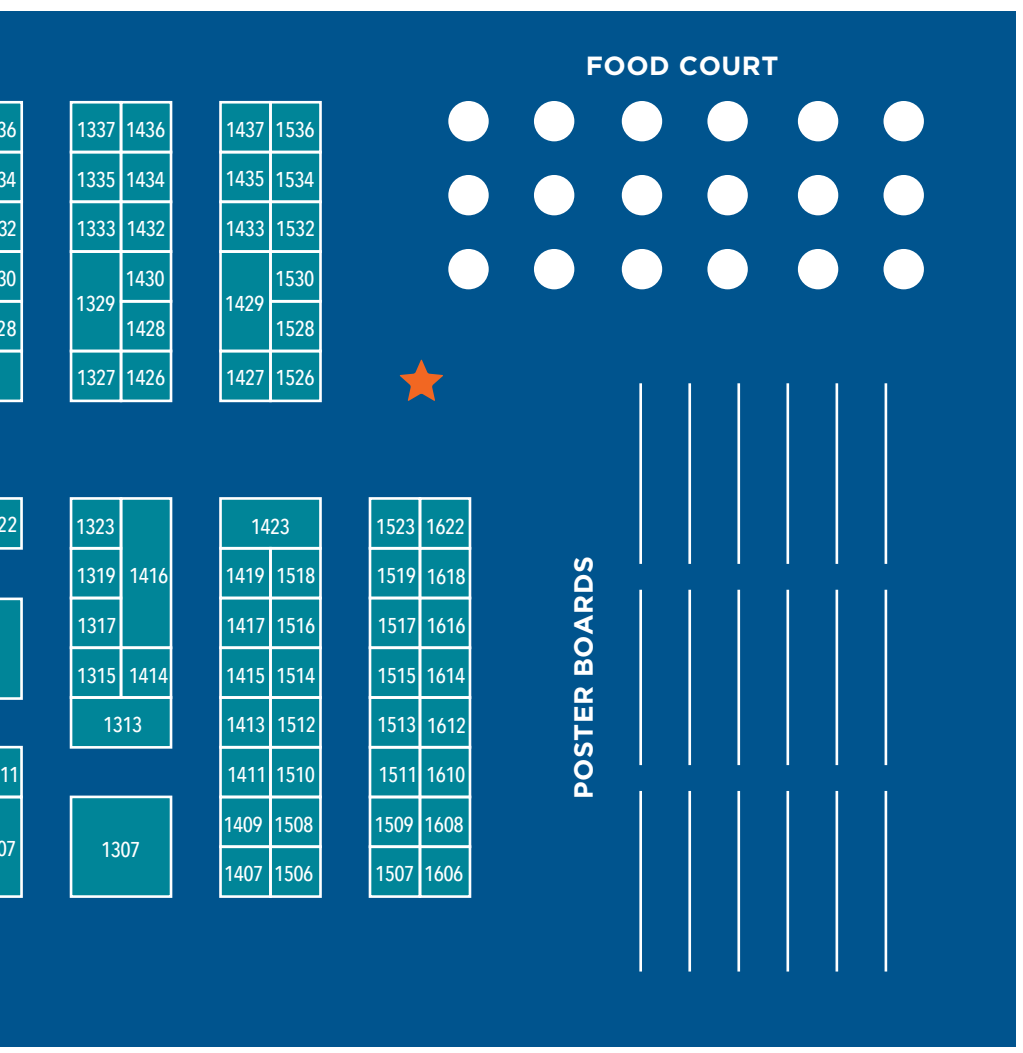


EXHIBIT LIST

Exhibitors noted in red will offer raffles at their booths. Visit exhibitors participating in the raffle for more information and listen for announcements about the raffle in the exhibit hall and via the APMA Meetings app.

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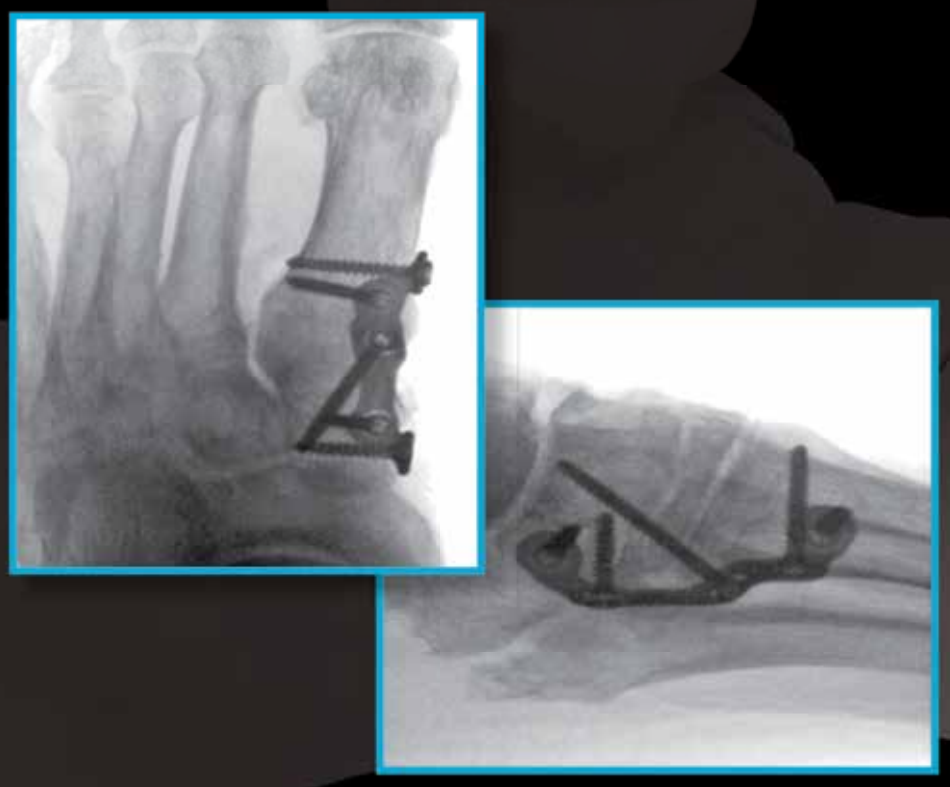
Exhibit List current as of June 26.

The Arthrex

Plantar Lapidus Plate

- **Plantar placement optimizes mechanics, allowing for earlier return to weightbearing***
- **Anatomic plate preserves tibialis anterior tendon insertion**
- **Medial incision improves cosmesis and minimizes soft tissue irritation**



Short and standard length plates to accommodate feet of all shapes and sizes

*Klos K, Wilde CH, Lange A, Wagner A, Gras F, Skulev HK, Mückley T, Simons P. Modified Lapidus arthrodesis with plantar plate and compression screw for treatment of hallux valgus with hypermobility of the first ray: a preliminary report. *Foot Ankle Surg*. 2013 Dec;19(4):239 – 44. doi: 10.1016/j.fas.2013.06.003.

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