THE NATIONAL TODAY

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OFFICIAL NEWSPAPER OF THE APMA ANNUAL SCIENTIFIC MEETING

APMA American Podiatric Medical Association

FRIDAY

JULY 28, 2017

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Robert Conenello, DPM: 'Whatever you do today, do it with all your heart, all your effort, so you touch someone's life.'

Facing a Time to Do Great Things

Cancer survivor inspires attendees in Opening Address

In an Opening Address that drew tears from many audience members, Robert Conenello, DPM, kicked off the 2017 Annual Scientific Meeting Thursday.

Dr. Conenello, a solo practitioner from New York and past president of the American Academy of Podiatric Sports Medicine, shared his battle with stage 4 cancer and how it has affected his perspective as both a patient and a physician.

Dr. Conenello began suffering excruciating headaches in 2012 and went from doctor to doctor seeking a diagnosis for the debilitating pain. "I would go into a room, talk to a patient and try to put on a happy face, and then I would go into my office and put my face in my hands and cry."

He was eventually diagnosed with glossopharyngeal neuralgia, an entrapment of the ninth cranial nerve, often referred to as a suicide disease because of the intense pain it causes. The treatment was surgery with an extensive recovery period.

"I am a solo practitioner, and I thought, how am I going to practice? Unbeknownst to me, there was a conspiracy going on." Local physicians, Dr. Conenello's competition, were working together to ensure his practice stayed afloat during his recovery. Each volunteered to leave his or her own practice for a day to work at his practice.

"Since my three kids were really young, I would say 'do great things'—whatever you do today, do it with all your heart, all your effort, so you touch someone's life," Dr. Conenello said. "Those doctors did great things."

But his struggle was far from over. Two years later, the pain was back, and the surgeon who originally performed his surgery sent him to a pain specialist, who nearly dismissed his symptoms.

"His hand was almost on the door," Dr. Conenello said. "It was a seminal moment for me. I said, 'Please wait. I know I work on the foot, but something is not right.'" After describing his symptoms in more detail, Dr. Conenello caught the other physician's attention. He sent him for a full head and neck scan and called to deliver the news: "He said, 'You have a huge tumor in your throat, and multiple metastases.'"

Dr. Conenello was diagnosed with adenoid cystic carcinoma and was told surgeons would have to remove his jaw and 80 percent of his tongue. The surgery would leave him with a tracheotomy. "I remember saying, 'I just want to be able to throw a ball with my kids,' and the resident had tears running down his face, and the doctor said, 'We'll do our best.'"

When he and his wife delivered the hard news to their children, "one of the kids put his hand on my shoulder and said, 'It's your time to do great things,' and I was all in," Dr. Conenello said.

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JOIN US SATURDAY FOR BREAKFAST IN THE EXHIBIT HALL

Tomorrow, you have one final opportunity to visit the more than 200 exhibitors in our exhibit hall—and enjoy breakfast while you're at it. The 2017 exhibit hall closes for good at 11 a.m. Saturday. Breakfast will be served from 7 to 8:30 a.m. Don't miss this chance to visit our many exhibitors and thank them for their support!

Early Detection Saves Limbs

Collaboration between podiatrists, interventionalists a key

The five-year mortality rate for patients with diabetes who lost a leg is skyrocketing, even though limb salvage techniques have greatly improved. A vascular surgeon and a podiatrist will explain how a partnership between the two specialties and recent surgical advances could reverse that trend.

In "PVD/PAD," Alan J. Block, DPM, MS, will review the role of podiatric physicians in the early detection of peripheral vascular disease (PVD) and peripheral arterial disease (PAD). Christopher J. LeSar, MD, will explain how surgeons are having greater success at clearing occluded arteries.

Breakfast Symposium 1
7–8:30 a.m. Friday
Presidential A

"About 15 years ago, interventional cardiology and interventional radiology figured out that podiatrists are on the forefront of seeing these diseases in an early state. What we were not aware of is that they have these techniques to really do early intervention on these patients," said Dr. Block, of Columbus Podiatry & Surgery, Columbus, OH. "If we can intervene earlier, the patient stands a better chance of keeping the toes or the foot or the leg."

The role of the podiatrist is to detect early signs of vascular disease while performing physical exams on patients. Tissue tone, hydration, flexibility, and flowability are key indicators to focus on, he said.

"I call it the rebound of the tissue," Dr. Block said. "If I see any signs of

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INSIDE

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4 Provider Group Has a Plan to Combat Opioid Addiction Epidemic

5 Surgical Blitz: Learn Tips From Those Who Developed Them

14 Navigate The National: Use the Exhibit Hall Map

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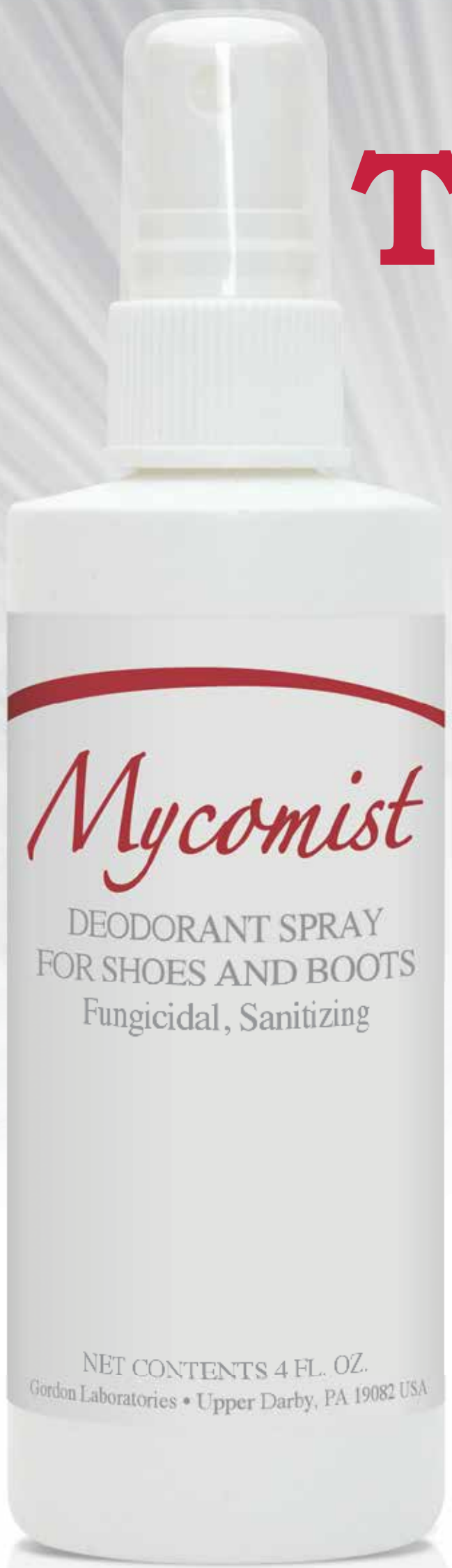

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See what's NEW in our Booth 1015

Systemic Skin Conditions

Dermatologist to explore latest in treatments

Skin conditions on the lower extremities often are linked to systemic issues that also can present on the upper body. Podiatric physicians need to know the causes of these issues and the latest treatments available.

Stephen M. Schleicher, MD, will explore a range of dermatologic conditions and treatments during "Dermatological Conditions of the Foot and Ankle: 2017 Update." Dr. Schleicher, of DermDOX Dermatology Center, Hazleton, PA, will discuss atopic dermatitis/eczema, psoriasis, psoriatic arthritis, abscesses, and stasis dermatitis, as well as some game-changing new treatments.

Breakfast Symposium 2
7–8:30 a.m. Friday
Presidential B

Also during the session, Tracey Vlahovic, DPM, will examine inflammatory skin conditions and the treatment of plantar warts.

The major advance in atopic dermatitis/eczema is the availability of two non-steroidal treatments. Dupilumab is an injectable that was approved by the FDA earlier this year. Crisaborole is a topical agent approved in 2016.

"Dupilumab is for individuals with moderate to severe eczema," Dr. Schleicher said. "It is a revolution in the field of treatments for this condition. It is a biologic that alters some of the inflammatory factors associated with eczema, and those factors also can produce or cause eczema.

"Some individuals are concerned about prolonged steroid use on certain body parts, so crisaborole is an alternative to treat eczema."

Psoriasis can affect not only the skin, but the nails and joints, so it should be of interest to podiatrists, Dr. Schleicher said. Psoriatic arthritis affects 15–20 percent of people who have psoriasis.

"I will bring everyone up to date regarding treatments for psoriasis. There are new biologics that are being used. There is a new class of medications—IL-17 inhibitors," he said. The new IL-17 inhibitors include secukinumab, ixekizumab, and brodalumab, which was recently approved by the FDA.

The presenters also will discuss the use of antibiotics to foster healing when draining abscesses, the misdiagnosis of stasis dermatitis as cellulitis, and signs of Lichen planus beyond the lower extremities.

"One of the things that is commonly encountered in all facets of medicine is misdiagnosis. A lot of misdiagnoses have to do with lack of training. If you are not exposed to these conditions, you are not going to have them pop into your head when you encounter one," Dr. Schleicher said.

In contrast to Dr. Schleicher's emphasis on systemic treatments, Dr. Vlahovic will examine the treatment of skin conditions using topical medications, as well as the treatment of plantar warts.

"With inflammatory skin conditions, I like to choose non-steroidal anti-inflammatory topical agents if the patient has already used topical corticosteroids," Dr. Vlahovic said of her treatment preference.

In her review of the latest research on the treatment of plantar warts, Dr. Vlahovic will examine whether the human papillomavirus (HPV) genotype makes a difference when choosing a treatment plan. She also will compare the effectiveness of cantharone versus a YAG laser, and the use of immunotherapy injections. ■

OPENING

continued from page 1

After a deep biopsy of the tumor, the news improved. Although he still had stage 4 cancer, it was not adenoid cystic carcinoma. The new diagnosis spared Dr. Conenello the debilitating surgery, but came with a grueling regimen of chemotherapy and radiation that left him 55 pounds lighter in just three months. Once again, his local competition was there, doing great things by taking over Dr. Conenello's practice.

> "Problems become possibilities."
>
> *Robert Conenello, DPM*

Dr. Conenello delivered powerful lessons learned from the experience. "First, you have to advocate for yourself as a patient. As a physician, you have to listen to your patients. And the problem is not the problem. How you deal with it is the problem. Problems become possibilities. I had some huge problems, but here I am today, talking to my peers."

Dr. Conenello concluded by reminding the audience that as physicians, they do great things on a daily basis. "It's all about you guys. You touch lives every day." ■

ABPM

The American Board of Podiatric Medicine

Invites You to Join Us

ABPM/ACFAOM Joint Reception

An Evening of Food and Drink

Friday, July 28, 2017

7:00pm-10:00pm

Presidential B

Gaylord Opryland Resort& Convention Center

The ABPM/ACFAOM Joint Annual Meeting of Members

will be held

Friday, July 28, 2017

from 6:00pm-7:00pm

Presidential A

Gaylord Opryland Resort& Convention Center

Opting Away From Opioids

Group trains providers to advocate for insurance changes

Opioid addiction is a growing epidemic in the United States, and proposals to contain the problem have not gained traction. However, a group of health-care providers is working to reverse that trend by training providers to advocate for patients. The goal is to persuade insurers to approve coverage of pain management alternatives beyond opioids.

Plenary Lecture
8:30–9:30 a.m. Friday
Presidential D

"Payers should embrace the comprehensive plan of care for chronic pain and reimburse the various elements that health-care providers might use to help someone manage chronic pain," said P. David Charles, MD, who will present "Integrated Approach to Chronic Pain."

"For methods of pain management other than opioids, many times there is pushback where those elements that take a comprehensive approach to pain are not covered," said Dr. Charles, chief medical officer of the Vanderbilt Neuroscience Institute and director of telemedicine at Vanderbilt University Medical Center. "Sometimes the providers' hands are tied because there are few options they can choose for patients with chronic pain."

The alternatives to opioids include physical therapy, exercise, injection of medications in areas of chronic pain, and psychological therapies, said Dr. Charles, a chairman of the Alliance for Patient Access, which has a Pain Therapy Access working group.

Insurance companies will often approve alternative therapies for only a limited amount of time, which does not help patients with chronic pain, he said.

"Then what? The physician is morally obligated," Dr. Charles said. "You can't have a legitimate patient in front of you say they are in legitimate pain and just ignore them. Sometimes an insurance plan may not approve something like massage therapy, but you can write prescriptions with little resistance."

Health-care providers can help patients appeal to their insurance companies for more non-opioid coverage, but that change only applies to that individual patient and does not address the larger problem of a lack of coverage alternatives.

> "Be involved in the health-care policy debate. Too often, we feel the system is too big, and there is nothing we can do as individual providers, but we can have an impact on health-care policy."
>
> *P. David Charles, MD*

The Alliance for Patient Access regularly presents training sessions for groups of 12 to 20 providers to learn how to better advocate for patient access to additional therapies.

"What our group does is train providers in techniques to advocate at the policy level for an insurance company to improve its coverage for all patients covered in the plan," Dr. Charles said. "If you want more access to physical therapy, then instead of appealing on behalf of an individual patient, let's go directly to the insurer and to the medical director. Learn to understand the policy, present the evidence of why the policy needs to be improved, and work with them to accomplish that goal."

The key to expanding treatment options covered by insurance is for more health-care providers to join professional groups that will advocate for change with insurers, as well as legislators.

"Be involved in the health-care policy debate. Too often, we feel the system is too big, and there is nothing we can do as individual providers, but we can have an impact on health-care policy if we engage," Dr. Charles said. "Patients need to have better access to the full range of options that can be used to treat chronic pain." ■

Downloading Surgical Tips

Presentations to examine variety of procedures, pearls

A series of short presentations will explain surgical tips and techniques developed by podiatric surgeons. Among the topics addressed will be deformity corrections, a tendon transfer for the second toe, treatment of bone marrow lesions, whether to fix the knee or the hindfoot first, and the management of infected hardware.

Acute Versus Gradual Deformity Correction

A complex debate with no correct answer is whether to fix a deformity quickly or to use a gradual process. Cassandra Tomczak, DPM, of Summit Orthopaedics, Portland, OR, will present key concepts to consider when performing deformity correction.

Track 3:
Surgical Blitz
10–11:30 a.m. Friday
Tennessee B

Does the patient have a history of previous infection or traumatic scarring? What is the extent of the deformity? Is there a bony and/or soft-tissue component? Is the deformity on multiple levels? They are all factors to consider, she said.

"What are the pros and cons for the patient? Some people cannot stay off their feet during their recovery time. Maybe somebody will do better with external fixation versus internal fixation. Also, what can their body tolerate?" Dr. Tomczak asked.

"As our technology evolves, so do the methods for how we address these complex deformities. There is no one right way to do it, and you must think through all of the potential complications when you are addressing it," she said.

EDB Transfer Technique to Correct Multiplanar Deformity of the Lesser Digits

An extensor digitorum brevis (EDB) tendon transfer to correct transverse deformity of the digits has proven to be successful with a decrease in recurrence of the deformity when compared to other procedures, said Kimberlee Hobizal, DPM, MSA, of ASP Orthopedics and Sports Medicine, Beaver, PA.

The procedure is typically used on patients with a second crossover digit or an elevated toe who have continued pain and swelling.

"We isolate the tendon, secure it with a whip stitch, and transfer it through the metatarsal and the proximal phalanx to recreate the ligament that has been attenuated or the ligament that is no longer supporting the digit," Dr. Hobizal said. "We secure it with a Bio-Tenodesis Screw.

"Follow-up of three to four years shows a decrease in recurrence of deformity, a decrease in pain, and a 90-percent patient satisfaction rate."

Subchondroplasty Repair of Bone Marrow Lesions

Bone marrow lesions are essentially chronic insuffciency fractures that never heal, said Robert J. Toomey III, DPM, of Potomac Podiatric, Haymarket, VA. Complicating the issue is that open reduction and internal fixation is the preferred treatment method of a fracture but often is not performed. Also, patients often are not kept in a non-weight-bearing position long enough.

These patients have chronic pain because the bone marrow lesions have increased edema, which increases pressure and pushes on nerves in the area. A novel idea is to fixate these bone marrow lesions with a calcium phosphate substitute that is injected into the lesion. This procedure works well in the knee or hip, but there is a lack of literature for it in the foot or ankle, Dr. Toomey said.

"Foot and ankle surgeons, particularly those affiliated with teaching institutions, should investigate the use of calcium phosphate in foot and ankle applications so there is more literature, as well as to see how proven it is versus the knee or hip," he said. "There are only case studies and no long-term studies."

Which to Fix First, Knee or Hindfoot?

For physicians, the question of whether to repair the knee or the hindfoot first in patients with problems in both areas is akin to, "What came first, the chicken or the egg?" Jacob Wynes, DPM, MS, assistant professor of orthopedics at the University of Maryland School of Medicine, treated a patient who presented a unique perspective in developing an answer.

The patient lost much of his foot when he stepped on a land mine during the Korean war. The patient had a rigid contracture that led to a need for a knee replacement—several times.

"Despite perfect anatomic alignment, it became a puzzle about why this gentleman continued to break down and be in pain," Dr. Wynes said. "It turned out the foot was driving his knee deformity. Because the foot could not be fixed, the segment above the knee had to be fixed.

"That begged the question of what influences what? The short answer is, it depends. If the subtalar joint is supple, then the knee will influence the hindfoot position. However, if it is a rigid deformity that is so bad that it does not allow for adequate compensation of the subtalar joint, that will influence the knee. If the foot is flexible, it is likely the knee will have an influence on the foot to one-half the magnitude. If the foot is rigid, it will have an influence on the knee."

Osteomyelitis and Infected Hardware

One of the most complicated situations for a podiatric physician to deal with is infected hardware or nonunions, said Michael L. Sganga, DPM, of Orthopedics New England, Natick, MA. A lack of literature about these infections in the foot and ankle makes treatment difficult.

Dr. Sganga studied medical literature about infections in the hip and long bone trauma to develop treatment theories for the foot and ankle. Important factors are whether the surgery type is trauma or elective, the timing of the infection, the type of implant used, and whether the implant can be salvaged.

A key is to follow the foundations of treatment, including proper debridement, identifying the organism, gaining and maintaining stability, controlling the infection, and managing dead space, Dr. Sganga said.

"You can get profound wound and fracture healing in the setting of infection when you properly manage the infection based on those principles," he said. "Oftentimes, you can keep the hardware or completely heal the patient without significant loss as long as you act quickly." ■

TODAY'S SCHEDULE

7–8:30 a.m.
Breakfast Symposium 1: PVD/PAD
Presidential A

Breakfast Symposium 2: Dermatological Conditions of the Foot and Ankle: 2017 Update
Presidential B

8:30–9:30 a.m.
Plenary Lecture: Integrated Approach to Chronic Pain
Presidential D

9:30–10 a.m.
CECH Scanning
Exhibit Hall, Ryman B1–6

10–11:30 a.m.
Track 1: Oral Abstract Presentations
Tennessee C

Track 2: Radiology
Tennessee D/E

Track 3: Surgical Blitz
Tennessee B

11:30 a.m.–1:30 p.m.
Lunch Break and CECH Scanning
Exhibit Hall, Ryman B1–6

11:45 a.m.–12:45 p.m.
Non-CECH Lunch Symposium 1: Toenail Onychomycosis and Diabetes: A Population of Significance
Presidential A

Non-CECH Lunch Symposium 2: Clinical and Scientific Advances in the Use of Cryopreserved Placental Membranes
Presidential B

Noon–1 p.m.
Young Physicians' Wound Care and Complications Lunch and Learn (Non-CECH)
Ryman Studio ABC

12:45–1:15 p.m.
Advanced Social Media Workshop (Non-CECH)
APMA Booth (#1027) in the Exhibit Hall

1:30–2:30 p.m.
Participating Organization Tracks Session 1-A: Trends in Podiatric Medicine
Presented by the American Society of Podiatric Medicine
Tennessee C

1:30–3:30 p.m.
Session 2: Best Practices in Podiatric Practice Management
Presented by the American Academy of Podiatric Practice Management
Tennessee D/E

Session 3: Current Concepts in Podiatric Surgery
Presented by the American Society of Podiatric Surgeons.
Tennessee B

1:30–5:30 p.m.
Workshop 1: Ultrasound
Lincoln A

Workshop 2: Offloading
Jackson A

2:30–3:30 p.m.
Session 1-B: Foot and Ankle Pediatrics
Presented by the American College of Foot and Ankle Pediatrics
Tennessee C

SCHEDULE continues on page 6

The Other 10 Percent

Heel pain is so much more than plantar fasciitis

Studies show that 90 percent of the 2 million patients diagnosed each year with heel pain or plantar fasciitis respond to conservative care. A Friday session will reinforce the concept of conservative care and explore options for patients who do not respond to it.

Three speakers at the session, presented by the American College of Foot & Ankle Orthopedics & Medicine (ACFAOM), will examine the biomechanical aspects of plantar fasciitis, how imaging can play a key role in diagnosis, and other causes of heel pain.

Session 3: Heel Pain: Diagnosis and Conservative Treatment
3:30–5:30 p.m. Friday
Tennessee B

"There are patients who just do not get better, and it becomes frustrating for the patient as well as the podiatric physician," said ACFAOM President Daniel P. Evans, DPM, session moderator. "We will look at what is the most common cause for patients having this problem and then we will discuss other etiologies for heel pain."

Presenting the session with Dr. Evans will be Stephen F. Albert, DPM, ACFAOM immediate-past president, and Jason C. Harrill, DPM, ACFAOM president-elect.

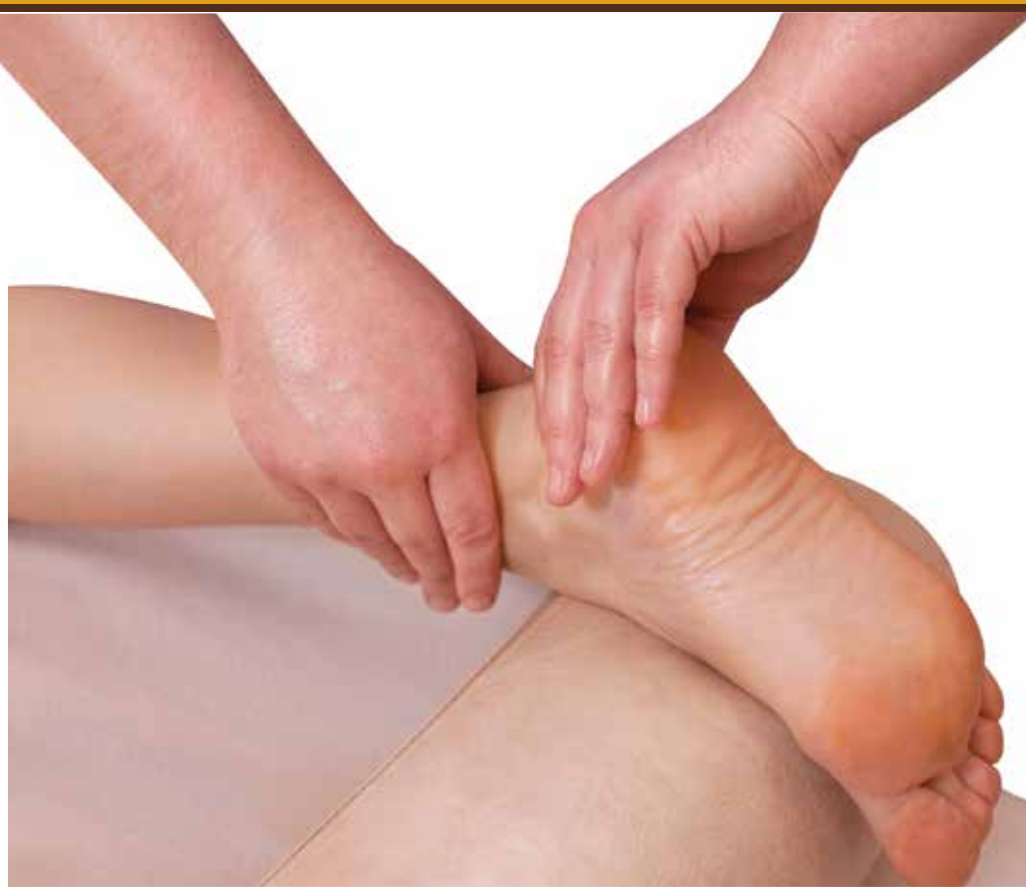
Dr. Albert will explain the causes of plantar fasciitis and the role of orthotics in pain relief in "Emphasizing Current Biomechanical Concepts."

"The biggest theory for the development of plantar fasciitis is that patients are excessively pronating and putting a strain on the plantar fascia," Dr. Evans said. Using that as a springboard, Dr. Albert will discuss how it can occur in different foot types and adjustments for orthotics to get a better clinical response.

In "Imaging Options for the Assessment of Complicated Heel Pain," Dr. Evans will examine the role of radiology when diagnosing the cause of heel pain.

"We can utilize and assess our plain film radiography, as well as MRI and ultrasound, to better assess the details of where the pathology is located, and use the imaging modalities to obtain a diagnosis and direct our plan of care," Dr. Evans said. "We will talk about indications and when in the treatment algorithm you should consider ordering those tests."

When patients do not respond to conservative therapy for plantar fasciitis, the cause of heel pain may lie elsewhere, such as a tumor or a nerve entrapment. Dr. Harrill will evaluate other treatment options during "Beyond Orthotics: Viable Options for the Patient With Recalcitrant Heel Pain."



Conservative therapy emphasizes stretching exercise programs, the use of NSAIDs, and the use of good shoes.

Dr. Harrill will expand on options you might consider before surgery. He will describe the Graston Technique, which is a physical therapy technique of deep massage and stretching. Some other options are plasma-rich platelet injections, dry needling, human amniotic membrane injections, and coblation, which uses radiofrequency treatment to ablate some of the inflamed tissue.

The session will close with an interactive segment of case reviews, including the differential diagnosis for patients who do not respond to treatment.

"Our hope is that people will go back to their offices and look a little differently at that patient with plantar fasciitis who is not responding," Dr. Evans said. "They may have some tools to better address why those patients have not been responding, and have the opportunity to think of other options they might use." ■

SCHEDULE

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3:30–5:30 p.m.

Participating Organization Tracks

Session 1: First Metatarsal Phalangeal Joint: Achieving Better Outcomes
Presented by the American Association for Women Podiatrists
Tennessee C

Session 2: Vascular Diseases: Interventional Radiology Perspectives
Presented by the Society of Interventional Radiology
Tennessee D/E

Session 3: Heel Pain: Diagnosis and Conservative Treatment
Presented by the American College of Foot & Ankle Orthopedics & Medicine
Tennessee B

5:30–6 p.m.

CECH Scanning
Exhibit Hall, Ryman B1–6

FRIDAY'S CECH SCANNING SCHEDULE

9:30–10 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

5:30–6 p.m.
Scanning in the exhibit hall
4 contact hours

Today's Education Highlights

7–8:30 a.m.
Breakfast Symposium 1: PVD/PAD
Presidential A
Alan J. Block, DPM, MS, and Christopher J. LeSar, MD, will examine advances in vascular intervention and the role of podiatric physicians in early diagnosis of vascular disease.

7–8:30 a.m.
Breakfast Symposium 2: Dermatologic Conditions of the Foot and Ankle: 2017 Update
Presidential B
Stephen M. Schleicher, MD, and Tracey C. Vlahovic, DPM, will explain new treatments for a variety of skin conditions, from psoriasis and atopic dermatitis to plantar warts.

8:30–9:30 a.m.
Plenary Lecture: Integrated Approach to Chronic Pain
Presidential D
P. David Charles, MD, will explain efforts of the Alliance for Patient Access to change approaches to pain management.

10–11:30 a.m.
Track 1: Oral Abstract Presentations
Tennessee C
A review of the top podiatric takeaways from the last 20 years of the Cochrane Review and seven new research abstracts will be presented.

10–11:30 a.m.
Track 2: Radiology
Tennessee D/E
Speakers will review how ultrasound fundamentals and interventions can be used in podiatric practice, as well as arthritic processes and the role of CT in treating gout.

10–11:30 a.m.
Track 3: Surgical Blitz
Tennessee B
Learn about new surgical procedures and tips from nine presenters who use them.

1:30–2:30 p.m.
Trends in Podiatric Medicine
Tennessee C
A session presented by the American Society of Podiatric Medicine will review the management of non-adherent patients and the treatment of connective tissue disorders.

1:30–3:30 p.m.
Best Practices in Podiatric Practice Management
Tennessee D/E
The American Academy of Podiatric Practice Management will present three panels addressing optimal patient care, managing practice growth, and reaching out to underserved populations.

1:30–3:30 p.m.
Current Concepts in Podiatric Surgery
Tennessee B
Limb salvage, complications with intramedullary nail fixation, and charcot surgery will be examined in a session presented by the American Society of Podiatric Surgeons.

2:30–3:30 p.m.
Foot and Ankle Pediatrics
Tennessee C
The myth of pediatric growing pains will be examined in a presentation of the American College of Foot and Ankle Pediatrics.

3:30–5:30 p.m.
First Metatarsal Phalangeal Joint: Achieving Better Outcomes
Tennessee C
A complete review of diagnosing and treating issues related to the first MPJ will be presented by the American Association for Women Podiatrists.

3:30–5:30 p.m.
Vascular Diseases: Interventional Radiology Perspectives
Tennessee D/E
Interventions for critical limb ischemia and how venous disease relates to lower extremities will be explained in a presentation by the Society of Interventional Radiology.

3:30–5:30 p.m.
Heel Pain: Diagnosis and Conservative Treatment
Tennessee B
Biomechanical concepts, imaging options for assessment, and treatment options in the management of heel pain will be presented by the American College of Foot & Ankle Orthopedics & Medicine.

QUESTION OF THE DAY

Q: *What has been your most challenging surgical complication and what did you learn from it?*

"We went into what we thought was an anterior process calcaneal fracture and it was a neuropathic patient with diabetes that was uncontrolled. We had gotten some imaging about four weeks in advance, and when we went in to excise a little fracture fragment, we found a talar neck fracture as well as a comminuted fracture of the whole lateral aspect of the calcaneal wall. We learned that on diabetic and neuropathic patients we need to get new imaging at least within the week of surgery to make sure there are no significant changes."

Jamie Dermatis, DPM
Virginia Beach, VA

"Infection by a patient with diabetes who was also an IV drug user. What I learned is to have better patient selection."

Silas O. Salano, DPM
Mansfield, TX

"It was an infection at the first metatarsal. What I learned is, one, to be careful in my operative approach and, two, there are alternate ways to treat something. Sometimes, when it is really important, you can save a lot more than you think. I learned you didn't have to take the bone out for osteomyelitis. I could do some other things."

Jim Lisle, DPM
Salem, OR

"I used a staple and I did not have good compression across the joint at the proximal phalanx of the hallux. I learned to orient the staple in a better position. I think the patient's hinge broke, so I may use a little more stability in correcting it."

Aaron S. Lewis, DPM
Lanham, MD

THE NATIONAL TODAY

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The evolution of technology usually includes steady change with intermittent dramatic advancements. In the last year, the APMA Coding Resource Center (CRC) has experienced the latter. Visit **www.apmacodingrc.org** or stop by the APMA booth (#1027) for an in-person demonstration today.

The past 12 months have seen the rollout of a faster, smarter, cleaner CRC. The redesign has created a more intuitive and user-friendly website. Additional instant search features make finding the code you need easier than ever, and back-end upgrades have improved loading speeds. The site is also now mobile adaptive, so you can access the site anywhere, anytime, from any device.

Additionally, a subscription to the CRC now includes Codingline-Silver level benefits! Gain instant access to Codingline's thousands of coding queries. You can also post a question to Codingline's panel of experts.

With Codingline included, the CRC is undeniably the best, most complete online coding tool available. Not convinced? Here is what practicing podiatrists like you have to say about the CRC:

- "I keep the CRC open on my desktop and refer to it throughout the day, every day."
- "There's no substitute for this reliable, easy-to-use coding reference."
- "The CRC has helped me to be a more efficient biller."
- "As a first-time user, I'm sorry that I waited this long to get the CRC."
- "The CRC is my go-to site when there is a coding issue or question."
- "My assistants love the CRC."

Attendees of The National can activate or renew their subscription and pay only $299 for one year of service. For even more savings, consider a multiyear subscription!

Special rates during The National

Subscription Length	APMA Members	Non-Members
Three years	~~$249~~ $239/year	$525/year
Two years	~~$289~~ $274/year	$575/year
One year	~~$329~~ $299/year	$650/year

Stop by the APMA booth (#1027) today to see how the CRC can help improve your practice, or visit **www.apmacodingrc.org** and use the promo code ASMFREE to start a free seven-day trial! ■

Examining the First Ray

Session to review treatments of wounds, complications

The first metatarsal phalangeal joint (MPJ) is a key area of the foot because of its unique biomechanics, its integral role in the function of the forefoot, and the possible impact of hallux valgus. A Friday session will examine the overall function of the first ray and how to best deal with complicated treatment issues.

The session, presented by the American Association for Women Podiatrists (AAWP), will feature speakers who will review the first MPJ's biomechanics and anatomy, explain how to deal with wounds and amputations, and present elective surgical options.

Session 1: Excellence in Treatment of the First Metatarsal Phalangeal Joint
3:30–5:30 p.m. Friday
Tennessee C

"We want to give a complete picture of what goes on at the first MPJ, from the biomechanics to the different complications," said Aparna Duggirala, DPM, AAWP immediate-past president. "This is not a session that is focused on just one thing. When we talk about all of these topics from the beginning to the end, it gives us a better understanding of why we use the treatments that we use."

> "When we talk about all of these topics from the beginning to the end, it gives us a better understanding of why we use the treatments that we use."
>
> *Aparna Duggirala, DPM, AAWP*

The faculty will consist of AAWP officials who will make didactic presentations before concluding the session with four case presentations. The presentations will be discussed by all faculty as a panel, which also will answer questions from the audience.

The session will open with short videos to demonstrate the biomechanics and anatomy of the first ray, followed by a review of conservative treatments by Karen Langone, DMP, AAWP first vice president.

"Dr. Langone does a lot of work on treatments using orthotics," Dr. Duggirala said. "She also works with a lot of athletes, so she will go into shoe gear and modifications that can be done."

Elizabeth Bass Daughtry, DPM, AAWP treasurer, will review the treatment of wounds using aggressive care and segue into the types of amputations at the first MPJ.

"Dr. Daughtry will cover first ray surgeries, including options for different types of pathologies, including hallux varus," Dr. Duggirala said. "She will discuss several procedures being used, including some new procedures."

The best approaches for dealing with complications will be explained by Erika A. Schwartz, DPM, AAWP scientific chair. Among the complications she will review are avascular necrosis, failed implants, hallux varus, and swollen fusions. ■

Run, Walk, or Sleep in

You can run, walk, or even sleep in and support the APMA Educational Foundation Student Scholarship Fund Saturday. The seventh annual Team APMA 5K Run/Walk, which raises funds for podiatric medical students, will start at 6 a.m. on the grounds of the Gaylord Opryland Resort & Convention Center.

Stop by the APMA Booth (#1027) to sign up for the race. It is open to National attendees and exhibitors, and their family members. Registration is $20 for podiatric medical students and $25 for all others. Those who do not participate in the race can still support the cause by registering as sleepers.

Runners and walkers receive a free ASICS America Corporation shirt. Sleepers receive a complimentary cotton shirt. Registrants also receive a goody bag, including a pair of Spenco Total Support Sandals.

Proceeds from the event support the APMA Educational Foundation Student Scholarship Fund. Scholarships are awarded annually to eligible podiatric medical students in their third or fourth year at the nine accredited podiatric medical colleges. ■

Reviewing Podiatric Therapies

Lecture to examine the evidence behind common treatments

The Cochrane Database of Systematic Reviews is recognized as the leading source of reviews of medical literature. The top reviews in podiatry for the past 20 years will be examined during a lecture Friday before the presentation of seven oral abstracts.

"They do an exceptional job of putting the evidence together in an easily understandable takeaway. I want to make sure podiatrists are aware that we can learn a lot if we just keep up with these systematic reviews," Kyle W. Bruce, DPM, MPH, said of the Cochrane Reviews.

Dr. Bruce, a podiatrist at Trinity Health of New England, in Springfield, MA, will present "20 Years of the Cochrane Review: The Top Podiatric Takeaways." That is lot of ground to cover, so Dr. Bruce will focus on specific studies.

"I hope we can stir up some good discussions about treatments that previously were thought to be quite effective but are turning out to be less than stellar in their collective results," he said.

Among those treatments covered will be hyperbaric oxygen, antimicrobial topical dressings that proved to be ineffective, surgeries with little evidence of value, and wound debridement, Dr. Bruce said.

Track 1:
Oral Abstract Presentations
10–11:30 a.m. Friday
Tennessee C

"I like studies that seem to contradict what we learned in our training in school and residency, ones that go against what the marketers of devices want to sell you," he said. "I want to break through the financial nonsense and just get down to the nuts and bolts of what works."

Dr. Bruce said he also wants to see more podiatrists take an interest in publishing research to prove the medical and financial value of common therapies.

"The mantra has been to publish or perish. If we are not going to support the things we do, we are going to start getting hit in the pocketbook with lack of reimbursement," he said. "With the move to value-based payment, if we do not prove the effectiveness of what we do, we will have trouble being reimbursed for those procedures.

"There will be a lot of takeaways in a short amount of time that will hopefully change the way people practice and change the way they look at creating evidence to support the things they do." ■

MEET THE CONTESTANTS

APMA will host the inaugural Podiatry School Student Quiz Bowl. Join us at 5:45 p.m. on Saturday in Presidential A to witness a friendly competition among representatives from each of nine schools of podiatric medicine.

Learn more about the representative from your alma mater—and size up the competition—below. Today, we feature four contestants. Tomorrow, we will feature the other five contestants.

Barry University School of Podiatric Medicine
Bradley Christiansen

I attended Michigan State University and majored in kinesiology. I was introduced to podiatry while working as an intern at a physical therapy clinic during my undergraduate education. I saw many patients from a podiatry clinic in physical therapy, and I took an interest in the field. I shadowed a few doctors and decided podiatry was the perfect fit for me.

During podiatric medical school, I have served as vice president of my class, and I was honored to receive the Dr. Weber Sports Medicine and Biomechanics Scholarship. I'm also conducting research on the incidence of lower extremity running-related injury as it relates to duration of orthotic use.

I am excited to attend The National in Nashville, TN. I've heard Nashville is a great city, and I'm excited to explore it. I am also looking forward to some friendly competition among the schools as I represent Barry in the Quiz Bowl.

California School of Podiatric Medicine at Samuel Merritt University
Lisa Yoon

I am a first-generation Korean-American who grew up in the suburbs of Portland, OR. During high school, I had a particular interest in the sciences, which directed me to the medical field early on. I graduated from the University of Michigan in Ann Arbor, after completing a bachelor's degree in anthroarchaeology with a minor in biochemistry. Throughout college, I participated in multiple research projects focusing on genetics and biomechanics, which led me to become a research scholar. My biomechanics research involved dissecting the tibias of exercise-induced rats, and the joy of learning about the art of dissection, anatomy, and biomechanics led me to desire a surgical career. Podiatry was the perfect intersection of my interests.

Some achievements throughout my medical education include receiving the California Fund for Excellence in Podiatric Medicine Scholarship and the California School of Podiatric Medicine Merit Scholarship, and volunteering in the San Francisco area with my local church. The most rewarding experience in my medical education thus far was volunteering on a medical mission to the Philippines, and collecting more than $30,000 worth of donations and medical supplies for the Filipino community. The week-long medical mission was both a personal and professional goal to bring awareness of podiatric medicine and provide medical attention to those in need. The medical mission challenged the way I want to contribute to the medical field, yet solidified my desire to be involved in global health.

I am excited to attend The National to share my medical mission experience and the research I conducted overseas, as well as represent my school in the Podiatry School Student Quiz Bowl!

Des Moines University School of Podiatric Medicine and Surgery
Lindsey Hjelm

I am a native of St. Paul, MN, and obtained my undergraduate degree in biology with minors in studio art and religion from Gustavus Adolphus College. My interest in podiatry was sparked in high school after suffering a navicular stress fracture that ultimately required surgery.

While pursuing my studies in podiatric medicine, I've served as president of my class and a teaching assistant (TA) in multiple departments. I was the recipient of the Marjean Reed Outstanding Surgical TA scholarship and award, and a University Merit Scholarship, and I'm a member of the Iota Chapter of Pi Delta. I have received awards for demonstrating academic excellence in lower limb anatomy and physiology, and was most recently voted CPMS Student of the Year.

My research regarding the prevalence of plantar heel pain with hypothyroidism is being presented at The National this year. I also have worked on research regarding the efficacy of lower extremity diagnostic imaging. My goals are to give my future patients the best opportunity to heal and functionally use their limbs. I believe in being a lifelong learner and am excited to be at The National representing my school, learning, and engaging with others.

Dr. William M. Scholl College of Podiatric Medicine at the Rosalind Franklin University of Medicine and Science
Christopher Galli

I graduated from New Mexico State University in Las Cruces, with a bachelor of science degree in biology and a bachelor of science degree in microbiology. I became interested in podiatry after suffering recurrent lateral ankle sprains. The summer before my senior year of cross-country training, I was running on the dirt roads of northeastern New Mexico when I stepped on a rock and once again sprained my right ankle. I would have to redshirt my senior season, and my interest in the field of podiatry began.

During podiatric medical school, I have received the George Geppner, DPM '50 and Milo Turnbo, DPM '34 Minority Student Scholarship and the Volunteer Service Emerald Award for performing 80+ hours of volunteer service.

I volunteered at the Chicago Marathon and as part of a pediatric podiatry surgical mission trip that went to Guatemala City, Guatemala.

I am excited for the opportunity to learn from and network with colleagues from across the nation at The National. ■

BREAKFAST SYMPOSIA

Attendees at The National served themselves breakfast before going to the two breakfast symposia Thursday. Today, two more symposia will take place at 7–8:30 a.m. They are "PVD/PAD," in Presidential A, and "Dermatological Conditions of the Foot and Ankle, 2017 Update," in Presidential B.

DETECTION

continued from page 1

vascular disease, I get a vascular workup on the patient. If we do find problems, we go to the next test immediately."

The next step could be an ankle-brachial index test, but a challenge is that many patients have diabetes and neuropathy, so they are unaware of pain and the problem.

"A lot of these patients can't express pain, and a lot of us are waiting on them to tell us they hurt," Dr. Block said. "They can't see it, they can't feel it, and they can't express it, so we ignore it, and they ignore it. Therein lies the problem. I want to know as soon as possible if they are having a problem. A better result happens because we got to it quicker."

Better results also are becoming more common because of advanced interventional techniques. Dr. LeSar will review the physiology of arterial circulation in the lower extremities and the feet, as well as the use of the angiosome concept during interventions.

"I will explain the physiology by using case examples. We will talk about how we reconstruct arteries and why we are reconstructing certain arteries. It is a how-to approach on arterial reconstructions," said Dr. LeSar, a vascular surgeon at the Vascular Institute of Chattanooga, Chattanooga, TN.

Interventional options start with the simplest procedure, which often is accessing the superficial femoral artery through the groin to clear occluded arteries. If the problems are greater in the lower extremities, a pedal approach is an option.

"Coming from below ankle level is one of the escalation steps. It is an evolving concept and technique, but when you use it, it tends to get you to the next level," Dr. LeSar said. "Sometimes it is the only option. We have done reconstruction where the arteries are all completely blocked, but we can still get them open."

Another topic will be the idea of the "perfect storm," in which patients with diabetes have low circulation, then get into greater danger with infected wounds that will not heal. That is where a team approach is important, he said.

"Limb salvage is absolutely a collaborative approach. Multiple disciplines are needed to heal wounds and to save the leg," Dr. LeSar said. "It is not just about a podiatrist or a surgeon doing his thing. It has to be a collaborative approach if we are going to be more successful in treating these problems." ■

KENT STATE UNIVERSITY
College of Podiatric Medicine

KSUCPM ALUMNI REUNION WEEKEND

AUGUST 18-20, 2017

OHIO PODIATRIC MEDICAL STUDENT ASSOCIATION

KSUCPM and OPMSA invite you to our weekend of events that bring alumni and students together.

Kent State University College of Podiatric Medicine Alumni Reunion Weekend
6000 Rockside Woods Blvd., Independence, Ohio 44131

FRIDAY 18TH 6:30PM - 11:00PM
KSUCPM ALUMNI REUNION AND LUAU PIG ROAST
Kent State University College of Podiatric Medicine
6000 Rockside Woods Blvd. Independence, Ohio 44131
Cost: Adults: $50 Children $10
vegetarian and non-pork options available

SATURDAY 19TH 6:30PM - 10:00PM
KSUCPM ALUMNI AWARDS AND HALL OF FAME DINNER
The Tudor Arms Hotel Cleveland
10660 Carnegie Ave, Cleveland, OH 44106
Cost: $125 per person
Sponsor a Student Table: $1,000
HALL OF FAME INDUCTEES:
John E. George DPM, 1964
Elliott W. Biggs DPM, 1970

SATURDAY 19TH 7:30PM - 3:00PM
OPMSA STUDENT SYMPOSIUM
6000 Rockside Woods Blvd. Independence, Ohio 44131
Cost: Alumni Seminar $30, Alumni Workshop $15, (1pm-3pm)
Resident Seminar $20 Resident Workshop $10 (1pm-3pm)

SUNDAY 20TH REG 9:30AM / START: 11:00AM
OPMSA ANNUAL GOLF OUTING
Shale Creek Country Club
5420 Wolff Rd, Medina, OH 44256
Cost: Alumni $115
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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.

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 more than 200 exhibitors who helped make The National possible. Pick up a boxed lunch with your lunch ticket (available at Registration) in the hall. Don't forget to stop by a scanning location to scan your badge for continuing education credit.

Non-CECH Lunch Symposia *(ticketed events*)*
Presidential A
11:45 a.m.–12:45 p.m.
Toenail Onychomycosis and Diabetes: A Population of Significance
Presenter: Warren S. Joseph, DPM
Sponsored by Valeant Pharmaceuticals North America LLC

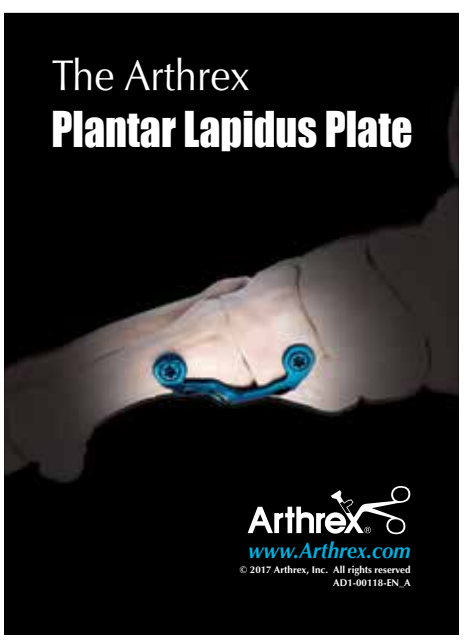
Presidential B
11:45 a.m.–12:45 p.m.
Clinical and Scientific Advances in the Use of Cryopreserved Placental Membranes
Presenter: R. Daniel Davis, DPM
Sponsored by Osiris Therapeutics, Inc.

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

Young Physicians' Wound Care and Complications Lunch and Learn
Ryman Studio ABC
Noon–1 p.m.
Young physicians will have an opportunity for an intimate discussion of relevant topics. This session will include short presentations from young physicians with an opportunity for discussion and feedback after each.
Sponsored by MiMedx Group, Inc.

**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.*

PRODUCT SHOWCASE



Calling All Members!
Help grow your organization

With a growing membership of nearly 13,000 practicing DPMs, of whom nearly 1,500 are residents, APMA is the largest and most influential organization supporting podiatrists. APMA also supports nearly 2,400 podiatric medical students—the future of the profession. Statistically speaking, APMA has a solid and strong membership base. As an APMA member, you are a key element of APMA's strength.

While the membership base is growing, especially among younger professionals, there's an opportunity for continued growth. To that end, APMA has launched a nationwide member recruitment campaign. Together with the 53 component societies, we aim to increase the membership by at least 6 percent over the next 18 months.

That's where you come in. If you're a current member, we encourage you to talk with your colleagues about APMA membership. Tell them about your experience. Let them know what benefits you enjoy as an APMA member. Invite them to join! As you well know, the benefits of APMA membership are abundant, including:

- Discounts on event registration, including The National
- Complimentary educational resources, including practice management webinars and *JAPMA*
- Ongoing advocacy support to convey the value of the profession
- On-demand coding and reimbursement assistance
- Promotional tools for growing a practice
- Exclusive savings on Seal-holding products
- Special discounts on selected tools and resources for podiatric practices
- Listing in the Find a Podiatrist directory—a key resource for patients
- Practice management tools designed specifically for podiatrists
- Specialized services provided by each component

When your colleague becomes a member, we'll send you a Starbucks gift card to thank you and you'll be entered to win one of three prizes: a free year of membership; an Apple Watch (Series 2); or a Fitbit One. For every colleague you refer who joins, you'll receive another Starbucks gift card (up to 10) and another prize entry.

You also can mention to your colleagues that APMA provides an extensive suite of services for patients, component organizations, legislators, and regulators. These services include a patient checklist, a public relations toolkit for components, and blueprints for state legislators to ensure parity in scope of practice. View the full list of services with links to further details at **www.apma.org/services**.

"APMA has my back. No other organization supports the work I do like APMA."

William Ofrichter, DPM

Conversations with your colleagues can be as simple as noting the recent work APMA has done to fight for parity and to support the work of its members. Let your colleagues know that, in the past six months alone, APMA has provided members with:

- 25 coding and reimbursement webinars, all of them free
- 18 comment letters to CMS, FDA, and others to promote parity for DPMs
- 500-plus meetings with representatives on Capitol Hill
- 200-plus conversations with state component leaders to advance state advocacy initiatives
- 5,000-plus touch points with state legislators and staff via the National Conference of State Legislatures
- 500-plus calls, emails, and other contact with collaborating organizations to advocate for podiatrists
- 60-plus private and public insurance advisors, dedicated to supporting APMA members
- Six instructional articles on reimbursement in *APMA News*
- 96 issues of *JAPMA, APMA News, News Brief*, and *Weekly Focus*, combined
- 228 student scholarships
- 1.5 billion media impressions promoting the importance of foot health to the public
- $4,000 per year on average in savings for members who follow APMA's MACRA guidelines
- One tremendous nationally qualified clinical data registry in development

APMA will continue to provide these and other services in its efforts to increase nationwide awareness of foot and ankle health and the irreplaceable role of the podiatrist. The more podiatrists APMA officially represents, the more powerful we are as an organization.

As the saying goes, "A rising tide lifts all boats." Help to elevate the profession and the organization that supports it by talking with your colleagues about APMA. For details and resources, visit **www.apma.org/grow**. ■

"Supporting the organization that supports me just makes sense. I'm happy to talk with my colleagues about the value of APMA membership."

Sneha Patel, DPM

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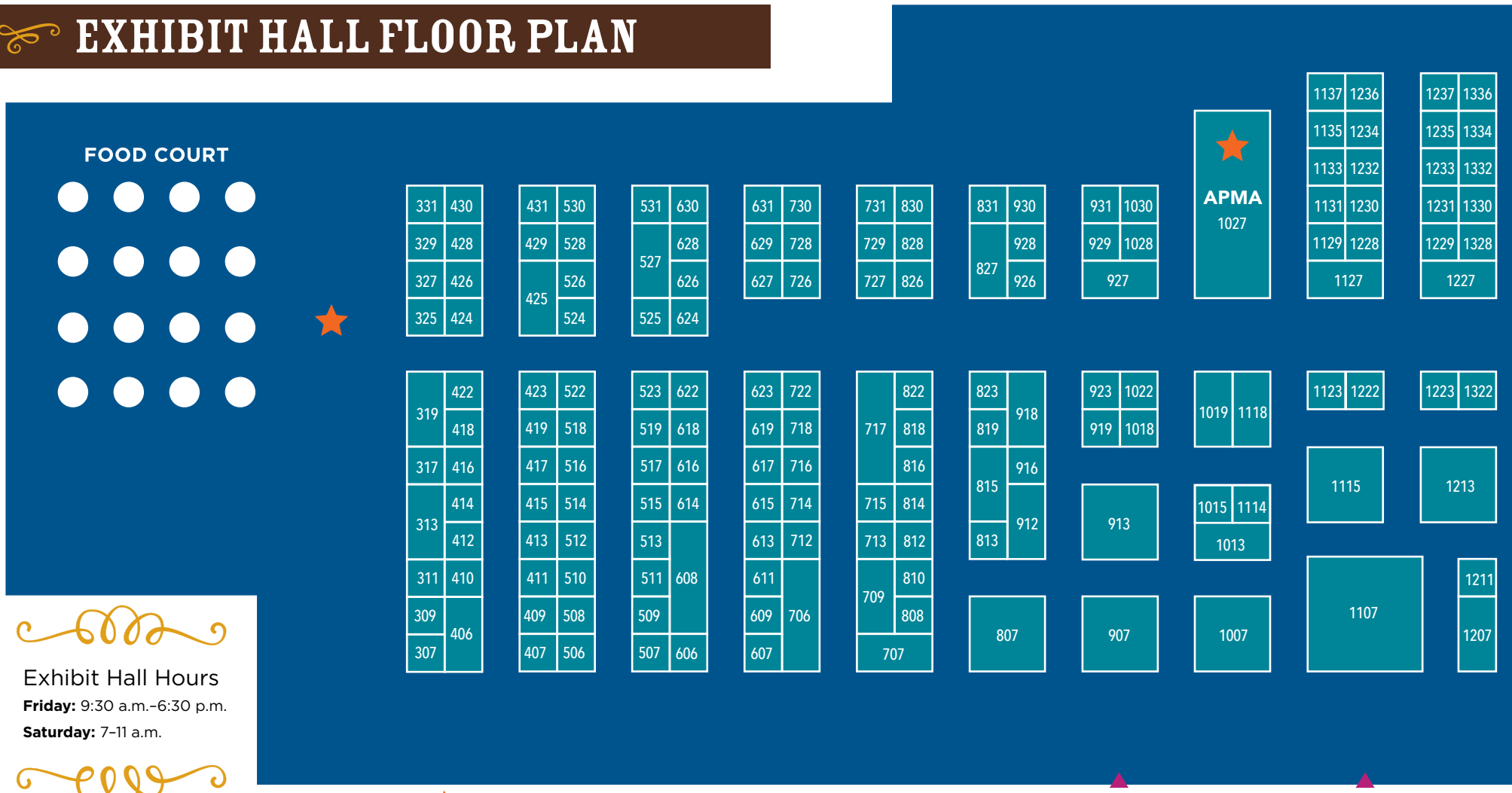

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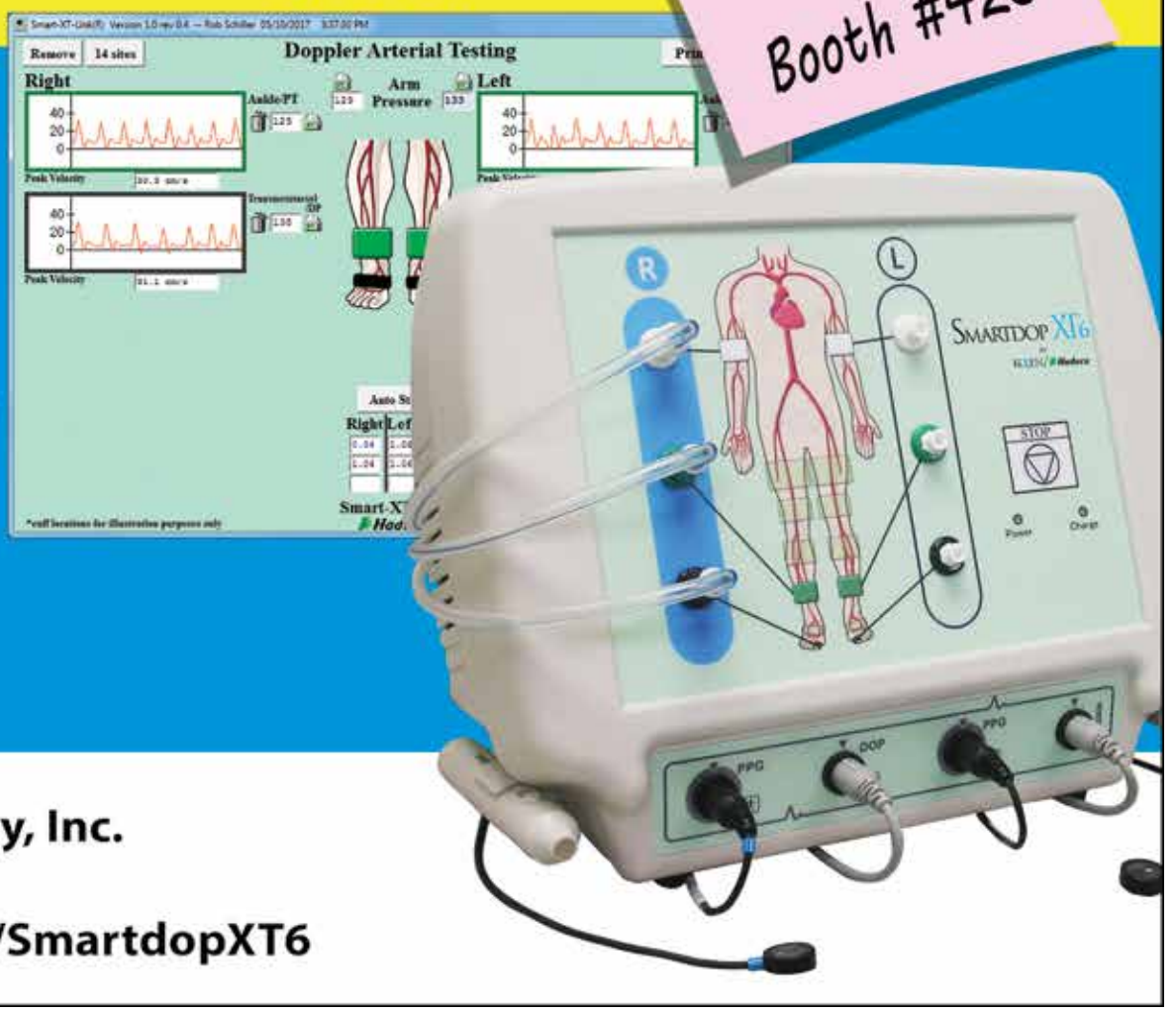

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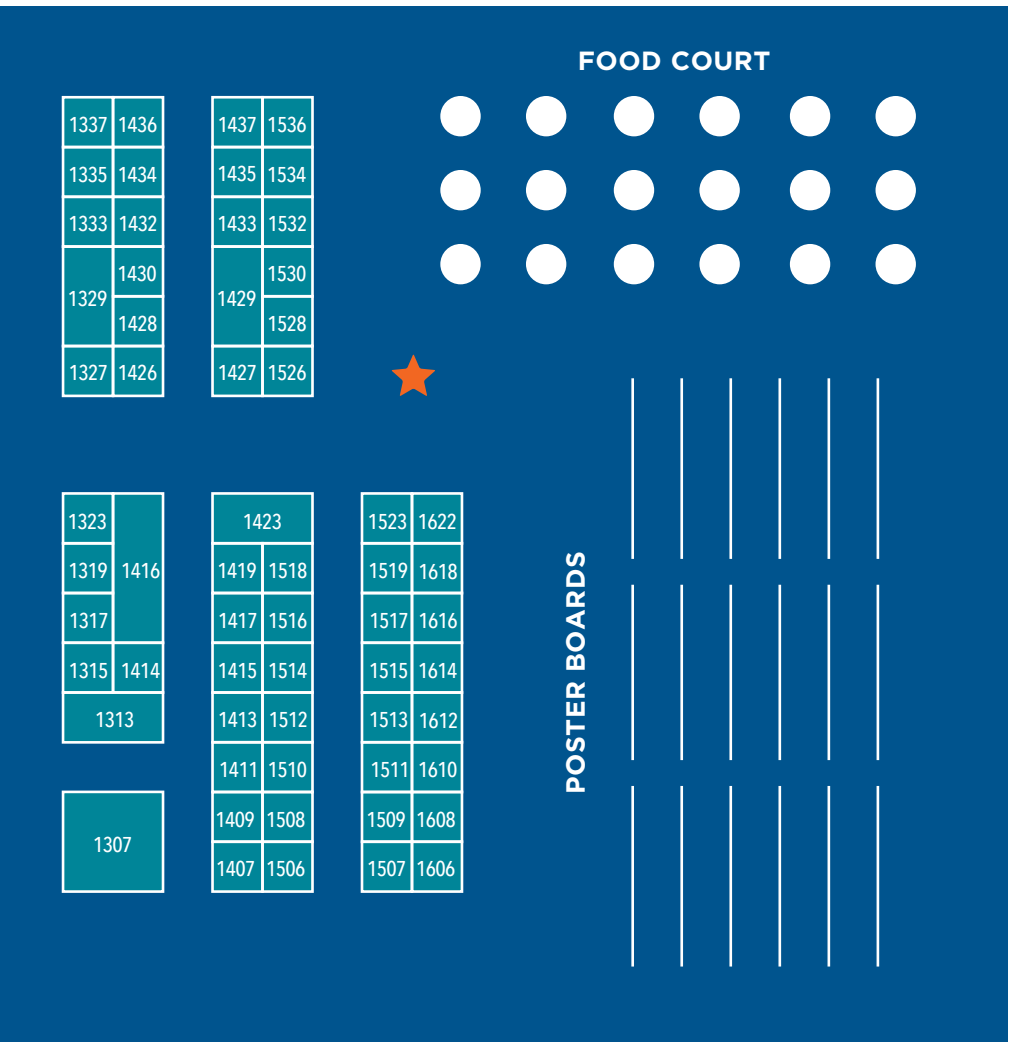

EXHIBIT LIST

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 messages via the APMA Meetings app.

#

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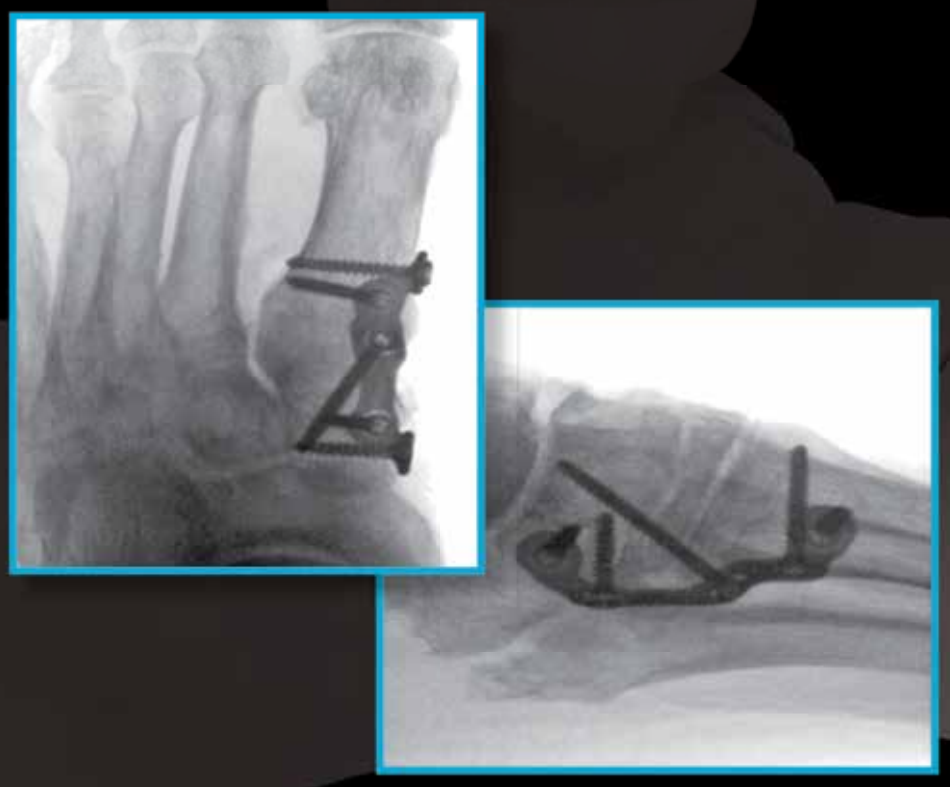
- **Anatomic plate preserves tibialis anterior tendon insertion**
- **Medial incision improves cosmesis and minimizes soft tissue irritation**



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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