Dermatology, Diabetes Treatments Addressed in Breakfast Symposium

An update of the treatment of a variety of common dermatology conditions pediatric physicians see and a look at treatment advances for type 2 diabetes as well as the role the specialty plays in controlling its effects were presented yesterday in the Breakfast Symposium “Dermatological Condition Update.”

Use of Topical and Steroid Treatments

From simple dry skin, to various types of dermatitis, to fungal infections, pediatric physicians see a variety of dermatologic conditions, but they need to broaden their diagnostic and treatment horizons to better serve their patients, said G. Dockery, DPM.

“It is a common misconception by most practitioners that everything that is a rash on the foot is a fungal infection, and studies show that is not the case,” said Dr. Dockery, International Foot & Ankle Foundation. “Sixty percent of rashes are eczematous dermatitis and are not fungal.

“If you find out you have a bacterial infection, you treat it with an antibiotic. If you find out you have a fungal infection, you treat it with an antifungal. If you have a viral infection, you treat it with an antiviral. Pretty much everything else is eczematous dermatitis that needs to be treated with steroids, and they are more complex.”

Dr. Dockery addressed dermatitis, and he reminded clinicians that it is an inflammation of the dermis exhibiting spongiosis or fluid between the cells. The most common spongiotic dermatitis and eczematous dermatitis are atopic dermatitis, eczema, allergic contact dermatitis, nummular dermatitis, and dyshidrotic dermatitis.

He cautioned against assuming rashes are a fungus because treating fungal and yeast infections with steroids can cause the infections to worsen and slow the treatment when added to antifungals.

Interesting Cases Often Turn into Deadly Cases

Bradley W. Bakotic, DPM, DO, was forced to deliver his Plenary address yesterday from Atlanta, but in Honolulu the message was clear: Don’t hesitate to take biopsies of suspicious lesions.

“Be open-minded to outside viewpoints. Be careful not to limit biopsies to cases of obvious malignancy. Don’t forget the meaning of ‘atypical,’” said Dr. Bakotic, who presented “Interesting Case Studies in Podiatric Medicine.”

Using an audio connection and displaying presentation slides on screens in the room, Dr. Bakotic reviewed 11 cases and answered questions from the audience. He started with more ordinary unusual cases, including a man who presented with blotches and bruises on his feet, but was diagnosed with pemphigus when it was discovered he worked in a cold environment. In another case, a nine-year-old girl with a toe nodule was diagnosed with infantile digital inclusion body.

Three other cases also involved older women diagnosed with cancers, and a fourth involved a man diagnosed with metastatic renal cell carcinoma several years after being cleared of cancer, which is not unusual, Dr. Bakotic said.
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PURPOSE: The American Podiatric Medical Association Political Action Committee’s purpose is to raise and disburse funds to candidates for federal office who support the legislative priorities and goals of the podiatric medical profession.

IMPORTANT: You may contribute or not contribute without concern of being favored or disadvantaged. Occupation/Employer information is required for aggregate annual contributions of more than $200.00 by the Federal Election Campaign Act. Federal election law does not permit corporate contributions to be used for donation to candidates for federal office. Political contributions are not deductible for income tax purposes.
The Challenge of Diagnosing, Treating Charcot Joint

One of the most important challenges in managing patients with diabetes is the early diagnosis and treatment of Charcot joint because many physicians are unfamiliar with the condition. Despite a plethora of case reports and numerous published theories in pathology mechanics and chemistry, there remains a substantial population of physicians who are unaware of those at risk for this condition.

Molly Judge, DPM: "There is not a lot of hard evidence as to how and why this may evolve."

Molly Judge, DPM, director of research and publications for CHP—Healthspan physician group—Cleveland Clinic Foundation, discussed those challenges in her presentation, "The Science Behind Charcot Joint and Use of Nuclear Medicine Imaging to Differentiate Infection from Acute Charcot Breakdown." "People lean toward the anecdotal when it comes to managing the Charcot joint, and that is because there is not a lot of hard evidence as to how and why this may evolve," she said. "Even in the current literature there is far more reported via case reports and, essentially, in their summary is almost always an anecdotal comment or suggestion regarding management."

Charcot joint is the progressive degeneration of a weightbearing joint that can be recognized and arrested at "stage zero." However, the lack of widespread awareness of this condition often results in delayed or even missed diagnoses, which increases morbidity and mortality associated with this condition. Part of the problem is that the condition is not well understood and so is likely to be underreported. That means that even the speculated incidence or prevalence for the condition is probably estimated lower than it actually occurs, Dr. Judge said.

For those who are aware of the condition of neuroarthropathy, also known as Charcot joint, the condition often presents as a profound single-limb swelling, warmth, and history of trivial trauma, if any. The challenge for physicians is differentiating Charcot joint from infection. Podiatric physicians can play a role in improving knowledge of the condition by participating in group discussions with colleagues and other practitioners who may be unaware of this condition, she said.

Dr. Judge discussed a profile of a patient with Charcot joint, but said that treatment strategies should be focused on conservative management when possible.

"Ultimately, the people who have done the most surgery for Charcot joint and have tracked their own long-term follow-up are saying, 'If you can avoid surgery on these people, do it,' because their morbidity and mortality is important."

"The most important element in treating the Charcot joint is awareness of those people at increased risk for neuroarthropathy and early identification of the acute process. To identify these people early and prevent them from needing surgery is perhaps the greatest power of modern-day podiatric medicine. That is the pathway to saving lives one limb at a time."

Nuclear Medicine Imaging

Nuclear medicine imaging (NMI) is a unique, useful modality that can help differentiate between serious infections and more benign conditions. Dr. Judge discussed its use in "Basic Principles in Practice for Imaging in the Face of Acute and Chronic Infections With and Without Ulceration."

NMI tracks a radioactive agent to identify infection or inflammation in the body, and Dr. Judge used a series of images to demonstrate the modality and how it can be used in diagnosis. A "routine bone scan" is not an agent used to diagnose infection. It is used to identify regions of inflammation that may be associated with infection. In cases where an infection is suspected, a positive bone scan indicates that infection cannot be ruled out.

"There are white blood cell imaging agents that can identify infection in people who have had previous surgery or who have had previous ulcerations and infections," she said. "These are complicated conditions that usually throw off MRIs, and so we look for alternative imaging, such as NMI, to resolve these special cases."

"Nuclear medicine imaging using labeled white blood cells can provide insight and allow the differentiation between infected ulcerations, osteomyelitis, and other more benign conditions."

A detailed history and a through clinical examination supplemented by streamlined imaging are important, and Dr. Judge explained when to use which agents and how to order imaging.

"Nuclear medicine imaging is the go-to imaging modality in the complex cases where a patient has had previous surgery, a history of chronic or repeatedly infected ulcerations, or when suffering from the degenerative changes of neuroarthropathy," she said.

Ultrasound Workshop

Glenn Kleecezens, regional sales manager for Universal Imaging, tests an ultrasound machine yesterday during the ‘Hands-On Ultrasound Workshop.’ The annual workshop is designed to teach podiatrists to use the equipment for diagnosis and treatment in their offices.

Question of the Day

What have you learned during the meeting that you can put to use in your practice?

* "The osteomyelitis lecture Thursday stands out. You had everybody saying you are supposed to use antibiotics for six to eight weeks, and he suggested that two weeks is perfectly adequate."
  - Howard Weinstein, DPM, Carrollton, TX

* "I liked Dr. Bakotic’s advice to biopsy early if suspicious. If you have a suspicious lesion, find out early what it is."
  - Peter John Sardella, DPM, Providence, RI

* "The diabetes session Thursday was interesting. What I picked up was to push operating to reduce the foot pressure. It is not very common in Australia to do that; we tend to stick to the conservative therapy."
  - Tran T. Luc, Kew, VIC, Australia

* "The use of embryonic tissue in wound care. My practice is at the VA, so we will take that back and discuss it further."
  - Glenn S. Gold Jr., DPM, Bountiful, UT
MRI Provides Comprehensive Imaging for Ankle and Foot

Different imaging modalities may work best for different injuries, but MRI remains a comprehensive modality for the ankle and foot, said Benjamin D. Levine, MD, who presented “MRI of the Ankle and Foot,” yesterday during the Radiology track.

“Studies demonstrate that using MRI as a diagnostic imaging tool for evaluation of the ankle and foot has been shown to change treatment and management decisions,” said Dr. Levine, assistant professor of radiology in the Musculoskeletal Section at the David Geffen School of Medicine, University of California, Los Angeles Health System.

Dr. Levine discussed different types of MRI sequences to use in specific situations when imaging the ankle and foot, but the type of MRI also can affect the quality of the scan. There are different magnetic strengths of MRI machines such as 0.5, 1.5, and 3T, which provides the highest resolution.

Because they are the latest generation and most expensive, 3T scanners are not as common, and are likely not available at smaller, private radiology centers, he said.

“For routine diagnosis around the ankle and foot, a good 1.5 scanner does the job,” he said. “For more detailed cartilage imaging, such as the release of the plantar fascia and removal of calcifications within tendons,” training greatly decreases or eliminates the learning curve, he said.

“The key is obtaining a good picture, which is dependent on probe manipulation,” Dr. Schwartz said.

Advantages of CT
Computed tomography (CT) is similar to X-ray and should be used to obtain images of bone trauma or bone pathology of any kind, said Albert Armstrong Jr., DPM, MS, associate professor of radiology and interim dean, Barry University School of Podiatric Medicine, Miami.

CT is an advanced X-ray imaging modality that is useful in imaging intra-articular fractures and bone tumors. It also is better than MRI for imaging cortical bone. CT equipment produces images that are much sharper than X-rays because they use an X-ray beam that is thinly collimated and has less scatter radiation. An X-ray has a greater amount of scatter radiation that grays out the image, Dr. Armstrong said.

Advances in 3D Weightbearing CT
A cutting-edge advancement in imaging is the development of weightbearing CT, which is used for biomechanical evaluation, and preoperative and postoperative surgical evaluation. Images are three-dimensional and help to detect biomechanical bone abnormalities better than X-rays or MRI.

The equipment is designed so the patient can stand in it to produce images showing the effect of weight on the lower extremities. It also is useful in the diagnosis and treatment of a collapsed arch in a patient with Charcot foot, Dr. Armstrong said.

A 3D weightbearing CT is more expensive than an X-ray machine and is usually done at an imaging center because the equipment is relatively new.

Imaging Tumors of the Foot and Ankle
Even though most tumors are nonspecific on imaging, several of them do have specific imaging features, which were reviewed by Dr. Levine in his presentation “Imaging Tumors of the Foot and Ankle.”

Dr. Levine used a series of images to illustrate many of the tumors that can develop around the ankle and foot. Most of these tumors are benign, but it is important to get a baseline of all suspected tumors using X-ray, he said.

If a tumor is osseous, further imaging with CT is the best step. However, if you need to determine if a tumor is a cyst or a solid, ultrasound is a good imaging option. Ultimately, MRI excels at defining the local extent of disease, Dr. Levine said.

Tendon Evaluation using Power Doppler
Ultrasound imaging is useful in diagnosis because it provides dynamic images in real time, which cannot be done using CT or MRI. A practitioner can evaluate the movement of a tendon in real time using ultrasound.

Power Doppler is a form of ultrasound that detects and measures blood flow by recording changes in the frequency of the ultrasound wave. Power Doppler can image very small blood vessels in damaged tendons. If neovessels are detected, they are a sign the tendon is injured and trying to heal itself, Dr. Armstrong said. Ultrasound also can be used to look at tendon shape, texture, and disruptions.

“A lot of podiatrists still do not have diagnostic ultrasound equipment,” he said. “The equipment is much cheaper than weightbearing CT, but it is not widely used even though it should be. Diagnostic ultrasound has many advantages over MRI.”

Benjamin D. Levine, MD, reviewed the advantages of MRI as a diagnostic tool.

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“For routine diagnosis around the ankle and foot, a good 1.5 scanner does the job,” he said. “For more detailed cartilage imaging, higher resolution, and better diagnostic performance, 3T outperforms 1.5T. There are certain pathologies that you will only be able to see on 3T. Those usually revolve around intra-articular pathologies; however, even routine tendon tears will be better characterized with 3T.

“We used to do arthrograms of the ankle. With the advent of 3T, we only rarely need to perform an arthrography procedure on the ankle.”

In addition to using 3T scanners, work-
ew approaches are helping to reduce amputations in patients with vascular disease. Two presentations during Friday’s Society for Vascular Surgery Young Surgeons Committee/APMA Young Physicians’ Vascular Disease Symposium looked at how one specialty center is expediting treatment to salvage limbs and the use of pedal access for minimally invasive procedures to clear occluded arteries.

**Time is Tissue: The Urgency of Revascularization**

Time is of the essence in any medical treatment, but particularly when trying to avoid leg amputations in patients with an ischemic diabetic foot. The processes of a center that has a limb salvage rate of more than 90 percent were discussed in “Time Is Tissue: The Urgency of Revascularization in the Ischemic Diabetic Foot.”

“A lot of leg amputations due to vascular disease could be avoided if the patients were revascularized in an adequate time frame. We try to do everything in less than three or four days, from getting them admitted to the hospital, to getting them cleared by a medical team, to getting an angiogram, to surgical intervention. We work as a team,” said David A. Pougatsch, DPM, associate medical director at the Amputation Prevention Center at Sherman Oaks Hospital, Los Angeles. When symptoms of vascular disease are first recognized in patients, they often wait weeks before a diagnosis is confirmed and appropriate vascular intervention is scheduled, he said.

“During this time frame, if tissue is dying, it will continue to die and this necrosis will spread,” Dr. Pougatsch said. The Sherman Oaks Amputation Prevention Center has a staff of three podiatric physicians who were trained during fellowships in limb salvage, two vascular surgeons, a hyperbaric management specialist, a general surgeon, and a plastic surgeon. It operates in a newly renovated facility that opened in 2013. The center, a pioneer in the technology of painless epidural skin grafting, also uses biological tissues available to help heal wounds, Dr. Pougatsch said. Its hyperbaric facility is currently being upgraded with monoplace hyperbaric chambers.

“There is no longer a need for patients to bounce around from one specialist to another to treat their wounds,” he said. “The concept of our physicians working as a team to heal our patients is the reason we have a high success rate. We are able to provide for our patients a true multidisciplinary, multimodal limb salvage center.”

“The time frame in which our patients are treated for underlying vascular disease is much faster than at most facilities. By having other specialists available under one roof, we are able to work together and expedite whatever needs to be done.”

The key is to prevent any further tissue loss in the ischemic limb.

“If you can re-establish blood flow in a timely manner to an area you are trying to salvage, further necrosis can be prevented. Surrounding healthy tissue will be preserved and the attempt at limb salvage will not be in jeopardy,” Dr. Pougatsch said. “The problem lies in the fact that it is difficult to re-establish blood flow in an adequate time frame in the traditional way medical practices operate, going from one doctor to another.”

“The center follows a ‘common sense’ algorithm, he said, that starts with treating an infection, determining if there is any underlying vascular disease preventing healing, and addressing any abnormal pressures or biomechanical issues.”

“This is a true multidisciplinary approach in an area where the patient is in need of multidisciplinary care,” Dr. Pougatsch said. “By acting quickly, we are able to preserve as much tissue as we can to heal/close the wound. The quicker one addresses and intervenes with respect to the patient’s underlying vasculopathy, the greater the presence of healthy tissue and the higher the success rate at preserving the patient’s foot and functionality.”

**Pedal Access for Endovascular Interventions**

Pediatric physicians often are the first health-care professionals to diagnose critical limb ischemia in patients, so they need to be aware of treatment options that can help these patients avoid amputation.

Traditionally, the most common interventions to revascularize limbs have been a surgical bypass or endovascular interventions with percutaneous access through the femoral artery in the groin. However, accessing occluded vessels through the femoral artery is the standard intervention, he said. “Sometimes you have to accept that these interventions are not as durable as a surgical bypass because they are safer in patients who have multiple other medical problems and cannot tolerate a bypass.”

“Vascular surgeons are often not the first physicians who see patients who present with critical limb ischemia. Oftentimes it is their podiatrist or their primary care physician. Sometimes the general impression is that these patients often are too sick to undergo surgery, so they are not referred for revascularization. But most of the time there are alternatives to surgical bypass. The key is to educate all specialties that treat patients with vascular disease about these minimally invasive approaches. Through a multidisciplinary collaboration among podiatrists and vascular surgeons, improved limb salvage can still be achieved in this challenging patient population.”

**SCHEDULE**

**2–4 p.m.**

- **Risk Management Seminar: Lessons Learned From a Podiatric Malpractice Settlement**
  - **Ballroom B**

**Sunday’s Schedule**

**7:30–9 a.m.**

- **Breakfast Symposium: Surviving the Changing Health-Care Landscape**
  - **General and Legal Challenges**
  - **Hilton Hawaiian Village, Coral 3**

**9–10:30 a.m.**

- **The Ultimate APMA Coding Seminar: ICD-10–It May Be Delayed, but You Still Need To Get Ready**
  - **Hilton Hawaiian Village, Coral 4**

**10:30–11 a.m.**

- **CECH Scanning Break**
  - **Hilton Hawaiian Village, Coral 4**

**11 a.m.–12:30 p.m.**

- **The Ultimate APMA Coding Seminar: ICD-10–It May Be Delayed, but You Still Need To Get Ready (continued)**
  - **Hilton Hawaiian Village, Coral 4**

**12:30–1 p.m.**

- **CECH Scanning**
  - **Hilton Hawaiian Village, Coral 4**
Today’s education program will address a variety of clinical, legal, and ethical issues in several different presentation formats. Breakfast symposia will feature updates on bone grafts and treating onychomycosis, and a plenary lecture will look at tinea pedis. If you are in the mood for a debate, you can hear the pros and cons of minimalist shoes and ultrasound diagnosis for heel pain. Other sessions will look at health-care disparities and how to prevent falls. In the afternoon, see the latest research at the Poster Abstracts Symposium and hear the details of a podiatric malpractice lawsuit.

6:30–8 a.m. in Ballroom A, Overcoming Onychomycosis: Management Updates for Podiatrists
Warren S. Joseph, DPM, said the FDA has not approved any new onychomycosis treatments in almost 15 years, but approved two new topical agents in July. They will give podiatrists and their patients new options for the treatment of this infection.

8–9 a.m., Plenary Lecture, in Ballroom B, Tackling Tinea Pedis: Update on Latest Treatments
Tracey C. Vlahovic, DPM, will discuss how the disease is spread and the newest topical treatments that have been developed and analyze the products used to prevent tinea pedis. She also will address the consequences of not treating the condition until it is completely cured.

9:30–11 a.m. in Room 312, Controversy Debates
• “Diagnostic Ultrasound for Heel Pain?” Adam E. Fleischer, DPM, MPH, will take the pro position: “It can help you establish the diagnosis because many people who come in with chronic heel pain don’t have that classic plantar fasciitis at the origin. If you put a probe on it, which takes two seconds, you can tell where it is in the fascia, so it helps with the diagnosis of plantar fasciitis.”

• “Minimalist/Barefoot Versus Traditional Running Shoes,” Nicholas A. Campitelli, DPM, will discuss the development of shoe gear, the biomechanics of different types of feet, and their influence on injuries in runners. “How one runs is probably more important than what is on one’s feet, but what is on one’s feet may affect how one runs,” he said.

Jeffrey Ross, DPM, MD, said evidence-based studies have shown injuries with minimalist shoes: “The moral of the story is that for some people they’re great, for many others with medical and biomechanical issues, they are not. The studies have indeed shown injuries in long bones of the feet and shins, the Achilles, etc., but they have shown promise in reducing knee pain and impact trauma to the knee.”

11 a.m.–noon in Room 308AB Ankle Arthroscopy Workshop
This cadaveric workshop presents an introduction to ankle arthroscopy. Presenters will introduce attendees to the instrumentation required, and a new set of terms and skills, with a focus on superficial anatomy, the portals, and how to navigate the equipment, said Patrick R. Burns, DPM, who will lead the session. (Preregistration required.)

Variety Spices Up Education Program
the overall health of patients and the role of using a "foot visit" as an opportunity to exert that influence.

11 a.m.-noon in Room 312, Health-Care Disparities
- "Introduction to Health-Care Disparities," Joseph M. Caporusso, DPM, MPH, will discuss the perceptions of disparities and their ramifications.
- "Cultural and Linguistic Competency," Klaus J. Kernbach, DPM, will discuss the importance of understanding the social, cultural and linguistic needs of the patient, and address the needs of some patient groups.

1-2 p.m., Poster Abstracts Symposium, Kamehameha Exhibit Hall
Attendees will have the opportunity to review the latest cutting-edge foot and ankle research and ask questions of the authors of around 80 posters during today’s Poster Abstracts Symposium. Pick up a Poster Abstracts booklet at the Registration Desk.

2-4 p.m., Risk Management Seminar, Ballroom B
Alan S. Banks, DPM, will present "Lessons Learned from a Podiatric Malpractice Settlement.

The Young Physicians’ Program, “Insuring Success—Practice Survival,” provided vital information for podiatrists trying to establish themselves in practice.

As part of the program, Kevin West, JD, partner, Parsons Behle & Latimer, discussed basic health-care law for podiatrists. “This presentation is a primer on many topics about which podiatric physicians should have a basic understanding,” West said. The talk covered several topics, including employment contracts, insurance contracts, the Stark law, the Anti-Kickback Statute, malpractice insurance, fraud and abuse laws, Medicare and private insurance audits and investigations, HIPAA, licensure and privileging issues, the Affordable Care Act, and medical malpractice risk management.

Learning from West is an invaluable experience for young physicians. He has represented health-care providers, particularly podiatrists, for more than 25 years and wrote APMA’s HIPAA manual and its two subsequent updates. “The world of health care is one of the most, if not the most regulated industry in the United States,” West said. “New practitioners must not only be well-trained from a medical and regulatory framework with which they must comply. In this highly regulated environment, practitioners who fail to gain a basic understanding of health-care law concepts run great risks of audits, licensure discipline, loss of privileges, lawsuits, government fines and penalties, and other potentially career-threatening events. Health-care law is rapidly evolving, and the past 10 years have seen huge changes at every level on each of the topics that we covered.”

Also during the program, Jon Goldsmith, DPM, presented on career opportunities for young physicians. The lecture focused on the variety of different employment arrangements that are available to the young physician. “Options include starting a practice, being an associate, entering a partnership, a multi-specialty group, hospital employment, and academic positions,” he said.

Dr. Goldsmith is only a year removed from young physician status himself. He practices in Omaha, NE. “My hope is that my experience with a variety of these options benefits young physicians as they are planning to graduate residency and begin their professional careers,” he said.

Also presenting during the session was William H. Dabdoub, DPM, Dr. Dabdoub practices in Slidell, LA. However, that wasn’t always the case. Until 2005, his practice in New Orleans— but was destroyed by Hurricane Katrina. His experience formed the basis of his presentation. “Unless you have experienced it firsthand, it is hard to really understand what happens during a disaster such as I experienced with Katrina,” he said. “My staff was scattered. I had to balance my personal life and my worries about my family along with caring for my staff, and I had very little to no access to money. It took me more than three years to return to my previous level of income.”

Dr. Dabdoub shared the lessons he learned so young physicians can be prepared should the worst happen. “You need to look at your insurance,” he said. “Not just against floods or other natural disasters, but business interruption insurance as well. These events can happen to any practice along a coast, or in a tornado or earthquake zone.”

The program was rounded out by Harry Goldsmith, DPM, and his presentation, “What You Need to Know about Coding and Reimbursement.” Dr. Goldsmith is a renowned coding expert and APMA consultant. Although the ICD-10 transition has been delayed for one year, this topic remains incredibly important for young physicians.

Young physicians can find valuable materials and resources at www.apma.org/youth-physicians.

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It’s Never Too Soon to Plan Ahead: Register for Next Year’s National in Orlando!

We are halfway through the APMA 2014 Annual Scientific Meeting (The National), but it isn’t too early to think about next year’s premier foot and ankle conference. Come to the APMA booth (6623) to register for The 2015 National, July 23–26 in Orlando, FL, at the Marriott Orlando World Center, and pay the lowest possible rate: only $295 for APMA members!

Orlando is the perfect destination for professional development and family fun. With a little bit of something for everyone, it is no surprise Orlando is one of the cities most often visited by both domestic and international travelers. With seven of the world’s top 20 theme parks, not to mention nearly 100 other attractions, the city certainly knows how to entertain.

After a day of lectures and walking the exhibit hall floor, you will feel refreshed and inspired by a leisurely escape to a world of imagination and fantasy. Our host property, the Marriott Orlando World Center, is the ideal launching pad for all of your Orlando adventures. The resort is advantageously located across the highway from Walt Disney World Resort and is just a short drive from Universal Studios Resort and the Wizarding World of Harry Potter.

For all that Orlando has to offer, you and your family can even enjoy a complete vacation without leaving the grounds of the Marriott Orlando World Center (www.marriott.com/hotels/travel/mcowc-orlando-world-center-marriott). Along with the aforementioned golf course, the property boasts numerous dining options, a luxurious spa, and a range of recreation activities for children of all ages.

The Marriott Orlando World Center is practically a water park all unto itself. For younger children, the Splash Zone with Zero Entry Pool and Water Playground featuring water trees, spray jets, and more will provide entertainment for hours. For the more daring, the Plunge Zone with Slide Tower is a must-do. Choose from three slides, including a 90-foot super-speedy drop-slide. When your children need to dry out, send them to the Gaming Recreational Interactive Destination, or GRiD.

You will want to take a look at the daily scheduled resort activities. Parents can let loose and kids can get silly with ongoing, ever-changing activities and events at the Activity Center. Activities range from LEGOLAND-themed events and Gatorland animal appearances featuring alligators and snakes, to fun and festive arts and crafts, face painting, pool games, and more!

Do you like to slow down on vacation instead of packing in a lot of activity? The spa at the Marriott Orlando World Center offers all of the services you could want: facial, massage, manicures/pedicures, body wrap, and more. Take some time for yourself and enjoy a peaceful, relaxing treatment.

Keep your taste buds happy by sampling all of the property’s dining options. Have a hankering for steak? Pick from a traditional steakhouse ( Hawk’s Landing Steakhouse & Grille) or Japanese (Mikado). For Italian, try Siro Urban Italian Kitchen, voted the 2013 Best New Restaurant for Central Florida by Florida Trend magazine. Need to get something in a hurry? Stop by the Mangrove food court for a quick bite on the go!

After the meeting, you may register online at www.apma.org/TheNational. Enter the coupon code SUNSHINE to guarantee the best possible registration rate. Be on the lookout for information about this meeting in the coming months. We’ll see you in Orlando!

*The National Today gratefully acknowledges Visit Orlando and the Marriott Orlando World Center for providing information used in this article.

DID YOU KNOW?

APMA members are eligible to receive discounts on footwear, insoles, and hosiery through APMA’s Professional Purchase Programs and Discounts!

Discounts are offered by the following companies with products awarded the APMA Seal of Acceptance:
- ASICS America Corporation
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For more information, visit www.apma.org/ProfessionalPurchasePrograms

REdRC offers:
- Quality — REdRC lectures are generated from experts in the field and are based on competencies identified in CPME approved guidelines for residency education.
- Flexibility — Lectures can be accessed anywhere, anytime through the online portal. Residency directors will not have to prepare weekly lectures, and residents will have the opportunity to learn from a range of experts.
- Value — When compared with similar products currently available, REdRC represents a tremendous value for residency programs: free for residents who have activated their APMA membership. This is made possible due to the generous support of its founding sponsors, including Gebauer Company, the Podiatry Insurance Company of America, Organogenesis, Inc., Merz Pharmaceuticals, LLC, Bako Integrated Physician Solutions, Medtouch EHR/HealthFusion, and KCI USA, Inc.

For more information, visit www.apma.org/ProfessionalPurchasePrograms

REdRC is an online repository of educational materials to supplement residents’ daily hands-on experience and is free for APMA members.

Visit REdRC.org to learn more and opt-in today.
Practicing medicine involves more than seeing patients in an exam room. Dealing with personnel matters and following federal regulations are important parts of health care that will be examined in the Sunday Breakfast Symposium and the APMA Coding Seminar. “Surviving the Changing Health-Care Landscape: Generational and Legal Challenges” will be presented from 7:30 to 9 a.m. Sunday at Hilton Hawaiian Village, Coral 3. “The Ultimate APMA Coding Seminar: ICD-10—It May Be Delayed But You Still Need to Get Ready” will be presented in two parts from 9 to 10:30 a.m. and 11 a.m. to noon in Hilton Hawaiian Village, Coral 4.

A Wealth of Generations
From the Silent Generation to Baby Boomers to Gen X to Millennials, four generations are working together for the first time, and they have different approaches to work and life. “It’s not that people in the different generations are not motivated, it’s that you have to understand what motivates them, and engage them based on their own motivation,” said Barry L. Scurran, DPM, chief compliance officer for the Permanent Medical Group. “Understanding how people of different generations view diversity, themselves, or the future makes it possible to understand what motivates different people.” Dr. Scurran will discuss such topics as the influence of social media and how the Silent Generation and Baby Boomers want to see details on a written page while younger generations avoid paper and want to see emails or texts.

“IT will discuss the concept that your history and your influences shape your emotions, actions, and perceptions of institutions, careers, and life.

Changes to HIPAA and Meaningful Use
HIPAA has been part of the health-care world in the US since 2003, but it was updated in 2010 and 2013, and is now being enforced more strictly than ever. An expert on health-care law, J. Kevin West, JD, will discuss those updates and the current HIPAA enforcement environment during Sunday’s Breakfast Symposium, “Surviving the Changing Health Care Landscape: Generational and Legal Challenges.”

“In the past two years we have seen a record number of audits, fines, penalties, and investigations, none of which we saw in the early years of HIPAA. Now, it has exploded into a very aggressive enforcement situation,” said West, of Parsons Behle & Latimer, Boise, ID, who is the author of the APMA HIPAA manuals, practices health-care law and teaches a health-care law course at Boise State University. In his presentation, “The 2013 Changes to HIPAA; HIPAA Audits; Meaningful Use Audits,” West will discuss the HIPAA security risk analysis and the interaction with Meaningful Use standards and audits.

“You need to comply with both HIPAA and Meaningful Use,” West said. “I will talk about how those rules intersect, and how important compliance with those rules has become in today’s environment.

ICD-10 Seminar
The deadline for implementing ICD-10 may have been pushed back one year, to Oct. 1, 2015, but physicians and their staffs still need to be working hard to be ready to make the change. It will take time to train staffs, refine the resources for the transition to using new codes, and test all the processes. Failure to be ready at the deadline will violate federal regulations and endanger reimbursements.

In the ICD-10 seminar, Harry Goldsmith, DPM, Lawrence A. Santii, DPM, and Phillip E. Ward, DPM, will present “ICD-10 Coding of Clinical Scenarios.” James Christina, DPM, will present “PQRS and Meaningful Use.” In the presentations, they will discuss the additional codes in ICD-10 and how they need to be recorded, and the role of the Physician Quality Reporting System.
Shoes Can Play Key Role in Sports Injuries

Matt Werd, DPM, who participated in several triathlons, polls the audience to see how many attendees had been in triathlons.

The main thing we found is that it is not clear how orthotics work. It is difficult to see consistency with prescriptions because you go to five people and you get five different prescriptions and devices made. The goal is to come up with best practices based on evidence-based medicine,” said Howard E. Kashefsky, DPM.

Diagnosing and Treating Triathlon Injuries

Podiatric physicians treat many patients suffering from injuries that occur during long runs that test athletes’ endurance. Friday, they heard about identifying, diagnosing, and treating lower extremity injuries suffered during triathlons, including one of the most grueling races in the world, the Hawaii Ironman.

A finisher of the Hawaii Ironman, Matt Werd, DPM, discussed the variety of injuries—from traditional running injuries to death—that participants may suffer during taxing triathlons, and that podiatrists may be called upon to treat. Dr. Werd is chief of podiatric surgery at Lakeland Regional Medical Center, Lakeland, Fl. and is a past president of the American Academy of Podiatric Sports Medicine.

The Hawaii Ironman started in 1978 and includes a 2.4-mile swim in rough Pacific Ocean water, a 112-mile bike race, and a 26.6-mile marathon through blackened lava fields. It serves as the Ironman World Championship competition, and each of the 1,900 participants must qualify for entry.

The types of shoes worn in the race are tracked by the annual “Kona Shoe Count,” and range from 15 to 20 types.

“T

The treatment of triathlon participants’ injuries, a comparison of over-the-counter versus custom shoe orthotics, and the effect of minimalist shoes and stretching exercises on Achilles tendon injuries were examined yesterday in the Biomechanics and Sports Medicine track.

Role of Minimalist Shoes, Stretching in Achilles Injuries

An Achilles tendon injury is the third most common lower extremity injury, and 18 percent of running injuries involve the Achilles tendon. The role of minimalist shoes in these injuries, newer approaches on stretching, and treatment trends were discussed Friday during “Achilles Tendon Injuries in Sports.”

“The minimalist shoe has increased the potential strain on the Achilles. In the running shoe industry, the pendulum is swinging from the minimalist/barefoot trend in the last several years to the other end of the spectrum to more of a minimalist shoe,” said Dr. Werd, the session presenter. Several shoe companies are at the other extreme of minimalism, creating maximum-cushion shoes.

“My take-home on running shoes is that there is a specific shoe for each patient. Choice needs to be individualized.”

The treatment of Achilles tendon injuries has changed, and now includes extracorporeal shockwave therapy, coblation therapy, platelet-rich plasma, and high-speed ultrasonic ablation. Future treatments being studied include the use of growth factors for tendon repair and regeneration, marrow-derived stem cell-seeded collagen implants, and low-energy photostimulation.

Howard E. Kashefsky, DPM

It is difficult to see consistency with prescriptions because you go to five people and you get five different prescriptions and devices made. The goal is to come up with best practices based on evidence-based medicine. **"**
Plantar Fasciitis Study Finds Custom Orthotics Speed Healing

Patients with plantar fasciitis are more active during their recovery when using custom foot orthotics compared to prefabs and sham devices according to a study funded by APMA. The study also found common threads to help predict which patients respond better to specific treatments.

“We found that people who had a severely contracted Achilles tendon seemed to do best with a regimen that centered on stretching, supportive shoe gear, and ice,” said Adam E. Fleischer, DPM, MPH. “We know that a contracted Achilles tendon is a risk factor for developing heel pain, but we didn’t know that the greater the contraction the more likely you are to benefit from stretching and conservative treatment.”

Dr. Fleischer and James S. Wrobel, DPM, MS, presented “The APMA-Funded Plantar Fasciitis Study” Friday. Dr. Fleischer is an associate professor at the associate professor at the Dr. William M. Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine and Science, and Dr. Wrobel is an associate professor of internal medicine in the Metabolism, Endocrinology and Diabetes Division at the University of Michigan Medical School.

The study of 77 patients with plantar fasciitis randomized patients into three groups, one that received custom foot orthotics, one that received prefabricated orthotics, and one that received a sham. The study followed participants for three months, and charted pain relief with the first steps in the morning and at the end of the day, and measured quality of life using surveys and activity monitoring.

“We also looked at the biomechanical findings. We recognized we had a great data set and we had one examiner with a great deal of experience doing these biomechanical exams that podiatrists do,” Dr. Wrobel said. “We wanted to see which of the findings might be predictive of people who respond to orthotic therapy or did not respond.

“We did the same thing with our radiology measures, and Dr. Fleisher looked at ultrasound and radiographic changes to see if any of those [changes] predicted response to orthotic therapy.”

Many study participants changed their shoe sizes, did stretching and ice massage at home, received a pad they could remove, and wore house slippers, Dr. Wrobel said.

“Those therapies alone resulted in significant improvement within the first couple of weeks,” he said. “We found a great deal of improvement in spontaneous physical activity in the people who got custom-made foot orthotics. There was a 5.6-fold improvement over the people who got prefabricated foot orthotics, over three months. People who got custom devices were 120 percent more active after three months than the people who had prefabricated orthotics.”

Using ultrasound to measure the thickness of the plantar fascia, echostructure, and inflammation, the study found patients who had a biconvexity plantar fascia appearance were five times less likely to respond to orthotic therapy.

“We found that people whose plantar fascia had swelling and a circular appearance at the origin simply did not do well with a mechanical treatment regimen,” Dr. Fleischer said, adding that the use of injections or anti-inflammatory medications might be better options.

Attendees debated the nuances of medical ethics during yesterday’s “Track 2: Applying the APMA Code of Ethics to Practice Situations.”

APMA Deputy Executive Director and COO Jay Levrio, PhD, kicked off the session with a review of the six core concepts of medical ethics, including patient autonomy, physician beneficence, non-maleficence, justice, dignity, and honesty. Dr. Levrio reminded the audience that a professional code of ethics pertains not only to a physician’s public, but also his or her private life. He also explained that although APMA maintains a detailed code of ethics, the association depends on the state components to adjudicate ethical violations.

Scott Haag, JD, MSPH, APMA’s director of Health Policy and Practice and a licensed attorney, underscored the potentially severe consequences of an ethical violation, including loss of license and legal ramifications.

The speakers then injected some levity, as Jim Christina, DPM, APMA director of Scientific Affairs, led the audience through a review of several humorous but relevant ethical cases, allowing participants to share their input about appropriate physician conduct in each of the scenarios. Scenarios covered such topics as treating family members, engaging in sexual relationships with patients, addressing suspected substance abuse among colleagues, negotiating relationships with industry, and being transparent in advertising.

In one scenario, a young physician is under pressure from his senior partners in practice to perform more surgeries and increase his contribution to the bottom line. An elite college athlete presents with an injury he wants treated quickly—with surgery. The physician knows, however, that this patient could respond well to conservative care. The audience discussed the many facets of the case, including the unethical behavior of the young physician’s senior partners; the importance of informed consent to help the patient understand the nature of his condition, the proposed treatment and alternatives, and the potential for success and complications; and HIPAA issues that can arise in treating athletes who sometimes have trainers involved in their care.

For more information about APMA’s Code of Ethics, visit www.apma.org/gov- ernance and click on “Code of Ethics.”
Knowing Addiction Medicine a Key in Pain Management

Pain is the most common reason patients visit physicians, but the majority of physicians are not familiar with how to treat pain using appropriate medications with boundary settings, according to Howard A. Heit, MD. “To do good pain management, you need to be at least a talented amateur in addiction medicine,” said Dr. Heit, an expert on pain both professionally and personally, who presented “Defensible, Rational, and Compassionate Pain Management” yesterday during Track 3, Pain Management. “Most physicians and health-care professionals do not know the difference between addiction and physical dependence.”

Dr. Heit, an assistant clinical professor at Georgetown University, is board-certified in internal medicine and gastroenterology/hepatology, and is a diplomate in addiction medicine. He moved into pain and addiction medicine while spending more than 20 years in a wheelchair for a rare, painful muscle disorder following an accident. In 2008, he was treated with deep brain stimulation and now functions with a marked decrease in pain, and no longer uses a wheelchair or other assistive devices.

Physical dependence is a neuropharmacological phenomenon, while addiction is both a neuropharmacological phenomenon and a behavioral phenomenon, he said, adding that 3 percent to 16 percent of the population has the disease of addiction, exclusive of nicotine addiction, which affects about 20 percent of the population.

“The goals of pain management are to decrease pain, increase function, and use medicines that do not have unacceptable side effects,” said Dr. Heit, who reviewed his 2005 paper, “Universal Precautions in Pain Medicine: A Rational Approach to the Treatment of Chronic Pain.” It outlines 10 principles in treating chronic pain with scheduled medications, such as opioids.

Those principles in working with patients in pain are to make a diagnosis with an appropriate differential; make a psychological assessment, including risk of addictive disorders; get an informed consent; develop a treatment agreement; conduct a pre- and post-intervention of assessment of pain level and function; conduct an appropriate trial of opioid therapy with or without adjunctive medication; regularly assess the pain score and level of function; regularly assess the ‘four A’s’ of pain medicine—analgesia, activity, adverse effects, and aberrant behavior; periodically review pain diagnosis and comorbid conditions, including addictive disorders; and document all evaluation.

“The treatment agreement—it is an agreement, not a legal contract—puts in writing the responsibilities of the doctor to the patient and the patient to the doctor who prescribes a controlled substance, such as an opioid,” Dr. Heit said. “You need exit strategies if the opioids are not improving the pain syndrome, the source of the pain is resolved, or the patient is displaying aberrant behavior. In an exit strategy, you can abandon the molecule, but never abandon the patient,” he said.

“The bottom line in treating a patient with pain is that management should always be patient-centered,” Dr. Heit said. “Pain management is what you are doing for the patient not to the patient,” he said. “You should focus on improving outcomes and managing risk. You have a responsibility to make sure these medicines are prescribed safely to the patient, and the patient has a responsibility once medicines are dispensed from the pharmacist to take care of these medicines so they are not lost or stolen. Pain management should be defensible, rational, and compassionate.”

Howard A. Heit, MD: ‘Most physicians and health-care professionals do not know the difference between addiction and physical dependence.’
Podiatry’s Public Health Crisis

Podiatrists’ membership in the American Public Health Association (APHA) is reaching an all-time low, despite podiatric medicine’s role in public health.

James DiResta, DPM, MPH, the current chair of the APHA Podiatric Section, is asking each APMA component to fund membership for its executive director and one additional member (who is not a current APHA member). “If our membership in APHA continues to dwindle, the status of our Podiatric Section will be in jeopardy,” Dr. DiResta warned. “If we lose our section, we will lose our seat at the table and will reduce our effectiveness in many public health initiatives that should concern us all.”

Janet Simon, DPM, chair of APMA’s Public Health and Preventive Podiatric Medicine Committee, echoed Dr. DiResta’s call to action. “Much of what we do as podiatrists on a daily basis is public health,” she said. Everything from screening patients for diabetic peripheral neuropathy and peripheral arterial disease to encouraging smoking cessation and assisting elderly patients to prevent falls qualifies as public health practice, Dr. Simon said, particularly as the population ages and more and more podiatrists participate in meaningful use and quality reporting initiatives.

This morning, Dr. Simon will moderate the Public Health/Falls Prevention track at 11 a.m. in Room 311.

APMA encourages state component societies to consider sponsoring membership for the state’s executive director and one additional member. Individual APMA members, visit www.apha.org and click on “About Us,” and “Membership Information” for links to renew your current APHA membership or join as a new member.

Passionate about Public Health?

If you have an interest in public health or know a podiatrist who does, consider the APMA/The Dartmouth Institute for Health Policy and Clinical Practice (TDI) Public Health Fellowship.

The fellowship curriculum is designed to provide the fellow with fundamental skills, knowledge base, and philosophical foundation in health policy and clinical practice, with specific attention paid to public health, clinical/health services research, and health-care leadership.

The application period for the 2015–16 APMA/TDI Fellowship is now open. The deadline for applications is November 7. To learn more and apply, visit www.apma.org/tdi.

APMA Luau Reception

More than 1,100 attendees were on hand Thursday evening at APMA’s Luau Reception to enjoy a stunning performance of traditional Polynesian music and dances. Guests enjoyed tiki cocktails and hors d’oeuvres as they took in the breathtaking scenery of Oahu from the Great Lawn of the Hilton Hawaiian Village. APMA gratefully acknowledges the sponsors of the Luau Reception, Anacor Pharmaceuticals, Inc.; Bako Integrated Physician Solutions; MediTouch EHR/HealthFusion; the Podiatry Insurance Company of America; and Spenco Medical Corporation.
SYMPOSIUM
Continued from page 1

steroids is a new classification scheme with four classes, down from the seven or five classes that used to be followed. “My approach is to have just one drug for each of the four classes so you only have to remember four drugs. This is a new concept not talked about much,” Dr. Dockery said.

He also recommended showing patients the “fingertip unit” as the correct amount of corticosteroid to apply. The patient should squeeze a line of medicine the length of the index finger—the bigger the person, the longer the index finger.

Podiatry a Key in Controlling Effects of Diabetes

The latest National Diabetes Statistic Report said that 9.3 percent of the US population—29.1 million people—had diabetes in 2012, and more than one-quarter of them will have foot ulcers, which illustrates the important role podiatric physicians must play in controlling the effects of this epidemic.

Fariba Rahnema, MD, discussed the latest treatment advances for patients with diabetes and the role of podiatry in treating patients during her presentation, “The Physiology of Dermatological Conditions in Diabetes.”

Research shows that optimal glycemic control greatly decreases the risk for the development of chronic sequelae of diabetes, including macrovascular disease and its complications, she said. Every 1 percent reduction in A1C levels is associated with a 36-percent reduction in microvascular complications and a 16-percent reduction in macrovascular complications.

The lack of any comprehensive podiatry service in most countries is a major barrier to improved care of people with diabetes, said Dr. Rahnema, director of Valley Endocrinology, Las Vegas.

The American Diabetes Association has stated that podiatrists play a key role in providing appropriate foot care for people with diabetes and that a person with diabetes should have an annual comprehensive diabetic foot examination by a podiatrist. Depending on the findings on the comprehensive diabetic foot examination based on the risk status of the person, a regular schedule of foot care should be established. More than 8,000 amputations are performed on patients with diabetes each year in the US, and almost 50 percent of amputations are preventable, Dr. Rahnema said.

About 85 percent of all diabetes-related lower extremity amputations are preceded by foot ulcers.

Foot ulcers are a major complication in patients with diabetes and remain one of the most common causes for hospitalization and the high costs associated with this disease, she said.

The latest guidelines for treatment of patients with diabetes stress the importance of a multidisciplinary team, including infectious disease specialists, podiatrists, surgeons, and orthopedists, in providing optimal care for this widespread problem, she said.

Dr. Rahnema discussed new directions in the management of patients with type 2 diabetes, including:

• a focus on earlier diagnosis, such as monitoring A1C levels;
• earlier, more intensive interventions, including multiple drugs;
• focusing on treat-to-goal, not treat-to-failure;
• a greater emphasis on weight control and using treatments that avoid weight gain;
• greater individualization of therapy; and
• focusing on reducing complications/costs through more rigorous performance assessment. *
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