As an Attending Final Decisions Now Rest in Your Hands
Life after Residency

—By PPMA Board Member Christine Nolan, DPM

It is that time of year. Residents are graduating and becoming attendings, joining the ranks of full immersion into practice-hood. It is a transition, and for myself and I am sure others, it’s a jump. You go from having a safety net to jumping off the trapeze without one. Often times as a resident, life seems so certain. You have all the answers to questions, you are prepared, but the reality remains that final decisions lie in the hands of another.

As I sit here and start to write this article, it’s almost 8:00 p.m., and I am waiting for two add-on cases to go. I have already had a full day of clinic patients, and our Neurosurgical team just bumped me. Things do not always improve once you are an attending, just so you, as new residency graduates, know.

As an Attending:
• You will be stretched beyond whatever limits you thought you had;
• Former instincts begin to flex;
• Things you once thought to be absolute are not;
• You will seemingly learn to doubt yourself and trust yourself simultaneously; and
• Grow at what seems like a staggering pace.

I want to share some of my insights I have gained since becoming an attending not that many years ago—

CONTINUED ON PAGE 4
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I am happy to be able to write this message as we begin to get back to our personal and professional lives. You will notice that I did not say get back to “normal.” I do not believe that the COVID-19 pandemic is over, but I do believe that we can with increased concern over distancing, sanitation, and scheduling, resume a level of life that resembles the pre-COVID routines that we had all created for our lives and practices.

Over the past four months, I have had the pleasure to work with our forward-thinking Board. In the first meeting, they adopted the attitude that our Association needed to become a “Source” from which you could receive vetted information and consistent answers to the questions provoked by the first-in-a-lifetime crisis that we all faced. We worked our way through the Pennsylvania Governor’s Orders, the HHS distributions, Congress’s PPP, and the market’s PPEs.

Our Board held weekly Zoom Meetings to discuss each stage of our enforced isolation. Throughout this process, we drew on each other in order to reach a common consensus on the direction of the Association. As the counties moved from Red to Yellow to Green, our weekly meetings have ceased, and we are trying to get back to a schedule that approaches “normal.”

As with any challenge, there are positive results that have emerged. The first and most important, is the recognition the Governor accorded to our profession in his May order. The Governor’s May order permitted our members to practice outside our scope—in Pennsylvania hospitals, in cooperation with hospitalists—in an effort to address the COVID-19 Crisis.

“The Governor’s May order permitted our members to practice outside our scope—in Pennsylvania hospitals, in cooperation with hospitalists—in an effort to address the COVID-19 Crisis.”

CONTINUED ON PAGE 16
**Breathe** (something I wish people had told me). The transition from resident to attending is greater than from student to resident. Not only are you managing patients, performing surgeries, dictating charts, and teaching residents, but also you are getting to know the ins and outs of both your practice and your hospital system.

You will struggle. You may have failures and disappointments; these will resolve. You will become more accomplished, faster, smarter, and more flexible. It is important to understand and not be too hard on yourself. Take a breath.

**Use the resources of your past and your present.** Reach out to residency attendings and co-residents. You have not isolated yourself from where you have been, you have merely acquired more resources. With modern technology, information can be shared at rapid paces. Take a few moments to step away, open a book, look online, text a friend. Though you are the point for the final decision, it does not need to come in isolation. Use your new resources as well; talk to your partners, setup a day or a month with them or local doctors to discuss complex patients and complications. Get to know your colleagues around you.

**Don't give up.** There are going to be those days. Every patient has a problem or complication and nothing seems to go right, but don't give up. **Hold on to your successes and learn from your failures.** Complications tend to fatigue you both physically and emotionally. You question yourself as a provider. Know this: Everyone has complications. If you are a surgeon, you will have failures. Accept them, learn from them, but be determined to make yourself better because of them. Don't hide them from yourself or your patients. If you do, they will grow. You will lose trust in yourself, and people will lose trust in you.

**Be confident.** Your staff and those around you will see that. Your patients will see that. Prepare yourself and know what you are doing, even when you’re not sure of it yourself. Don't shy away from cases because you’re new and don’t yet feel capable—get comfortable. You are never going to get competent until you do them. If you want to gain some confidence, ask a partner to scrub, do a cadaver lab, read and watch videos. **Do what you need to in order to gain confidence.** If you don't, how will you ever get there. Always continue to seek and learn and to do the best for those you serve.

**Don't watch the clock.** How long was the tourniquet time? How far am I behind on my schedule? What time is that next case? In the beginning, you are going to be slow. Your tourniquet time is going to be longer than you want. You are going to get behind in your schedule. Trust me when I say, you will get faster.

As you start out, your focus should just be about doing what is best for the patient, not time. Don't let anyone taunt you for how long it took or how far you are behind. Did you do what was right for the patient? Are you giving each patient the attention his or her condition needs? Then nothing else matters. Focus on your patients, your skills and the rest will come with time.

Don't expect yourself to be “first-rate” after one day or even one year. Success won't happen overnight. We all have to start somewhere. I hope that you will read these tips and know, we've all been there, and we as your colleagues welcome you all. **UPDATE**
What was your experience like after Residency?

After spending three years in residency, I thought I was prepared. I had didactics that prepared me for reading images, I understood classifications, and I had experience with fixation techniques. What I realized was, I was not really prepared for simply talking and relating to patients.

I had issues explaining their problems in a clear, organized manner. I was not proficient in discussing the etiology of the complaint and unorganized discussing the options and the natural course of treatment. I know I was well prepared for the technical aspects of the profession, but I don’t know if I was as prepared on the subtleties of how to arrive at the correct diagnosis and then efficiently explain it to someone maybe not in the medical field.

I was as equally unprepared for the patient that maybe didn’t need surgery. Spending time in the office without an attending made me realize the art of making a diagnosis and then treating a patient over the entire course, which many times does not require surgery.

Throughout residency most of the day revolved around surgery—which one, the approach, the fixation, etc. But in many cases, there are several steps that precede surgery and many steps that follow. Figuring out perioperative concerns and issues only came with experience without the watchful eye of a mentor. For me, the art of talking to patients, informing them of their issues, and then coming up with a plan has taken years to master and continues to develop.

As I moved into education, I tried to influence my residents and our residency curriculum to address these issues. Our rotations now include office time to allow residents more face-to-face time with patients in all phases of treatment.

We have also tried to make “blocks” in the curriculum where possible so residents may see patients pre-operatively, sharing opinions in diagnosis and decision-making. They also perform the surgery and see many of their own post-operative patients. This gives more continuity, which I think has helped make a more realistic view of their life after residency.

Patrick R. Burns, DPM, Assistant Professor of Orthopedic Surgery
University of Pittsburgh School of Medicine

+++“Figuring out perioperative concerns and issues only came with experience without the watchful eye of a mentor.”

My situation was a bit non-traditional. Following my fellowship in 2014, I had the opportunity to assume the position as Director of the Heritage Valley Podiatric Residency Program. With the experiences provided to me by my residency and fellowship, I was trained in the sense, “see one, do one, teach one,” and was quite comfortable in an environment conducive to teaching, training, and continuous learning. Prior to the opportunity, I thought the real world would probably be very much like my training, which for me it was quite the same.

However, my situation is unique. Remaining close to my graduating residents over the years, I would say that their experience has been somewhat different. I always explain you have to start somewhere. The only thing that separates us is time. You may not start off busy in your practice, and will need to establish yourself, which takes patience, relationships, and endurance, but all worth it in the end!

Dr. Kimberlee Hobizal, FACFAS, Foot and Ankle Surgery
Director, Podiatric Surgery Residency, Heritage Valley Health Systems
Tracie started running to overcome PTSD.

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Q: “As we get further into this pandemic, I am seeing more diabetic patients who have had their PCP appointments delayed for longer periods of time. An increasing number are now not seeing their PCP within the six-month time frame required for a Q8 or Q9 modifier as required by CMS for DM footcare coverage, thereby causing them to self-pay due to a situation that is out of their control. Has CMS adjusted to this situation with any sort of waiver during the pandemic?”

A: No, no change has been made. When the patient qualifies for footcare via the Routine Foot Care pathway, and their qualifying condition has an asterisk in the policy, the patient must be under the active care of a doctor of medicine or osteopathy (MD or DO) or NPP for the treatment and/or evaluation of the complicating disease process during the six-month period prior to the rendition of the routine-type service or if the patient had come under a physician’s or NPP’s care shortly after the services were furnished. The PA Novitas policy is here: https://tinyurl.com/ybjdp8vl.

One thing to take note of given the COVID-related situation you are encountering: Nowhere does it say this visit has to have been face-to-face or in-person. Therefore, a non-face-to-face visit counts. So, if the patient has not “seen” the provider who is caring for their qualifying condition in the last six months, be sure to also check for any non-face-to-face visits that may have occurred with that provider.

Because the policy as-is does not say the date last seen needs to have been an in-person or face-to-face visit, we do not need what follows, but it will make you feel better if you have any hesitation about what I wrote above.

On April 30, 2020, CMS released, “Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency and Delay of Certain Reporting Requirements for the Skilled Nursing Facility Quality Reporting Program Interim Final Rule with Comment Period,” which can be found here: https://tinyurl.com/y9m9o4o4.

On page 157, it says, “We finalized on an interim basis that to the extent an NCD or LCD (including articles) would otherwise require a face-to-face or in-person encounter or other implied face-to-face services, those requirements would not apply during the PHE for the COVID-19 pandemic.”

—Jeffrey D. Lehrman, DPM, FASPS, MAPWCA, CPC  UPDATE

“One thing to take note of given the COVID-related situation you are encountering: Nowhere does it say this visit has to have been face-to-face or in-person.”

Need More Contact Hours Before the End of 2020?

Sign Up (August 1 Registration Opens) for the Foundation’s 48th Annual Clinical Conference, Nov. 5–8, for 26.75 CECH

Sign Up (Sept. 1 Registration Opens) for the Foundation’s Annapolis Meeting, Dec. 4–6, for 12 CECH

Also check out the Foundation’s online contact hours, go to https://www.goldfarbfoundation.org/Store/Lecture
When reflecting on personal qualities, I suspect many of us would consider ourselves nice people.

Unfortunately, waking up each morning and giving serious thought about ways we can be nice is just not something that we typically do. It’s not that we don’t want to choose to face the day with positivity, we do, and then (sigh) some irritating little interaction sets us off.

We quickly forget our kindness pledge, and Mr. Negative makes an appearance. Maybe it’s as simple as a bad hair day, or the barista got my coffee order wrong, AGAIN; or something much more provoking like an inconsiderate driver cutting us off (who then offers the ubiquitous hand gesture as if it were somehow our fault). Sadly, it takes much less effort to hit the negativity button than to flip the niceness switch (as in, pushing someone’s buttons!) All that being said, there is still much more to be gained by being nice.

Let’s start with our workplace. We could allow for a bit more niceness at times in an environment where we spend a good many hours of our lives. It’s upsetting to see some doctors and staff go out of their way to treat their patients politely, but refrain from saying nice words to each other. Sometimes, there isn’t even a shared “Good morning!” It’s especially disappointing to see recurring conflict between these key players who ironically hang a static mission statement on their wall promoting themselves as “Your Care Team,” yet fail to live the motto.

In the book, *The Power of Nice: How to Conquer the Business World with Kindness*, authors Linda Kaplan Thaler and Robin Koval speak about life lessons from a customer service perspective that we can use both personally and professionally. They talk about the “Six Principles of Nice,” and we could all learn something from them. Here are some key takeaways:

**One Nice Deed Can Lead To Another**

There is no denying that we live in a selfie culture, where even photographs these days revolve around me, me, me. Maybe instead of thinking of “our-selfies” for a change, we need to think more about others; i.e., how they feel and how we can help them. There is a lot to be said for paying it forward when it comes to our actions, words, and thoughts. The consequence of just one nice deed or compliment can actually end up touching or impacting the lives of many others in a very positive way. In fact, what might appear to be a trivial effort on your part to create a brighter day for just one person, can actually bounce-back to you greater than you might imagine. Now multiple that by many people. Being nice is a very small investment to make that often leads to a generous return; an ROI none of us could afford to pass up. Niceness is priceless. Use it lavishly.

**Judge Not, Lest Ye BE Judged**

Don’t be so quick to judge people before you know more facts or before you’ve actually walked a mile in their shoes. Think before you speak. Understand before you criticize. Preconceived notions almost always lead to misconceptions.

**Treat Everyone Equally**

Extending kindness should never be based upon a patient’s appearance, race, nationality, gender, sexual preference, job title, financial status, or insurance coverage.

**“Exercise Your Niceness Muscles”**

In other words, make niceness an everyday habit. Do nice things that have no immediate payoff for you, like verbal appreciation —saying thank you to others; taking an interest in lives other than your own; donating money to charity; passing along a genuine smile; offering an extra generous tip; complimenting a stranger, a co-worker, an employer, or employee. If being nicer to people was a daily exercise, like brushing our teeth or combing our hair, none of us would have to try so hard.

Kaplan and Koval say, “The power of nice is not about running around manically smiling and doing everyone’s bidding. It’s not about being phony or manipulative. It’s about valuing niceness—in yourself and in others.”
What Would __________ Do?
Think of someone you know who fits the nice description; someone you admire. Then model yourself after them. Although you may want to re-act in a negative way to a prickly situation or individual, stop and fill in the blank with this “nice” person’s name to the common phrase “WW_D?” Or, better yet, take it one step further. Finish this statement: “To be a nicer person, I would …” Then, go ahead and do it.
Remember, “It’s nice to be important, but it’s more important to be nice!”

Region Three Back in 2021
72nd Region Three Meeting
MAY 5–8, 2021

New Location:
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▼ Union Plus Scholarship Program.

► OPEIU Death Benefits:
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Reference Guide for Members: http://tinyurl.com/y3ck6987
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This widely used, orthotic-specific system combines optical scanning with custom software to assure enhanced clinical outcomes based on the most biomechanically accurate interpretation, manipulation, and correction of a patient's scans. “Some of our clients are using scanners, but most prefer the results achieved through plaster-casting,” says Aron Adams, President of Precision Orthotic Lab, Int’l.

Precision Orthotic Lab, Int’l, continues to meet the needs of podiatrists looking for products and services to exceed expectations in quality, affordability, and accountability since 1979! “You can’t stay in business for 41 years without getting it right,” says Adams. It comes down to upholding their commitment to these values:

• Improving the Health of Client's Patients;
• Employing the Latest Advancements in Biomechanics;
• Evidence-Based Medicine;
• Healthcare Technology; and
• Maintaining Sensible Pricing.

Precision Orthotic Lab, Int’l, measures its success by longevity, referrals by clients, and steady growth, plus a continued focus on offering superior service to its doctors and their patients. They extend that service by having Dr. Harvey Karpo as an in-house podiatrist available for biomechanical consultations, advice, and suggestions.

The company remains open during these troubling times, and send heartfelt thanks to the country’s healthcare specialists and assistants, first responders, and all those on the frontlines in the struggle during this challenging pandemic.

For more information, call 856-848-6226 or visit www.precisionorthotic.com. UPDATE

“You can’t stay in business for 41 years without getting it right.”—Aron Adams
PPMA Scholarship Terms & Conditions

ELIGIBILITY: To grant an academic scholarship to a family member of an active member of the Pennsylvania Podiatric Medical Association (PPMA) whose professional liability insurance is supplied through the Podiatric Medical Assurance of Pennsylvania (PMAP) program. The grant shall be used by the family member to offset costs incurred to attend an accredited 4-year college, an accredited two-year college or an accredited trade school.

AMOUNT: This amount shall be determined annually at the House of Delegates of the Pennsylvania Podiatric Medical Association and shall be no less than $500.00 per year (for a period of up to four consecutive years). The amount may be changed from time to time in order to reflect support of this scholarship by related parties whose generosity shall be demonstrated through an increase in this grant amount.

TERMINATION OF SCHOLARSHIP BY PPMA BOARD: This is not an endowed scholarship grant, and its existence can be terminated at any time by the Board of the Pennsylvania Podiatric Medical Association. It is the intent of the Board, as composed at the time of the creation of this scholarship, to continue the granted amount through the academic tenure of the recipients for a period of up to four years. However, should this scholarship be discontinued, the Board, as then composed at the time of any termination, shall make the decision and continue or discontinue any outstanding grant in light of the financial condition of the Association. At that time, the Board shall have the power to terminate the scholarship outright, with no further grant obligations or continue it for the tenure of any recipient then having received a grant.

DURATION: This grant may be made for a single year or for the applicable term of higher education entered into by the family member of a qualifying PPMA member. The discretion shall be within the Board of the Association. If it is continued for a period of more than one year, annual evidence of satisfactory participation in the academic program of the recipient shall be required as a condition of continued support of this grant.

SCHOLARSHIP COMMITTEE: The decision on a Scholarship grant shall be made by a Scholarship Committee appointed by the President of the PPMA Board annually. That committee shall request a Resolution of the Board in order to finance the amounts to be granted annually. No grant shall be valid unless and until it is noted in a Resolution duly made and passed at a regularly scheduled meeting of the Board of the Pennsylvania Podiatric Medical Association.

ADVERTISING: The existence of this scholarship shall be advertised regularly in the Association newsletter. In addition, the Scholarship shall be listed as a Benefit in the list of membership benefits available to all members who qualify. All advertisements shall list the requirement of participation in the Podiatric Medical Assurance of Pennsylvania program, as well as dates for submission of application.
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DEADLINE: AUGUST 14, 2020
Pennsylvania Podiatric Medical Association
Family Member Scholarship

AMOUNT OF SCHOLARSHIP TO BE AWARDED: $1,000
($500 underwritten by PPMA and another $500 matched by The Yurconic Agency)

IN ORDER TO QUALIFY:

1) Applicant must be a Child of an active PPMA member in good standing.

2) The PPMA Member must have professional liability insurance supplied through the Podiatric Medical Assurance of Pennsylvania (PMAP) program.

3) Applicant must be a High School Graduate currently accepted to or in an accredited four-year College, an accredited two-year college or an accredited trade school.

4) Applicant’s GPA must be 3.0 or higher.

PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION:

1) Letter of recommendation from a past instructor familiar with your academic performance.

2) One copy of your official High School and/or College transcript. High School: include name with city and state, year of graduation and GPA. College: include name with city and state, number of hours completed and GPA.

3) List of special achievements, honors and recognition.

4) List of extracurricular activities, community involvement and employment.

5) Full name of student and address on each page submitted with this application.

6) An essay of 300 to 500 words (double-spaced, legible) stating your reasons for choosing your college major. Also include your academic and professional aspirations or inspirations.

7) Send Application and all of the above to PPMA for 2020–2021 school year by AUGUST 14, 2020:
   PPMA Scholarship
   757 Poplar Church Road
   Camp Hill, PA  17011

APPLICANT SIGNATURE REQUIRED:
Applicant confirms that all information supplied with this form is true and correct:

PRINT NAME

SIGNATURE       DATE

DISCLAIMER:
PPMA confirms that all information supplied will not be copied, distributed, published, disseminated, in full or part, to any person, organization, entity, for any purpose other than consideration for award.

AMOUNT OF SCHOLARSHIP TO BE AWARDED:  $1,000
($500 underwritten by PPMA and another $500 matched by The Yurconic Agency)
PPMA Scholarship Application
DEADLINE: AUGUST 14, 2020

APPLICANT NAME

PPMA MEMBER NAME MEMBER #

ADDRESS

CITY, STATE, ZIP

PHONE & FAX

EMAIL

PMAP POLICY NUMBER (to confirm enrollment)

APPLICANT SIGNATURE REQUIRED:

Applicant confirms that all information supplied with this form is true and correct:

PRINT NAME

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CONTINUED FROM PAGE 3

Board members should serve a second year. That slate was elected with the addition of Dr. Patrick Burns of Pittsburgh. We have taken this unusual step in that the COVID crisis has caused so many virtual meetings and cancellations that repeating a year will allow us to complete the navigation through this crisis.

The House then presented reports of the various Committees. Our Legislative Committee is working on Marijuana inclusion, and has successfully included us in Telemedicine; Telemedicine is currently on the Hill in three different forms. The immediate focus of our Legislative Committee is to amend a bill on Medicaid, which is working its way through the House. The amendment contains language that would solve our problem with prescriptions for DME and Home Health Services in the Medical Assistance program.

In the Foundation report, we heard that the Foundation is proceeding with plans for a face-to-face Clinical Conference November 5–8, in King of Prussia. The program will incorporate masks, social distancing, and temperature monitoring. We are planning for the worst; and if there is a general move to prevent large gatherings, the program will be presented virtually. Hopefully as we approach November, the crisis will have abated, and the conference will be as close to the normality we have experienced for decades.

The major issue which still faces our profession is student recruitment. The update on the current year was presented. We are well below our target of applicants to positions, but the APMA and the AACPM are focused on the issue. Fund-raising was led by PPMA last year when our treasurer Dr. Mark Pinker donated $25,000 from PPMA to kick off the recruitment campaign. Dr. Maryann Hartzel is our representative on the APMA Recruitment Committee.

Dr. Mattiacci (pictured) reported on the Guild 45/OPEIU Health Plan for members. It continues to be well received. The renewal prices will be published soon; and we do not expect an appreciable increase in premiums. This Guild 45/OPEIU program has saved our participating members substantial sums with their coverage. The PMAP program, again, reported on its strong relationship with PICA. The move three years ago to incorporate PICA as the program insurer has continued to deliver the lowest responsible premiums to our membership.

Region Three was postponed this year. Next year the program will move to Harrah’s Resort in Atlantic City, NJ, on May 5–8, 2021. This program is run by a Committee of six doctors who volunteer their time and service in support of this regional meeting. Drs. Leonard Portnoy, Craig Kriza, and Joseph Gershey represent Pennsylvania on this Committee.

The TUSPM Student Report was presented by Student Reps Jack Roth and Emily Cziraky—“Rising Doctors.” They discussed their activities throughout the Crisis as well as their concerns about the impact on clinical learning that they will be heading into this year. They prepared a PowerPoint presentation and discussed their concerns most effectively. It was a pleasure to experience the quality of the students at TUSPM, as well as view their intellectual approach to the real problems they and by extension our profession are facing.

The core issue that remains facing our Association, as well as our profession, is a pathway through which our profession can grow. We introduced a Resolution to the APMA House of Delegates on this issue in 2018. To date, we have yet to see clear vision that balances the need for growth in the student pool with the resultant need to maintain and proportionally grow our Residency positions. We discussed this issue, but continue to face the need for a tangible result. Our Board and our Association will continue to work on this problem.

I want to close with a humble and sincere thank you to each and everyone of you for your membership, your loyalty throughout this crisis, and your faith in our profession. We are all looking forward to a future that will allow us to protect our patients and provide for our families. Thank you for allowing me to serve as your President during these times. UPDATE
Brenda Boyer: Wears Many Hats as Podiatric Medical Assistant

Brenda Boyer has been a podiatric medical assistant for 15 years. Her positions at the Harrisburg Foot and Ankle Center, Inc., Harrisburg, PA, have been many—front desk, check-in, check-out; rotation in the back with four doctors; and X-rays. Currently she is assigned to one doctor, “A very busy job doing everything for my doctor while working and also handling all calls that come in for that doctor and making sure you follow up on every call that comes in,” Boyer says.

She finds there are many rewarding advantages to being a podiatric medical assistant:

- Learning new things.
- Daily challenges that keep you busy and make the day go faster.
- Helping and getting to know patients.
- Patient gratitude.

Boyer views the future as promising for podiatric medical assistants. A career that she says seems to be growing; where there are always patients out there who need your help; and very rewarding no matter the position she has held at the practice. “I feel there will always be challenges in any practice. I think a podiatric assistant is a good career to be in, you never realize the amount of people that have foot problems until you are in this field,” she says.

UPDATE

Brenda Boyer, PMAC

“... You never realize the amount of people that have foot problems until you are in this field.”

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TOTAL: $5,591.88

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**My Commitment to PENNSYLVANIA PPAC**

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Please note: Due to the delays in posting APMA contributor reports, it may take until the next issue to see your contribution.

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Mail your contribution to: APMAPAC, 9312 Old Georgetown Road, Bethesda, MD, 20814
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NEW! PODIATRIST NEEDED PART-TIME PHILADELPHIA AREA: If you are interested in making extra income, I need help with doing house calls. Flexible hours. Please contact me at sstein1818@gmail.com.

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CAMP HILL PODIATRY PRACTICE FOR SALE: Podiatry practice for sale. 28-year-old, established practice with significant growth potential. Excellent location with low overhead. Grossing over $200,000.00; working 3 days per week. Includes satellite office and 3 nursing home/assisted living facilities. Email bvbj@comcast.net.

FULL-TIME/PART-TIME PODIATRIST WANTED: Seeking either a Full-Time or Part-Time Podiatrist to work primarily in our Northampton/Monroe County locations, with a possibility of one-day per week in our Luzerne County location, if possible. Our practice is seeking a very personable, well-trained Podiatrist to work in both the office and nursing home/house-call settings. Please send letter of interest indicating salary request along with your CV to Lsc922@verizon.net.

ASSOCIATE WANTED/LEBANON COUNTY: Great opportunity in thriving practice located in Lebanon county. Option to take over practice. Email johnsalahub@gmail.com.

ASSOCIATE WANTED/CUMBERLAND/YORK COUNTIES PA: Multi-office practice seeks PMSR-36 trained associate for all phases of podiatry—RF/FF surgery, wound care, general podiatry. We value people skills as highly as surgical skills, and are looking for someone geared towards growth and ethical practice. Please send cover letter and CV to CentralPaPods@gmail.com.

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PRACTICE FOR SALE HERMITAGE, PA: 1-2 days per week; great second office; will stay to introduce to patients; good location. Call 412-817-5000.

PRACTICE FOR SALE 20 MILES SOUTH OF PITTSBURGH: Successful, well-known, turn-key Podiatric Practice, operating 35+ years. Large, established patient volume. Multiple hospitals, surgery center, and wound care center nearby, providing great opportunity for surgically trained Podiatrist. Facility can support multiple doctors. Four well-equipped treatment rooms. HIPAA compliant billing/software with five stations. Very reasonable monthly rent with opportunity to purchase real estate. Email: happyfeet600@hotmail.com or call 724-483-5538.
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The PPMA Update is a publication of the Pennsylvania Podiatric Medical Association and the next issue will be September/October 2020. Advertising rates can be found on www.ppma.org.
Welcome to PPMA

Continued from the May/June edition of the PPMA Update.

3. What has the PPMA done for you lately?
After enduring a rigorous three-year residency under the direction of Dr. Guido LaPorta, I was very honored to join his practice in Vestal, New York. For the past 16 years, he was not only an excellent mentor, but a good friend. When a sudden change of events in my personal life forced me and my family to move out of New York, Dr. LaPorta immediately recommended that I join the PPMA with all the resources it has to offer. I came to Hershey, PA, in late summer of 2019, and although I have family locally, I was unfamiliar with the Podiatric spectrum, and so I decided to open my own practice. I reached out to the PPMA for guidance with the Pennsylvania Podiatry rules and regulations. They were very helpful and responded to my questions and concerns immediately. I spoke with several Board members who quickly gave me every link available to ease my concerns as a new business owner. I am truly thankful for all their assistance.

4. How have you been handling working during this pandemic?
I opened my practice in October 2019 and have been fortunate enough to increase a patient-base much quicker than I had imagined. Then the world suddenly shut down. This unfortunate event affects everyone on every level. That being said, we as Podiatrists took the Hippocratic Oath that states, “First do no harm.” Therefore, we must protect our patients as well as ourselves. I like many other Podiatrists across our country, had to close my doors and only see emergency patients through Telehealth, or if absolutely necessary, in-person. It has been a very frustrating time for me, especially as a new business owner, but I will continue to provide the best care to my patients no matter the circumstances. UPDATE

Dr. Bray is the owner of Healthy Steps Podiatry Center, PLLC, in Hershey, PA, since last October. She did a three-year residency in the Binghamton, NY, office of LaPorta & Associates PC, joining his office in New York for 15 years after her residency. Dr. Bray moved back to PA to open her own practice, becoming a PPMA member last year. She is a Diplomate with the American Board of Podiatric Medicine and a Fellow of the American Professional Wound Care Association (APWCA).
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Upcoming Events

15th Annual Montana Meeting
September 2–5, 2020 | Montana

48th Annual Clinical Conference
November 5–8, 2020 | King of Prussia

2020 Annapolis Meeting
December 4–6, 2020 | Annapolis

2021
Board Review Course
January 20–23, 2021 | Philadelphia

72nd Region Three Meeting
May 5–8, 2021 | Atlantic City

PPMA/APMA DUES PAYMENT REMINDER

1) Dues have been waived for the first quarter (June 1 – August 31) of the Fiscal Year 2020/2021 for RENEWING Members ONLY. This is in recognition of the economic hardship faced by all members.

2) New or Reinstating Members, the first quarterly payment is due NOW; and for Renewing Members who qualify for the waivers, the first payment is due September 1.

3) Remember to place your PPMA Member Number or full name on check if remittance stub not sent back with payment.

4) Don’t forget to PAY ONLINE to assure payment is received on time!!

5) Because APMA and PPMA engage in certain restricted lobbying activities, 5% of your National Dues and 10% of your State Dues are not deductible as an ordinary and necessary business expense, if otherwise deductible.

If you are having a problem paying your dues, please contact Jenna Clay at 717-763-7665, Ext. 213, or email Jenna@ppma.org to discuss possible payment options that may be available to you.