With the warmer weather approaching, our patients will be trading in their winter boots for summer sandals. Before we all can enjoy the sunshine, along with some return to normalcy, we should consider educating our patients on a few things for proper foot care.

Summertime means lazy beach days or hanging poolside with a good book, but to prevent pedal issues, proper foot care is a must for the summer season.

CONTINUED ON PAGE 6
The Podiatric Medical Assurance of Pennsylvania (PMAP) professional liability insurance program utilizes PICA as its underwriting insurer and services policies through The Yurconic Agency.

Benefits and features included within the PMAP program:

- Lowest responsible rates
- Administrative Defense Coverage
- Risk Management discount
- Sexual misconduct defense coverage
- Cyber liability coverage
- Claims-free discount
- Medical waste legal expense coverage

Workers’ compensation? We can do that too!
The Yurconic Agency has an exclusive and competitive workers’ compensation program for PA Podiatric Practices.

- Potential group dividend opportunity
- Supported by PMAP
- Coverage provided by A+ financially rated insurance*

Additional Insurance Products available through The Yurconic Agency*

- Business owners policy
- Health insurance
- Life and disability insurance
- And more!

*Additional insurance products and workers’ compensation are available through The Yurconic Agency and are not underwritten by PICA

Members of PPMA receive a 15% discount through PMAP
2021 PPMA House of Delegates Recap

From June 11-12, our Board presided at the annual Pennsylvania Podiatric Medical Association House of Delegates. It was our first step back to face-to-face gatherings and, this year, we held a type of hybrid meeting to allow some speakers and participants to “Zoom” in.

It was my duty to give the annual State of the Association speech and I want to present some of those remarks here.

White Paper

The major discussion before the House was the recent endorsement, by APMA, of the “White Paper” created by a Joint Task Force of Orthopaedic Surgeons and Podiatric Surgeons. The title of the endorsed document is “White Paper Improving the Standardization Process for Assessment of Podiatric Medical Students and Residents by Enabling Them to Take the USMLE According to the National Board of Medical Examiners (NBME).”

The White Paper is on our PPMA website www.PPMA.org, and I urge you to read it. The White Paper concludes that our patients’ and referring doctors’ “confidence” in our practices must flow from our passing a new “common standard.”

The document states:

“To be considered physicians, DPMs should take and pass the three-part USMLE. Following the model of MD and DO graduates, meeting this common standard along with the successful completion of state licensure requirements is essential to maintaining public trust. There is a lack of consensus among the four organizations as to whether DPMs should currently be considered to be physicians.”

The document concludes that:

“We agree to the following in order for DPMs to be recognized as physicians within their scope of practice by all four organizations:

1. DPMs must pass all 3 parts of the USMLE.

2. Accreditation of colleges of podiatric medicine should meet comparable standards to the Liaison Committee on Medical Education (LCME). We will accept the NBME’s determination on whether the CPME accreditation standards are comparable to LCME and sufficient to meet requirements which would allow DPMs to take all parts of the USMLE.

3. CPME approval of pediatric residency programs should meet comparable standards to the Accreditation Council for Graduate Medical Education (ACGME).

4. Board certification for DPMs should meet comparable standards as set forth by the American Board of Medical Specialties (ABMS).”

Endorsed, 2020 by: The American Academy of Orthopaedic Surgeons (AAOS), the American College of Foot and Ankle Surgeons (ACFAS), the American Orthopaedic Foot & Ankle Society (AOFAS), and the American Podiatric Medical Association (APMA).

Pursuant to the endorsement of this White Paper, the APMA submitted a Resolution to the American Medical Association (AMA) House of Delegates which took place on the same date as our PPMA House of Delegates. That Resolution repeated several of the inferences from the White Paper and concluded:

“RESOLVED, that our American Medical Association study, with report back at the 2021 Interim House of Delegates Meeting, whether CPME accreditation standards are comparable to Liaison Committee on Medical Education (LCME) standards and sufficient to meet requirements which would allow DPMs to take all parts of the USMLE.”

CONTINUED ON PAGE 4
The APMA has offered an opinion that its moves in endorsing the White Paper and submitting the resolution are in compliance with APMA Resolution 4-19 passed by the APMA House of Delegates. Whether the contents of this endorsed White Paper and the purpose of the Resolution, submitted to the governing body of another Association, are appropriate or reflective of the membership of the APMA or the PPMA is currently irrelevant. The actions taken by the APMA Board were taken without notice to or input from the Deans of the Schools, the CPME, the Component Associations or the general membership.

Due to this, the Board and the Board of the New York State Podiatric Medical Association have requested that a Board of Inquiry be established. The Request asks for the following relief:

“Therefore, based upon the facts averred hereinabove, and based upon the failure of the APMA Board to comply with the Resolves contained in APMA Resolution 4-19, which terms are directive in nature, the undersigned request that an Emergency Board of Inquiry be convened under the terms of Section 12.0 of the Bylaws of the APMA and Section N. of the APMA House of Delegates Operation Manual.

Further based upon the facts averred hereinabove, it is respectfully requested that a full report on the activities of the “National Joint Task Force” be rendered to the APMA House of Delegates along with the establishment of a virtual or face to face forum within which the proposed actions may be discussed and voted upon; thus bringing the actions of the Board into compliance with the directives of APMA Resolution 4-19; and

Further, based upon the facts averred above and the objections raised by a number of component associations of the APMA, it is respectfully requested that the Board of the APMA withdraw any submission of any Resolution or Resolutions to any House of Delegates of the AMA pending the establishment of the Board of Inquiry and actions requested herein.”

The Friday night session of our House of Delegates introduced this issue to our attendees. APMA Trustee Leslie Campbell and APMA Executive Director Jim Christina both had the “Zoom” floor for an extended discussion. Both Dr’s Campbell and Christina answered the numerous questions posed by the House.

We have yet to hear the response to our request for a Board of Inquiry but when we do it will be posted on our website.

**PPMA Business**

On Saturday we held the business session of the house. I introduced my report with the following:

“Like the old saying “That which doesn’t kill you makes you stronger.” I want to start my presentation by telling you that in the face of the past year’s COVID-19 Pandemic, the enforced quarantine and the economic challenges, the condition of our Association is strong.”

We reviewed our actions over the pandemic:

- Our Association moved very quickly to determine the most productive ways in which we could serve the membership.

  We waived the first quarter of last fiscal year’s dues. We also, with the help of OPEIU, waived the first quarter of OPEIU Per Capita payments.

  We cut our budget expenditures to every extent possible. Face-to-face meetings were transferred to Zoom. Large meetings, such as the Clinical Conference, were shifted to virtual formats. Travel was eliminated and our staff worked from home.

- We made financial assumptions which were reflected in the budget that we adopted. Those assumptions were intentionally conservative on the income side and aggressively stingy on the expense side. As a result, we have completed our 20/21 budget in the black.

- We immediately established a “Message to Members” e-mail vehicle with which to give the membership the most critical information on a contemporaneous schedule.

  We used “Message to Members” to distribute Department of Health, CDC and CMS information on everything from PPE sourcing to Telehealth directions and billing information.
• We converted our Newsletter from print to an electronic platform.

• We worked with the Governor’s office on the Emergency Orders which expanded our ability to help service in hospitals and CME issues.

• We worked with OPEIU to:

  Expand our insurance offerings to include Medicare Advantage, eye and dental plans. We expanded benefits which are offered through our affiliation.

  Take our arguments for Title XIX to the new Senate leadership.

• Foundation – The Foundation moved immediately to make last year’s November conference virtual. We held a very successful clinical conference last November, which was a “first time” experience for us all.

• PMAP – PMAP continues to show a consistent participation. The challenge that it faces is practice aggregation and hospital employment.

• Membership – Our budget presumed a 20% drop in membership due to the financial issues that COVID-19 has visited on the membership. Our membership did not drop to that extent.

• We voted to participate in an APMA proposed program to recapture members. As of the end of our fiscal year our membership was down, but not to the level that we had assumed pre-pandemic. The APMA “Win Back” campaign may help this.

• We have our profession in proposed Telemedicine bills if they move. We have also requested amendments to Medicaid legislation addressing the ACA 607 issues.

We elected two new members to our Board. I want to thank all of those who are Board members and consultants. We depend on their experience and value their input for these issues.

Welcome back to our first post-pandemic Newsletter.
Help your patients put their best foot forward this summer with these health and safety tips for footwear, self-care, travel, and more.

**FOOT PROTECTION**

**Barefoot**
Green grass and cool creeks are inviting during the summer. This is why it is important to caution patients that walking barefoot outdoors can increase the risk of foot injury or infection such as viral warts, fungal infections, or aquatic-type infections.

**Sandals**
Patients should avoid prolonged-wearing of flip-flops during warm summer days. The thong portion of the flip-flop in between the hallux and second digit can create friction and subsequent blister formation, particularly with our high-risk diabetic patients. Help patients choose sandals that are comfortable and have the necessary arch support.

**Closed-toed shoes**
There are 250,000 sweat glands in each foot. Patients should also avoid wearing closed-toed shoes in the summer for prolonged periods where sweat build-up can occur. This creates a dark and moist environment, the perfect breeding environment for bacterial and fungal infections. Remind patients to take their shoes off periodically to dry them out and prevent these infections from occurring. If patients need to wear closed-toe shoes, recommend they wear synthetic or acrylic socks to decrease perspiration. These fibers allow for better moisture evaporation than socks made from cotton or wool. Also, shoes with mesh fabric can be beneficial for the aeration of their feet during hot and humid days.

**New shoes**
Inform patients to check their old shoes and maybe splurge on buying a fresh and supportive pair. Old shoes can cause pressure areas and blister formation, especially in warmer weather, so out with the old and in with the new!

**FOOT CARE**

**Self-pedicure**
A new season means a new chance for self-care. Inform patients that performing a self-pedicure can help remove dry skin and promote self-relaxation. Nail polish should not be left on the toenails for too long as this can cause nail breakdown and discoloration.

**Exfoliate and moisturize**
Another important factor to having healthy feet is exfoliation and moisturizing. With winter officially over and springtime transitioning into summer, many people have dry skin build-up from the cold weather. Properly exfoliating and moisturizing the feet with a pumice stone removes rough patches on the soles of the feet, especially the heels. Purchasing a foot scrub can leave feet healthy and glowing.

**Reduce swelling**
After a hot day, a patient’s feet may be swollen or sore. You can recommend cold water soaks to help with the swelling as well as elevation of the feet. Patients can put their feet in cool water for about 5-10 minutes and pat them dry with a towel.

**SUN PROTECTION**

**Sunscreen**
One of the most important points to educate patients on this summer is the application of sunscreen to the feet. Patients will typically protect their face, arms, body, and legs, but tend to neglect their feet. To be the most effective, sunscreen should be reapplied often and especially after swimming.

**Self-inspection**
Feet are just as exposed as the rest of the body in the summer and malignant melanoma can go unnoticed. Early...
detection is crucial. Patients are at greater risk for developing melanoma if they are fair-skin with blonde or red hair, have a history of sunburns and blistering before 18 years old, and those with a history of several moles at a young age. Remind your patients to use the ABCDEs of melanoma for self-inspection: asymmetric, border, color, diameter, and evolution. If our patients have any suspicious lesions, we need to recommend they visit their foot and ankle specialist right away. Educating patients on prevention by repeatedly applying sunscreen to the feet (both the dorsal and plantar portions), as well as inspecting their feet daily, is key.

SAFE TRAVELS

With so many fun summer activities to do, whether at home or on vacation, patients should be mindful of a few things for safe travel.

Hydration and swelling
During those smoldering July and August days, remind your patients to drink lots of water. It is so important for them to stay hydrated for their overall health, but also to prevent lower extremity swelling caused by excessive heat. If patients are experiencing swelling, continue hydration and cold water soaks for 5-10 minutes to reduce the swelling when they get home from a long day.

Travel footwear
When patients are traveling, they should consider having a pair of slippers or flip-flops for their hotel room to prevent any bacterial or fungal infection from the room.

Recreational activities
Summer activities will vary whether patients are at the beach, lake, or river. Educate patients on proper shoe gear if they plan to do any specific activities that will require different grip strengths (such as rock climbing) or just simply lounging at the pool.

Water gear
Adventure-seeking patients may want to consider packing protective water shoes for their vacations. Remind patients to dry out the shoes after wearing them to prevent a bacterial or fungal infection from water saturation.

Injuries
Patients who get a foot or ankle injury should seek medical attention from a podiatric physician right away to prevent further injury or infection. This is especially important if it involves any skin abrasion, laceration, or even a simple ankle sprain. Suggest preparing a first aid kit with sterile bandages, lotion, sunscreen, aloe vera, blister pads, pumice stone, anti-bacterial cream, and any type of anti-inflammatory medication. An emergency kit can be extremely helpful during outdoor activities and hard to come by on an adventure, so it is important to prepare ahead of time.

We hope everyone has a safe and fun summer this year and we cannot wait to hear about all the fun adventures during these beautiful warm months! Stay safe and healthy.
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.

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

DEADLINE:
August 13, 2021

Click Here to Apply Now >
**Cash vs. Copay**

JEFFREY D. LEHRMAN, DPM, FASPS, MAPWCA, CPC

**QUESTION**

A physician assistant new patient came to our office for warts. The patient had a copay of $90 and was outraged that we were going to collect that much. Unfortunately, the patient ended up walking out of our office.

There are rumors of offices charging patients $60 cash for treatment and bypassing the insurance so patients are not hit with a $90 copay. Is this fraudulent if you are a contracted provider?

**ANSWER**

There is no room for opinion on this. The facts are clear. If a physician provides a covered service to a patient, the claim for that service must be submitted to the third party payer. Having the patient pay cash for a covered service because it will be less money for the patient than their copay violates the terms of the physician’s contract with the third party payer.

Do you have a coding question that has you stumped?

PPMA Members can fill out the [Peer Review Committee Form](mailto:judy@ppma.org) and send to judy@ppma.org or fax it to 717-761-4091, Attention: Judy Aumiller.

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### Social Media Highlights

We celebrated National Camping Month in June by sharing helpful foot care tips for camping to build awareness with the public. We also shared member achievements, PPMA event recap photos, and more. If you’re not following us on social media, start today! You can find PPMA on Facebook, Instagram, Twitter, and LinkedIn.

1. **PPMA Member Featured on Podiatry Today Podcast**
   - "The ABCDs Of Melanoma"
   - Dr. Tracey Vlahovic, DPM
   - [Episode Link](https://bit.ly/3lu5oyf) #podiatry #podiatrists #podcast

2. **Sizing Your Shoes for Camping**
   - Have two different sized feet? Always fit for the larger one!
   - [Article Link](https://bit.ly/3wu6xki)
Hello, my name is ____________ and I am a Micromanager.

ARE YOU A MICROMANAGER? (SAY IT AIN'T SO!)

If you...

• Feel like you are the only one who can do things right and therefore must do everything yourself;
• Refuse to delegate or share responsibility for the above-mentioned reason;
• Constantly point out to employees things they have done wrong but ignore or fail to compliment what they do right;
• Do not trust that employees can accomplish their work on their own, without you observing their every move;
• Feel a need to babysit employees;
• Do not make time to participate in employee training, guidance, and support; yet get annoyed when certain, expected outcomes are not achieved;
• Put little trust in their ability to properly accomplish tasks;
• Believe your employees “just don’t get it” and never will;
• Make yourself unavailable when staff have questions; or are bothered when asked;
• Feel it necessary to be informed and take control of every detail of every situation;
• Feel your voice is the only one that matters in what should be a productive “dialogue” with staff during meetings or performance reviews;
• Feel completely exhausted, drowning in work, AND bordering on burnout at the end of the day;
• Have difficulty prioritizing critical vs. routine tasks (everything is critical in your eyes);
• Must approve every action – big or small;
• Expect perfection rather than excellence (you consider errors a sign of incompetence);
• Wonder why your staff is not motivated;
• Have an inordinate amount of employee turnover;
• Focus too much on undesirable results and too little on strategies to reorganize and improve;
• Feel reluctant to accept new ideas because change is hard or “This is the way we’ve always done it.”

…then, read on.

Truth is that micromanaging stems from several things. For example, dealing with one negligent employee can lead an employer to think ALL employees need constant watching and none can be trusted. Or it could be the result of an employer’s innate desire for perfection; something they think only THEY can achieve. Finally, some employers may have difficulty understanding where that line is between good and bad management because while possibly business trained and clinically proficient, they never received proper guidance to manage. Some micromanagers acknowledge their controlling behaviors; others dismiss it as part of doing business. If you have
responded “yes” to many of the checks above but refuse to “come clean” …hold on to your ivory tower, because you have the makings of a micromanager! This article is not intended to target anyone in particular; however, as the saying goes… “If the shoe fits…”

The best part… it is never too late to turn things around.

WELCOME TO THE MICROMANAGER’S 10 STEP PROGRAM:

1. Delegate some tasks to staff that will help you gain more confidence in them. After doing so, take a step back, let it go and see what they are capable of. Guidance and instruction are necessary and always appreciated; breathing down their necks is not. Neither is babysitting them. Initially, expected outcomes may not be consistent with your standards, but allow them to start small, discuss ways to improve, and build your trust through their accomplishments.

2. Employees really CAN undertake essential tasks without your involvement if given the chance to prove themselves. They may even surprise you! Refrain from requiring your approval for every little decision. Give praise freely. Allow the necessary space for employees to present and solve problems on their own without your input.

3. It is important to have a handle on the business side of the practice. And it is important to request and review regular reports to keep informed. Rather than concentrate on every little, microscopic detail, look instead for progress made and the big picture outcome. Discuss potential modifications and encourage suggestions to improve.

4. Try not to make mountains out of molehill errors. Mistakes are not only expected; they are an excellent and necessary source of learning.

5. Do not be afraid to place others in charge of certain tasks (i.e., running the staff meeting). Assigning them responsibility helps build their strong character and gives you the opportunity to develop confidence in their abilities.

6. Stop insisting that doing everything yourself will save time. Teaching staff how and why tasks are done a certain way will allow you to spend YOUR valuable time being the doctor. As you should.

7. Refrain from second guessing every decision or action your staff takes and recognize that YOUR way is not the only RIGHT way to do something. Think of it this way. 4 + 4 = 8, but so does 3 + 5. Do not shut out alternate pathways that may prove more productive and efficient.

8. Seek out thoughts and participation from staff. If given the chance, their observance of patient flow and activities firsthand offers unique, front line ideas towards the advancement and growth of the practice.

9. It is not necessary to stay on top of your employees. Part of their commitment, enthusiasm and motivation comes from having challenges, as well as the space and freedom to be a creative and an inclusive member of the team.

10. Take a good hard look at your style of management and whether it directly impacts the frequent staff turnover or low employee morale. Many times, an anonymous employee survey can offer constructive criticism and define specific areas of unintentional neglect.

In the end, the best way to determine if you ARE a micromanager involves a bit of self-analysis and honesty. Just ask yourself, “Would I enjoy or want to work for someone like me?” If your answer is an unequivocal “yes”; you pass. Carry on. If not, a good recovery program involves taking a “One Step at a Time” approach to reach a desired goal and ‘engage in what is right’. You can do it! •
Tracie started running to overcome PTSD.

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Anodyne built a laboratory for their craft, equipped specifically for developing custom products. Product offerings include shoes, slippers, socks and gel inserts crafted for men and women. In the Anodyne lab, staff can provide heel lifts, sole lifts, rocker bottoms, toe skaters, arch fillers, and more.

“We believe that our providers and their diabetic patients deserve nothing but the absolute best,” says Kanter. With this in mind, the team developed a revolutionary scanning system that enables suppliers to place orders within minutes, rather than create impression foam boxes or plaster casts.

“We believe that our providers and their diabetic patients deserve nothing but the absolute best.”

Bobby Kanter, Anodyne Founder

Photos and this article content can be found publicly on the Anodyne website:
https://www.anodyneshoes.com/
## Exhibitor Marketplace

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602-315-2868

**Smith & Nephew**  
www.smith-nephew.com  
800-876-1261

### BOARDS/SCHOOLS

**American Board of Podiatric Medicine**  
www.abpmed.org  
310-375-0700

**KSUCPM**  
www.kent.edu/cpm  
216-916-9459

**Temple University School of Podiatric Medicine**  
http://podiatry.temple.edu  
215-625-5248

### IMAGING

**Imaging Services, Inc.**  
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**Modulim**  
https://modulim.com  
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### LABORATORIES

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### MEDICAL SUPPLIES

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### ORTHOTICS/SHOES/SOCKS

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https://www.8sole.com

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Dr. Comfort
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800-556-5572

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www.deltasurgicalinstruments.com
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gSource
www.gsourse.com
201-599-2277

Medix Instruments
www.medixinstruments.com
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OPEIU Free College Benefit

OPEIU Student Debt Reduction Program

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- Union Plus Mortgage Program;
- Union Plus Car & Truck Savings;
- Union Plus Everyday Discounts;
- Union Plus Flower & Gift Discounts.

See more at unionplus.org.

FOR MORE INFORMATION ABOUT THESE BENEFITS:
Transitions and Adjustments

As a TUSPM student one week into my third year, I can say the past two years have been challenging, exciting, and very much unpredictable.

One expects the typical trajectory of the first two years to include advancing through courses and gaining more experience with standardized patient encounters. However, with the pandemic shifting courses online, closing campus for didactic studies, and removing most in-person training, we experienced quite a contrast in learning when comparing our first and second years. While the faculty and school remained invested in maintaining excellent delivery of our education, the students had to significantly adjust as we moved through our class transition.

We find ourselves now at another crucial transition time where again, adjustments must be made. We are entering our clinical experience with minimal in-person/hands-on training, the underlying stress that accompanies the reality of a looming Part I Board Exam, and high personal goals to satisfy faculty expectations and deliver excellent patient care.

Despite the daunting picture painted by a year of online learning in preparation for clinic, attending podiatry school during a pandemic promoted self-reflection and growth in ways that I could not have imagined. The overwhelming feeling of isolation and the daily incidence of a great deal of computer time tested my social and Type A personality. Still, through it I gained skills that can hopefully carry over into my future education and eventual practice as a DPM. Specifically, my time so far in podiatry school has shown me effective ways to cope with stress, alternative ways to maximize communication, and independence in advancing my education.

1) Stress Coping. To cope with stress appropriately and manage it as effectively as possible, I adopted habits that targeted my physical and emotional well-being. I wanted to invest in my health just as much as I invested in my education, so I prioritized a schedule with time for exercise, class/studying, socialization via social distanced interactions or video/phone calls, and adequate sleep.

2) Communication. With an online format, I knew I had to develop skills to connect with faculty, peers, and patients so I could effectively communicate my thoughts. I developed more visual representations of concepts to communicate with patients, and I improved my ability to use words to orient myself and others to topics, such as anatomy, pathophysiologic scenarios, etc.

Additionally, I became a better listener as I did not have the opportunity to consult as much with my classmates if I missed something.

3) Self-improvement. This year indeed showed me how vital resources are in growth as a student. Lectures are just the tip of the iceberg of information out there on topics. Through school, state, and national organization resources, I consulted webinars, classic articles, videos, and textbooks to further my education. The motto “live to learn, learn to live” has a profound effect on me because our profession is a continuous pathway of learning, and I strive to live by that motto in my studies and future practice.

In summary, I am learning that school and life are full of transitions that will not always occur in an ascending linear pathway. We may see bumps along the way, but the most important thing is approaching each transition with an attitude that shows you are willing and able to adjust to keep moving forward.
My Commitment to PENNSYLVANIA PPAC

To maintain and strengthen podiatry’s involvement on the state health care scene, I pledge my support to PA-PPAC’s 2021 Campaign. My voluntary political contribution of $________ is enclosed.

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Upcoming Events

16th Annual Montana Meeting
SEPTEMBER 8–12, 2021
Doubletree Missoula-Edgewater
Missoula, MT
12 CE Contact Hours

49th Annual Clinical Conference
NOVEMBER 4–7, 2021
26.75 CE Contact Hours
Registration opens online August 1st
PPMA Member Registration starts at $149
(separate registration fees apply for the APMA Coding Seminar and Risk Management Update)

73rd Annual Region Three Meeting
MAY 4–7, 2022
Harrah’s Resort and Casino
Atlantic City, NJ
25 CE Contact Hours

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What in your opinion helped you make the decision to become a podiatrist?
During my first two years of undergrad, I was a pharmacy major. As I moved through the curriculum I realized that is not what I wanted to do for the rest of my life. I felt like I needed both my mind and my hands busy for the majority of the work day. I stumbled upon Temple University School of Podiatric Medicine while I was living in Philadelphia, and I can’t imagine any other career for myself.

What are the most important aspects that podiatry has brought into your life?
It sounds cliché, but helping people. I think one of my proudest accomplishments thus far in my career has been implementing and growing podiatric home visits, especially during a pandemic. By providing a home visit service there are more people receiving care without having to worry about transportation, fears of going into a medical facility – both of which are the two major factors that seem to have prevented some patients from seeking podiatric care within the last year.

How do you propose to ignite the idea of a podiatric career to students?
I think mentorship can play a huge role in getting both high school and undergraduate students interested in podiatry. There’s a lot to be said about seeing someone excited about their profession and in their element—for students its so motivational to see someone you look up to and respect doing what they love to do… and then thinking “I want to be like them”.

What has PPMA done for you lately?
Maybe not “lately”, but when I was the PPMA representative for Temple I attended a PPMA meeting and it was such an inspiring, interesting experience! PPMA does such a great job of promoting podiatry and being an advocate for podiatry – they are constantly working toward the future of the profession.

How have you been handling working during this pandemic?
My staff and I have been “full steam ahead”. I bought my practice 6 months prior to graduating from residency, when COVID-19 wasn’t even a thing. Fast forward to last June when I took my first steps into the “real world” and had to navigate the COVID-19 situation while running a new business. We adapted new protocols, followed the CDC guidelines, and took advice from mentors and colleagues. Today, the special adjustments we needed to make are now second nature and its business as usual (well, as “usual” as it can be).
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Thank you to everyone who attended the 2021 House of Delegates meeting - both in person and virtually. It was great to gather together and discuss important issues that could impact the future of podiatry. We are grateful for your participation and commitment to PPMA!

- PPMA/APMA DUES PAYMENT REMINDER FOR NEW AND REINSTATING MEMBERS:
  - **September 1, 2021:** Second payment is due for new/reinstating members
  - **December 1, 2021:** Third payment is due for new/reinstating members
  - **March 1, 2022:** Third payment is due for new/reinstating members

*The Board has waived the first quarter of dues for the 2020/2021 for renewing members in response to the financial hardship visited upon the membership by the COVID-19 virus.*

Remember to place your PPMA Member Number or full name on check if remittance stub not sent back with payment. Don't forget to PAY ONLINE to assure payment is received on time!!!

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.