We are in complicated times, in life and work; and with all the uncertainty there is a continued need for balance. But as this might suggest, balance is something that requires constant regulating, constant adjusting. As healthcare evolves, balancing change is just one more piece to achieving equilibrium.

“Balance is something that requires constant regulating, constant adjusting.”

In the field of podiatry, we have seen significant growth over the past couple decades in several areas. We have seen our residency models change; we have seen a change in our acceptance in the medical community improve; we have seen change in our organizational ability; and we have seen change in our technical skills.

Many of these changes have come from the hard work of those ahead of us—the work of organizations and committees who see a bright future and have given their time to help all of us navigate the way. I’ve been involved in education for almost 20 years and have seen first-hand the changes and balancing acts that so many of our leaders perform.

To those before me—my senior residents, my instructors, my mentors, all putting themselves out there to improve our profession as a whole—I thank you. Change requires decisions made and questions asked: Is this good or bad? Will this help improve? Will the long game be worth the short-term hardships? These types of decisions can often be unsettling.
Workers’ compensation? We can do that too!
The Yurconic Agency has an exclusive and competitive workers’ compensation program for PA Podiatric Practices.

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*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
President’s Message

Dedicated Staff Backbone of Association

As I am in my second term as your President, I have gotten to experience some patterns that we all experience, but we sometimes do not take time to recognize. One of these patterns is the rhythm of our Association and its ability to continuously address the myriad of issues that our profession faces on a regular basis.

Just to give an idea of the workload that goes through one office—we review and address legislative and regulatory issues; we provide guidance to members on coding and scope of practice questions; we provide the finest continuing medical education programs; we provide unmatched benefits (including health insurance); and we provide professional liability insurance through a purchasing group.

We accomplish this through a staff of dedicated and talented personnel, each of whom demonstrates daily the ability to rise to virtually any challenge. They each do this with little acknowledgement, other than their annual introduction at the House of Delegates. But our membership knows that they each can call into the office at any time and reach a helpful staff member who will address their concern directly, or if they cannot answer, will get the member to the appropriate staff who can help.

It is one of these staff members about whom I wish to write today. Susan Girolami Kramer (pictured below) has announced her retirement from our staff. Susan is the key to our effective communications on each of our platforms and has been with us since 1999. She has “literally” guided us into the twenty-first century. Susan is responsible for our movement from printed newsletters to the electronic versions, which you are paging through now. She is responsible for designing and producing Goldfarb Foundation direct mail pieces, like “Save the Date” postcards and CME conference brochures you receive in the mail. Susan had a hand in bringing the Podiatry Papers to fruition, a resource publication you receive each year aggregating all of the important professional information that you need in the office. She is a seasoned writer and has authored articles for the newsletter, press releases, advertisements, social media posts, and recently initiated a “Writers Committee” to develop relevant content/topics for PPMA’s primary communication vehicles.

Her year consists of repeated deadlines in order to maintain a schedule, which is planned up to six months in advance. Among all of this Susan has answered phones, consummated sales of our patient pamphlets, and registered our attendees.

In a parallel-life-interest, she has been our official photographer, documenting meetings, inaugurals, and the Association’s life for two decades. Many of her photographs have graced the newsletter, Goldfarb marketing pieces, or used on the front cover of the Patient Information Pamphlets (PIPs). That “photographic eye” and artistic element shows up in our publications; and I have been lucky enough to receive one of her personally crafted birthday cards. These contain a combination of her art and photography in an extraordinary presentation.

Susan will leave us at the end of our fiscal year in May. She is going to leave a void, which is going to be difficult to fill. She fulfills each of the duties plus much more, which I attempted to summarize above, with good humor, care, and congeniality. She has earned her retirement, and her son Cameron and husband Ken will now be able to enjoy her time and attention as much as we have.

I want to offer here, in front of our podiatric family, a very sincere THANK YOU and WELL DONE to a staff member whom we love, and whom we will miss. **UPDATE**

Sabrina Minhas, DPM
Balancing Disruption & Progress
CONTINUED FROM PAGE 1

The “Disruptive Innovation” Concept
For this article, I wanted to spend some time discussing the concept of a disruptive innovation. I am sure most have not thought about this concept, and many probably don’t even know they have been or are being affected by it on a regular basis. Disruptive innovations are those that change the way we think or the way we practice in our field (1).

The term disruptive is somewhat misleading though. It tends to infer a change for the worse, but in reality it means any change, good or bad, that alters an otherwise accepted thought or way of practice. Disruptive innovations challenge what we think we know or the way we practice, they disrupt our usual manner of business, and so they can bring about emotion and hesitancy.

We are surrounded by examples of disruptive innovations, everything from our residency models to the hardware we utilize every day in the operating room. We cannot move forward and improve, unless we keep looking for better or more efficient ways of achieving our goals. However at times, the flip-side requires going against accepted models; and of course not all changes end with better outcomes. A need to balance change is required with clearly established outcomes and cost, both figurative and literal.

Podiatric Residency Model Disruption
One example of disruption in our recent past was the change in our residency model. When I graduated podiatric medical school, there were several types of residencies, ranging from primary care to surgical. Each had its own requirements and length. When the decision was made to change to a single standardized model for graduates, there certainly was some disruption. Some programs could not meet the criteria. Some programs closed, while others joined together to meet the new requirements.

To this day, there is still talk of changing our single-residency model back, even though the disruption was executed with a set purpose in mind. Yes, not every resident wants the same type of job or practice when finally practicing on his or her own, but the reasoning behind this disruption can be understood.

For those who have lived through credentialing committee criticisms that there are “Too many types of residencies,” and “How do I know your skill level when there are so many different residency models?”—We understand. Having an accepted single model helps toward parity. It helps take away some of these arguments and criticisms. The model produces a single, standard-based competency. In my opinion, this disruption was worth it.

“Disruptive innovations challenge what we think we know or the way we practice, they disrupt our usual manner of business, and so they can bring about emotion and hesitancy.”

Podiatric Procedures/Implant Disruption
More tangible examples of disruptive innovations come in the form of procedures and implants that are utilized in our field on a daily basis. In a procedure-based specialty like podiatry, this is especially relevant. In the past 15 years or so, we have all seen the explosion of companies and specialty products. In years’ past, a simple supination external rotation (SER) ankle fracture, the most common and well-understood ankle fracture, was fixated with simple, ubiquitous one-third tubular plates with corresponding cancellous and cortical screws. These fractures were repaired for years with acceptable outcomes. Move in to the recent past and the explosion of locking anatomic plates that now dominate the market. There are times these plates are useful and preferred, but for years we did not have them, and we did arguably just as well for much less cost. This disruption of anatomic locking plates has a few issues. For one, the outcomes for a majority of SER-type fractures shows no superiority with locking plates (2-4). Second, I feel I have seen this technology lead to a deficiency in training. Students and trainees no longer are exposed to the primary principles of fracture fixation and the function of fixation. For most new practitioners, the go-to is now the anatomic locking plate without the knowledge of why or knowledge of alternatives.

The other part of this disruptive shift is cost. The anatomic locking plate with appropriate screws is certainly more expensive. For example, at my facility, a typical SER fibula can be fixated with a traditional plate and seven screws for $974.64. That same fracture can also be fixated with a locking anatomic plate and seven screws for $1,731.66. When used appropriately, there can be significant cost savings for the hospital and the healthcare system. In this example, the technology can be seen as disruptive based on cost with no significant improvement of outcomes in certain cases (Figure 1). There certainly is a role for this type of fixation, but there needs to be some self-regulation.

Figure 1: Example of SER ankle fracture fixated with standard 1/3 tubular plate (A) versus an anatomic (B) locking plate.
In training, there is lack of awareness among residents regarding the cost of implants and its effect on healthcare (5, 6). There are appropriate cases for these anatomic plates, as well as appropriate times. But the monetary effect is staggering, and we owe it to ourselves to find a way to educate our residents about good medicine, not just the latest techniques. We have a responsibility to educate not only about method but also healthcare costs and healthcare delivery.

First Metatarsal Phalangeal Joint (MTP): As locking technology has grown, we’ve seen it spread to every part of the foot and ankle. A second area easy to compare is the first metatarsal phalangeal joint (MTP). Since it is a common surgery, my institution used fusion of the 1st MTP to study trends, trying to learn about costs in foot and ankle surgery. Several physicians were evaluated, and the cost of their hardware for 1st MTP fusion surgery was scrutinized (Figure 2). The cost for the same 1st MTP fusion surgery ranged from $1,936 to $4,738. The surgery was the same, the only difference was the company for the hardware. With similar outcomes, the disruption of “new” site-specific systems and anatomic plates needs scrutinized.

Total Joint Replacement: There are similar examples of disruption in total-joint replacement as well. There has been an explosion of total joints available with more practitioners having the training to achieve good results. Nevertheless, one must balance the disruption. In larger total joints such as total knee, mobile-bearing and patient-specific instrumentation have yet to show significantly improved outcomes for the cost (7-9). So being familiar with other literature and outcomes may help guide your decisions or questions about a certain implant.

At my institution, a large academic health center, there are committees that have to approve what implants can be utilized. These committees have begun to use “preferred” vendors to help slow the ever-growing cost of healthcare delivery. We first saw it in the total joint divisions because of implant costs, and now more recently decisions have been made about the companies available for trauma hardware.

To help costs, large systems are brokering deals to limit the cost of implants. Some of this is because we cannot police ourselves with the appropriate use of hardware. Costs have skyrocketed, and it has forced systems to look for ways to limit spending by limiting what is available.

Custom Implants/3D Specific Implants: Last to briefly mention is the new wave of custom implants and 3D-patient-specific implants. I believe there is a place for this technology, but again we need to be sensible. For the cost, these should be employed in difficult salvage or reconstruction cases. I believe in a 30-year-old patient with avascular necrosis of the talus after a traumatic event deserves consideration and a push in this direction for improvement. The traditional surgery offered would be arthrodesis. Obviously, there is the potential of non-union, years of stiffness, and issues with adjacent joints. This is also costly with the need for bulk allograft bone and large hardware that adds up, not to mention a significant recovery period (Figure 3).

The alternative would be to “disrupt” our gold-standard thought of fusion and offer a replacement. A talus could be 3D printed with arguably a much faster surgery time, certainly a faster recovery as far as weight-bearing status and at least some retained range of motion (Figure 4). For a young person I think that is a reasonable disruption of our dogma.

CONTINUED ON PAGE 6
Balancing Disruption & Progress
CONTINUED FROM PAGE 5

Therefore, I leave you with a difficult task. We cannot continue to learn and improve if we are not experimenting and trying new ideas and techniques. We have to balance learning and improving with being conscientious and being good examples for those we are training. Our decisions don’t just affect us, but also the generation to come. UPDATE

Patrick Burns, DPM, is an Assistant Professor of Orthopedic Surgery at the University of Pittsburgh School of Medicine. He is a board-certified diplomat in both foot surgery, and reconstructive rearfoot/ankle surgery. He is a member of the Pennsylvania Podiatric Medical Association Board of Directors and serves as Associate Editor for the Journal of the American Podiatric Medical Association.

Sydney Assalita Recipient of 2020 PPMA Family Member Scholarship

Sydney Assalita didn’t have trouble expressing when younger what she wanted to be when she grew up—“to make a difference in the world.” A determined young woman then and now, Sydney was the recipient of the 2020 PPMA Family Member Scholarship. Now that she has started college, Sydney is even more determined to uphold this aspiration from her youth by doing work that benefits the local and world-wide community.

She is currently enrolled at Penn State University as a Schreyer Honors Scholar, intending to major in Engineering Science. She is the daughter of PPMA Member Larry Assalita, DPM.

Her goals are to do research in the field of engineering and possibly getting a master’s degree. “I think the biggest thing that got my application noticed was my diverse achievements, activities, and involvement,” she says. Her schoolwork has always come first, along with making the most of her high school experience by supporting her community through leadership and service.

The PPMA family is proud of you Sydney and knows you will achieve all your goals in no time. Kudos! UPDATE

References


There’s HOPE!! Make that Call—THE PHYSICIANS RECOVERY NETWORK 1-800-488-4767
Q: Are “observation” patients, Inpatients?

A: No. Medicare considers observation services to be outpatient services. Even though this is counterintuitive, we cannot assume that a patient who is in a hospital bed is in fact “admitted” to the hospital. In other words, a patient who is physically in the hospital is not necessarily a hospital inpatient. We must know if the patient is in the hospital under observation status or inpatient status because this affects the codes we should be using when seeing these patients.

With observation services being considered outpatient services, when one is performing a consult for a hospital observation patient, the “Office or Other Outpatient Consultations” codes (CPT® 99241 – 99245) apply.

The exception to this is for payers such as Part B Medicare and United Healthcare that do not recognize consult codes. For these payers, one would code the initial visit for a hospital observation patient with an “Initial Observation Care” code (CPT® 99218 – 99220) and subsequent visits with “Subsequent Observation Care” codes (CPT® 99224-99226).

As always, clinicians must meet the thresholds of performance, documentation, and medical necessity for the given code level they select. When providing observation services, the place of service should be “22: On Campus - Outpatient Hospital.”

Observation status is not limited to stays of 24-hours or less. It can even last multiple days, so we cannot rely on length of stay in making this determination. Some facilities have observation units, but we cannot rely on that either because sometimes hospitals place patients in different beds or units based on hospital volume or other criteria. Accordingly, we cannot make the determination based on duration of stay or location in the hospital.

It is important to confirm patient status with an administrator or staff person at the hospital who understands the difference, and has access to determine the patient’s official status.

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

“We must know if the patient is in the hospital under observation status or inpatient status because this affects the codes we should be using when seeing these patients.”
Secrets of Success

The Big Bamboozle!

By Lynn Homisak, PRT, CHC, SOS Healthcare Management Solutions, LLC

Perhaps you have read one of my previous articles on embezzlement and have acted to put some safeguards in place. Perhaps you felt it wasn’t necessary to review and take precautions because “It has never happened to me.” Perhaps you trust that staff would never steal from the practice. Perhaps you should read on.

A pattern of odd behavior can often indicate something is amiss and deserves further scrutiny. Yet, given the organized mayhem of a busy practice, it goes undetected or overlooked. For example, you might not think it’s unusual for the employee assigned to handle the money is overly possessive of his or her work, insisting only they can process/document payments or take care of banking chores. Reasoning that, “She’s a hard worker!” Or maybe it’s not immediately apparent that a longtime staffer decides to skip vacations (who DOES that!?) and appears apprehensive about taking any time off (Huh?). Finally, the staffer who makes a point of being the first in the office, and the last to leave? Why? “He just loves his job, never wants to leave!” I call ‘BULL-ony.’

Certainly, the intent is not to accuse or create suspicion that doesn’t exist. After all, I was a “staffer” for 30+ years and would have been highly insulted believing my doctor didn’t trust me. It wasn’t until we experienced embezzlement in our own office by a “trusted” co-worker that I realized the importance of creating protective safeguards.

I NEVER suspected my co-worker would take money that wasn’t hers, but the fact is, she did. And it might have continued without consequence had it not been for a patient who complained we billed her by mistake. This patient presented with a receipt, proof she had paid, but her cash payment was not recorded in that day’s receivables. Experts say it is often the most trusted employees who succumb to such crimes (and by the way, stealing is a criminal offense). And believe me, they are the ones you least suspect, and hurt you the most.

Years later, I accepted an on-site consult request to streamline a busy podiatry practice; no evidence pointing to embezzlement; no plans to search for any. This DPM had a longtime employee who, while not formally given the title, was generally accepted as Manager by everyone in the practice. She was the front desk receptionist AND managed all finances. The doctor praised the fact that she was a dedicated employee with a great work ethic.

So great in fact, that she rarely took vacations and was fully capable of managing both full-time positions, without help from other staff members. She could do it all! Knowing that she handled all the books, he didn’t believe written summary reports were necessary, and she always assured him everything was in order. He confessed, he was happy to have her there so he could offer more quality time to his patients.

And that is a winning staffer—if true. As part of my consult, I looked over the billing aspect of her work and asked some preliminary questions. I was somewhat suspect when she produced minimal paperwork in response to a rather thorough checklist of billing responsibilities. I was unable to tell in real-time how or if the books were manipulated in her favor. There were excuses (computer issues, busy, later, etc.) for not being able to retrieve requested backup reports. Always promising to “email them” to me, but that never happened. Shocking, isn’t it?

I started to see some red on the flag poles—

1) She insisted on unlimited overtime to complete all the work associated with her job(s). Keep in mind this was his highest paid employee. So 40 hours of regular time in addition to 20+ hours of overtime = $$$$!

2) Always complained she had “so much work” yet rejected offers to have a co-worker help or hire another assistant to take minor tasks off her plate. Claiming, “It would take me more time/effort to train another person than to just do the work myself!”

3) Understanding she had full authority over the financials and because the doctor had complete faith, she knew he would never check her work.

4) When rarely taking a short vacation, she made sure no one touched “the books” by securing them in storage. Then declaring, if anyone else had access, she would have to spend even more time correcting errors.

So, to be clear. We never determined she robbed the practice outright by secreting cash payments or depositing daily/weekly receipts in an unnamed bank account. That would be too obvious, and she was smarter than that. But make no mistake. She DID rip him off. Big time. It was only after being fired from the practice that we discovered exactly how much.

The tactics were nefarious and shred. She was stealing—this crook was stealing time! Crime did pay—time and a half!!! Excessive overtime, a massive paycheck for minimal results, unfinished/inadequate work product, and zero remorse. What a con!
“There is only one sin, only one. And that is theft. Every other sin is a variation of theft. When you kill a man, you steal a life... you steal his wife’s right to a husband, rob his children of a father. When you tell a lie, you steal someone’s right to the truth. When you cheat, you steal the right to fairness... there is no act more wretched than stealing.”
—Khaled Hosseini, The Kite Runner

These real-life experiences are not meant to infer that there is misappropriation occurring in your practice. They are a cautionary description of what could happen if you give up or disregard taking some responsibility of your finances. It is in your best interest to review and apply a few simple safeguard steps in your practice actively and regularly.

If you email me, lynn@soshms.com, I would be happy to send you a complimentary startup list.

Stealing is never appropriate and yet, there are a lot of reasons why employees steal (time OR money) from their employers. Keep this in mind: 10 percent of the people will steal all the time; 10 percent of the people will never steal; and 80 percent of the people will steal because they can. You have a responsibility to make sure they cannot. Be proactive, apply real safety measures against embezzlement. Eliminate opportunities to steal and introduce opportunities to succeed. One less thing to worry about.

**UPDATE**

The annual PPMA House of Delegates will be here before you know it! This year’s HOD will be held June 11–13 at the Desmond Hotel/DoubleTree by Hilton, Malvern, PA, https://tinyurl.com/wlnope3. Please be sure your Division holds a meeting NOW to select delegates to represent you. If you're interested in becoming a Delegate, contact your Division President—

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<th>Division</th>
<th>President Name &amp; E-mail</th>
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<td>Bradly Shollenberger: <a href="mailto:nohav@aol.com">nohav@aol.com</a></td>
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<td>Bucks-Mont</td>
<td>Sabrina Minhas: <a href="mailto:Sabrina_minhas@hotmail.com">Sabrina_minhas@hotmail.com</a></td>
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<td>Western</td>
<td>Paul Lorincy: <a href="mailto:drphoops@aol.com">drphoops@aol.com</a></td>
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*This meeting is being planned as a face-to-face event. However, if circumstances prohibit face-to-face activities or large gatherings, the House of Delegates will be presented in a live-stream format.

**2021 PPMA FAMILY MEMBER SCHOLARSHIP**

**AMOUNT OF SCHOLARSHIP TO BE AWARDED:** $1,000 ($500 underwritten by PPMA and another $500 matched by The Yurconic Agency). [Click Here for Application]

**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.

**DEADLINE: AUGUST 13, 2021**
Tracie started running to overcome PTSD.

She just finished her first 10K.

This is her SOLO moment.

Help your patients achieve their personal best with custom orthotics from SOLO Labs.
Podiatry Content Connection (PCC) has kept its focus on every element of a podiatrist’s online presence since its inception in 2009. PCC Founder Jeffrey Hartman’s epiphany was in recognizing that educational content is the key to attracting and serving new podiatric patients. PCC writes and distributes fresh SEO-friendly content, offering twice as much content as anyone else. Website design, directory optimization, social media, and Google Ads joined the list of expert services offered by PCC in the “we-do-it-all-for-you” packages.

New this year, PCC now offers videos for any podiatrist to post on his or her website. The three most popular podiatry videos are Free to post, taken from three different categories, including short videos on:
- *What Does a Podiatrist Do?*
- *Heel Pain*
- *Diabetes & Your Feet (and much more)*

New Customers are offered PCC’s entire video library, 48 educational videos to post on their websites, at no charge (a $1,500 value). “Video content increases the amount of time patients engage with a website, educates visual learners, and looks great to current and future patients,” says Hartman.

The company directs podiatrists to meet prospects wherever they are doing their due diligence online. To create natural and seamless progressions from one “touch point” to another; for example: *Twitter blog to website ➔ Directory to review site ➔ Article to home page*. At each stop, you must provide accurate information and answer questions that will either promote your practice further or knock you out of the running. Patients will book appointments once they have this information.

The pandemic hasn’t slowed PCC down, the company provided resources for podiatrists on how to pivot and adapt online marketing in order not to lose ground but to leap ahead. “We guided them through setting up Telemedicine, and posted COVID-19 messaging on their sites for Free,” says Hartman. This included PCC ebooks on how to save their practice—PPP loans, customer communication, etc.

To date, Podiatry Content Connection has given some $200,000 toward an endowed scholarship and other projects at podiatry schools, and continues to do so. New this year, they’re offering grants to state podiatry associations, to be used toward bettering their websites and online Web presence. “I care about people and as our organization grows, we have the ability to help more,” says Hartman.

For more information, contact Randy Rosler at RandyRosler@Podiatrycc.com or (917) 572-5088. **UPDATE**
## Exhibitor Marketplace

### Biologics

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<td><a href="http://www.alxn.com">www.alxn.com</a></td>
<td>610-745-4080</td>
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<tr>
<td>Prime Medical and Biologics featuring MyOwn Skin™</td>
<td><a href="mailto:slhouse@primemedbio.com">slhouse@primemedbio.com</a></td>
<td>602-315-2868</td>
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<td>Smith &amp; Nephew</td>
<td><a href="http://www.smith-nephew.com">www.smith-nephew.com</a></td>
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### Boards/Schools

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<td><a href="http://www.abpmed.org">www.abpmed.org</a></td>
<td>310-375-0700</td>
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<tr>
<td>KSUCPM</td>
<td><a href="http://www.kent.edu/cpm">www.kent.edu/cpm</a></td>
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<tr>
<td>Temple University School of Podiatric Medicine</td>
<td><a href="http://podiatry.temple.edu">http://podiatry.temple.edu</a></td>
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### Imaging

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### Implants/Fixation

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### Laboratories

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<th>Website</th>
<th>Phone</th>
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<tr>
<td>Bako Diagnostics</td>
<td><a href="http://www.bakodx.com">www.bakodx.com</a></td>
<td>855-422-5628</td>
</tr>
<tr>
<td>Quantum Pathology</td>
<td><a href="http://www.quantumpathology.com">www.quantumpathology.com</a></td>
<td>781-373-1689</td>
</tr>
<tr>
<td>Rebound Medical, LLC</td>
<td><a href="http://www.reboundmedicalllc.com">www.reboundmedicalllc.com</a></td>
<td>203-456-3931</td>
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### Marketing

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<th>Company</th>
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<tbody>
<tr>
<td>Doctor Multimedia</td>
<td><a href="http://www.doctormultimedia.com">www.doctormultimedia.com</a></td>
<td>800-679-3309</td>
</tr>
<tr>
<td>Podiatry Content Connection</td>
<td><a href="http://www.podiatrycontentconnection.com">www.podiatrycontentconnection.com</a></td>
<td>917-572-5088</td>
</tr>
<tr>
<td>Web Power Advantage</td>
<td><a href="http://www.webpoweradvantage.com">www.webpoweradvantage.com</a></td>
<td>732-996-0619</td>
</tr>
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</table>
Medical Supplies

DocShop Pro LLC
www.docshoppro.com
888-677-0306

PediFix Medical Footcare
www.pedifix.com
800-424-5561

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

Orthotics/Shoes/Socks

8sole
https://www.8sole.com

Advent Medical Systems
www.adventms.com
800-598-5420

Anodyne
www.anodyneshoes.com
844-637-4637

Dia-Foot
www.dia-foot.com
877-405-3668

Dr. Comfort
www.drcomfort.com
800-556-5572

Forward Motion Medical/JM Orthotics
www.fdmotion.com
800-301-5835

Frankford Leather Co., Inc.
www.frankfordleather.com
800-245-5555

Orthofeet, Inc.
www.orthofeet.com
800-524-2845

PediFix Medical Footcare
www.pedifix.com
800-424-5561

Powerstep
www.powersteps.com
888-237-3668

Precision Orthotic Lab
www.precisionorthotic.com
856-848-6226

Redi-Thotics
www.redi-thotics.com
877-740-3668

Richey Lab
434-978-1788

SOLO Laboratories, Inc.
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800-765-6522

STS Company
www.stssox.com
800-787-9097

SureFit
www.surefitlab.com
800-298-6050
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Practice Support/Software/EHR/Billing

Legally Mine
www.legallymineusa.com
801-477-1750

Providence Management, Inc.
www.providencebilling.com
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www.icssoftware.net
516-766-2129

The CORE Group
www.coregroupmedical.com
800-650-4234

Weave
www.getweave.com
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Pharmaceuticals/Topicals/Therapeutics

Horizon Therapeutics
www.horizontherapeutics.com
610-805-5815

Melinta Therapeutics
www.melinta.com

Pedicis Research
www.pedicis.com
800-748-6539

Primus Pharmaceuticals, Inc.
www.primusrx.com
480-483-1410

Sebela Pharmaceuticals Inc.
www.sebelapharma.com
678-736-5200

SteriWeb Medical, LLC
www.syzmed.com
618-567-9014

The Podiatree Company
www.thepodiatreecompany.com
855-763-8733

The Tetra Corporation
www.thetetracorp.com
800-826-0479

Transdermal Therapeutics, Inc.
www.transdermalinc.com
877-581-5444
Professional Liability Insurance

PMAP/The Yurconic Agency
www.yurconic.com
877-261-7622

Surgical Instruments

Bianco Brothers Instruments
www.biancobrothers.com
718-680-4492

Delta Surgical Instruments
www.deltasurgicalinstruments.com
866-390-2226

gSource
www.gsource.com
201-599-2277

Medix Instruments
www.medixinstruments.com
201-714-7003

Surgical Procedures

Treace Medical Concepts, Inc.
www.treace.com
904-373-5940

Wounds

SeaGlass Medical
www.seaglassmedical.com
443-831-6899
Get the OPEIU APP: It’s more important than ever to stay connected to your Union and its valuable resources. The OPEIU App is a great way to access helpful COVID-19 resources, learn more about your membership benefits, find links to OPEIU’s social media networks and much more. The app is available for free download for iPhones at the App Store at https://tinyurl.com/yboevzhd and for Android devices at Google Play at https://tinyurl.com/ybrtfa6u by searching OPEIU.

For more info about these benefits, call 1-877-737-1086 or go to http://opeiu.org

Reference Guide for Members: http://tinyurl.com/y3ck6987
Dear Colleague:

As you prepare to register for the Virtual 72nd Annual Region Three Meeting, Thursday, APRIL 29 to Sunday, MAY 2, 2021, please be aware of multiple adjustments due to the nature of the virtual platform:

- Registration for this event closes on April 22, 2021. No registrations (and no exceptions) can be made to this policy.
- Registration is Now Open and must be done online at www.goldfarbfoundation.org.
- Fees Remain the Same as 2019:
  - APMA Members (in good standing) - Early Registration: $175, Standard Registration: $225
  - APMA Members (in good standing) - March 27, 2021 and After: $225
  - NON-APMA Members - Early Registration: $600, Standard Registration: $650
  - NON-APMA Members - March 27, 2021 and After: $650
  - APMA Life Members*: $0
  
  *Life Members who require CE Contact Hours Must Register at Member Rates

- Early Bird Registration Cutoff date is Friday, March 26, 2021; after that prices increase by $50.
- Attendance Verification for CECH: You can earn up to 25 CE Contact Hours. All verification times are approximate and based upon the lecture schedule. Should the lectures run off schedule, the verification times will be appropriately adjusted to allow for the stated amount of time to verify your attendance. During the presentation of the virtual event, the Goldfarb Foundation reserves the right to perform an unscheduled attendance verification at any time.
- Cancellation Policy: $50 fee if cancelled by April 19, 2021; no refunds after April 19, 2021.
- PICA Risk Management Program is scheduled for Sunday Morning, May 2. NOTE: YOU MUST BE REGISTERED FOR REGION THREE TO ATTEND THIS PROGRAM; NOT OFFERED SEPARATELY.
- There will be no Exhibitor Participation this year and no Assistants Program.

I look forward to your participation in this virtual Region Three Meeting,

Harvey S. Karpo, DPM, FACFAOM
Registration Chairman for Region Three

Region Three Recognizes these Sponsors of the R3 Meeting as a Way to Keep Registration Fees at Reasonable Rates:
2021 PA-PPAC Contributions

It’s Time to Contribute!

With every $100 Contribution to the PA-PPAC your name will be entered in a raffle at the end of the year to win a $500 Gift Card!!

BERKS
BUCKS/MONTGOMERY
CENTRAL
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LACKAWANNA
LANCASTER
LEHIGH VALLEY

LUZERNE/N. CENTRAL
PHILADELPHIA
SOUTH CENTRAL
WESTERN

TOTAL: $

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.

Name____________________________________________________________________________
Address____________________________________________________________________________
City/St/Zip_________________________________________________________________________

Make check payable to PA PPAC. PERSONAL FUND CHECKS ONLY Contributions are not deductible for income tax purposes. You may contribute any amount or no amount without concern of being favored or disadvantaged. Send to PA PPAC, 757 Poplar Church Road, Camp Hill, PA, 17011-2383.
Lori Barnett $200  Daniel J. Olson $50
Paul R. Barton $200  Anita A.C. Onufer $300
David Bartos $100  John Orlando $100
Berks PPMA Div. $1,000  Thomas J. Ortenzio $150
Bucks/Mont PPMA Div. $1,000  Mark E. Pinker $300
Nicole A. Chwastiak $200  Jane Pontious $100
Terry H. Clarke $500  Mark J. Ray $50
Paul D. Cryan $150  Gary A. Raymond $500
John P. Dahdah $200  Richard Rettig $150
Kirk Davis $500  I.E. Schifalacqua $150
Michael Davis $401  Timothy J. Scott $100
David A. Edmonds $40  Rick Simon $200
David J. Flannery $150  Peter Smith $25
Raymond A. Fritz $150  South Central PPMA Div. $1,000
Gerald E. Gronborg $350  Stephen Soondar $100
Arthur E. Helfand $150  Michelle Sparks $500
Lawrence Kassan $175  Richard G. Stuempfe $150
Melissa K. Knox $25  Brain Szabo $100
Lackawanna PPMA Div. $250  Christina Teimouri $100
Lehigh PPMA Div. $1,250  William M. Urbas $300
Richard L. Lizerbram $200  David Warner $50
Paul G. Lorincy $600  Robert B. Weber $150
James B. McGuire $150  Western PPMA Div. $500
Stephen J. Mills $200  Todd Zeno $300
Sabrina Minhas $300  
Thomas Morris $150  
Edward Murray $150  
Kevin T. Naugle $150  

TOTAL: $14,316.00

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

My Commitment to APMA PAC - 2021

Check here if this contribution is drawn on: ☐ 12-Corporate Account
Enclosed is my voluntary, personal political contribution of:
☐ $25 (Student)  ☐ $75 (Young Physician)  ☐ $150
☐ $300  ☐ $500  ☐ $1,000  ☐ $2,500  ☐ $5,000

Name______________________________________________________APMA# _____________________
Address________________________________________________________________________________
State_________________Zip________________E-mail Address__________________________________
☐ Check ☐ Credit Card ☐ Other
Credit Card Number: qqqq-qqqq-qqqq-qqqq
Expiration Date___________Signature______________________________________

IMPORTANT: These are suggested amounts. You may contribute more, less, or not contribute without concern of being favored or disadvantaged. This information is required for contributions of $200 or more 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.

Mail your contribution to: APMA PAC, 9312 Old Georgetown Road, Bethesda, MD, 20814
PODIATRISTS WANTED

PODIATRIST POSITION AVAILABLE:
Multi-doctor, multi-office practice seeks a full-time Doctor of Podiatric Medicine trained in all aspects of podiatry and surgery. We currently have four doctors with four office locations around the Pittsburgh area. Qualifications:
• Graduate of 3-year surgical residency program
• Board certified or board eligible
• Have a Pennsylvania state license or be able to obtain one
• Need to work Saturdays
• Available 7/1/21

Benefits (first year):
• Competitive salary with production bonus
• 401k + Pension
• Individual Health Insurance

If you wish to apply, please forward a CV to: drkmo12@gmail.com.

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

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 ssteven1818@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.

LOCUMS COVERAGE FOR ILLNESS, PREGNANCY LEAVE, AND VACATIONS:
Self-insured, Diplomate of ABFAS, for Bucks, Chester, Delaware, Lehigh, Montgomery, Philadelphia counties; will consider other counties or locations. Call 267-221-6491 or email socksandshoes11@hotmail.com.

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PODIATRY INSTRUMENTS/EQUIPMENT

NEW! PODIATRY EQUIPMENT FOR SALE: 2 PDM Chairs; Excel X-Ray Unit; All Pro Tower with Tiger View 8 software. Best offer. Call 724-853-9896 and leave message. Serious inquires only.

FOR SALE: COMPLETELY EQUIPPED PODIATRIC PRACTICE: This solo podiatry practice is located in a beautiful suburban town close to the Pennsylvania Turnpike and downtown Philadelphia. Annual revenue exceeds $200,000 with excellent referral base and volume. Additional amenities include an orthotic lab, digital X-ray, surgical suite, and plenty of free parking. Please send curriculum vitae and requests for pictures or a virtual tour of the office to: podiatry.mhersh1984@gmail.com.

Patient Information Pamphlets Can Help to Shed Some Light
Arthritis of the Lower Extremity
Bunions & Bunionettes
Cuidado Del Pie Diabetico (Spanish Diabetic Foot)
Diabetic Foot Care
Digital/Toe Deformities
Heel Pain
Metatarsalgia
Nerve Entrapment
Orthotics
Plantar Warts
Toenail Problems
Your Aging Feet

Order online at www.goldfarbfoundation.org

The PPMA Update is a digital publication of the Pennsylvania Podiatric Medical Association and the next issue will be May/June 2021. Advertising rates can be found on www.ppma.org.

Calendar of Events

www.goldfarbfoundation.org

2021

MAY 2021
VIRTUAL
72nd Annual Region Three Meeting
Live Streamed
Thursday, April 29 to Sunday, MAY 2, 2021
25 CE Contact Hours

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

NOVEMBER 2021
VALLEY FORGE
49th Clinical Conference*
NOVEMBER 4-7, 2021
Valley Forge Casino Resort
King of Prussia, PA
26.75 CE Contact Hours

*This meeting is being planned as a face-to-face event. However, if circumstances prohibit face-to-face activities or large gatherings, the continuing education content will be presented in a live-stream format for all registered learners.

Proud Metallic Sponsors of the Goldfarb Foundation
1. What in your opinion helped you make the decision to become a podiatrist?
I come from a family of physicians, and I have always been driven towards a profession in the medical field. In 1953, my grandfather Dr. Robert Richards Sr., was the first Orthopedic surgeon in Franklin county and my father followed in his footsteps. Growing up in a family surrounded by medical doctors has significantly influenced my path and dedication to the medical field. My grandfather, father, and sister were all mentors to me and made my decision much easier. I understood the time commitment and knew that I wanted to pursue a surgical specialty. My sister introduced me to the field of Podiatry, which allows for focused treatment of the lower extremity.

2. How has your transition been from Residency to Practice?
My transition from Residency into Practice was not what I expected it to be. Due to the COVID-19 pandemic, my year as chief resident was definitely altered at the end. However, because of my excellent training at a level one trauma hospital, I felt prepared to move on. It was exciting to move back to my hometown and to join my family’s medical practice as a podiatrist. My Dad who is an Orthopedic surgeon and sister who is a Podiatric surgeon have guided me through my transition. I have been able to operate and build my patient practice despite the ongoing pandemic.

3. Give a glimpse into how you see podiatry’s future.
In a small rural town where there are multiple nursing homes, as well as many youth and college sports teams the demands are great. However, as a resident in Virginia, I was able to perform at a greater scope of practice, which included doing my own history and physicals for patients. Pennsylvania podiatrists need their scope of practice to include history and physicals as our years of training exceed that of other advanced practice providers.

4. What would you say to someone who questions why you belong to PPMA?
I feel that it is important to be involved in a large organization that will promote my profession both academically and politically. Our profession has changes that need to be made, and I feel that our future is bright if we have organizations such as PPMA to advocate our specialty. Organizations like PPMA give Podiatrists a voice that can advocate for changes and improvements.

5. How have you been handling working during this pandemic?
Since starting work in July, surgical centers were just opening. I was fortunate enough to be able to operate over the past several months and take trauma calls, which also increased my surgical exposure. In my early months of starting, patients were afraid to come in for appointments even though we have remained open and available for their needs. I treated a patient in residency who was too scared to come to the hospital for treatment of his diabetic foot infection, and this unfortunately led to an amputation. Not only is it scaring patients but it is also difficult for anyone in the medical field at this time. Knowing that we are exposed to the virus on a daily basis brings stress to all physicians. Regardless, we carry on and give every patient the care that is needed.

Dr. Richards finished her three-year podiatric surgical and medicine residency last July at the Carilion Clinic in Roanoke, VA. She is employed at Richards Orthopaedic Center and Sports Medicine as a surgical podiatrist. Dr. Richards graduated in 2017 from TUSPM and specializes in foot and ankle reconstruction, diabetic foot, and foot and ankle trauma.
Better coverage is afoot.
Complete Voluntary Benefits for Qualified PPMA Members

During this SPECIAL VOLUNTARY ENROLLMENT period you can prepare for the unpredictable with guaranteed issue, employee-owned, whole life, disability, critical illness, and accident insurance policies for both doctors and employees.

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- Customize your policy based on age and need
- Prepare for the unpredictable

Contact Don Friedman at 877.261.7622 ext.109 or email: dfriedman@yurconic.com

We also provide health insurance to qualified members of PPMA

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*This program is currently offered to practices located in Pennsylvania.

Contact Don Friedman at 877.261.7622 ext.109 or email: dfriedman@yurconic.com
DPM SNAPSHOT

Dr. Stephen Soondar attended Temple for undergrad, graduated from TUSPM in 2005, and completed his surgical residency at Jefferson (Frankford). He is now practicing in Delaware, Chester, and Montgomery counties. He is a part of the Healthmark Foot and Ankle Division of PACE Foot and Ankle and treats all foot and ankle procedures except for total ankle replacements.

Dr. Soondar became interested in podiatry as a student wanting a career in medicine. He was local to TUSPM growing up and knew about the school when he was in undergrad at Temple. After undergrad, everything fell in line for him to attend and succeed at TUSPM! To recruit more students to the field of podiatry, Dr. Soondar recommends a more significant online presence (Facebook, Twitter, Instagram, etc.) and linking the school and podiatric profession to professional sports teams in the area.

- Dr. Soondar’s favorite part about being a DPM is the variety of patients and ailments that visit his office. He also enjoys working with the residents.
- During this time of COVID-19, Dr. Soondar has been trying to do more for others in the neighborhood and be more patient with people on a day-to-day basis. He is also trying to support local businesses as often as possible.
- Dr. Soondar’s fun fact is that he is a local PA guy from Bucks County, but his family is from Trinidad! The majority of his relatives are still there.

UPDATE — Emily Cziraky, PPMA TUSPM Student Rep

PPMA/APMA DUES PAYMENT REMINDER

COVID 19 Dues Payment Schedule—

FOR RENEWING MEMBERS: June–August 2020: Dues payment waived for renewing members*
September 1, 2020: First payment was due for renewing members
December 1, 2020: Second payment was due for renewing members
March 1, 2021: Third payment will be due for renewing members

FOR NEW AND REINSTATING MEMBERS:
June 1, 2020: First payment was due for new/reinstating members
September 1, 2020: Second payment was due for new/reinstating members
December 1, 2020: Third payment was due for new/reinstating members
March 1, 2021: Third payment will be 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.