Helping Runners Pick the Right Shoes Can Prevent Running Injuries

‘Anatomy of a Shoe’ for Patients

—By Paul LaFata, DPM

We all know these patients. We see these patients often. They are the ones who need pointed in the right direction as what to look for in a proper walking/running shoe, and subsequently help to avoid the running injuries we see regularly in our practices. Noting that most runners have a good feel for their shoe-gear. It’s the new runners/weekend warriors that tend to need to be pointed in the right direction.

“The source of the problem with this condition may result from anterior shearing in the shoe.”

Spelling out the ‘anatomy of a shoe’ may be in order, something I find has helped my patients considerably. Especially when presented with these common running injuries that sometimes manifest from shoe-gear—most commonly hammertoes, advanced metatarsalgia, ingrown toenails with or without subungual contusion, or subungual contusion alone.

One common condition is “Runners Toe,” one where patients have sought repeated treatment. This problem presents with subungual contusions, which may lead to lysis of the nail-plate separating from the nail-bed. The source of the problem with this condition may result from anterior shearing in the shoe. Thus not allowing the heel counter of the shoe to
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Sign up for APMA’s Virtual Day on the Hill
May 12 to Interface with Members of Congress

Annually, subsequent to the APMA House of Delegates, we send a delegation to the Hill in Washington to conduct meetings with Pennsylvania Congressional Representatives and Senators in order to advocate for the then current legislative agenda. This year, this event will not take place on a “face-to-face” basis. It will be virtual.

This Virtual Day on the Hill will take place on Wednesday, May 12, and this change to a virtual format gives each of our members a chance to participate in this very important function. The APMA web-page describes the protocol and contains the link to registration.

“The 2021 APMA Virtual Legislative Conference will provide attendees an opportunity to interface directly with members and staff of the U.S. Congress on Wednesday, May 12. APMA has partnered with Advocacy Associates, a digital lobbying firm that specializes in virtual lobbying events in the nation’s capital. APMA members who sign up to participate in the May 12 event will have all Hill meetings scheduled for them, and will be provided with meeting materials and grassroots advocacy training to ensure that everyone is prepared to lobby their members of Congress on issues important to the profession.” REGISTER NOW at https://lobbydayregistration.wufoo.com/forms/p16ru0361v0598h/.

Day-of-Visit Schedule
APMA asks everyone who signs up to please block Wednesday, May 12, and be reasonably flexible that day:

- We will alert each participant individually when meetings are scheduled.
- Our goal is to try to provide two weeks notice, but it is possible that meetings could be scheduled right up to the day of the event.

- Advocacy Associates will be requesting meetings directly with the member of Congress, but staff level meetings may also be scheduled.
- Participants are requested to alert APMA to any changes in their schedules for May 12 as soon as possible. Send updates to advocacy@apma.org.
- This year, more than any other in the past six Congressional Sessions, we have a chance to move and pass the HELPP Act, which amends our definition of physician in Medicaid (Title XIX) to the definition of physician in the Medicare program (Title XVIII). We need our Congressional Representatives to co-sponsor this legislation.

As you know, Pennsylvania has two Senators, Robert “Bob” Casey and Patrick “Pat” Toomey. In addition, we have 18 Representatives. When you register you will be asked: “Please indicate if you have a personal relationship with a specific Representative or Senator here, as well as the nature of that relationship.” If you know your Representative, let us know at the PPMA office also.

YOU ARE REPRESENTED by each of our Senators and one of our Representatives. We need you to reach out to speak with them.

Please take action today. We NEED your voice. Go to https://tinyurl.com/92ft5e5u and register to participate. UPDATE

“This year, more than any other in the past six Congressional Sessions, we have a chance to move and pass the HELPP Act...”
Anatomy of a Shoe

CONTINUED FROM PAGE 1

control the heel. This sometimes results from the lacing pattern of the running shoe.

Going Back to Biomechanics Lab

It is typical for runners to increase their shoe size by approximately one-half their normal size. This takes into consideration the increase in swelling, which can occur with long-distance running. It also can compensate for the anterior displacement forces in the shoe; but what are we doing, as podiatrists, to prevent the foot from sliding anteriorly when running?

Being familiar with the anatomy of a shoe can make a difference with our patients. This goes back to our days in biomechanics lab in podiatry school when we reviewed the components of a shoe: the last, the shank, the medial posting, the shock absorption, and heel counter.

1. The “last” refers to the template of the shoe, or the model for which the shoe is constructed. The last could be board (firm), slip (flexible), or strobel constructed. Strobel is most commonly found in running shoes. The shape of the last can be straight, curved, or semi-curved.
   • Straight-lasted shoes are typically more supportive, and a curved last is less supportive.
   • Most running shoes are a combination of moderate support with some flex to them and use a semi-curved last.

2. Overall, the shoe is divided into three parts: upper, outsole, and midsole. The upper, is the outside tip of the shoe and is stitched to the sole. The outsole is the bottom rubber, while the midsole is the insert between the two. This insert built into the shoe offers stability, along with the manufacturer’s insert.
   • Stock midsole cushioning is typically made of EVA or a manufacturer’s proprietary foam.
   • Midsole support often has a stabilizing bar extending from the medial arch to the medial heel. Different vendors have their own names for these, but they all aid in support, and tend to be more effective in controlling pronators. Additional medial posting may be found in rearfoot-motion-controlling shoes.

3. A shoe’s heel counter is considered the back of the shoe.

4. The shank is a rigid insert typically placed on/in the bottom outsole to create rigidity to the shoe’s midsole, and places more stress distally, allowing toe flexion to occur.

Together these things contribute to the overall fit and the amount of stability a particular shoe can
provide. Most of the major brands all carry variations of these components, which may cause an underlying problem if the shoe doesn’t fit properly.

**Evaluating a Patient’s Shoe-Gear**

I find it remedial to discuss/evaluate shoe-gear with patients. I evaluate the last, insole, and support, showing them the components of the shoes that may correlate and/or contribute to their pathology. We discuss biomechanics in layman’s terms.

Most often I find that patients wear shoes that are too small. Yet I have patients who present with symptoms identical to those who wear their shoes too small, but the shoe size is correct. Examples would be—a subungual contusion or proximal nail-fold paronychia with a normal appearing nail. Here is what I do for these patients—

1. I evaluate the patient’s shoes by taking out the insoles and showing them the “wear pattern” of their toes. If these shoes are the appropriate size yet the toe-pattern force acts as though the shoe is small, it means the toe-wear pattern is pushing up to the edge of the insole.

2. From here, if the shoe is the appropriate size, we discuss a shoe-lacing technique to prevent the foot from sliding in the shoe. This obviously isn’t for those patients who necessitate velcro closures.

3. The technique is called the “heel lock” and is very simple. It is an effective way to lock the rearfoot into the heel counter, and is as follows so you can consider passing this along to your patients:
   - This lacing pattern/technique creates an extra pulley-like tension at the proximal laces.
   - This prevents the heel from sliding forward in the shoe.
   - It is effective in controlling the heel in a proper-fitting shoe.

It may seem like a formidable task to take more time with patients, but it has been in offering this basic education on a shoe’s anatomy that has greatly benefited my patients. Remembering also that some patients will always need velcro closures! **UPDATE**

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**Figure 2:** Tighten laces as this creates the heel lock and aids in preventing anterior shearing forces.

**Figure 4:** Create the Normal Lacing Knot to Secure Sneaker to Foot.

**Figure 5:** The wear-pattern on this insole indicates that the shoes are a good fit since the toes are away from the distal end of the insole. Unlike shoes that didn’t fit well where the toes would literally be impressed at the tip of insole.
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4) Applicant’s GPA must be 3.0 or higher.

DEADLINE: AUGUST 13, 2021
If you have a coding question that has you stumped, PPMA Members can fill out the Peer Review Committee Form and send to judy@ppma.org or fax it to 717-761-4091, Attention: Judy Aumiller.

Q: Can You Submit Both an E/M Code and a Minor Procedure Code for a New Patient?

A: If both an evaluation and management (E/M) and a minor procedure are performed at the same encounter, you can and should code both if the E/M is significant and separately identifiable from the procedure.

Whether the patient is new or established has no bearing on this. Whether the procedure has a 0-, 10-, or 90-day global period has no bearing on this. The E/M needs to be separately identifiable. This means there cannot be any overlap in the work associated with the E/M and the work associated with the procedure.

Here are some examples of when it would be appropriate to code both a new patient E/M and a minor procedure if the documentation supports that a medically necessary, separately identifiable E/M was performed:

- New patient who gets an E/M for Tinea Pedis and a procedure for toenail debridement;
- New patient who gets an E/M for Xerosis and a procedure for at-risk callus debridement;
- New patient with an ingrown toenail who gets an E/M and a partial nail avulsion (CPT 11730) if the documentation supports an E/M that was separately identifiable from the procedure. If the “plan” section of this note only describes the procedure of a partial nail avulsion, there is no E/M there.

However, a separately identifiable E/M would be supported by a robust paragraph explaining the discussion with the patient regarding: his or her diagnosis; potential etiologies; treatment options for this diagnosis; potential risks; potential advantages and disadvantages of different treatment options; how to try to prevent recurrence; the patient’s questions that you answered; and the discussion you had about treatment options. An operative note of the procedure would be expected to follow in this example.

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

“If both an evaluation and management (E/M) and a minor procedure are performed at the same encounter, you can and should code both if the E/M is significant and separately identifiable from the procedure.”
Think you know right from wrong? These days it seems like everyone makes their own rules.

Escaping consequences with: 
What About-isms? Don’t back down or admit wrong-doing, ever! 
Challenge every criticism!

Is the right thing too often challenged by a cheaper, faster, easier, or slightly dishonest approach? After all, if no one really knows or is personally hurt by your decision, is it really even considered wrong?

There are so many worthwhile quotes to reference what could easily be thought of as ethical life guidelines. It’s hard to just pick one. Those that stick out the most are from Steven Covey who said, “Before you wonder am I doing things right, wonder am I doing the right things?” Along these lines, management guru, Peter Drucker’s perspective is, “Management is doing things right. Leadership is doing the right things.” And, finally, Martin Luther King, “The time is always right to do the right thing.” All words to live by.

What I have noticed is when you do the right thing, you become the beneficiary of that action. And that is a good thing. In this regard, what are some examples of ways we can apply the above referenced ideologies to our everyday situations and “Just Do It” right?

For Your Patients
Avoid shoving policy down your patient’s throats because it is too time-consuming or requires too much effort to explain why you have that policy. Do the right thing and outline WHY certain policies exist in your practice. In the end, you will see less confrontation, and more understanding and patient acceptance.

Example: Think of the patient who complains, “I’m only here because I have an infected toenail. Why all the questions (on the initial visit paperwork) about my health? What do my medications, my smoking, or my medical conditions have to do with my feet?” Instead of what might be a cursory response such as, ”It’s just our policy” or ”Insurance companies make us do that,” show concern and offer a more meaningful explanation. “That’s a great question, Mrs. Jones. This information helps us assess your overall health. You see, it’s not just your feet that walk into our office. Your whole body arrives with them. So, by you providing a full and complete health narrative, we have a clearer, overall picture of your health history and as a result can deliver more personalized, comprehensive care to you.” Patient: “Oh, okay!”

For Your Practice
Need to hire new staff? Don’t do it on your own. Do the right, and smart, thing by asking for staff input and assistance in making this important decision.

Example: You’ve just been informed that Donna, one of your most valuable staffers, has given her notice. She and her husband are relocating, and the arduous process to replace her must begin. You want a smooth transition, for your sake, for the sake of the practice, and for the sake of your current staff. DO NOT go through this process of selecting the “right” person to fill Donna’s shoes without actively involving her in the hiring process. After all, no one more than Donna knows the intricate details of her work. Specifically, those things that may not be documented in her job description; yet have been highly effective in her performing day-to-day activities.

Not just anyone can assume the duties her position requires. You want someone that Donna can personally interview and offer her opinion for a capable replacement. And most importantly, assist in her training. In other words, if you want this new employee to succeed in her job and follow in Donna’s very productive footsteps, do not underestimate what your experienced staffer can bring to the table in the selection process. Donna would likely evaluate applicants as if she would be personally working with them. She would want someone to step in with a similar work ethic and effectually carry on the work she started.

Proactively, take this opportunity to have other team members meet interviewees and offer input as well. If a personality clash is noted at the onset with potential co-workers, take it as a sign that conflict might occur. And “Hello,” get an understanding why.
For Your Staff

Staff satisfaction: Employees that feel worthwhile, important, part of the practice, are higher producers than those who come to work for a paycheck. Do the right thing and provide them with ways to develop and take their work to a higher level.

What are some things that can help staff look at their jobs as a career or a calling, rather than just financial gratification? Of course every individual is different and should be treated as such. Get to know who they are, not just as employees. Understand them as people by having conversations about things they feel would boost job satisfaction. By doing this, you create a more productive employee.

Example: One consideration is setting new challenges for them that will motivate and expand their work duties and responsibilities. Believe it or not, people tend to get more stressed when they are bored than when they are busy. Offer them ways to improve their skills. Maybe that involves more hands-on learning; expanded podiatry knowledge; advanced training through in-service options; certification; literary or Webinar or Zoom resources, etc.

Cross-training is another way to reduce any feelings of boredom. Suggest that clinical staff experience front desk work and receptionists reach beyond their day-to-day tasks and learn more about what happens in the treatment rooms. What a great way for the practice to maintain adequate coverage for times when key staff are absent, due to sickness or vacation. It also encourages co-workers to appreciate one another’s jobs, removing common grievances of whose work is more important. THEY ALL ARE!

For YOU!

Be ethically responsible. Doing the right thing means never having to say you’re sorry—or any other excuse.

Example: Generally speaking, it’s not okay to do something dishonest because “everyone is doing it.” It’s not okay to excuse unprofessional conduct as long as “it’s not hurting anyone.” Neither is it okay to treat patients based solely on their insurance coverage and not on their actual medical needs. And certainly, rationalizing to yourself and others that subverting or ‘gaming’ insurance rules is acceptable should never be considered ethical behavior. Whatever it’s called—ploy, scam, deception, con, scheme, loophole—it is likely fraud. Understand that if someone gains a financial, personal, or professional benefit using these tactics, another person will be disadvantaged. Think about times you may have been manipulated or cheated. Whether clever, crafty, or truly unscrupulous, it never feels good. Doing the right thing ultimately does.

These are not hard decisions, don’t make them hard! Don’t let excuses or rationalizations distract you. Don’t complicate or confuse right from wrong. Take the road that guides your high ethical standards and defines who you are. For your Staff. For your Patients. For your Practice. For You!  

UPDATE

PPMA House of Delegates
JUNE 11–13, 2021*
Desmond Hotel, Malvern, PA

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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*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.
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“A strong orthotic practice comes down to confidence in your devices and your lab.”
—Christopher Tyler, C.Ped, Clinical/Lab Mgr., Richey Lab

UPDATE
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  ➞ Union Plus Car & Truck Savings;
  ➞ Union Plus Everyday Discounts;
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  ➞ See more at unionplus.org.

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
COVID-19 Reflections from a First Year Podiatry Student

by Samantha Cooney, TUSPM ’24

Although my first year in podiatry school was anything but conventional, I believe that the future podiatrists of the Class of 2024 are going to be stronger and more motivated than ever. Here’s why: Upon the arrival of the COVID-19 pandemic, the unexpected has completely engulfed our everyday “normal” life and has pushed us into our new reality. Massive shutdowns, social distancing, quarantines, stay-at-home orders, and travel bans have come upon us with seemingly no end in sight.

Personally, my new reality began at the end of March 2020 when my undergraduate commencement was cancelled, medical school interviews shifted to being virtual, and I was unable to physically visit the medical programs and cities I would reside.

During this uncertain time, I received an important piece of advice that helped propel me through the relentlessly tough next few months. Dr. Mark Mendeszoon, DPM, Cleveland OH, advised me that with all of the uncontrollable factors flying around today, it is important to take control of what I can and let go of everything else. With this sound advice and a leap of faith, I was ready to embark on my first year of medical school at Temple University School of Podiatric Medicine.

Now that I am nearing the completion of my first year at TUSPM, I have come to realize that many of the obstacles that we faced as we began medical school during the pandemic were in fact opportunities to personally grow and professionally succeed.

More time with less distractions
As the entirety of our first semester was conducted online, we lost some great in-person learning opportunities that students normally get to participate in, such as lectures, workshops, conferences, cadaver labs, and so on. However because of this, we had an abundance of uninterrupted time to complete our schoolwork. The trick was staying personally motivated and disciplined because we had only ourselves to stay accountable for our virtual curriculum.

Mental and Physical Toughness
Although I had an abundance of extra time to study, I also had to prioritize my mental and physical health. I began taking at least one hour per day to go to the gym or go on a run in order to stay sharp both mentally and physically. Personally, this not only allowed me to let off steam but also helped me to refocus on what needed to be done to succeed academically.

Reflection and Reassurance
At times, it was challenging to recognize that I was actually a medical student at TUSPM due to the countless weeks and weekends I spent on my laptop in my apartment rather than collaborating with my professors and peers. I had to dig deep at times to stay motivated while continuing toward my goals.

With my first year at TUSPM wrapping up and the pandemic slowly getting under control, the one thing I am certain of ironically, is the uncertainty the future holds. But, with the obstacles we have had to overcome in just our first year, I — along with the future podiatrists of the Class of 2024 — will be able to conquer any obstacle on our way to succeed academically, mentally, and professionally. **UPDATE**
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The PPMA Update is a digital publication of the Pennsylvania Podiatric Medical Association and the next issue will be July/August 2021. Advertising rates can be found on www.ppma.org.

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**Calendar of Events**

**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.

**2022**

**MAY 2022 ATLANTIC CITY**

73rd Annual Region Three Meeting
MAY 4-8, 2022
Harrah’s Resort and Casino
Atlantic City, NJ
25 CE Contact Hours

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Welcome to PPMA

1. **What in your opinion helped you make the decision to become a podiatrist?**

As a senior in college, I was heavy into research as I pursued my Biochemistry degree and planned to consider a PhD at that time. I had some foot trouble myself, seeking out a podiatrist, which led to surgery. I had always had an interest in medicine, and had shadowed physicians of different specialties, and even had an internship as a Medical Librarian’s Assistant in college. I mentioned to my foot doctor about shadowing him, and he referred me to an associate of his, who welcomed me into his office a number of times. He performed a substantial amount of wound care and had nice patient diversity, wonderful bedside manner, and was altogether a great guy. This led me to look further into the field, apply, and everything just fell into place from there.

2. **How has your transition been from Residency to Practice?**

Podiatry has allowed for me to use my best personal qualities. I am very science-minded, but love working with, caring for, and helping people. I love the diversity that I have in my practice with both conservative and surgical care. Owning and operating an office has allowed me to have a wonderful work/life balance to devote equal attention to my patients, my family, and my personal interests as well.

3. **Give a glimpse into how you see podiatry’s future.**

I think that the diversity in our field is so attractive, and the ability for students of all backgrounds and interests to succeed. From a single person fresh out of college wanting to dive head-first into a busy surgical practice, to a mom wanting to start a career later in life but balance this with her other obligations, and everything in between, you can make this profession what is best for you, your strengths/abilities, and your interests.

4. **What would you say to someone who questions why you belong to PPMA?**

Having the resources and guidance to navigate a private practice throughout this pandemic has been incredibly helpful over this past year.

5. **How have you been handling working during this pandemic?**

There have been many unique challenges we have all had to face during this pandemic. Along with difficult decisions that none of us likely ever thought possible in our careers. Personally, managing a small business and providing essential care at the same time was the most challenging aspect of the pandemic, plus doing what was best for our patients and our staff. I have wonderful employees who understood the need to utilize unemployment, and at the same time were eager to come back to work, knowing what had to be done to ensure that our practice was successful in the long run. PPP loans and other financial assistance was also so beneficial to so many small businesses, such as ourselves, to allow for business to continue in a safe and effective manner. *UPDATE*

“Personally, managing a small business and providing essential care at the same time was the most challenging aspect of the pandemic ...”

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*Dr. Miracle is President and Owner of College Hill Podiatry in Beaver Falls, PA. She is a Diplomate with American Board of Multiple Specialties in Podiatry (ABMSP).*
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Contact Don Friedman at 877.261.7622 ext.109 or email: dfriedman@yurconic.com
Thank you to Dr. Jeffery Zimmerman for his submission and congratulations on becoming a new Dad! He has really been enjoying the “Girl Dad” life with Willow, pictured with him in photo on left.

His interest in medicine began when he was eight-years-old, after having a heart ablation for Wolff-Parkinson-White Syndrome. Although he didn't appreciate what had happened or what his doctors did for him then, it was that moment where he began his pursuit of medicine. After shadowing his local podiatrist, he saw the many facets of the profession from clinical to surgical care, residency education, and the overall uniqueness of the field.

He is currently in his first year of practicing as an Associate at Berks Foot and Ankle Surgical Associates. There, he sees a broad spectrum of pathology that is managed both surgically and non-surgically. He has also had a long-time passion for education, and this has been a huge part of his love for medicine. He finds joy in teaching his residents the knowledge and experience that he has acquired through his training.

Dr. Zimmerman also began his own social media platform to help connect to others about the profession of podiatry, sharing his perspective of what it was like to be a resident and now an attending. With his unique perspective of transitioning from residency to private practice during 2020, he felt that it was important to take a little extra time to talk with his patients who may have been affected by the virus.

UPDATE —Samantha Cooney, PPMA TUSPM Student Rep

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PPMA/APMA DUES PAYMENT REMINDER

FOR NEW AND REINSTATING MEMBERS:
June 1, 2021: First payment is due for new/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!!!

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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.