Lectures Highlighted Nutrition for Healing, Opioid Updates, Much More

Goldfarb’s First Virtual Clinical Conference Offered Wide Breath of Topics

This year, COVID-19 has brought about huge adjustments, numerous cancellations, and extreme caution into every aspect of our lives, including how we stay socially distanced at meetings and conferences.

The Goldfarb Foundation’s Clinical Conference followed suit and changed its venue to a virtual platform in order to provide the much needed continuing education contact hours for its registrants. Even though the Clinical Conference made its debut into the live-stream arena, it upheld its high standard to provide attendees the latest in medical/surgical techniques and trends. Taking the helm at the beginning of 2020, Goldfarb Foundation President Jeff Dunkerley, DPM, had stated in a January/February PPMA Update newsletter article that in order to abide by this standard, “We need to constantly bring in the profession’s leaders to lecture.”

That meant bringing in physicians from all over the country to provide their perspective, as seen in this year’s Clinical Conference Instructor lineup and Topics. “This year I am excited about the wide breadth of topics we are presenting,” he says. This included: nutrition to heal wounds, drug interactions, minimally invasive surgery, medication and surgery for pregnant patients, deformity correction and reconstruction, LGBTQ patients, managing pain without opioids, new trends in amputations, and other emerging treatment options.

CONTINUED ON PAGE 4
A PODIATRY-FOCUSED RELATIONSHIP
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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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CELEBRATING 50 YEARS
Association Planted in Both the Past and Future

In 1849, French author and journalist Jean-Baptiste Alphonse Karr wrote: “plus ça change, plus c’est la même chose.” This literally means, “The more it changes, the more it’s the same thing.” As I approached this President’s Message to more than 800 members, this classic phrase kept coming to mind. What a year of change this has been!

A year ago, as I ascended to the office of President of the Pennsylvania Podiatric Medical Association, I had seen other Board Presidents take the gavel and respond to challenges to our profession; most of which could be seen on the horizon. Because of that, we had some forewarning and therefore time to prepare a reasonably organized response.

Our Board over my tenure, faced our profession’s student pool problems, its need for residency generation, its lack of payment parity, and its rising cost of operation. Our Association had become a source of professional liability insurance (PMAP); a source of health insurance (The Guild); a source of continuing education (The Foundation); a source of patient education (PIPs); and a source of solutions to member coding questions (Peer Review through Lehrman Consulting, LLC).

Then eight months ago, we were hit with COVID-19 and the attendant crisis this pandemic presented to our members, our members’ livelihood, and all of our families. We determined that our Association had to once again be “a source.” In COVID, with the news coming at us in unending waves, we wanted to become a single source of vetted information that was important to our members.

Our initial challenge was to determine our role in this national health crisis—

• We worked with the Governor’s office to determine that we were essential workers.
• We were included in the Governor’s April Order that allowed our members to expand their roles in hospitals in order to assist in the hospital response to COVID.
• We worked with our PMAP insurer, PICA, in order to postpone collection of professional liability premiums.
• We worked with the MCARE Fund in order to postpone its assessment collection, where it hadn’t already been paid. In the worst of the lockdown, as essential workers, many of us maintained office hours in order to triage our patients; keeping them from presenting to hospital emergency rooms.
• We engaged in Telemedicine; working through our Foundation to produce “how-to” videos on appropriate Telemedicine protocols.
• We determined that communication had to be our core function; communication with our membership and communication with our patients and the public.
• Our staff cut back on hours during the initial lockdown but continued with essential functions, albeit remotely.
• We contacted the membership in order to verify email addresses, and cell phone numbers for text messaging.
• We held Zoom meetings for each of our Divisions and held our first Zoom-platform House of Delegates in the 108th year history of our Association.

Then we turned our attention to our own Association house, waiving the first quarter of our PPMA Dues. A budget was presented and adopted, and stripped out of all expenditures that could be eliminated without jeopardizing our mission of service to our membership. Our Board agreed, in response to the crisis, to maintain our elected offices for an additional year. We presented this postponement of ascension in our elected positions to the House and the House supported it by a unanimous vote.

But then we needed to determine how to come back to normal. An email-based Message to Members was instituted in order to canvass information we felt each of us needed to know. We sourced PPE and
Virtual Clinical Conference
CONTINUED FROM PAGE 1

The APMA Coding Seminar presented updates for 2021 (be on the lookout there are going to be significant changes), and other lectures provided modifications to existing treatments.

The Clinical Conference is attended by a large number of physicians from PA and surrounding states. “We try and craft the lecture schedule to include surgical and non-surgical topics to appeal to the wide range of training for our attendees,” says Dr. Dunkerley.

The only real difference to this year’s conference is that it was attended from the comfort of a home or office and viewed from a screen. But just in case you missed the 2020 Virtual Conference, here’s a snapshot from several choice lectures, which should have you ready and waiting for the 2021 Clinical Conference, which is hoping to go back to being a Live Event.

Food Choices Critical for Healing Diabetic Foot Wounds
According to Maureen Jennings, DPM, MS, “As podiatrists, we know the importance of glucose control in the healing of a diabetic wound.” In her lecture, “Nutrition for Today’s Podiatrist,” Dr. Jennings stressed the importance for diabetics to follow the Glycemic Index in food choices in order to facilitate proper wound healing.

She further explained that since this Index provides the relative ranking of carbohydrates in foods, it’s a good indication for how blood glucose levels can be affected. In turn, this pertinent information should be reviewed with diabetic patients to show them the correlation of nutrition in their wound healing.

She provided attendees with many particulars to take back to their offices, including:
- The signs of nutritional abnormalities such as obesity, its effect on the foot, and obesity-related diseases such as OA and CHF.
- How to integrate sound nutritional practices into the office by reviewing dietary guidelines with patients and stressing the importance of adding grain products and fruits and vegetables.
- Review of the four phases of wound healing—and the vital role that nutrition plays in the healing of wounds.
- How to include nutritional aspects of wound healing in office protocol for post-op and diabetic ulcer treatment by reviewing the nutrients essential for proper wound healing.
- A review of supplements including vitamins and minerals was given to be helpful for both podiatrists as well as their patients.
- An explanation of Body Mass Index was presented so the podiatrist understood the concept, which is part of the EMR.
- Review of diabetic diets including improved food choices (an example, Grilled vs. Fried) and the Glycemic Index.

“The only real difference to this year’s conference is that it was attended from the comfort of a home or office and viewed from a screen.”

Podiatrists Must be Diligent About Knowing Interaction Between Popular Nutraceuticals and Other Drugs
Dr. Jennings's lecture, “Drug and Nutraceuticals Interplay and Possible Adverse Effects,” gave doctors a method to identify the potential interactions of a nutraceutical (which are not prescriptions) with any drug they may be prescribing. Attendees were provided the names of popular nutraceuticals like green tea, glucosamine-chondroitin, and garlic, and the process of how to determine the possible adverse effects of these nutraceuticals with food/drug interactions. An example of a nutraceutical/drug interaction is Echinacea and some anti-depressants. Echinacea is metabolized by CYP1A2 and CYP3A4, which can interfere by decreasing the metabolism of anti-depressants.

According to Dr. Jennings, this was a relevant topic for today's podiatrists because there are so many people taking all kinds of nutraceuticals/supplements and homeopathic remedies, and the podiatrist should be aware of these compounds. She also presented a review of drug-to-drug interactions in order to understand nutraceutical-to-drug interactions.

Amputation Trends Show Podiatrists a Path to Prevention
After investigating current data for his lecture, “Wins, Losses, and Trends in the Campaign to Prevent Amputations,” Marvin Marcelin, DPM, described a few trends that became apparent regarding amputations:
- There is a decline in major amputations with an increase in minor amputations;
- Men tend to get more amputations than women; and
- Black populations more than White.

The factors influencing amputation rates included but were not limited to geography, socioeconomic status, race, access to primary care, and insurance status. An example given: In the Delaware Valley, patients residing in certain zip codes have much higher amputation rates.

Regarding decreasing numbers of amputations, women have made steady progress over the last 30 years, but men showed little progress. The over-80-age group was the group with the most progress in regards to decreasing amputations. These trends are similar to national trends reported in the literature.

Podiatrists were encouraged to become acutely aware of certain risk factors associated with diabetic amputations, as well as those high-risk populations. This can give them a sharper focus to help prevent amputations.
Gratitude, and Tolle’s “Modalities of Awakened Doing,” for the human brain evolved over the centuries when fear was an important tool to survival of physical and environmental threats.

Attendees explored theories founded in cognitive and evolutionary psychology, which lead to the emotional foundation for Fears rooted in evolution lead to anxiety. For today’s physicians, the anxiety could be in response to a difficult patient encounter or a poor patient outcome. The mind reacts to imagined fear in the same way it does for actual fear. This leads to a response (fear and anxiety) in the same manner as it would if one is being threatened by a bear attack. This understanding can be extremely useful in helping doctors deal with the pressures leading to Physician Burnout. “A more thorough comprehension of this disorder will allow us to discover techniques aimed at reducing potentially devastating factors,” he said.

Attendees explored theories founded in cognitive and evolutionary psychology, which lead to the emotional foundation for this disorder. One theory that goes back to the beginning of how the human brain evolved over the centuries when fear was an important tool to survival of physical and environmental threats. He gave antidotes and treatment options for this stress-based condition, along with techniques such as Conscious Breathing, Gratitude, and Tolle’s “Modalities of Awakened Doing,” for physicians to reduce their stress, and hopefully lead happier and healthier life for themselves and their patients.

**Know the Warning Signs for Opioid Abuse and Your Options**

Gina Painter, DPM, in her lecture on “Opioid Update,” listed the warning signs for podiatrists in detecting opioid abuse—

- Tolerance for taking more of the medication for the same pain relief
- Physical Dependence: Symptoms of withdrawal when the medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness, dizziness, and confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

Dr. Painter explained that "Opioid-use disorder is a problematic pattern of opioid use that causes significant impairment or distress.” Symptoms of the disorder include a strong desire to use opioids, increased tolerance to opioids, failure to fulfill obligations, trouble reducing use, and withdrawal syndrome with discontinuation. “Opioid withdrawal symptoms may include nausea, muscle aches, diarrhea, trouble sleeping, or a low mood.” Complications may include opioid overdose, suicide, HIV/AIDS, hepatitis C, marriage problems, or unemployment.

She provided contact information for patients to find help: The Substance Abuse and Mental Health Services Administration (SAMHSA) has a National Helpline, 1-800-662-HELP (4357), for those with a possible opioid-use disorder. The Helpline is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance-use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations.

Dr. Painter also provided attendees with alternative treatments to opioid-free pain management. She explained, "In a recent lecture at the annual meeting of the American Academy of Pain Medicine, Brian Hainline, MD, maintained that acetaminophen in particular is ‘vastly, vastly under-prescribed’ for acute pain. This can also start with 1,000 mg IV acetaminophen.” She said that the non-steroidal, anti-inflammatory drugs (NSAIDs) can decrease the release of pro-inflammatory prostaglandins and peripheral pain mediators. She included common non-pharmacological therapies, such as:

- Therapeutic exercise
- Physical therapy (PT)
- Cognitive–behavioral therapy (CBT)
- Complementary and alternative medicine; CAM: e.g., chiropractic therapy, massage therapy, acupuncture, mind–body therapies, relaxation strategies.
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.
Q: Why do the Aetna “Silver” PPO Plans Pay Less than Others and Paid Less Medicare Rates in 2020, but in 2018/2019 Had Paid the original Medicare Rates?

A: The payer in question here is a private payer. Therefore, the doctor contracts are with that payer to determine their fee schedule. This is very different from the public payer, Medicare, where all providers of all types in the same region are paid based on the same fee schedule. When dealing with a private payer, it is up to the doctor to agree to a fee schedule. This is often addressed in the doctor’s contract with the payer.

Too many of our members sign those contracts without legal representation or sometimes without even reading them at all. The first step in considering what has been submitted here is to check to see if this plan is in violation of the contract the doctor signed. If the payer is in violation of this contract, this is a legal issue between the doctor and the plan. However, if the payer is not in violation of the contract the doctor signed, they are stuck with whatever they agreed to.

Unfortunately this is not something PPMA can help with too much because PPMA cannot negotiate on behalf of their members, and is limited in what it can do due to antitrust laws.

To answer the two questions that were handwritten on that form [PPMA’s Peer Review Committee Form], these private plans do not have to pay Medicare rates, and they can adjust their rates to whatever they want as long as the contract the doctor signed allows them to.

Medicare Advantage plans are required by law to provide the same coverage as original Medicare. This is often a mistake to say they have to provide the same payment, and that is not true. Coverage and payment are two different things. They do not have to pay the same as original Medicare.

The summary is, because this is a private plan, they can do whatever the doctor allows them to do based on the contract they signed. This can all be negotiated and too many of our members just sign these agreements without legal expertise or negotiation. —Jeffrey D. Lehrman, DPM, FASPS, MAPWCA, CPC

UPDATE

If you have a coding question that has you stumped, PPMA Members can send them to susan@ppma.org with “Coding Question for Dr. Lehrman” in the subject line, or click Peer Review Committee Form to download and fill out.

“Too many of our members sign those contracts without legal representation or sometimes without even reading them at all.”
Think every call made to your office seeking an appointment actually becomes an appointment? Think again. Yes, worthy/costly marketing strategies will attract calls to your office; however, all the marketing in the world will be for naught if prospective callers are not converted into patients. What? Why does this happen? One very simple reason—receptionists not properly trained are asking every question except the one that closes the deal.

Today’s patients have certain expectations when they call a doctor’s office. Especially when searching for a new doctor. They expect efficiency and expediency, a knowledgeable staff, friendly attitude, outstanding customer service, and a smile because, yes, callers can tell if their listener is smiling. And their first impressions start with that phone call. If it fails to impress, or misses an opportunity to provide what is expected, savvy callers will continue to shop. And as the doctor, moving from treatment room to treatment room, away from front desk activity, you may never know.

Sadly, training staff on phone etiquette is embarrassingly lacking especially when it comes to what to say, not say, prompted scripting (prepared scripts for common questions), and professional phone delivery (tone and attitude), etc. These skills are not recognized with as much seriousness as they should. Many doctors see “front desk experience in a medical office” on an applicant’s resume. Is the presumption, therefore, that they know how to properly and professionally handle the phones? Never take this for granted. Remember, assume is an acronym.

A more in-depth discussion, to include role playing, should be a part of every applicant interview. This applies whether they are being hired for front or back office, since job sharing is typical in podiatry offices. Once hired, new staff members should be required to have phone/desk training. Actual training. Training that involves covering all office activities, i.e., putting patients first, protocol/policy, HIPAA, a telephone voice, scripting, phone handling, podiatry conditions and terminology. Taught to recognize emergent, urgent, and routine conditions, professionalism, diffusing angry patients, screening calls, proper scheduling, time management, answering critical questions, etiquette, establishing rapport, and a basic understanding of what callers are looking for.

The telephone is a practice’s lifeline and a careless or half-hearted “learn-as-you-go” teaching approach WILL certainly result in lost patients. And to repeat the obvious, many of these new patients you will not even know you’ve lost. Trained employees work smarter.

Consider the patient who wants info about their insurance coverage. If you were to overhear how staff responds it might be surprising. When the caller asks, for example, “Does Dr. Pod accept my insurance?” and your staff answers with a simple, “no,” the caller would likely thank them, hang up, and check with the office down the street. In fact, any time one hears, “Thanks for your information, I’ll get back to you,” you have pretty much lost that patient. We have all made that very decision/comment when we fail to get desired results. It is the kiss of goodbye.

How about the podiatric shopper who asks, “How much does your doctor charge for a pair of orthotics?” If your staff is in fact instructed to quote fees (or fee ranges) over the phone, they should stick to a pre-written script vs. “winging it”; a script that acknowledges the caller’s question and at the same time promptly moves the conversation towards the exceptional care they will receive. "Mrs. Jones, that is a good question, one I might even ask if I were in your shoes.” If it is your policy, here is where you might offer an approximate/range fee, stating also that it would depend on the type of orthotic needed.

Continue without hesitation … “Now, besides our fees, Mrs. Jones, what else are you looking for in a podiatrist?” —a lead into highlighting the benefits of your practice. Reinforce their response with an inspiring, “Well, you have called the right place!” followed by advocating for the doctor and the practice.

It’s important for staff to maintain control of the conversation so they can focus on more positive information and close all appointment-seeking conversations with a defined proposal, “I have an opening tomorrow afternoon at 2:00 p.m., is that convenient?” On each encounter, make every effort to be in control, not controlling. Polite, not demanding. Energetic, not hyper. Friendly, not friends.

... From a litigious standpoint, it is critical that staff avoid answering questions dealing with or offering medical advice.”

Lynn Homisak
Finally and from a litigious standpoint, it is critical that staff avoid answering questions dealing with or offering medical advice. I’ve heard it. I know it happens. This is perceived as practicing medicine for which they do not have a license. Their response to ANY medical question, therefore, should always be, “Mrs. Jones, that is a question that the doctor will have to answer for you, and (s)he can only do that after (s)he’s evaluated your condition.” Staff should then move immediately into offering an appointment. Of course, the seriousness of the complaint must be determined, emergencies require immediate care. Suggest a suitable time for a routine visit—Do Not Diagnose!

Nine out of every ten offices have varying degrees of “operator error” regarding telephone skills and it comes with a great loss! Lost revenue, lost professional respect, and lost patients. Hello, is anybody there? Still think “winging it” is a good idea?

(Reprinted from the Nov/Dec 2018 issue of the PPMA Update newsletter.)

UPDATE

Stay Connected to Your Union & Take Advantage of Your OPEIU/Guild 45 Benefits

757 Poplar Church Rd., Camp Hill, PA 17011
717-763-7665 • (F) 717-761-4091

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.

▶ Healthcare Insurance for PPMA Members and their Family
CALL 1-877-578-8730 to APPLY:
¬ Savings up to 40% on Healthcare Insurance —
  ENROLLMENT FORM
¬ Savings on Medicare Insurance Plans; on Eye and Dental Plans; and Rx—ENROLLMENT FORM
¬ More information on www.ppma.org

▶ OPEIU Roadside Assistance:
¬ Up to 2 Towing/Service Calls, Per Year, including:
  • 24-hour Emergency Roadside Assistance;
  • Free hookup and tow up to 15 miles;
  • 24-hour Emergency Battery Service;
  • 24-hour Emergency Lockout Service;
  • 24-hour Emergency Tire Service;
  • 24-hour Delivery of Supplies;
  • Travel Discounts and much much more!!!

▶ OPEIU Identity Theft (IT) Benefit:
¬ Full-Service Privacy Advocate® Restoration through InfoAmor;
¬ Internet Surveillance Monitors Underground Economy;

▶ OPEIU Scholarships:
¬ Howard Coughlin Memorial Scholarship;
¬ John Kelly Labor Studies Scholarship;
¬ Romeo Corbeil/Gilles Beauregard Memorial Scholarship;
¬ Union Plus Scholarship Program.

▶ OPEIU Death Benefits:
¬ $2,000 Death Benefit
¬ $2,000 Accidental Death and Dismemberment Benefit

▶ OPEIU Free College Benefit

▶ OPEIU Student Debt Reduction Program

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
distributed suggested post-COVID office organizational plans to promote getting back to a regular practice. We are now working with other medical associations in an effort to educate patients, in order they don’t postpone necessary care thereby increasing morbidity.

Along with Association changes and PMAP postpone-ments, our Foundation had to also respond to the changing conditions due to the crisis. By the time that you read this, the Foundation will have finished its first major virtual Continuing Medical Education Conference.

The Foundation reviewed a number of virtual educational platforms and worked with exhibitors to define and choose the most effective manner in which to present CE Contact Hours that are necessary for our relicensing. I hope that you attended the November Clinical Conference. If you did, I would like to hear your opinion of this new format.

However, like any new endeavor, we have a foot planted in both the past and the future. We held a successful Fly Fishing program in Montana last month; following all COVID protocols and without no adverse COVID testing outcomes. A CECH meeting was scheduled in Annapolis, Maryland, December 4–6. The Foundation just recently decided to convert it to a Virtual platform so that the program WILL take place (more information on pages 12 and 13).

Our Association mission has been to serve the profession and its members. At the beginning of the crisis, I wrote a letter to each of you saying that the Association would continue to be there for you throughout the crisis, and at the end be as strong after the crisis as we were before. Your Association is in the midst of making that statement come true.

As I stated at the beginning—the more things change, the more they remain the same. PPMA is doing the same things that it always has done, just changing the way in which we do them. This PPMA Update newsletter is a prime example: Produced remotely, transmitted electronically, but delivering the same valuable content necessary to your practice.

As I begin my second-year term as President, I want to thank each of you for your patience, your perseverance, and your loyalty. I have never been more proud of our profession as I have been through this crisis. We all will continue to serve our patients, and I pledge to you that our Association will continue to serve you, its members!

Thank you.  

President’s Message
CONTINUED FROM PAGE 3

Virtual Clinical Conference
CONTINUED FROM PAGE 5

Pregnant Feet and Treatment
According to Meera Simoes, MD, the goal for her lecture was to empower podiatrists to treat common foot and ankle problems that arise in pregnant patients. Attendees reviewed fetal and placental physiology, and how medications (that were outlined by category) can affect the fetus in “Medication Use in Pregnancy: Tips for Podiatrists.” An example she gave in regard to analgesics and antibiotics was that Tylenol is safe to use, but to avoid NSAIDS.

In her lecture, “Surgical Considerations for the Pregnant Patient,” she reviewed considerations for the pre-operative, intra-operative, and post-operative time-frames. These considerations include assessment for the risk of thrombosis and safely positioning pregnant patients.

Dr. Simoes says in her practice she gets calls from other specialties frequently asking about the safety of different treatment options. She viewed these lectures as an opportunity to encourage podiatrists to reach out to their local OB/GYNs and coordinate care and surgical planning for those cases that cannot be delayed until after delivery.
KSUCPM: Getting the word out Podiatry is a ‘Hidden Gem’

In 1917, Kent State University College of Podiatric Medicine, KSUCPM (then The Ohio College of Chiropody), began with an eight-month curriculum and graduated 14 chiropodists. In 2012, The Ohio College of Podiatric Medicine merged with Kent State University to become what it is today. Now KSUCPM is one of nine accredited podiatry colleges in the U.S.; a four-year, graduate level medical college; and grants the degree of Doctor of Podiatric Medicine (DPM). It goes without saying that podiatric medicine and the institutions that teach future DPMs have flourished extensively over the last century.

KSUCPM remains focused on increasing the number of qualified applicants to the podiatric college by giving prospective students a way to get their “hands dirty.” KSUCPM does this by offering surgical and sports medicine themed workshops to high school and college students who may be interested in pursuing medicine. “When students learn of the ability to practice in a variety of settings and the scope of practice of a foot and ankle physician, they are eager to learn more and discover why podiatric medicine is called the ‘hidden gem’ in healthcare,” says Madalynne Stanic, Special Assistant, CPM.

Under the direction of KSUCPM Dean Allan M. Boike, DPM, ’82, the college serves nearly 425 students each year, with enrollment capped by the Council of Podiatric Medical Education (CPME) at 125 per incoming class. “I am continually amazed at how this profession continues to evolve, and look forward to what the next generation of podiatrists will enact to keep this profession growing,” says Dean Bioke.

KSUCPM plans to continue to demonstrate to students seeking a healthcare career the merits of practicing in a variety of settings and ample scope of practice for a foot and ankle physician. For more information on Kent State University College of Podiatric Medicine, please visit the website at www.kent.edu/cpm.

UPDATE

There’s HOPE!!
Make that Call—
THE PHYSICIANS RECOVERY NETWORK
1-800-488-4767
Virtual Annapolis Meeting
December 4–6, 2020
Up to 12 CE Contact Hours Available

Friday, December 4, 2020
(4.5 CE Contact Hours)

**Ellianne Nasser, DPM—Diabetes**
**Lectures: 12:00 p.m. – 2:15 p.m.**
Diabetic Foot Ulcers: What’s New?
Elective Surgery in the Diabetic Patient
Diabetic Ankle Fractures
Diabetic Calcaneal Fractures
Charcot: What Now?

**Elizabeth Hewitt, DPM—Management of the Midfoot and Medial Column**
**Lectures: 2:45 p.m. – 5:00 p.m.**
Charcot Reconstruction
Equinus and the Midfoot
Metadductus
Midfoot in the Pediatric Patient
Pearls to Flatfoot Reconstruction
TAR Valgus

Saturday, December 5, 2020
(4.5 CE Contact Hours)

**Zachary Ritter, DPM—Trauma Complications**
**Lectures: 8:00 a.m. – 10:15 a.m.**
Total Ankle or Fusion, Does It Matter?
Management of Complex Extremity Trauma
Medical Evaluation of Trauma Patients
Managing Complications of Complications

**Jeffrey Manway, DPM—Fractures & Fixations**
**Lectures: 10:45 a.m. – 1:00 p.m.**
Complications of IM Nailing
Complications of External Fixation
Weight-Bearing with Fracture Care
Hardware in ‘Open Fractures’: Before, After, and In Between
Intramedullary Nailing for Ankle Fractures

Registration for the Virtual Annapolis Meeting will close at 12:00 p.m., Eastern, on Monday, November 30.

After that time, no registrations can be accepted for the virtual event. There will be no exceptions to this policy, so plan appropriately.

Register at www.goldfarbfoundation.org
Sunday, December 6, 2020
(3.0 CE Contact Hours)

Jason Miller, DPM—Conquering the Athletic Foot & Ankle

Lectures: 9:00 a.m. – 12:30 p.m.
- Complications of Posterior Heel/Achilles Surgery
- The Trouble with Travel League Sports and the Pediatric Foot and Ankle
- Reproductibility Without Recurrence Bunion Correction in Athletes
- So My TAR Looks Great But Hurts and Is Stiff As #$*&@! Now What?
- Pesky Peroneals and Tales of Subluxation
- When Screws Break: Nitinol Bailout

The William L. Goldfarb Foundation is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. The Goldfarb Foundation has approved this activity for a maximum of 12 continuing education contact hours.

Invited Instructors

Elizabeth Hewitt, DPM
Jeffrey Manway, DPM
Jason Miller, DPM
Ellianne Nasser, DPM
Zachary Ritter, DPM

Course Objectives

At the conclusion of this meeting, the attendee shall be able to:
1) Discuss various options for treating diabetic foot ulcers.
2) Evaluate and manage complicated trauma patients.
3) Diagnose the trouble with travel league sports and the pediatric foot and ankle.

Online Registration Instructions for DPMs at www.goldfarbfoundation.org

Review the COVID-19 page for additional details about the virtual event.

1. All registrations must be completed online at www.goldfarbfoundation.org in advance of the meeting.
Due to the COVID-19 crisis and rapid increase of cases, the Foundation’s Annapolis Meeting has been converted to a virtual event. The activity will be presented over the (click for full schedule) same timeframe from Friday, December 4 to Sunday, December 6. Note that all registrations for the Annapolis Meeting 2020 must be done online at www.goldfarbfoundation.org. The website customer support team, Sotiris, is happy to assist anyone who encounters technical issues with online registration. Sotiris can be contacted at 717-791-5250.

2. Registration Fees

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<td>Non-APMA Members</td>
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</tbody>
</table>

Registration for the Virtual Annapolis Meeting will close at 12:00 p.m., Eastern, on Monday, November 30.

3. Contact Info

For questions about this educational activity, contact Lara Beer-Caulfield at lara@ppma.org.
How will COVID-19 impact this meeting? For up-to-date information on this event and how it’s being impacted by COVID-19, visit https://tinyurl.com/ReviewCOVID. This meeting is being planned as a face-to-face event with the online component available to those who feel like this is the best option for them. 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.

Board Review Course

January 20–23, 2021

Offered via:
1) Marriott Philadelphia Airport, Philadelphia, PA, OR
2) Online in Real-Time from your home/office

28 CE Contact Hours

Proud Metallic Sponsors of the Goldfarb Foundation:
Schedule

**Wednesday, January 20**
Lectures 9:00 a.m. – 5:30 p.m.

**Thursday, January 21**
Lectures 8:00 a.m. – 6:30 p.m.
Anatomy of a Question* 3:45 p.m. – 6:30 p.m.
CBPS Experience**, # 6:30 p.m. – 8:30 p.m.

**Friday, January 22**
Lectures 8:00 a.m. – 6:15 p.m.

**Saturday, January 23**
Lectures 8:00 a.m. – 1:15 p.m.

*1 CE Contact Hour available for this session.
**Classroom Review Version ONLY.
# CE Contact Hours not available for this session.

28 CE Contact Hours

The Goldfarb Foundation is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. The Goldfarb Foundation has approved this activity for a maximum of 28 continuing education contact hours.

Instructors

ERIC BARR, DO
JEFF DUNKERLEY, DPM
DUANE J. EHREDT, JR., DPM, FACFAS
DANIEL EVANS, DPM
EDWIN S. HART, III, DPM
MARYANN HARTZELL, DPM
JEFFREY D. LEHRMAN, DPM
NICHOLAS LEON, PharmD, BCPS, BCACP
JAMES B. MCGUIRE, DPM
JOLENE MOYER, DPM, FACFAS
JENNIFER MULHERN, DPM, FACFAS
NICHOLAS PAGANO, DPM
LAURA SANSOSTI, DPM
KEITH TYSON, DPM, FACFAS
JENNIFER VAN, DPM
TRACEY VLAHOVIC, DPM
DAVID A. WALD, DO
KENDRICK WHITNEY, DPM

Lecture Topics

- Anatomy of a Question
- Bone Healing
- Bone Tumors
- Charcot Foot
- Computer-Based Patient Simulation Experience (CBPS)
- Dermatology
- Digital Surgery
- Emergency Medicine
- Equinus
- First Ray Deformities
- Foot Types
- Gait/Compensatory Reaction
- General Medicine
- Infectious Disease
- Lesser Metatarsal Surgery
- Limb Length Discrepancy/Orthotics/
  Prosthetics/Bracing
- Malignant vs. Benign Neoplasms
- Medical Imaging
- Neurology
- Osteomyelitis
- Pediatrics
- Perioperative Management
- Pharmacology
- Plastic Surgery Techniques (Flaps/Flatfoot and Cavus Foot)
- PVD
- Rearfoot and Ankle Surgery
- Rheumatology
- Soft-Tissue Masses
- Tendons/Tendon Transfers
- Torsional/Rotational Deformity Ankle,
  STJ/MTJ Relative to Surgical Intervention
- Traumatology
- Ulcer Management and Wound Healing
Classroom Review

Meeting Information

The Classroom Version is ideal for those participants who need the CBPS Experience and learn best in a physical classroom setting.

The Classroom Version of the 2021 Board Review Course will occur at the Marriott Hotel, Philadelphia Airport. The hotel is directly attached to the airport (code: PHL) via skywalk so no ground transportation is necessary.

The course offers up to 28 CE Contact Hours.

Included Meals & Breaks

Continental Breakfast: Wednesday–Saturday
Lunch and an Afternoon Break: Wednesday–Friday
Note that dinner each evening is on your own.

Marriott Reservation Info

Marriott Philadelphia Airport
One Arrivals Road
Philadelphia, PA 19153

Room Block held until January 5, 2021*

CALL 1-800-682-4087 for reservations or visit www.goldfarbfoundation.org to make your reservations online. Reference the Goldfarb Foundation to get the group rate of $163 (+tax/night). Parking is $24/night.

*After the cutoff date or when the room block is met, whichever comes first, reservations will be accepted upon availability at prevailing hotel rates.

Online Review

Registrants for the online version will log onto a website operated by our partner company, Digital Samba, and view a screen that shows the lecturer, their PowerPoint presentation, and have the ability to ask questions, all LIVE and in-real-time.

Online CE Contact Hours

It is the attendee’s responsibility to know his or her state’s CE requirements in regards to accepting CE credits earned online in real-time. It is recommended that those interested in taking the online version consult their state’s licensing board for specific regulations about accepted real-time, online course CE Contact Hours. The Foundation is not responsible (nor required to know each state’s standards) for attendees who take the course online, and risk having their credits denied, without first contacting their state for approval requirements.

Attendance Verification

Attendance for online participants will follow the same schedule as the Classroom Version. The software that the Foundation uses for the online course will take attendance via a polling widget; this information is used to determine your CE Contact Hours. Attendance verification can also occur randomly throughout the meeting via roll-call to ensure participation.

Review Technical Requirements Before Registering

1) Registrations must be received by JANUARY 3, 2021.
2) High Speed Internet connection is a requirement; you MUST be able to connect your computer directly to the router—no exceptions allowed.
3) Dial-up, WiFi, or satellite Internet prohibited.
4) If you have a WiFi Internet connection, you must be hard-wired to the modem for maximum event quality. If you choose not to be hard-wired to your modem and use a WiFi connection, Digital Samba will not troubleshoot any problems you encounter during the meeting.
5) The Internet connection must be through a PC or MAC, no Tablets.
6) Working sound/audio on the computer.
7) A working knowledge of the Internet and computers—how to click on links, download items, reboot your computer, adjust your computer’s connections, and settings—is necessary.
8) Approximately one month prior to the meeting, online course registrants will receive details on how to test Internet connection and verify ability to properly participate in the online version. Those testing dates/times are tentatively scheduled for Wednesday, January 6, at 7:00 p.m., Eastern, and Thursday, January 7, at 10:00 p.m., Eastern.
Registrants for the online course should plan to be available for one of those two sessions; more details will be included in your confirmation e-mail and in event communications.
9) Any questions regarding your computer or your Internet capabilities to participate in the online program, please contact David Segal directly at Digital Samba, 717-577-4727.
All Registrations for This Meeting Must Be Done Through the Foundation’s Website.

Forms of payment accepted: VISA, MASTERCARD, AMERICAN EXPRESS, and DISCOVER.

**Review Fees**

**CLASsROOM IN PHILADELPHIA**

<table>
<thead>
<tr>
<th>Registration Level/Registration Date</th>
<th>December 16 and before</th>
<th>December 17–January 14*</th>
</tr>
</thead>
<tbody>
<tr>
<td>APMA Member</td>
<td>$1,299</td>
<td>$1,374</td>
</tr>
<tr>
<td>Non-APMA Member</td>
<td>$1,499</td>
<td>$1,574</td>
</tr>
<tr>
<td>Resident</td>
<td>$899</td>
<td>$899</td>
</tr>
</tbody>
</table>

*The last day to register for the classroom course is January 14, 2021. Registrations for the classroom course, including on-site, will not be accepted after this date.

**ONLINE IN REAL-TIME**

<table>
<thead>
<tr>
<th>Registration Level/Registration Date</th>
<th>December 16 and before</th>
<th>December 17 – January 3**</th>
</tr>
</thead>
<tbody>
<tr>
<td>APMA Member</td>
<td>$1,324</td>
<td>$1,399</td>
</tr>
<tr>
<td>Non-APMA Member</td>
<td>$1,524</td>
<td>$1,599</td>
</tr>
<tr>
<td>Resident</td>
<td>$974</td>
<td>$974</td>
</tr>
</tbody>
</table>

**The last day to register for the online course is January 3, 2021. Registrations for the online course will not be accepted after this date.


$360 (includes $10 S&H) for those NOT participating in the Board Review Course. Visit www.goldfarbfoundation.org to order.

**Confirmation E-mails**

Confirmation E-mails will be sent to ALL ATTENDEES. If you do not receive a confirmation e-mail within two weeks of registering, call the Goldfarb Foundation to verify registration was received.

**Cancellations & Refund Policies**

Due to the digital nature of many aspects of the Board Review Course, the Goldfarb Foundation is unable to allow ANY cancellations or refunds for this meeting. If you register and are unable to attend the meeting for any reason, we are unable to refund your registration fee. If you find a replacement to attend the meeting in your place, they will not be issued additional copies of Boards by the Numbers, Board-Master software, or the 13th Edition Study Guide, and the original registrant will be the person who receives access to the raw videos of the lectures after the conclusion of the conference.

PLEASE NOTE: The Goldfarb Foundation is unable to assume risk or responsibility for the exhibitors’ and/or registrants’ time or expenses should an act of God, government action, aviation disruption, disaster, weather, or other force beyond the control of the Goldfarb Foundation make it inadvisable or impossible to conduct this event. The registrant may wish to consider purchasing personal travel insurance to insure his/her expenses. Registrants affected by the cancellation may be given the opportunity to switch to another version of this meeting, if available, at no additional cost to the attendee. Travel and any other attendee-incurred expenses related to the cancellation will not be reimbursed by the Foundation.
2020 PA-PPAC Contributions

You could be the winner for 2020!!! With each $100 contribution, your name will be entered to win a $500 Gift Card at the end of this year.

BERKS
Berks PPMA Div. $1,000
Kevin Naugle $200

BUCKS/MONTGOMERY
Bucks/Mont PPMA Div. $2,000
Jeffrey Miller $250
Rick Simon $100

CENTRAL
Central PPMA Div. $150
Gerald Gronborg $75

DELTA

ERIE/N. WESTERN
Lackawanna PPMA Div. $250
Laura Virtue $135

LAKE

LACKAWANNA

LEHIGH VALLEY

LUZERNE/N. CENTRAL
Christine Nolan $101
William Schlorff $112

PHILADELPHIA
Philadelphia PPMA Div. $1,000
Tracey Vlahovic $98

SOUTH CENTRAL
Thomas Ortenzio $44
S. Central PPMA Div. $1,000

WESTERN
Howard Diamond $50
Western PPMA Div. $500

TOTAL: $7,091.88

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 2020 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  Anita A.C. Onufer $300
Paul R. Barton $200  John Orlando $100
David Bartos $100  Thomas J. Ortenzio $150
Berks PPMA Div. $1,000  Mark E. Pinker $300
Bucks/Mont PPMA Div. $1,000  Jane Pontious $100
Nicole A. Chwastiak $200  Mark J. Ray $50
Terry H. Clarke $500  Gary A. Raymond $500
Paul D. Cryan $150  Richard Rettig $150
John P. Dahdah $200  I.E. Schifalacqua $150
Kirk Davis $500  Timothy J. Scott $100
Michael Davis $401  Rick Simon $200
David A. Edmonds $40  South Central PPMA Div. $1,000
David J. Flannery $150  Stephen Soondar $100
Raymond A. Fritz $150  Michelle Sparks $500
Gerald E. Gronborg $350  Richard G. Stuempfe $150
Arthur E. Helfand $150  Brain Szabo $100
Lawrence Kassan $175  Christina Teimouri $100
Melissa K. Knox $25  William M. Urbas $300
Lackawanna PPMA Div. $250  David Warner $50
Lehigh PPMA Div. $1,250  Robert B. Weber $150
Richard L. Lizerbram $100  Western PPMA Div. $500
Paul G. Lorincy $600  Todd Zeno $300
James B. McGuire $150
Stephen J. Mills $200
Sabrina Minhas $300
Thomas Morris $150
Kevin T. Naugle $150
Daniel J. Olson $50

TOTAL: $14,041.00

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 APMAPAC - 2020

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: □□□□ □□□□ □□□□ □□□□
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: APMAPAC, 9312 Old Georgetown Road, Bethesda, MD, 20814
NEW! 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.

NEW! 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: drkmol2@gmail.com.

NEW! FULL-TIME PODIATRIST WANTED: Seeking a Full-Time Podiatrist for an established and rapidly growing practice with 4 office locations within a tri-county area in South Central PA. The candidate must be personable, self-motivated, dedicated, and board qualified or certified. Salary, malpractice, PTO, CME allowance, and 401(k) available. Please provide CV to Denise.Baranik@gmail.com at Central PA Physicians Group.

PRACTICES FOR SALE
SMALL PODIATRY PRACTICE FOR SALE IN SUNBURY PA: If interested, FAX to 570-286-8125.

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

PRACTICE FOR SALE PHILADELPHIA: Podiatry practice for sale, 7-figure gross revenue; multiple locations; very strong PCP referrals. Mainly conservative practice, but great potential with surgeries. Inquiries ONLY: 267-970-7647.

PRACTICE FOR SALE 20 MILES SOUTH OF PITTSBURGH: Successful, well-known, turn-key Podiatric Practice, operating 35+ years. Large, established patient volume. Multiple hospitals, surgery center, and wound care center nearby, providing great opportunity for surgically trained Podiatrist. Facility can support multiple doctors. Four well-equipped treatment rooms. HIPAA compliant billing/software with five stations. Very reasonable monthly rent with opportunity to purchase real estate. Email: happyfeet600@hotmail.com or call 724-483-5538.

FULL-TIME/PART-TIME PODIATRIST WANTED: Successful, well-known, turn-key Podiatric Practice, operating 35+ years. Large, established patient volume. Multiple hospitals, surgery center, and wound care center nearby, providing great opportunity for surgically trained Podiatrist. Facility can support multiple doctors. Four well-equipped treatment rooms. HIPAA compliant billing/software with five stations. Very reasonable monthly rent with opportunity to purchase real estate. Email: happyfeet600@hotmail.com or call 724-483-5538.

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

PODIATRISTS WANTED
FULL-TIME PODIATRIST NEEDED SOUTH CENTRAL AREA: Seeking a Full-time Podiatrist for an established and rapidly growing practice with 4 office locations within a Tri-county area in South Central PA. The candidate must be personable, self-motivated, dedicated, and board qualified or certified. Salary, malpractice, PTO, CME allowance, and 401(k) available. Please e-mail a CV to Denise.Baranik@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.

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Director of Membership Services (ext. 213)
Leisa R. Rupp
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Susan R. Kramer
Newsletter Editor (ext. 218)
Judy Aumiller
Administrative Assistant (ext. 211)
Barb Pollihan
Education Admin Assistant (ext. 210)
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.

PODIATRY INSTRUMENTS/EQUIPMENT
PODIATRY INSTRUMENTS AND DISPENSING ITEMS FOR SALE: Miltex instruments in untransformed condition at 50% or less of new cost. Assortment of gel tubes, caps, gel straps, and leather toe crests. E-mail yeager2@ptd.net for list and prices of instruments and dispensing items. Will consider offer for lot of dispensing items.

CONTINUOUS
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.

FEATURED
FOR SALE—QUALITY NEW & USED PODIATRY EQUIPMENT & NEW INSTRUMENTS: Most of our equipment is refurbished and comes with a one-year, 100% parts and labor or replacement warranty. Our instruments come with a life-time warranty so long as they are used for their intended purpose. Our chairs are almost all reupholstered in a choice of color; we have been told that it is as good as or better than the best new upholstery currently being sold by the leading chair manufacturers in the field in terms of fabric and workmanship. We also carry Mini C-Arms with Windows 7 computers that enable you to download images into your patient software. Let us equip your office for a fraction of the cost of new equipment. Phone: (440) 333-0007; Fax (440) 333-4902; parkhaven@hotmail.com; www.globalintermed.com. We also purchase name brand used equipment that is in good condition. (2021)

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

Calendar of Events

www.goldfarbfoundation.org

2020

SEPTEMBER 2020
ONLINE COURSE
Online Recert Prep Course
SEPTEMBER 1, 2020
For those Recertifying with ABFAS, ABPM, OR ABMSP in 2021.
Includes Online Lectures, Study Guide, and Boards by the Numbers.

DECEMBER 2020
VIRTUAL
Virtual Annapolis Meeting
DECEMBER 4-6, 2020
12 CE Contact Hours

2021

MAY 2021
ATLANTIC CITY
72nd Annual Region Three Meeting
MAY 5-8, 2021
Harrah’s Resort Atlantic City, NJ
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
CE Contact Hours TBA

Proud Metallic Sponsors
of the Goldfarb Foundation
1. What in your opinion helped you make the decision to become a podiatrist?
After researching medical professions, I found the scope of practice and variety of patient population the driving force in deciding to become a podiatrist.

2. What are the most important aspects that podiatry has brought into your life?
Podiatry has brought a true variety to my life. Not everything is a bunion or ingrown toenail; it ranges from vascular to dermatology to orthopedic surgery and other conditions.

Although our scope of practice is the foot and ankle, our scope is much more. It really is an inclusion of the patient’s social and mental health as well. Recently I had a patient who has cognitively declined with dementia, however it did not appear her PCP or her family had seen this change. She had not followed up with her PCP for several months due to COVID. When I called her PCP, we were able to formulate a plan with family and home-nursing to get the care the patient needed. I could have just gone about my day after that office visit, but it was gratifying being able to help make a change in a patient’s life who definitely needed it.

3. How do you propose to ignite the idea of a podiatric career to students?
At this time, having virtual educational sessions with high school and college students, at job fairs, with live questions and answer sessions would be an excellent way in igniting the idea of podiatry to students.

4. What has PPMA done for you lately?
PPMA has kept me abreast of all the office, billing, and COVID concerns I have had.

5. How have you been handling working during this pandemic?
Work has begun to pick back up, however not to 100 percent pre-COVID. Temperature monitoring and vigilant mask-wearing of both staff and patients has been crucial at this time. I have been wearing my mask and encouraging others to do so, trying to be a leading example for my patients.

I would like to pass along a positive outlook on the pandemic. We have been able to better control the amount of ICU admissions, have potentially a vaccine on the horizon, and have enabled patients to feel safe and comfortable in the office and in the operating room. Looking forward to the winter, we will continue seeing patients and allowing them to get back to some normalcy, however will continue with our cleaning and safety protocols.

UPDATE

“Not everything is a bunion or ingrown toenail; it ranges from vascular to dermatology to orthopedic surgery and other conditions.”

---

Dr. Casey is an Associate Podiatrist with Berkshire Podiatry Center, Wyomissing, PA. She completed a three-year residency at Reading Hospital earlier this year and earned her DPM degree from TUSPM in 2017. She enjoys baking, traveling, and volunteering for Reading Hospital sports.
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.

- Get Group discounted benefits paid through payroll deduction
- Ensure financial protection
- 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

The Yurconic Agency
5910 Hamilton Blvd. Allentown, PA 18106 • yurconic.com

We also provide health insurance to qualified members of PPMA
CALL FOR A FREE QUOTE ON:
Fully insured plans • PPO plans • Qualified HSAs • Electronic enrollment & billing

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

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

PPMA Board Member Alicia Canzanese, DPM, owns her own practice, Gordon Podiatry, LLC, in Glenside, PA, located just outside of Philadelphia, and she sees patients with all general podiatry conditions. However, she does like to emphasize and focus on sports medicine, recently becoming a Fellow of the American Academy of Podiatric Sports Medicine (so we congratulate her on that!)

In addition to her clinical work, Dr. Canzanese works with the Chestnut Hill Residency program and hopes to start performing research studies alongside residents in the near future. Her favorite part about being a DPM is helping people and having the opportunity to interact with individuals from so many different backgrounds.

She thinks the best way to recruit students is having doctors go to high schools, colleges, and universities to give presentations about the profession. Many of those students have no idea what podiatry is and may not pursue it simply because they didn’t know it was an option! Dr. Canzanese actually gave a lecture to pre-med students at her alma mater last year, and the overwhelming response from them was, “WOW, I didn’t know this was even an option!”

During this time of COVID-19, Dr. Canzanese has been following CDC guidelines and wearing a mask (see the image on left). She is also trying to support local mom-and-pop type restaurants by ordering curbside takeout!

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 will be due for renewing members

March 1, 2021: Third payment will be due for renewing members

*The Board has waived the first quarter of dues for the 2020/2021 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.

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 will be due for new/reinstating members

March 1, 2021: Third payment will be due for new/reinstating members

FOLLOW US ON SOCIAL MEDIA: