FEATURED ARTICLE

Getting Back to Basics for Your Feet

By: Edward Douglas Hutson, Jr., DPM

The human foot is a complex biological machine. The foot contains 26 bones, 33 joints, and more than 100 ligaments, tendons and muscles. All of these components work together to help our feet carry us through the daily activities of our life. If cared for properly it will carry us for a lifetime. The goal of this article will be to provide some general foot health information and discuss some common foot ailments.

CONTINUED ON PAGE 5
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CELEBRATING 50 YEARS
President's Message

Last week, I was pleased to lead the Pennsylvania Delegation to the American Podiatric Medical Association (APMA) House of Delegates (HOD).

The HOD has adopted a new direction to obtain parity between our profession and our allopathic peers, practicing within our scope. Proposition 2-22 is entitled “Recognition of Physician Parity.” The Proposition, composed by the APMA Board, Pennsylvania, New York, Virginia, and Delaware, was proposed, and passed to make a clear and definitive statement relating to our profession and its position within the medical community.

As you may recall, over the summer, a series of actions taken by the APMA Board allowed confusing and misleading information concerning the profession of podiatric medicine to become public. Proposition 2-22 clears up those that confusion. Clearly, it states that it is the position of the American Podiatric Medical Association that:

- Doctors of podiatric medicine (DPMs) have achieved parity with allopathic and osteopathic physicians.
- Doctors of podiatric medicine (DPMs) are physicians and surgeons as demonstrated by their education and training in a model comparable to allopathic and osteopathic physicians, i.e., four years of undergraduate education, four years of podiatric medical school, and three years of a hospital-based residency training (4-4-3 model)
- The recognized licensing exam for podiatric physicians and surgeons, developed and administered by the National Board of Podiatric Medical Examiners (NBPMEx), is comparable to exams administered by NBME and NBOME, and thus ensures that podiatric licensees have obtained such a level of expertise as to assure the public and other health care professionals of their proficient competency to practice podiatric medicine. Therefore, passage of the United States Medical Licensing Exam (USMLE) is not necessary as a criterion for recognition of podiatrists as physicians.
- CPME-approved podiatric residency programs meet standards that are comparable to those of the Accreditation Council for Graduate Medical Education (ACGME) residency programs.
- Certifying boards recognized by CPME through its Specialty Board Recognition Committee (SBRC) meet standards that are comparable to those of the American Board of Medical Specialties (ABMS).

The above standards for DPM are commensurate with requirements for allopathic or osteopathic physicians. Patients and referring health care professionals can feel confident that licensed Doctors of Podiatric Medicine (DPMs) have met the required standards particular to their respective profession as they provide medical and surgical care to patients within their scope of practice.

Because of this importance, the APMA will work to ensure:

- DPMs should be authorized by federal and state governments, hospitals, private and public health systems, and third-party payors to practice to their whole level of education and training, including being in the Social Security Act § 1861(r)(1) category in Medicare and recognized as physicians in Medicaid.
- Recognition of parity is a collaborative effort with a broad spectrum of stakeholders but recognition should, at a minimum, include:
  - equal pay for equal services,
  - the acknowledgment of the equivalency of education and training among the allopathic, osteopathic, and podiatric professions, and
  - the public recognition of podiatric medicine and surgery as a specialty within Medicine.

CONTINUED ON PAGE 4
The Goldfarb Foundation
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PRESIDENT'S MESSAGE
CONTINUED FROM PAGE 3

Much of this may appear apparent to most of us. It became a pathway to parity this past weekend.

However, that is not the most crucial issue that we faced. PPMA lead the student recruitment segment of the Town Hall Meeting per the request of the HOD.

PPMA presented the student recruitment project. A motion was made “…that the American Podiatric Medical Association board endorse this Recruitment Program, publicize the program, and, finally, encourage each component state association to commit to implementing the Student Recruitment Program in their respective states.” This motion passed unanimously.

The Student Recruitment Project commits our state Board members to make three college visits during the next 90 days. These visits will connect our practicing podiatric physicians with college students interested in science. The purpose is to introduce the profession to interested students and explain the work to science advisors. This recruitment strategy is a national effort to boost the podiatric medical student applicant pool and is being administered by the AACPM. As the year goes along, I will bring you more news of our Board and its efforts to protect and grow our profession. PPMA will continue to keep members updated with the progress of our efforts.

I cannot thank you enough for the honor of allowing me to lead this group of dedicated peers. •

Do you have something newsworthy to share with us?
Contact us at 717-919-2857
Getting Back to Basics for Your Feet

CONTINUED

Shoes should be considered the most important part of our wardrobe. Our entire body is supported by our feet and this is influenced by the shoes we place on them. This makes shoe selection and size an important consideration. A shoe with a wider and lower heel will provide more support and less chance of injury. The heel should be made with a shock absorbing material. The part of the shoe above the heel that grasps the heel of the foot is called the counter. It is important that your shoe has a firm heel counter that is reinforced with plastic. This is important as the heel counter helps to stabilize the position of the heel upon contact with the ground. It also helps prevent the foot from sliding up and down in the shoe when walking. The inside of the shoe should be smooth and free of heavy seams which could cause irritation. Shoe length should be one thumbs width from the tip of the longest toe to the tip of the shoe. Width of the shoe should match your foot width at the widest part of your forefoot while standing. Make sure to try on both shoes when buying new shoes. Buy shoes in the later afternoon. This is especially important in people with feet that swell. If you wear inserts or orthotics bring them with you. Wear the type of socks you anticipate wearing with the shoes when trying them on. Your shoes should feel comfortable when you try them on. Don’t count on them stretching to fit with time.

For daily foot care bathe your feet in lukewarm water with a mild soap. After bathing dry your feet including the space between your toes. If you have dry skin now is the time to moisturize your feet with a good quality over the counter moisturizer or one supplied by your Podiatrist. Never moisturize between your toes. Your feet provide enough moisture there and over moisturizing can cause the skin to be over moisturized leading to raw or irritated skin. Your nails should be trimmed regularly. Trim your nails straight across, slightly longer than the end of the toe. Keep your feet warm in cool weather.

COMMON FOOT AILMENTS

Athlete's Foot

This is a skin disease caused by a fungus. The problem usually starts between the toes but can involve the entire foot. Fungus likes a dark, damp and warm environment which your shoe provides. Signs of athlete's foot include one or more of the following: Itching, dry skin, inflammation, scaling, and blisters. Mild cases of athlete's foot can be treated with a combination of over the counter anti fungal medication, keeping the feet dry by dusting foot powder in shoes, and frequently bathing the feet then thoroughly drying all areas around the toes. If the problem does not resolve after a 2 weeks of treatment contact your podiatrist for an accurate diagnosis and treatment plan.

Blisters

Blisters are caused by friction especially in the presence of moisture. Blisters are sterile underneath so do not pop them. Allow it to naturally resolve and keep it covered with a band aid or moleskin. If the blister does break, wash the area with soap and water apply antiseptic like Neosporin and a band aid.

Bunions

This is a condition which results from misalignment of the joint connecting the big toe to the foot. It is mostly an inherited condition but can be effected by outside factors also. Initial treatment for this condition would be wider shoes, padding.

CONTINUED ON PAGE 6
**Featured Article**

**Calluses and Corns**

These are caused by pressure and friction on the skin against boney areas or irregularities in shoes. Moleskin applied over these areas may provide some relief from the pain or burning that may accompany these lesions. Do not attempt to cut corns or calluses. Consult your podiatrist for treatment options.

**Foot Odor**

This is the result of hyperhidrosis (excessive foot perspiration). Vinegar and water soaks, antiperspirants, and foot powders may provide relief of odor. Also allow shoes to dry thoroughly between use. Moisture wicking socks are also available to pull the moisture away from the skin. You may also need to change your socks more than once a day.

**Heel Pain**

Heel pain is a very common problem that may have many causes. Poor shoes, poor foot biomechanics resulting in plantar fasciitis, bruising, arthritis, gout or other systemic conditions. If icing, stretching and a good quality pair of jogging shoe do not provide relief consult your podiatrist.

**Onychomycosis (Fungal Nails)**

Onychomycosis Causes thickening and discoloration of the nails. It can make the nails very difficult to trim as in the case above. There are three main categories of treatments for this condition: Topical medication, oral medication and Laser treatment. To date Oral medication in my experience seems to provide the best long term results. Again contact your podiatrist to discuss a treatment option that would be best for you.

**Warts**

Warts are caused by the human papilloma virus. They are contagious and like wet environments such as pools and showers. A good pair of flip flops or water shoes at public pools and showers can aid in prevention. Warts can often be identified by the small black dots within the lesion as seen in the picture. These black dots are the blood supply to the wart. There will also be an absence of skin lines over the wart. As they get larger they can become more painful. If you suspect that you have warts consult your podiatrist.

These are just a few of the conditions that we as podiatrist see and treat on a regular basis. Patients that have poor circulation or diabetes should see a podiatrist at least once a year for an exam of their foot health. Remember, foot hygiene and a quality pair of shoes are time and money well spent. Foot pain is never normal. If your aches or pains do not resolve within a week or two go seek the help of a foot and ankle specialist, your Podiatrist.

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**COVID-19 Has Even Ruined Our Feet**

By Sarah Gentz

Stuck at home and out of work because of the pandemic, Timothy Hudson decided to tackle a new project: lose weight and get in shape.

Between September 2020 and May 2021, the 32-year-old dropped 100 pounds by changing his eating habits, working out more, playing basketball with friends, and running up to five miles a day.

Hudson, who lives in Chester, said he’d never felt better — except for his feet.

“It was like a burning, pulling feeling,” Hudson said. “Any type of strenuous activity, I’d be out for at least three days.”

Foot pain has been on the rise during the pandemic, as people working from home kicked off their supportive shoes in favor of flimsy slippers and flip-flops, while others, including Hudson, used the time to become more active, which put new strain on their feet.

“In March 2020 I said … ‘Oh, my goodness, everyone is going to have plantar fasciitis and Achilles tendinitis,’” recalled Laura Virtue-Delayo, the president of the Pennsylvania Podiatric Medical Association.

READ FULL ARTICLE HERE.
Meet Dr. Sindhu Srinivas

Learning late about the field of podiatry, Srinivas rises to the top, putting one foot in front of the other!

Dr. Srinivas has a fascinating story that is not the traditional path to becoming a podiatrist.

Sindhu Srinivas worked for a few years before attending podiatry school at 26 and discovered podiatry while working as a healthcare consultant. Srinivas chose this profession because of the range of podiatry career options that include private practices, group practices, and multiple sub-specialties. She found podiatry to be unique in comparison to other fields since the field allows podiatrists to focus on areas of interest at various stages.

She attended podiatry school at Barry University and has since been appointed a leadership role at Geisinger Podiatry as Co-Chief in the residency program for 2022-2023. Stating, “It has been one of my largest accomplishments because many of our attendings participate in the selection and their recognition of the quality of my work is an honor.” Residency is an enriching and challenging time. When compounded with a surgical residency, during a pandemic, it is a whirlwind,” says Srinivas.

She has learned that it is essential to adapt but continue to put one’s best foot forward.

Srinivas believes recruitment of podiatrists in PA must begin at engagement with resident physicians and students at an early stage.

She goes on to state, “We need to focus on utilizing social media platforms and other non-traditional mediums in highlighting and creating young member seminars, local conferences, and membership benefits. We should try to advocate for students to explore and shadow different varieties of podiatry within our state at the early onset of their medical journey. I also feel like we have a unique opportunity to have a medical school within our state. I think by highlighting the growth and potential for our profession in PA at an early juncture, this will prompt students and residents to look into practicing here in the long term.”

Srinivas appreciates the membership benefits PPMA provides, regularly accesses PPMA’s website (www.ppma.org) to learn more about growing in the podiatric profession, including reading PPMA newsletters to see what other members are discussing.

She also accesses The Goldfarb Foundation (www.goldfarbfoundation.org) website to access online lectures.

Dr. Sindhu Srinivas thinks that one of the things that podiatrists can do for the greater good of the profession is open practices to allow individuals ranging in age from elementary students to other physicians the opportunity to learn more about the profession.

She goes on to explain that many individuals do not know about podiatry or discover it quite late, just as she had. Having access to good mentorship can be difficult. She thinks that greater advocacy for our profession, beginning in local high schools to colleges and onwards, will highlight our profession.

She is active on social media, initially starting a page to educate pre-meds and now utilizing it as almost a residency diary. As Srinivas’s social media presence has grown, she utilizes the page to provide mentorship and showcase work-home life balance.

PPMA members can look Dr. Sindhu Srinivas up on Instagram at @drskinandbones
CHALLENGES WITH CPT® CODES 11720 AND 11721

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

We received a nice thank-you note from a member who had some challenges with CPT® codes 11720 and 11721. Their office is now able to obtain appropriate financial reimbursement without frustration.

We want to share what we were able to pass on to our members thanks to the guidance of Jeffrey D. Lehrman, DPM, Certified Professional Coder, and Certified Professional Medical Auditor.

For Medicare Part B beneficiaries in Pennsylvania, Novitas has two different policies that govern covered foot care (below). These are separate policies with no overlap between the two.

Each time a patient is seen for covered foot care, it is essential to determine and document which policy the patient is covered under without confounding the two.

The two policies are:


The Routine Foot Care policy generally covers patients who have both:
1. One of the qualifying systemic diagnoses in the policy AND
2. Class findings

This policy makes no mention of onychomycosis or pain, or limited ambulation.

The Debridement of Mycotic Nails policy covers patients who have both:
1. Onychomycosis AND
2. One of three secondary diagnoses listed in the policy

This policy makes no mention of a systemic diagnosis or class findings.

Coming Soon!
Member Questions LIVE!

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Expressing Gratitude - A Step in the Right Direction

Whatever happened to gratitude in our world?

Sadly, our country has always known inequality; but it's become worse, and as a nation, we are more divided than ever.

Have we forgotten, amid our differences, how to be kind, civil, or tolerant of each other?

Has it come to the point that we don't even want to share the planet with someone who doesn't share our views? Is "thankful" something we only feel obligated to think about once a year in November? Does everything we do have to end up with the finger gesture from the car or a scornful comment to someone without a face-covering during a crisis? What is it that stokes the mean spirit in us, to the point in which destroying the lives of fellow citizens by any means possible has become just another day?

Someone, quick! Please get me a pair of much-needed rose-colored glasses to see the good in people again.

I know it's there! It may be that I am too much an optimist, but I think we need a boost in compassion and a little more understanding; show a little more gratitude towards each other.

I've been feeling this way for a while. It became clear to me the other day as I sat in the reception area of my doctor's office, awaiting my appointment.

I happened to overhear a patient expressing her gratitude to my doctor as she left the office. She pointed out how appreciative she was of the care she received that day.

My eavesdropping on their conversation was unavoidable as this very vocal patient was within earshot of where I was seated. Her comments were flattering and mainly focused on her experience with the medical assistant. "Karen was so great," she said. "She took excellent care of me, made sure I was comfortable, and kept poking her head in the room while I waited to let me know how much longer you would be and to make sure I was comfortable. You might not realize it, but little things like that make a

CONTINUED ON PAGE 10
I always love hearing some good employee feedback.

The doctor’s response, however, was not what I expected. Nor was it, in my opinion, professional. A simple acknowledgment was all this patient looking for. Instead, what she (and everyone else in the reception room) heard was, “Well, I don’t have to thank my staff for being nice to my patients. That’s their job. That’s what they get paid for. If they weren’t (nice), however, they would surely hear about it from me!”

As a patient, witnessing this unfortunate scenario allowed me my interpretation. He would undoubtedly point out to his staff all unsatisfactory conduct and silently ignore their generally excellent behavior. Are these qualities of a successful practice?

My viewpoint might be better explained by sharing Sam’s story.

Sam was a little league baseball coach. From the dugout, he heard one of his players complain to another. “Coach only sees what he wants to...he only sees the times I miss the ball!” The coach turned to his player and assured him that coaches do see everything! “Then why, Coach, do I only hear it when I do something bad or outstanding. What about all the stuff I regularly contribute that helped make ours a winning team? Don’t you ever notice the little thing we do? Don’t they matter too?”

The coach still argued that he saw everything but shamefully admitted that the “expected” things are sometimes just taken for granted. He thanked the young player for bringing this to his attention. He needed to hear it. From that point on, he vowed to be more aware and recognize his players, even at the “un” expected times.

Similarly, the patient I described made a point of sharing her experience, and it was something the doctor needed to hear.

It is not uncommon for doctors to be unaware of daily activities while busy treating patients.

After all, they can’t be everywhere all the time.

However, as managing physicians, they need to be aware of staff responsibilities; the inadequate, the exceptional, and everything in between. Where to start?

For one, it would be helpful if doctors did self-awareness checks and occasionally noticed what may appear routine activity, yet vital to the efficiency of the practice.

When they do, let staff know that these everyday tasks are appreciated. Show well-deserved gratitude to the staff. Not only because “it’s their job,” but because it will lead to repeat behavior, higher morale, job satisfaction, and if that wasn’t enough...greater productivity.

Two, start a new habit of beginning or ending staff meetings by saying nice things.

It helps by balancing gripes or complaints that may arise in our practices with positivity every day. Managers can go around the room and suggest each employee verbalize some gratuitous words of encouragement about a co-worker, their manager, or doctor, even a brief uplifting patient story.

Go for the smile!

Receiving compliments at the beginning of a meeting can help break the ice and encourage participation, leading to new, more constructive ideas.

If you choose to do so at the end of the meeting, everyone leaves on a high note, feeling a positive boost.

And three, it would help to make gratitude a routine occurrence.

You will see a change in staff attitudes simply by saying thank you. Not just a contrite, “let's get this out of the way, thanks,” but a sincere “thank you” for a specific act of service.

Employees can tell the difference between a nondescript pat on the back vs. a true expression of gratitude.

Expressing gratitude is something you can do every day. Do it three times every day. It doesn’t cost a thing!

Indeed, an ambitious doctor who can express gratitude to staff is purposeful.

Employees are not exempt from this exercise. Gratitude works both ways. Put your heads together and start the ball rolling by making simple changes to create a more gratitude-contributing climate.

Your internal efforts may not change the way people treat each other outside of the practice, but if we all aim a little higher, we just might set a great example.

That would indeed be a step in the right direction! •
2022 Scholarship Application and Eligibility Information

The Pennsylvania Podiatric Medical Association (PPMA) and the Podiatric Medical Assurance of Pennsylvania (PMAP) program have teamed up to offer a scholarship opportunity to its members and policyholders. Children of PPMA members in good standing that maintain current liability insurance through PMAP are invited to apply!

The scholarship shall be used to offset costs incurred to attend an accredited 4-year college, an accredited two-year college, or an accredited trade school.

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 to apply.
5) Applicant must submit a short 300-500 word essay explaining why he or she has selected the major and indicate his or her professional aspirations.
6) Must submit an application online (HERE) by its deadline of May 31st, 2022
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We also participate in a legal services program, term-life insurance plan, health needs service, loan program and union family savers program. We continue to investigate other benefits we might offer in the future.

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Darco provides foot and ankle products to various markets, including podiatrists. This includes post operative shoes, walking boots, products designed to help patients suffering from plantar fasciitis, wound care offloading products, and ankle bracing products.

Darco headquarters are here in Huntington, WV.

Darco’s products provide a healing platform for patients as they adjust from the acute phase to rehab, and finally back to their normal footwear.

**FOUNDER STORY**

The provider has been serving the podiatric community since 1985! Darco was founded by a podiatrist by the name of Darrel Darby, DPM. Dr. Darby was a graduate of the Ohio School of Podiatric Medicine. He was president of APMA in 1976.

Dr. Darby created the first modern day post op shoe after seeing many patients being given various kinds of shoes to use when recovering from surgery or foot trauma. He listened to patients’ complaints about being uncomfortable. Like many small business owners, he started the company out of his home garage.

Darco’s first run of the shoe was successful. His efforts eventually led to Darco becoming the largest manufacturer and distributor of foot and ankle products in the world!

Dr. Darby’s solutions have a reputation for innovation and high quality. This has led the company to expansions that include an international presence. International locations include Suffolk, UK, Raisting, Germany, Shang Hai, China, and Darwad, India.

**PHILANTHROPY**

Dr. Darby was a big advocate for podiatric education and as such, Darco has donated over $500,000 to the podiatry schools for scholarships!

**DOING BUSINESS DURING THE PANDEMIC**

Podiatrists interested in learning more can contact us by phone or email. We often set up a Zoom session to help podiatrists learn about our products and answer any questions they may have. We also can provide product training for application and use of our products via Zoom.

All companies have been impacted by COVID-19. Representatives from Darco are not able to attend as many professional conferences. The in-person interactions with clinicians or our distributors have been replaced with virtual sessions held via conference calls or Zoom sessions.

The transportation issues experienced at many United States ports has delayed product shipments resulting in a lean inventory at times. The increased transportation and raw material costs have impacted our business resulting in us raising prices to keep up with the increased costs.

Darco accepts direct calls from patients regularly that need advice on what shoe to use for recovery or what size product to get. Most patients are not familiar with these types of products. The employees take pride in servicing the customers explaining the ins and outs so that the patient is satisfied.

**GOING THE EXTRA MILE**

There have been instances in which a patient may be facing a financial hardship and Darco has sent products at no charge just to do good and it has resulted in a positive experience for both the patient and the employee.

**SERVICING CUSTOMERS**

Darco does not sell direct to clinicians. Darco works with a well-established network of distributors who sell to clinicians and various health care facilities.
Answering a Call to Serve During the Pandemic

July 16th, 2020, is a day that changed my life forever.

I received a call that I had been accepted into Temple School of Podiatric Medicine's Class of 2024.

I applied during the COVID-19 pandemic from my childhood bedroom like several classmates. I knew this was where I needed to be! The healthcare workers making a difference at the frontlines during the pandemic had inspired me.

I had been accepted into the program without completing a bachelor's degree! An extraordinary accomplishment that was possible because I had completed every prerequisite necessary for admission.

At the time, I was finishing my second year at Clemson University pursuing a degree in Health Sciences.

Within two weeks of receiving the news that I was admitted into the program, I got rid of my college apartment lease, packed all my belongings, and moved a 12-hour drive away from the place I called home!

Although it was the most significant risk I had ever taken, it was a risk I was willing to take to fulfill my dream of becoming a podiatric physician.

The first semester was challenging for me. Not because of grades or struggles keeping up with a large volume of information, but the self-doubt I had in myself would sometimes consume me. These insecurities were the same ones that I had carried throughout my college experience. I remember I would always say to myself before every exam, “This is going to be what weeds me out,” no matter how confident I felt about the material. Being young in a professional school with so many intelligent and talented people was far more intimidating than I thought it would be.

But over time, I had overcome the uncertainties. I began to increase my willpower.

I would meet professors and accomplished podiatric physicians over Zoom meetings, and it would remind me that they were once in my shoes too. I thought, if they could do it, then so can I!

Podiatry school has reminded me that my success depended on my believing in myself.

Moving up “North” to Philadelphia was also a culture shock.

I was born and raised in South Carolina in Charleston's charming town. It was highly different from Philadelphia, a fast-paced city, and did not expect these formalities. There, saying “yes ma'am” or “yes sir” was
APMAPAC Contributions

The APMA Political Action Committee (APMAPAC) is a nonprofit, bipartisan fundraising committee through which member podiatrists and students support federal candidates who champion podiatric medicine's issues before the US Congress.

Lori Barnett $150  Elizabeth Oh $75
Nicole Chwastiak $100  Jane Pontious $100
John Dahdah $300  Thomas Rocchio $150
Raymond Fritz $100  John Salahub $100
Arthur Helfand $150  I. Schifalacqua $150
Lawrence Kassan $50  Timothy Scott $100
R. Martin $25  Julia Siegerman $100
Bindu Mathew $100  Rick Simon $100
James McGuire $50  John Snyder $150
Richard Meredick $150  Laura Virtue-Delayo $250
Alan Meshon $150  David Warner $150
Albert Nalli $150  Robert Weber $100

TOTAL: $3,000

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 - 2022

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
common courtesy and southern hospitality was a lifestyle. Also, trading in my 70-degree winters in South Carolina for 20-degree walks to class in Pennsylvania took getting used to, but luckily, I survived.

Living far from home taught me to live independently. TUSPM was one of the “closer” podiatry schools that I could apply to, and it was important to me to stay in the same time zone as my family.

I had lived with other people my entire life, whether it had been my immediate family or roommates.

My second year of podiatry school was the first opportunity to live alone.

As someone who has struggled with Mental Health their entire life, this took a toll on me some days and, in the beginning, filled me with feelings of loneliness.

But over time, these feelings started to go away. I would remind myself I was one phone call away from my family, and that was enough for me.

This independence was what I needed to realize it is okay to be alone finally, and it does not mean people are not there for you.

Your biggest cheerleaders can be miles and hours away.

Fast forward to today. I am 22 years old, finishing the spring semester of my second year, and preparing for Boards and Clinics this upcoming summer.

In ten years, when I am 32 years old, I hope that I will be like one of those accomplished podiatric physicians inspiring someone like myself to keep pushing through.

I can confidently say choosing to go to podiatry school has changed my life for the better.

I have become a stronger, more resilient person.

The lesson learned is that you are always one decision away from a different life! It is up to you to make it a positive one!
PA-PPAC Contributions

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!

Recommendation Medical Marijuana

Currently, podiatrists are not able to make recommendations to the state for patients to obtain their medical marijuana card. Medical doctors are currently making these recommendations and receiving additional compensation that increases the profitability of their practice.

Please join us in taking a brief, two-minute survey, so we can gather data to advocate for our podiatrists that want to make this recommendation like other doctors are able to when treating chronic pain and neuropathy.

https://www.ppma.org/page/MedicalMarijuana

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 2022 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.
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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- Prepare for the unpredictable

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

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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
LIKE, COMMENT, AND SHARE

Learn how PPMA can help increase your digital footprint!

By Jeannette Magaro, PPMA Communications Consultant

PPMA wants to provide every opportunity to communicate with our members. This includes providing a strong presence on social media to share relevant information, as well as support and engage with our membership.

Currently, PPMA has accounts on the following social media channels:

- Facebook
- Instagram
- LinkedIn
- TikTok
- Snapchat

PPMA regularly updates Facebook, Instagram, and LinkedIn accounts. We regularly respond to comments, as well as share relevant content that is of use to our members.

That is not enough for us!
We want to help increase YOUR digital footprint!

You may be asking how can PPMA help improve our digital footprint? By Liking or Following our pages we will then be able to locate YOUR social media channels, follow your brand, and share any applicable content with OUR followers. When your brand’s social media posts are shared, the algorithms show your posts to more followers, which results in increased reach.

It is important for PPMA to support our members as well as educate them in areas in which they could improve their business which include social media and marketing for their business.

Private Message
If you have content that you think our members would be interested in kindly private message us on YOUR preferred social media channel!

Contact
Jeannette at 717-919-2857

Foot and Ankle patients in PA need your help!

Patients need treatment of the foot and ankle. Our patients are receiving the best care. We are seeing a decline in the number of students entering podiatry school, which will ultimately mean that patients will not be able to seek treatment in a timely fashion and a reduction in healthcare for our residents. We want patients to continue to have access to the best care for their feet and ankle.

PPMA is spearheading a grassroots effort in which our board has signed up to speak to students about podiatry to increase brand awareness in podiatry and increase the number of students being accepted into podiatry schools.

This recruitment effort is available to PPMA members interested in getting involved.

PPMA is increasing its content on our new Recruitment section of the website. Visit us online today at www.ppma.org.

If you are interested in speaking with students, please contact our office at 717-763-7665.
FOLLOW US ON SOCIAL MEDIA | Like, share, and comment on our posts to help build awareness of PPMA and recognize our members!

Social Media Highlights

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Upcoming Events

73rd Region Three Scientific Meeting
MAY 4-7, 2022
Harrah’s Atlantic City Hotel and Casino, Atlantic City, NJ (25 CECH)

17th Annual Montana Meeting
SEPTEMBER 7-10, 2022
Doubletree Missoula-Edgewater, Missoula, MT (12 CECH)

50th Annual Clinical Conference
NOVEMBER 3-6, 2022
Valley Forge Casino Resort, King of Prussia, PA (26.75 CECH)

Annapolis Meeting
DECEMBER 2-4, 2022
Historic Inns of Annapolis, Annapolis, MD (12 CECH)

Upcoming PPMA Meetings

APMA HOUSE OF DELEGATES 2022
March 12th and 13th in Washington, DC

PPMA HOUSE OF DELEGATES 2022
June 10th thru the 12th in State College, PA

INAUGURAL DINNER FOR DOUG HUTSON, DPM
November 5th at the Valley Forge Casino Resort

PPMA BOARD MEETINGS
Wednesday, March 2
Wednesday, September 14

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