



Heidi Godoy, DPM (l), was awarded first place in the Case Division for her poster on “A Rare Finding of Bone Marrow Edema Syndrome of the Foot and Ankle in a 16-Year-Old Female.” Jennifer Mulhern, DPM (r), instrumental in getting the competition off the ground, presented Heidi with the award.

Competition Brought Fruition to Dr. Karpo’s Initiative

Poster Competition Explores Podiatric Innovations, Part I

The Goldfarb Foundation’s Inaugural Marc A. Karpo, DPM, Poster Competition was a highlight at this past year’s Clinical Conference. On all fronts—younger practitioners’ participation, introducing up-and-coming research and treatments, and heightening academic value to the Clinical Conference—“the Competition went extremely well,” says Jennifer Mulhern, DPM, who spearheaded the competition.

According to one of the judges Alicia Canzanese, DPM, the case division had a good mix within the topics—some wound care, surgical, product. The scientific division offered more variety by having practice management and marketing study topics entered.

Out of the 22 entries, there were three winners in the Case Division and three winners in the

“The young professionals accounted for a large majority of the research submitted, and in my opinion, these young practitioners are the ones that will be carrying podiatric medicine and surgery into the future.”

Scientific Division; and the competition’s namesake Marc A. Karpo, DPM, who was a Past PPMA President and faculty at TUSPM, was instrumental in planting the idea for such a competition. Dr. Karpo passed away suddenly in 2016.

“The young professionals accounted for a large majority of the research submitted, and in my opinion, these young practitioners are the ones that will be carrying podiatric medicine and surgery into the future,” says Dr. Mulhern.

A RARE FINDING OF BONE MARROW SYNDROME

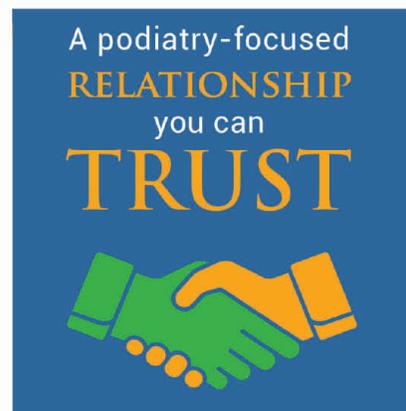
First place winner in the Case Division was Heidi Godoy, DPM, with the poster “A Rare Finding of Bone Marrow Edema Syndrome (BMES) of the Foot and Ankle in a 16-Year-Old Female.” Dr. Godoy wanted to bring attention to BMES in the foot and ankle since it’s only been thoroughly documented in the



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PPMA Proposes Benchmarks for Declining Student Applicant Pool

As most of you know, the APMA House of Delegates is coming up in a few weeks. Historically, Pennsylvania has submitted Resolutions on various issues pertaining to the profession of podiatry, its practice, or its place in the medical industry in which we all now labor. This year, we have focused on what the Board feels is the most important issue that we all face, and that is the declining number of applicants in the student pool. As I write this column in late February, we have less than 500 applicants for positions in our nine schools. Our Board saw this trend last year and took a Resolution to the House, asking that the APMA produce a "Plan," which would show the steps necessary to grow the profession of podiatry.

Through the political processes of the House, that Resolution was amended to state the following:

"RESOLVED, That the American Podiatric Medical Association (APMA) work with the Balance Committee of the American Association of Colleges of Podiatric Medicine (AACPM), the Council on Podiatric Medical Education (CPME), and the National Board of Podiatric Medical Examiners (NBPME), the American Podiatric Medical Students' Association (APMSA), and other appropriate entities toward the development of an Action Plan to Coordinate Career Awareness and Career Promotion to promote the continued growth of the profession through: 1. An increase in the number of qualified podiatric student applicant pool, and 2. An increase in podiatric school enrollment, and 3. An appropriate balance in the ratio between the number of graduating doctors and the number of residency positions available; and RESOLVED, That said preliminary steps to establish said action plan and benchmarks necessary to achieve said plan shall be taken within six months from the date of this 2017 House of Delegates, with drafting and publication of said plan to take place within nine months from the date of this 2017 House of Delegates, and a report made to the House of Delegates in 2018."

The amendment of this Resolution placed the responsibility of the creation of a "Plan" in the hands of the American Association of Colleges of Podiatric Medicine (AACPM). The rationale

behind this amendment was that the Balance Committee of the AACPM was already working on these issues. The result, to date, of this amendment was that the AACPM has issued an interim report stating that the interested parties should keep on doing what they have been doing, and that the "aggregate" number of licensed podiatrists in the nation has grown over the past few years.

This interim report fails to reconcile its statement that the profession is growing, given the following facts—

- The number of applicants to the schools has dropped;
- The number of students the schools may take in has been "capped" by the CPME due to the availability of residency positions;
- There are a substantial number of our schools that did not fill their class openings over the past two years; and
- The failure to graduate a sufficient number of students to occupy available residency slots will result in the loss of those slots.

Given this response to a request for a viable plan that enumerates the steps that must be taken to produce growth within the profession, our Board has submitted two Resolutions for this year.

The first is a very simple Resolution highlighting the problem of a decrease in prospective students and making the following Resolve:

"RESOLVED, That the American Podiatric Medical Association (APMA) immediately dedicate such 13 resources and personnel as it deems necessary to increase the number of qualified applicants to 14 podiatric medical schools."

The second is more involved. It makes the same request that we made last year; that is, the APMA work to produce a plan that outlines the steps that must be taken in order to show a growth in the profession of podiatric medicine. "A Plan for Growth" must, by its nature, involve an investigation into and evaluation of the various factors affecting our profession negatively. This is not just trying to increase student enrollment. It must be a deeper analysis. We



Gerald Gronborg, DPM

"As I write this column in late February, we have less than 500 applicants for positions in our nine schools."



Resorts Casino - Hotel
Atlantic City, New Jersey

May 1-5, 2018

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Dear Colleague:

As you prepare to register for the **69th Annual Region Three Meeting, MAY 1-5, 2018, at the Resorts Casino Hotel**, keep in mind:

- Early Bird Registration Cutoff date is Friday, APRIL 13, 2018; after that prices increase by \$50. APMA Member Early Registration Fee remains the same price of \$149 as it was in 2017.
- You can earn up to 25 CE Contact Hours.
- Three Non-CECH Lunch & Learn Opportunities available!
- Hotel Reservations must be made directly with RESORTS as indicated on registration form enclosed. You can register online by going to <https://meetatresortsc.com/vap18> OR by clicking on the link at www.goldfarbfoundation.org. To register by phone, call 1-888-797-7700 and use code VAP18. The contracted rate is \$79 Tuesday – Thursday; Friday night, the rate is \$169. DEADLINE for Region Three special hotel rate is Friday, APRIL 13, 2018.
- PICA Risk Management Program is set for Saturday Morning, May 5.
NOTE: You must be registered for Region Three to attend this program.
- Several easy ways to register:
 - www.goldfarbfoundation.org with credit card
 - Fill out registration form (enclosed) with a check
 - Onsite registration will be available, starting May 1 at 5:00 p.m.
- The American Society of Podiatric Medical Assistants (ASPMA) will once again be presenting their program in conjunction with Region Three. Contact Karen Keathley, ASPMA Executive Director at 708-715-0071 with any questions concerning the ASPMA program.

I look forward to seeing you there,

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

P.S. Where else are you going to find a meeting that gives you so much for so little? Two lunches provided, several special events, packed exhibit hall, and the latest in podiatric medicine.



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Guests will be registered on-site. The list of registrants may be distributed to Exhibitors. Hotel reservations must be made by April 13, 2018 by calling 1-888-797-7700

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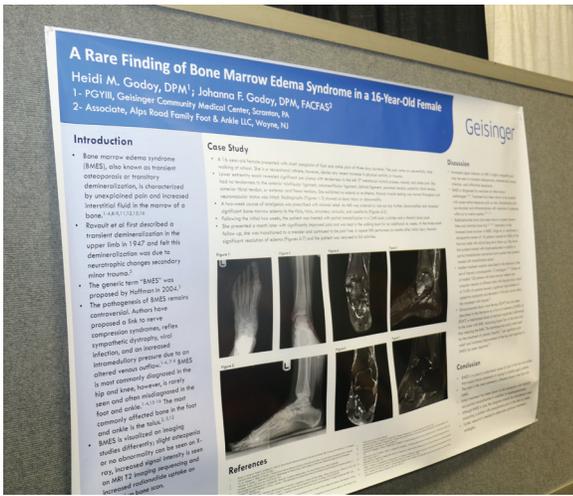
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Poster Competition

CONTINUED FROM PAGE 1



knee and hip. “We are seeing it more and more in our office, and we are now using a treatment protocol that is standard across the board like the one I discussed in the poster—nonweight-bearing for 6-8 weeks, followed by protected weight-bearing for an additional 4-6 weeks,” she says.

It was due to the rare nature of this topic that Dr. Godoy chose it for her poster, and it paid off. Also the topic interested her, and when the office had two patients with similar presentations, ruling out all other etiologies, BMES was the answer. This gave her what she needed to formulate her poster for the competition.

When asked if she would do anything differently when she does another poster competition, “I don’t think I would do anything differently. ... I also feel that the topic was easily understood by everyone in the profession, regardless if they were surgical or not.” She is currently working on the early stages of a poster on “The Rotational Component to Hallux Valgus Deformities,” which was accepted for another conference poster abstract competition.

Heidi Godoy, DPM, is in her third year of residency at Geisinger Community Medical Center, Scranton, PA. She will finish this June and plans to head back to her home state of New Jersey for an associate position with New Jersey Foot & Ankle Center (NJFAC).

FISH SKIN GRAFTS COMPARISON

Christopher Winters, DPM, won second place in the Scientific Division for his poster, “Fish Skin Grafts, Amnion Membrane, Human Cadaver Skin and Mammalian Tissue-Based Products: Comparison of Structure, Lipid Content, and Cellular Interactions.” Dr. Winters says that when he returned from a family trip to Iceland in 2013 and then upon reading a medical journal article in 2014 that discussed the use of fish skin on diabetic ulcers, he was hooked (no pun intended). Afterwards he contacted the company, and he used “the product on several patients and got amazing results with rapid decrease in size of the diabetic foot ulcers and significantly shorter healing times compared to other currently available products on the market at the time.”

Since that time, Dr. Winters has continued to use fish skin for the last four years with continued success to heal difficult-to-treat, lower extremity ulcers of many different types. He says this novel technique that uses a renewable resource is what made his poster a winner. “It has been shown that the lipid content in the fish skin is high, which helps with the anti-inflammatory process in chronic wounds,” he says.

The poster’s findings:

- The structure of the fish skin is similar in pore size to human skin, which allows the human cells to potentially recognize the fish skin as human.
- This allows the cells to migrate easily into the fish skin.
- It also shows increased cellular infiltration of the fish skin in comparison to human cadaver skin and other mammalian tissue-based products.
- So with the similar pore size allowing cells to migrate in quicker and the omega-3 lipid content of the fish skin, we have shown increased cellular migration into the fish skin thus leading to more rapid healing times in the wound.

For those considering to enter a poster competition, Dr.



Winters stresses if working with wounds to keep track of healing rates and to put together a small study of five to 10 patients; follow them for 12–16 weeks; then at 6 or 12 months if possible. Keep up with photographing the progression, arranging all the information, and getting help from a resident if possible. This he says ultimately will lead to publication in a peer reviewed journal.

Dr. Winters specializes in the diabetic foot and wound care. He is podiatric residency director, Podiatry Residency Program, at St. Vincent Hospital in Indianapolis, Indiana. He’s currently Chairman of the American College of Clinical Wound Specialists, and has lectured nationally and internationally on wound care. Dr. Winters is in his nineteenth year at The American Health Network group of physicians in Indianapolis.

STATE ASSOCIATION ADOPTION OF TWITTER—WHERE ARE WE?

Third-place winner in the Scientific Division was Christopher Hood, Jr., DPM, for his poster on, “Podiatric State Association Adoption of Twitter—Where Are We?” This unique poster exam-

ined how each of the podiatric associations from the 50 states, including DC and Puerto Rico, utilize Twitter, with a further review of what other social media platforms were used; such as Facebook, Instagram, LinkedIn, Pinterest, YouTube, and Vimeo. “Only 14 of the 50 states, plus the District of Columbia, had active Twitter accounts at the time of publication,” says Dr. Hood.

His other findings:

- The majority of the states that did not have Twitter accounts also did not have any other Social Media (SM) platforms listed on their association websites, whether on the homepage or other pages (e.g., “Contact Us,” “About Us”).
- Of the associations with a Twitter account, Facebook was the overwhelming other method of SM presence.
- Overall, this exercise demonstrated there is a relative lack of state association involvement in social and digital media platforms; and the poster gives various methods to help increase social media utilization and awareness.

Dr. Hood’s inspiration came from attending the 2017 House of Delegates meeting last June when PPMAs Board introduced its new Twitter account (@PPMAssoc). “I found it interesting that in 2017 they were just starting to use Twitter,” he says. This made him curious to find out how many other similar associations already had Twitter accounts, and how far Pennsylvania trailed behind.

As it turned out Pennsylvania was actually ahead of the game compared to the rest of the associations. Dr. Hood says he

in Hyperbaric Oxygen Chambers.”

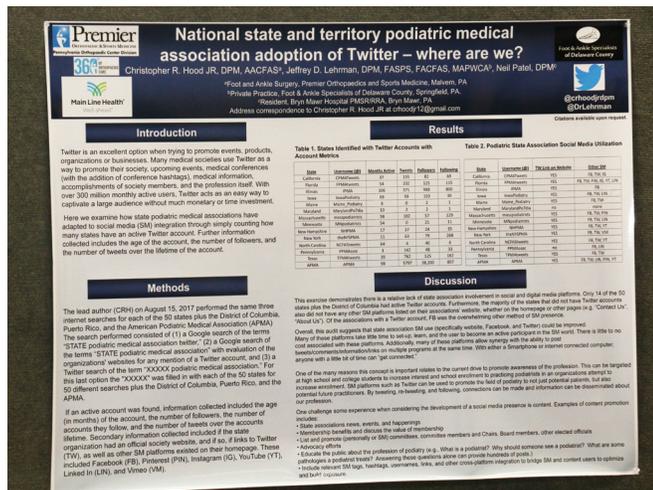
He also entered in the Scientific Division, “Defining Talar Head and Neck Pathology: The Malvern Classification System.” The concept initially was an office back-hall chat that turned into a multi-year project culminating into a five-part classification system and recently published in the *Journal of Foot and Ankle Surgery* (JFAS. 2018; 57(1): 131-139. PubMed ID—28843549).

“The system’s name is a dedication to the location of our practice’s primary office in Malvern, PA,” says Dr. Hood.

Dr. Hood is an Associate, Dept. of Foot and Ankle Surgery, for Premier Orthopaedics and Sports Medicine/PA Orthopaedic Center Division. He received the Outstanding Poster Abstract Award, Resident Category—First Place, APMA National Meeting, July 2016, Philadelphia, PA. He’s an Associate member of the ACFAS and is Board Qualified with the American Board of Foot and Ankle Surgeons. UPDATE

—Susan G. Kramer

To be continued in the May/June issue of the PPMA Update newsletter.



attempts at least to do one poster on social/digital media, marketing, etc., out of every three or four. “I’d like to think it helps people in our field think outside the box or recognize areas they can assist their practice or society,” says Dr. Hood. The examples he gave include posters looking at Twitter hashtag use at podiatry/foot-ankle conferences; and trends in referrals to podiatric surgeons, i.e., personal versus social/digital media referral sources.

Dr. Hood was actually part of five entries in this poster competition, including one that received First Place in the Scientific Division for Sneha Patel, DPM, who was the primary author for the poster, “A Retrospective Multicenter Review Evaluating the Safety of Utilizing Fiberglass Total Contact Casts

PPMA Division Minute

BUCKS-MONTGOMERY DIVISION #2

Bucks-Mont Division held a January 24 meeting at the William Penn Inn in Gwynedd, PA. John Guiliana, DPM, MS, presented on “Common Podiatric Billing and Coding Mistakes That Create Audit Risks.”

“The speaker went through common billing and coding errors, reviewed over-utilized codes, and explained how to properly use modifiers,” says Sabrina Minhas, DPM, Bucks-Mont President. Dr. Guiliana also answered the audience’s specific billing and coding questions.

One CE Contact Hour was available for the lecture, and sponsored by the Goldfarb Foundation.

The next Bucks-Mont Division meeting is scheduled for **March 1 on “Diagnosing Hypophosphatasia (HPP): The Significance of Low Alkaline Phosphatase (ALP) and its Consequences. UPDATE**

Response to 10 Common Incidents of Non-Paying Patients, 1-5

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

1. “Why do I have to pay a co-payment (or fee for office visit) if I only spoke to the doctor? I mean, he didn’t do anything?”



Lynn Homisak

2. “I went to get a second opinion and different information was given to me. I do not feel I have to pay my balance.”

RESPONSE: In either case, educate your patient—A consultation where the doctor discusses medical advice, a treatment plan and/or recommendations is considered an office visit. According to your insurance card, you agreed and are responsible to pay a [\$xx.xx] co-pay at each office visit; as well as an annual deductible any time you are scheduled to see the doctor. Since you were seen in our office on [date] and we do participate in your plan, we are responsible to collect that co-pay/balance from you. NOT collecting that fee puts both of us in violation of your contract. Will you be paying that by cash, credit card, or check?

3. I forgot my wallet.

RESPONSE: The question you want to ask yourself is does this happen on a regular basis, or is it a one-time occurrence? That should make a difference how you respond—One time occurrence: *Oh, sometimes those things happen, Mr. Jones. I can call you later today and you can just give me your credit card number over the phone so I can process your payment and avoid sending you a statement.* Your financial policy should dictate what occurs for repeat offenders.

4. I have an accountant that handles all my bills.

RESPONSE: Take this opportunity to review your financial policy with the patient, and his/her agreement by signature, indicating that payment is required at the time of service. You might even want to give them another copy and suggest they present it to their accountant—*We try very hard to avoid sending out statements and that time savings allows us to give more of our attention to our patients. We do accept credit card payments, and in fact that method of payment will actually allow your accountant*

to effectively consolidate your charges and better manage your money matters. I’m happy to take your credit card number now and, if HIPAA security measures are in place, keep your number on file for future visits.

5. Can you send me a bill? I cannot pay my balance today.

RESPONSE (if co-pay, see #1): *As noted on your insurance card, your co-pays are due at the time of service; and as we are contracted with your insurance company, we are responsible to collect it.* Note: This is why I recommend collecting co-pays up front because if patient does not pay, you are not obligated to treat them. If they incur additional expenses while in the treatment room (supplies, services, etc.), collect the additional fee upon discharge.

RESPONSE (if no co-pay, see #4): *Will that be cash, credit card, or check? UPDATE*

Responses 6–10 will be in the May/June issue of the PPMA Update.

Summary of Questions 1-10 A Pro-Active Collection Plan

- Create a strong financial policy
- Remind patients at every opportunity
- Make it clear you expect payment
- Develop scripted responses
- Be consistent



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President's Message

CONTINUED FROM PAGE 3

must realistically define our own profession. We must define and determine our role in the medical industry. While we cannot ensure the prosperity of our graduates, we must be able to state that the 4:3 model we've adopted will produce doctors of podiatric medicine. DPMs who will be able to practice on their own, with podiatric groups, with integrated groups, or as employees of health facilities. Without dedicated work on that outcome, we cannot justify to the incoming student that, "Podiatry is the positive and progressive profession that we all know it to be."

We have asked the following: "BE IT RESOLVED that the American Podiatric Medical Association (APMA) take responsibility to create and implement a plan for the Growth of the Profession of Podiatric Medicine, and further that: The APMA appoint a Committee composed of all stakeholders in the profession of podiatric medicine, ... [named entities]... as are necessary to address this issue. Said committee to be charged with the development of an Action Plan to Coordinate Career Awareness and Career Promotion in order to promote the growth of the profession through: 1. An increase in the number of qualified podiatric student applicant pool; and 2. An increase in podiatric school enrollment; and 3. An appropriate balance in the ratio between the number of graduating doctors and the number

of residency positions available."

As with any enterprise, we are asking that the profession establish benchmarks, with the primary goal to demonstrate growth. We have nine delegates and a 1st Alternate this year. We will also have three other Alternates who support the work of the Delegation, and who are interested in "learning the ropes." We solicited the help of the Alternates in that this House will be presented with a number of proposals that would change the nature of the relationship between the House and the Board of Trustees. The proposals, if enacted, would take much of the historic power away from the House in favor of creating a much more centralized Board of Trustees.

With the help of the PPMA Board, I have authored a set of recommendations on all of the proposed bylaw changes. We have posted them on our website (www.PPMA.org); and I ask that you take the time to read and review both the APMA proposals and our review of them. As always, call me or the office with comments or suggestions.

I appreciate all of your support, and I hope that you realize your importance in our efforts to grow and expand our profession. **UPDATE**

PPMA Divisions: Time to Select Delegates for PPMA House June 8-10 at Kalahari Resorts & Conventions

The annual PPMA House of Delegates will be here before you know it! This year's HOD will be held **June 8-10** at the Kalahari Resorts & Conventions, Pocono Mountains, PA, <https://www.kalahariresorts.com/pennsylvania>. **Please be sure your Division holds a meeting NOW to select delegates to represent you.** If you're interested in being a delegate, contact your Division President—

Division

Berks
Bucks-Mont
Central
Delaware
Erie/N. West
Lackawanna
Lancaster
Lehigh
Luz/N. Central
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President Name & E-mail

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+++

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Michael Fein, DPM, Bethel Podiatry

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It only took one patient in August 1995 to propel Robert C. Blaine, DPM, President and CEO of Blaine Labs, to create Tineacide Antifungal Cream. That patient was Dr. Blaine's father, who passed away from complications stemming from a fungal toenail infection, poor circulation, and diabetes mellitus. From this experience, Blaine Labs was founded.

Dr. Blaine continued to develop products to address poorly treated pathologies, and today Blaine Labs proudly manufactures more than 30 FDA-approved products, reaching patients globally.

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- Tineacide Solution: Oil-based topical antifungal with Carvacrol

Blaine Labs released REVITADERM Wound Care Kits in 2016 after a few years of development. They have since expanded that line, including an easy-to-use offloading insole.

Blaine Labs plans to continue to keep growing over the next 20 years, as it has over the last 20 years. For more information or to contact Blaine Labs, call 800-307-8818 or visit www.BlaineLabs.com. **UPDATE**



Offloading Insole



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PPMA Scholarship Terms & Conditions

ELIGIBILITY: To grant an academic scholarship to a family member of an active member of the Pennsylvania Podiatric Medical Association (PPMA) whose professional liability insurance is supplied through the Podiatric Medical Assurance of Pennsylvania (PMAP) program. The grant shall be used by the family member to offset costs incurred to attend an accredited 4-year college, an accredited two-year college or an accredited trade school.

AMOUNT: This amount shall be determined annually at the House of Delegates of the Pennsylvania Podiatric Medical Association and shall be no less than \$500.00 per year (for a period of up to four consecutive years). The amount may be changed from time to time in order to reflect support of this scholarship by related parties whose generosity shall be demonstrated through an increase in this grant amount.

TERMINATION OF SCHOLARSHIP BY PPMA BOARD: This is not an endowed scholarship grant, and its existence can be terminated at any time by the Board of the Pennsylvania Podiatric Medical Association. It is the intent of the Board, as composed at the time of the creation of this scholarship, to continue the granted amount through the academic tenure of the recipients for a period of up to four years. However, should this scholarship be discontinued, the Board, as then composed at the time of any termination, shall make the decision and continue or discontinue any outstanding grant in light of the financial condition of the Association. At that time, the Board shall have the power to terminate the scholarship outright, with no further grant obligations or continue it for the tenure of any recipient then having received a grant.

DURATION: This grant may be made for a single year or for the applicable term of higher education entered into by the family member of a qualifying PPMA member. The discretion shall be within the Board of the Association. If it is continued for a period of more than one year, annual evidence of satisfactory participation in the academic program of the recipient shall be required as a condition of continued support of this grant.

SCHOLARSHIP COMMITTEE: The decision on a Scholarship grant shall be made by a Scholarship Committee appointed by the President of the PPMA Board annually. That committee shall request a Resolution of the Board in order to finance the amounts to be granted annually. No grant shall be valid unless and until it is noted in a Resolution duly made and passed at a regularly scheduled meeting of the Board of the Pennsylvania Podiatric Medical Association.

ADVERTISING: The existence of this scholarship shall be advertised regularly in the Association newsletter. In addition, the Scholarship shall be listed as a Benefit in the list of membership benefits available to all members who qualify. All advertisements shall list the requirement of participation in the Podiatric Medical Assurance of Pennsylvania program, as well as dates for submission of application.

**Pennsylvania Podiatric
Medical Association
757 Poplar Church Rd
Camp Hill, PA 17011**

PH: 717-763-7665

FAX: 717-761-4091

E-Mail: info@ppma.org

WEB: www.ppma.org

PPMA FAMILY MEMBER SCHOLARSHIP APPLICATION



DEADLINE: AUGUST 17, 2018

Pennsylvania Podiatric Medical Association Family Member Scholarship

AMOUNT OF SCHOLARSHIP TO BE AWARDED: \$1,000

(\$500 underwritten by PPMA and another \$500 matched by The John Yurconic Agency)

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.

PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION:

- 1) Letter of recommendation from a past instructor familiar with your academic performance.
- 2) One copy of your official High School and/or College transcript. High School: include name with city and state, year of graduation and GPA. College: include name with city and state, number of hours completed and GPA.
- 3) List of special achievements, honors and recognition.
- 4) List of extracurricular activities, community involvement and employment.
- 5) Full name of student and address on each page submitted with this application.
- 6) An essay of 300 to 500 words (double-spaced, legible) stating your reasons for choosing your college major. Also include your academic and professional aspirations or inspirations.
- 7) Send Application and all of the above to PPMA for 2018–2019 school year by **AUGUST 17, 2018:**
PPMA Scholarship
757 Poplar Church Road
Camp Hill, PA 17011

PPMA Scholarship Application

DEADLINE: AUGUST 17, 2018

APPLICANT NAME

PPMA MEMBER NAME

MEMBER #

ADDRESS

CITY, STATE, ZIP

PHONE & FAX

EMAIL

PMAP POLICY NUMBER (to confirm enrollment)

APPLICANT SIGNATURE REQUIRED:

Applicant confirms that all information supplied with this form is true and correct:

PRINT NAME

SIGNATURE

DATE

DISCLAIMER:

PPMA confirms that all information supplied will not be copied, distributed, published, disseminated, in full or part, to any person, organization, entity, for any purpose other than consideration for award.

2018 PA-PPAC

2018 \$500 GIFT CARD RAFFLE: It's the beginning of a new PAC YEAR and that means with every \$100 contribution, your name will be entered at the end of 2018 in a raffle for a \$500 gift card. So FILL UP THESE BLANK SPACES and keep the profession in the forefront on the Hill in PA!!

BERKS

ERIE/N. WESTERN

SOUTH CENTRAL

BUCKS/MONTGOMERY

LACKAWANNA

R. Craig Martin \$50
Thomas Ortenzio \$84

CENTRAL

Gary Raymond \$500
Mark Tuccio \$250

LANCASTER

Jennifer Mulhern \$45

WESTERN

DELAWARE

Alan Meshon \$100

LEHIGH VALLEY

LUZERNE/N. CENTRAL

TOTAL: \$1, 029.92

PHILADELPHIA

.....
My Commitment to PENNSYLVANIA PPAC

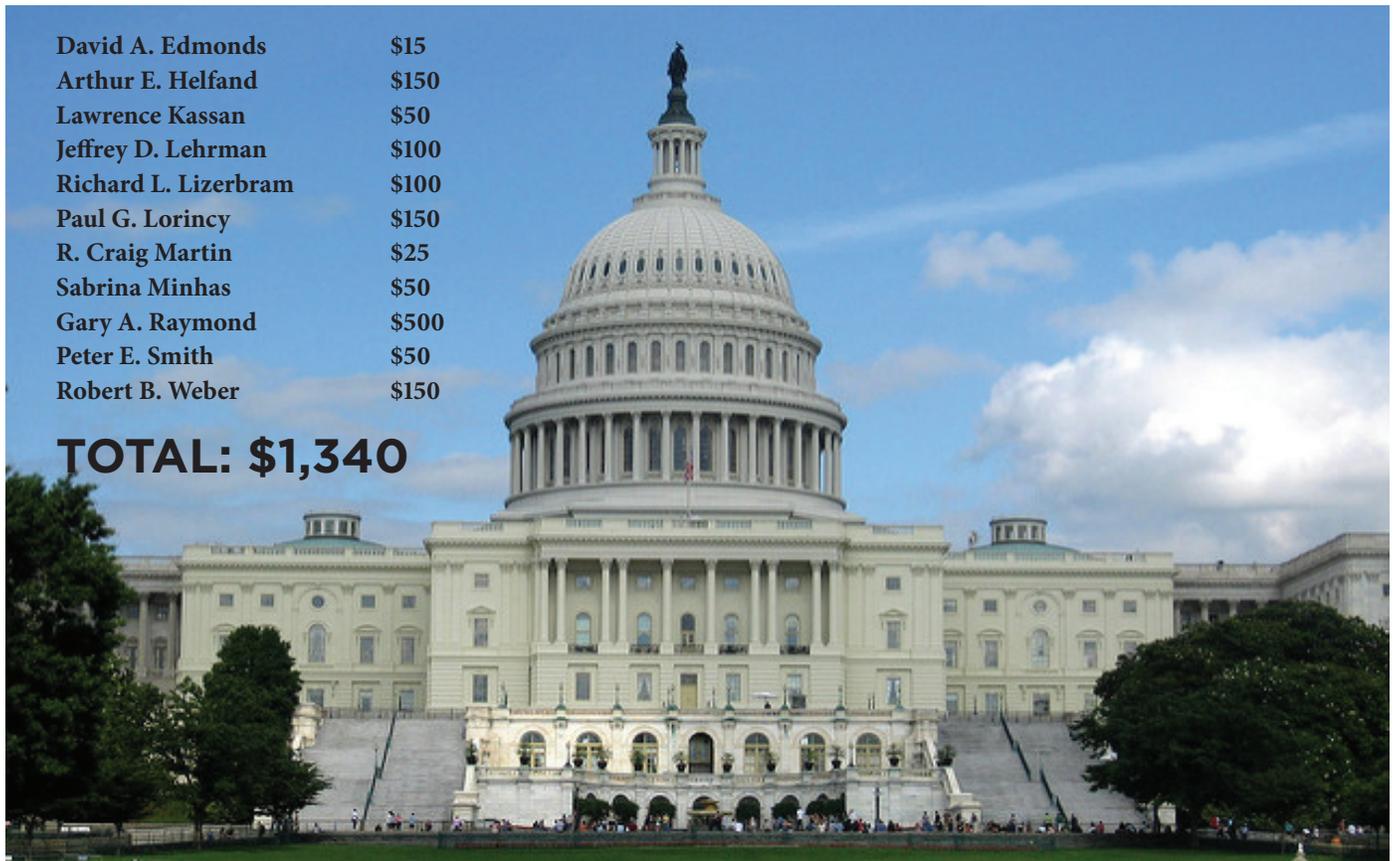
To maintain and strengthen podiatry's involvement on the state health care scene, I pledge my support to PA-PPAC's 2018 Campaign. My voluntary political contribution of \$_____ is enclosed.

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.



David A. Edmonds	\$15
Arthur E. Helfand	\$150
Lawrence Kassan	\$50
Jeffrey D. Lehrman	\$100
Richard L. Lizerbram	\$100
Paul G. Lorincy	\$150
R. Craig Martin	\$25
Sabrina Minhas	\$50
Gary A. Raymond	\$500
Peter E. Smith	\$50
Robert B. Weber	\$150

TOTAL: \$1,340

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 - 2018

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

Classifieds

NEW! PODIATRIST WANTED: Is your ideal practice opportunity one with all aspects of podiatry included? We are a group practice with six offices looking for the right surgically trained, board qualified/certified doctor to join our family. Forefoot and rearfoot surgery, as well as wound care and limb salvage, with privileges at two local hospitals are available. Partnership is certainly part of the long-term plan. We are looking for the right candidate with the position available as early as this spring or early summer. Please send all inquiries and CVs to sgrulke2002@yahoo.com.

NEW! PRACTICE FOR SALE PENN STATE AREA: 31-year-old general podiatry practice with hospital within 1 mile. Small town (approximately 10,000 people) in central Pennsylvania (PSU Country!). Mifflin county has approximately 50,000 population. Time to retire!! Please contact Kathleen (office manager) at: 717-248-0821.

FOR SALE: THERABATH (Parafin Bath), Medical Electronics Inc., Complete Unit for \$55. Call (215) 680-7475.

PODIATRIST WANTED CENTRAL PENNSYLVANIA: Highly reputable, family-owned practice is seeking a board-certified, motivated, professional, reliable podiatrist to join a very busy, two-office location practice. Schedule would be 3-4 days/week in our Berwick office, with the potential to practice in Lewisburg one day/week. Opportunities for general podiatric care, surgery, nursing home and house call visits are available. Surgical training/experience is a plus. Competitive salary and benefits offered. Perfect for a podiatrist winding down his/her career or wanting more time during the week to devote to other passions. Please forward letter of interest and CV to jzeller@albright-footcare.com or call 570.522.8637.

PART-TIME PRACTICE FOR SALE BEAVER FALLS, PA: Long-established practice with a good reputation has been operating part-time and non-surgical for the past five years. Good growth potential with addition of surgical services or added office hours. Located on the main street with low rent and excellent visibility, this makes an ideal satellite office. Email gsteines@live.com if interested.

PRACTICE FOR SALE CENTRAL PENNSYLVANIA: 23-year-old solo practice, located between Harrisburg and Penn State University. ABFAS Board Certified doctor, modern computerized office with EMR and electronic billing, hospital nearby. Only podiatrist serving the entire county. Pleasant rural area, low cost of living. Call and leave message at (717) 903-8734 or email aev0497@hotmail.com if interested.

PART-TIME PODIATRIST WANTED NORTHEAST PA: Our practice is seeking a very personable, well trained Podiatrist to work on a part-time basis. Hours can be extremely flexible and would include both office and housecall/nursing home visits. We offer a very competitive salary package. Please send letter of interest and CV to Davescalzo1969@gmail.com or call (570)760-7470.

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CONTINUOUS

PODIATRIC 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. (2019)



The *PPMA Update* is a publication of the Pennsylvania Podiatric Medical Association and the next issue will be May/June 2018. Advertising rates can be found on www.ppma.org.

www.goldfarbfoundation.org

2018

MAY 2018
ATLANTIC CITY
Region Three
MAY 2-5, 2018
Resorts Hotel and Casino
Atlantic City, NJ
25 CE Contact Hours

SEPTEMBER 2018
MONTANA
13th Annual Montana Meeting
SEPTEMBER 5-8, 2018
Doubletree Missoula-Edgewater
Missoula, MT
12 CE Contact Hours

NOVEMBER 2018
VALLEY FORGE
46th Clinical Conference
NOVEMBER 8-11, 2018
Valley Forge Casino Resort
King of Prussia, PA
CE Contact Hours TBA

DECEMBER 2018
ANNAPOLIS
Annapolis Meeting
DECEMBER 7-9, 2018
Historic Inns of Annapolis
Annapolis, MD
12 CE Contact Hours

2019

JANUARY 2019
PHILADELPHIA
Board Review Course
JANUARY 23-26, 2019
Marriott Philadelphia Airport
Also Available Online
Philadelphia, PA
CE Contact Hours TBA



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Alicia Canzanese DPM

“Even though at first glance podiatry seems to just involve a seemingly small body part, it is a very diverse and dynamic profession.”

1. What are some of your main attributes that you bring to the profession of podiatry?

One of the main attributes I bring to the podiatric profession is a fresh athletic training and sports medicine perspective. Before podiatry school, I majored in athletic training and became a Certified Athletic Trainer. I had an interest and passion for sports medicine since I met my athletic trainer in high school. During my undergraduate training, I had the opportunity to work with Salisbury University’s football, men’s soccer, and swimming teams as well as off-season rehabilitation. Then I completed an internship with Virginia Tech, working with the football and women’s tennis teams. I also worked with youth sports camps as an athletic trainer. With my education, training, and sports medicine background, I bring experience and knowledge of on-field injury management, rehabilitation principles, injury prevention, and taping/strapping techniques to the field of podiatry.

2. Where is podiatry headed in your opinion?

In the political and tumultuous U.S. healthcare setting, it unfortunately can be hard to predict. Where I would like to see podiatry headed is for the profession to continue to establish itself as a distinct medical subspecialty. I want to see the profession grow and become more well known to the general public. I want to see podiatry not just grow to the surgical sense, but for podiatry to continue to grow and hold on to the expertise

in all realms of lower extremity care, including orthotics and biomechanics.

3. Things you love about the profession and things you’d like to change?

The one thing I love most about the profession is its diversity. Even though at first glance podiatry seems to just involve a seemingly small body part, it is a very diverse and dynamic profession. There are so many facets of podiatry—wound care, surgery, reconstructive, dermatology, diabetic care, sports medicine, etc. I really enjoy having that great mix, as well as the opportunity to specialize in sports medicine. When patients ask me, “Don’t you get tired of looking at feet all day?” I always respond somewhere along the lines of, “No, because so many different things can go wrong with the feet and ankles!” Something I would like to change would be the fact that a lot of people have no idea what podiatry is and don’t know what education and training is needed to become a podiatrist.

4. Why do you feel membership in PPMA, and APMA, is vital to you?

For me, PPMA and APMA membership is vital so that I can utilize all the resources available for practice management, patient education, marketing, billing/coding, and to learn about the problems facing the profession. I also feel it is very important to be engaged and involved in the community. In order to help grow the profession, we all need to be involved and aware

of the issues. I feel the first step to accomplishing our goals is to become a member of the organization.

5. Anything else you want to add—your accomplishments, your future plans?

My first year out of residency I joined and took over the practice of a gradually retiring physician. This was no small feat. I am proud to be a young female practice owner. As I am learning how to practice post-residency, I am also learning how to run a profitable business. My goals and plans for the near future involve continuing to build and grow the practice. My 5–10 year goal is to grow the practice enough to hire an associate. Our practice currently works with athletes from two universities as well as local recreational athletes and runners. I hope to continue to grow the sports medicine aspect of my practice.

Dr. Canzanese is Board Qualified with ABFAS and an Associate Member of ACFAS. She is a certified athletic trainer and Sole Proprietor of Gordon Podiatry, LLC, in Glenside, PA. She also serves as Parliamentarian on PPMA’s Executive Board.

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PPMA Update

MARCH/APRIL 2018



717-763-7665 | info@ppma.org | www.ppma.org
757 Poplar Church Road | Camp Hill, PA 17011

Upcoming Events

69th Region Three Conference
May 2-5, 2018 | Atlantic City

PPMA House of Delegates
June 8-10, 2018 | Poconos

13th Annual Montana Meeting
September 5-8, 2018 | Missoula

46th Annual Clinical Conference
November 8-11, 2018 | Valley Forge

Annapolis Meeting
December 7-9, 2018 | Annapolis

PPMA/APMA DUES PAYMENT REMINDER

- 1) The LAST QUARTER DUES PAYMENT should have been paid by **MARCH 1, 2018**. IF NOT PAID by **MAY 15**, Membership will be Suspended.
- 2) Remember to place your PPMA Member Number or full name on check if remittance stub not sent back with payment.
- 3) Don't forget to PAY ONLINE to assure payment is received on time!!!
- 4) 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.

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