Greetings colleagues,

As I wind down another year of practice, I have become reflective of the evolution in health care I have witnessed since beginning my career in 1996. It is hard to believe that 18 years have gone by since I began practicing in a small multi-specialty group in north suburban Chicago, carving out a practice limited to foot and ankle surgery from the outset. In those days, there were far fewer fellowship trained foot and ankle specialists (six for the entire metropolitan area of Chicago at that time), and marking out a territory to call your own was a bit simpler. Still, becoming a regional “expert” in foot and ankle surgery was not a given and one had to develop and cultivate a practice through both lectures and conscientious patient care. Hospitals owned very few practices and foot and ankle surgeons built their patient base by letting local medical personnel know what could be accomplished through advanced training in our discipline. Achieving the beginnings of a patient base through this method was attainable, but, not sustainable unless the patients themselves supported you through reflective comments on your skill and compassion, thus referring their family and friends. Practices built by personal accountability thrived in the hands of those who treated each patient as an individual who challenged the physician to improve their quality of life. One could not help but become a better surgeon through accumulated experience and outcomes improved without the tabulated metrics of a government bean counter.

As we are all aware, life does not stand still, and health care has evolved into a much different commodity. This revolution has been slow but progressive, methodically altering the nature of medical practice to theoretically achieve efficiency and lower costs. Though no one would deny that cost of care must be a consideration to avoid bankrupting the system, overemphasis on the business aspect of medicine has damaged the Galenist spirit to achieve the perfect result. As I have observed this march towards a bureaucratic health care delivery system, I have witnessed hospitals deciding they could manage physician practices more efficiently than could be done with individual office managers. Practices became owned by hospital systems, with bonuses paid to primary care doctors for referrals not to

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IFFAS / AOFAS 2014 Meetings
September 19-23, Chicago
Providing the complete orthopaedic educational experience
International exchange of ideas … superb educational opportunities … the latest in products and services … networking with colleagues … seeing old friends and making new acquaintances from around the world … is what you’ll find when foot and ankle professionals worldwide come together for the combined IFFAS and AOFAS meetings in Chicago, Illinois. These two meetings will bring together all aspects of foot and ankle surgery and will offer comprehensive programs that are reflective of the abundance of talent and expertise of foot and ankle surgeons worldwide.

AOFAS President Steven Haddad, MD, IFFAS President Mitsuo Kinoshita, MD, PhD, and their organizing committees chaired by AOFAS Program Chair J. Chris Coetzee, MD, and IFFAS Vice President / Program Chair Charles Saltzman, MD, welcome one and all to attend this unprecedented educational event that will inspire an international exchange of

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the most qualified or forward thinking specialist, but instead to a “partner” owned by the same hospital. Please note this comment is not meant to insult those who are part of such an entity, nor to disqualify their credentials. Rather, the method of providing incentives for referrals becomes offensive when meritorious service and skill are cast aside.

Now, as the evolution progresses in ways that even those with an advanced business degree cannot comprehend, we spiral towards regulation that further binds the free-thinking physician. Portable health care coverage becomes a sledge hammer to smash the will of the individual, without most individuals understanding the true meaning of legislation created by the non-combatants of patient care. Acronyms are tossed around like a spoon stirring alphabet soup, from PQRS via the GRPO to the CMS. One needs a bookie-sheet to follow incentives coveted for good scores to the CMS. We are walking a fine line with the future, for patient betterment? I admit we are creating a practice you can be proud of, and personally by satisfying your inner self worth. of, and personally by satisfying your inner self worth. Of, and personally by satisfying your inner self worth.wards will be great, both professionally and expect everything to come to you due to your training. Work for it and your rewards will be great, both professionally by creating a practice you can be proud of, and personally by satisfying your inner self worth.

The AOFAS is here to help you on multiple levels in achieving your aspirations. If alternative health care providers are infringing through attempts at expanded scope of practice on a state or local level, let us know early before legislation blocks our reversal attempts. We are providing the highest value per dollar in educational experiences to help you to better understand the pathology that walks (or limps) through your door. We are working to improve fellowship training, provide you with the mechanism to collect outcomes to assess your results, and make available online content your patients can use to better understand their pathophysiology and options. We are providing coding tips and strategies, and soon will be able to help you with your scored and recorded CME testing for MOC. We are growing our discipline by providing scholarships for residents to attend our largest meeting and by donating our skills to those at hope’s end through humanitarian outreach. Simply put, the AOFAS has never been stronger in membership advocacy.

We are all striving for a bucolic environment to practice our discipline. Camelot was hard fought and fairly won. Place your ego aside to achieve the greater good, take an active role in defining our discipline to other health care providers so they understand our value, and merge your resources with ours to defeat any future oppressive health care directives.

Steven L. Haddad, MD

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IN-STRIDE Volume 28, Issue 2
Spring 2014

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Thomas H. Lee, MD, Medical Editor
Foot & Ankle Match results

On April 1, the results of the 2014 AOFAS-sponsored Orthopaedic Foot & Ankle Fellowship Match for 2015-2016 positions were released by the San Francisco Matching Program (SF Match). The application process is administered by AOFAS staff and the matching process is handled by the SF Match. This is the eighth match for the AOFAS-sponsored program since it was reinstituted in 2006 and the sixth administered by the SF Match.

The match continues to grow stronger with a total of 86 applications received this year. This compares to 74 applications for 2013, 80 applications for 2012, 76 for 2011, and 53 for 2010. The Society’s outreach efforts continue to bear fruit as this year’s applicants included 28 residents who were Resident Scholars at past AOFAS Annual Meetings.

A total of 44 orthopaedic foot and ankle fellowship programs initially signed up for this year’s match, with two programs withdrawing for internal reasons. Thirty-eight (90%) out of 42 programs submitting rank lists filled all of their spots. However, four programs (10%) did not match their fellowships. Sixty-five (93%) of the 70 positions offered were filled on match day. Fifteen (19%) out of the 80 applicants who submitted rank lists did not match on match day. An additional three applicants who participated in the match but did not submit rank lists also participated in the post-match scramble.

In the 2013 match, 67 fellowship positions were offered on match day and 53 (79%) were filled on match day. Of the 41 programs that submitted rank lists for last year’s match, 30 (73%) filled all of their spots.

Two positions were filled in the three day post-match scramble and as of April 7, there are currently three vacancies available. Interested candidates will find these programs on www.aofas.org and www.sfmatch.org and can contact the fellowships directly to apply.

Journal of Orthopaedic Research focuses on hindfoot biomechanics

The April 2014 virtual issue of the Journal of Orthopaedic Research (JOR) focuses on hindfoot biomechanics and is a compilation of selected foot and ankle research articles published in JOR over the past three years. AOFAS Research Committee members L. Daniel Latt, MD, PhD (chair); John Ketz, MD; and Michael Pinzur, MD, served as editors and selected the 10 articles published in this virtual issue. To view the full issue, visit the Orthopaedic Research Society (ORS) website at www.ors.org/jor-dedicated-virtual-issues.
ideas, science, education, collegiality, and collaboration. Remarkable in its breadth and depth and designed to unite content in all areas of foot and ankle orthopaedic surgery, the meeting will contain a wide range of clinical symposia as well as original scientific papers offering a global perspective.

“The IFFAS and AOFAS Program Committees have worked together to create five days of complementary scientific sessions designed to ensure that the diverse educational needs of each organization’s members are met,” says Dr. Coetzee.

No sessions or topics will be repeated and organizers have taken steps to ensure that the educational expectations of attendees are met through a series of new, cutting edge sessions, symposia, and original scientific papers. More than 80 podium presentations have been invited, and hundreds more authors have been invited to present e-Posters from a record number of submissions. Additional program highlights include 13 symposia on topics with broad appeal including the latest evidence-based information, award winning papers, and guest speakers. “With so much being offered, we are confident that everyone can identify specific topics that will enhance their individualized need in caring for the foot and ankle patient,” says Dr. Saltzman.

“It’s fair to say that no matter what an attendee needs from this meeting, they will find it on one of the programs,” adds Dr. Coetzee.

“It is our hope that when you return to your practices in whatever hemisphere that may be that you will be able to approach patient care with a new level of expertise and insight,” says Dr. Saltzman.

Benefit from expanded opportunities
The IFFAS/AOFAS Exhibit Hall will showcase more than 65 companies presenting a broad range of unique products and services from soft goods to implants, devices, tissue products, orthoses, pharmaceuticals, surgical equipment, and more. Adding to the experience will be at least 15 first-time exhibiting companies to discover. During breaks in the Scientific Session, several industry partners will offer satellite symposia for meeting attendees to further showcase their innovations (see registration brochure for exact times).

This year’s Exhibit Hall will include a dedicated area for attendees to view the popular e-Posters at multiple display kiosks and a remote Scientific Session viewing area.

The popular Welcome Reception will be held in the Hall on Saturday, September 20 from 6:00 – 7:30 pm following the first full day of meeting programming. You are invited to take your first walk through the aisles to become familiar with the innovations on display while enjoying appetizers and beverages with colleagues and industry representatives.

To make the most of your time, plan your visits to the Exhibit Hall during dedicated breaks in programming by viewing the floor plan available on the AOFAS app in advance of the meeting.

In the end
“While you absorb all the science and learning, don’t forget to pursue collegiality as well,” warns Dr. Haddad. “Come prepared to interact with your friends, engage with our international colleagues, and embrace all surgical aspects of the specialty while attending this two-meetings-in-one event.”
Program at a Glance

Visit [www.aofas.org/annualmeeting](http://www.aofas.org/annualmeeting) for program updates.

Schedule subject to change.

**Friday, September 19**
3:00 pm – IFFAS Opening Ceremonies
3:30 pm – Symposium: Trauma
5:00 pm – Scientific Presentations: Trauma and Midfoot/Forefoot
7:00 pm – IFFAS Opening Reception at Navy Pier

**Saturday, September 20**
6:00 am – Continental Breakfast
7:00 am – Symposium: Ankle and Hindfoot: Revision Strategies
8:30 am – Scientific Presentations: Ankle and OLT
10:30 am – Symposium: Achilles Tendon
12:00 pm – Scientific Presentations: Achilles Tendon and Plantar Fascia
2:00 pm – Symposium: Neurologic Foot
4:00 pm – Scientific Presentations: Charcot Foot and Key Topics
6:00 pm – Welcome Reception in Exhibit Hall

**Sunday, September 21**
6:30 am – Industry Symposia
7:15 am – Exhibit Hall Opens
8:00 am – Symposium: Forefoot Complications
9:30 am – Scientific Presentations: Forefoot
10:30 am – Concluding IFFAS Meeting
Symposium: Flatfoot
12:00 pm – Joint IFFAS and AOFAS Luncheon
1:00 pm – Beginning AOFAS Meeting
Symposium: Non-TAA Ankle Arthritis
2:30 pm – Industry Symposia
4:30 pm – Young Physicians Forum*

**Monday, September 22**
6:30 am – Industry Symposia
7:15 am – Exhibit Hall Opens
8:00 am – Symposium: Complications: Midfoot Surgery
9:30 am – Scientific Presentations: Lesser Toes and Midfoot
10:00 am – Presidential Speeches, Award Recognition
11:00 am – Symposium: Lesser Toes
12:00 pm – AOFAS Annual Business Meeting
1:00 pm – Symposium: Total Ankle Replacement
3:00 pm – Scientific Presentations: TAA, Arthritis, and Ankle
6:00 pm – AOFAS Gala Event: Chicago Dining Tour

**Tuesday, September 23**
6:00 am – Continental Breakfast
7:00 am – Symposium: Complications: Ankle & Hindfoot Fractures
8:30 am – Scientific Presentations: Trauma, PTTD, and OLT
9:30 am – Exhibit Hall Opens
10:45 am – Symposium: Arthroscopy
1:30 pm – Symposium: Sports
3:15 pm – AOFAS 2014 Adjourns

*Optional program, some restrictions

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September in Chicago
As thought provoking as the educational content of the IFFAS/AOFAS Meetings will be, you’ll also experience first-hand why Chicago is “your kind of town.” The city’s unique flavor, influenced by many other cultures, converges into a food connoisseur’s dream and the diverse heritage of the city is also captured by its many museums, historic landmarks, and parks.

Opportunities to enjoy your stay are unlimited including the social activities planned by the AOFAS. Early registration and/or advance ticket purchase for the activities listed below is encouraged; on-site registration is subject to availability.

AOFAS social events
Meeting attendees who are registered to attend programming on Friday, September 19 are invited to enjoy the IFFAS Opening Reception to be held in The Crystal Gardens at world-famous Navy Pier located along Lake Michigan. Guests will enjoy cocktails and hors d’oeuvres while taking in the scenic views of the Chicago skyline. Dinner will be on your own. There is no fee for IFFAS Meeting attendees but spouses and guests of registered attendees will need to purchase a separate spouse/guest pass.

The next gathering you won’t want to miss will be the annual Welcome Reception in the Exhibit Hall on Saturday, September 20. This event not only brings you together with friends and colleagues for appetizers, beverages, and conversation, but also provides your first look at the products and services on display by more than 65 exhibiting companies. There is no fee for meeting attendees but spouses and guests will need to purchase a spouse/guest pass for admittance into the Exhibit Hall throughout the meeting. No one under the age of 16 will be admitted into the Exhibit Hall.

As the IFFAS Meeting comes to a close at noon on Sunday, September 21 and just prior to the beginning of the AOFAS Meeting at 1:00 pm, all meeting attendees are invited to join colleagues for the Joint IFFAS / AOFAS Luncheon at the Hyatt Regency Chicago. There is no fee for this event but advance registration for this luncheon is required.

Delight in the Chicago culinary adventure of this year’s Gala Event: Chicago Restaurant Progressive Dining Tour on Monday evening, September 22. Beginning at 6:00 pm, guests with pre-purchased tickets will depart the Hyatt Regency Chicago via deluxe coach buses for a mini sightseeing tour between three restaurants, each serving one course of a three-course meal. The cuisine at each restaurant will be different. Menus will be pre-selected and guests will have the choice of a meat or fish entrée for the main course (registration process will allow for submission of special dietary needs). Visit the Social Activities page at www.aofas.org/annualmeeting for the breakout of fees for this event.

Enjoy Chicago on your own
The AOFAS has arranged for a block of tickets for spouses and guests interested in taking the Chicago Architecture Foundation River Cruise on the Chicago River, Sunday morning, September 21, from 10:00 – 11:30 am (9:30 am check-in at dock). This guided, 90-minute boat tour will depart the Hyatt Regency Chicago via deluxe coach buses for a mini sightseeing tour between three restaurants, each serving one course of a three-course meal. The cuisine at each restaurant will be different. Menus will be pre-selected and guests will have the choice of a meat or fish entrée for the main course (registration process will allow for submission of special dietary needs). Visit the Social Activities page at www.aofas.org/annualmeeting for the breakout of fees for this event.

Travel and Housing
Chicago travel offers options
Chicago is one of the most accessible cities for US and international travelers with two airports available to meet your needs. O’Hare Airport (ORD) offers endless timetables for domestic and international flights and a host of airlines, including United Airlines, for which it is a hub. O’Hare Airport is located approximately 17 miles from downtown Chicago, which during peak times can take up to an hour by taxi or car, or 30 minutes by elevated train (the “L”). Allow ample local travel time so you do not miss any portion of the meetings or your flight home.

Midway Airport (MDW), a smaller but active airport, accommodates several airlines, the largest of which is Southwest Airlines. Local travel information including taxi service and car service will be posted to www.aofas.org/annualmeeting.
AMERICAN AIRLINES (AA) is the preferred carrier for AOFAS meetings and offers a 5% DISCOUNT OFF THE FARE of any pure AA flight(s) to Chicago (ORD) for this meeting. Multiple carriers cannot be used for this discount offer. The discounted fare is available the week prior to the meetings and the week after the meetings (September 12-30) to allow for any desired personal time. **Take advantage of the savings** by using any one of the following reservation methods:
- Online at [www.aa.com](http://www.aa.com)
  Enter Promotional Code 9994BO in the designated field
- Attendees in North America: Call American Airlines Meeting Services at 800-433-1790
  Reference Promotional Code 9994BO
- Attendees outside North America: To be eligible for AA discount on international flights, one pure AA flight must be in the reservation.
  Reference Promotional Code 9994BO

Ms. Tomi Gaudio is the preferred travel account manager for the AOFAS. For personal, professional service, contact her at:
Phone: 847-348-3600 (extension 6) or 877-366-0366 (Toll Free)
E-mail: tomi@progressivetravel.net
Please identify yourself as an IFFAS/AOFAS meeting attendee.

**Housing reservations made easy**
All meetings, exhibits, and planned activities for the IFFAS 5th Triennial Scientific Meeting and AOFAS Annual Meeting 2014 will be held at:
Hyatt Regency Chicago
151 East Wacker Drive
Chicago, Illinois 60601

Visit [www.chicagoregency.hyatt.com](http://www.chicagoregency.hyatt.com) for more information about the hotel but please use the direct reservation link above to make your reservations within the IFFAS/AOFAS room block.
New Orleans was the site of the annual Specialty Day program on March 15, 2014. Attended by nearly 600 foot and ankle specialists, orthopaedic generalists, and foot care professionals, the program provided an overview of several facets of foot and ankle surgery highlighting methods to simplify technical problems, improve clinical outcomes, and enhance operative efficiency as well as an update on the latest in foot and ankle research and innovation.

The meeting began with a session on how to maximize ancillary services with presentations on helpful ideas on the business and financial aspects of running a foot and ankle specialty practice in increasingly complex and demanding business environments. Additional symposia presented addressed some of the most clinically challenging problems, diagnostic considerations in decision making, and state-of-the-art treatment strategies. Topics included management options for ligamentous issues around ankle fractures, peroneal tendons problems, forefoot surgery, ankle replacement, and the use of arthroscopy in treating ankle fractures. The topics of aging, inflammation, and injury were tackled during the Weekend Warrior symposium in an effort to explain why people lose their competitive advantage as they age.

During the final symposium of the day, three skilled and highly recognized foot and ankle practitioners candidly scrutinized their approaches and techniques to specific patient problems that either did not effectively hold up or resulted in a poor outcome and what they could have, should have, or would have done differently.

Rounding out the program, new material was presented in original, diverse papers on clinical advances and research findings in foot and ankle surgery and therapy.

“Limiting the number of original papers to the program time available was most difficult,” reported J. Chris Coetzee, MD, program chair. “There is amazing work being done by our members, fellows, and residents.”

The purpose of the Specialty Day program is to present new research material to AOFAS members and provide an important educational outreach initiative to non-foot and ankle colleagues who face some of the same clinical problems and challenges seen in a foot and ankle practice.

“Specialty Day is about learning, networking, and becoming familiar with the science of foot and ankle surgery. It allows the AOFAS to exceed the educational needs of the attendees and gives them outstanding value by providing a variety of topics in a single day of intense programming,” says Steven Haddad, MD, president.

“Professionally challenging, rewarding, and presented with great enthusiasm, the goal of this program was to not only offer interactive opportunities to help attendees better understand the indications, techniques, controversies, and treatment options for common and complex foot and ankle problems, but also to provide an appreciation of complications and how to avoid them,” concludes Dr. Coetzee.

The annual Member Reception, hosted by AOFAS President Steven Haddad, MD, and the Board of Directors was the perfect way to end the day and was enjoyed by all.

Claiming CME for AOFAS Specialty Day 2014

If you did not print your CME Certificate of Attendance at the end of the AAOS and Specialty Day meetings, you may go to www.aaos.org/annual to print a copy. Login is required and if you need assistance with this, please e-mail meeting@aaos.org. The credit hours for attendance at the AAOS Annual Meeting and the AOFAS Specialty Day will be posted to AAOS Member CME transcripts no later than May 1, 2014, and attendees will be responsible for confirming the actual number of hours being claimed.

The AOFAS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The AOFAS designates the 2014 live Specialty Day meeting for a maximum of 9 AMA PRA Category 1 Credits™.

Physicians should only claim credit commensurate with the extent of their participation at the meeting.
WEBSITE CORNER

Housing, travel, and registration savings
www.aofas.org/annualmeeting

March 2015 Specialty Day: Submit your abstracts now

Abstract submission will remain open until June 30, 2014, 11:59 pm Pacific Time for the AOFAS Specialty Day meeting, March 28, 2015 in Las Vegas, Nevada. Abstracts will only be accepted via the online submission system and are encouraged in the following categories:

- Ankle
- Ankle Arthritis
- Arthroscopy
- Basic Science / Biologics
- Bunion
- Diabetes
- Hindfoot
- Lesser Toes
- Midfoot / Forefoot
- Sports
- Trauma
- Other

During the online submission process authors will be asked to enter the presenting author, the presenting author’s contact information, and the names and e-mail addresses of all co-authors. The presenting author’s e-mail address is the sole method of communication so make sure it is accurate.

In addition to pertinent contact information, authors must report any relevant conflict of interest they may have with the content of their proposed presentation. There is a limit of 500 words for each abstract and a single image or table may be uploaded for each submission. Abstracts will be reviewed in a blind fashion by the AOFAS Program Committee and notifications of presentation confirmation will be distributed by late July.

To submit an abstract, visit www.aofas.org/specialtyday for more information and submission instructions.
In late March the AOFAS reported the annual tally of its CME activities to the Accreditation Council for Continuing Medical Education (ACCMCE), the national accreditation organization that oversees compliance of CME provider organizations with its educational management criteria and policies. This process, coming on the heels of an extensive audit of the AOFAS’s CME provider status that takes place every four years, provides the AOFAS with an opportunity to reflect on the successes of its educational program throughout the year.

Based on this exercise, it is clear that educationally speaking, 2013 was a good year – with activities exceeding the AOFAS goal of expanding its role as the pre-eminent educator in foot and ankle.

**The numbers are in**

The delivery of a variety of AOFAS educational opportunities is evident in the reported data. Based on numbers, the ACCME year-end document reports that the AOFAS provided 78 hours of directly-sponsored CME credit hours. Additionally, the AOFAS jointly-sponsored educational activities with the AAOS and the AANA accounted for another 36 hours of credit, creating a total of 114 of AOFAS-related hours of foot and ankle instruction.

Close to 4,900 registration forms from US and international members and non-members were processed for AOFAS and AOFAS jointly-sponsored courses, meetings and webinars in 2013. As impressive as these numbers are, the AOFAS is planning new and expanded CME opportunities in 2014 and beyond.

“The primary focus of the AOFAS is education – whether it is webinars, focused courses on a topic of need, or its Annual Meetings – and the Education Committee continues to look for and identify new ways to deliver a meaningful return on membership dollars through comprehensive and wide-ranging educational opportunities,” reports William McGarvey, MD, Education Committee chair.

**Something for everyone**

AOFAS CME credits are currently earned through live activity participation, such as attending courses, the Annual Meeting and viewing webinars. Specialty Day 2013 attracted over 650 attendees and the Annual Meeting in Hollywood, Florida, under the direction of Co-Chairs John Anderson, MD, and Donald Bohay, MD, broke all past attendance records. The Pre-meeting Course on Complex Reconstructions coordinated by Christopher Chiolo, MD, also saw record attendance. The biennial Surgical Complications, chaired by Mark Easley, MD, and the Sports Injuries of the Foot and Ankle Course, chaired by Thomas Clanton, MD, attracted a diverse and healthy number of attendees.

Online education soared with record attendance for the 2013 webinar series, partly due to the realization that it is not easy to take time away from the office, but also because of the innovative topics and committed speakers. Nine webinars were sponsored, with an average of 325 registrants per broadcast, making these events an important factor in fulfilling learner’s continuing education needs.

The AOFAS was pleased to partner with the Orthopaedic Trauma Association (OTA) for a portion of its 2013 Specialty Day meeting and annually supports activities with the Arthroscopy Association of North America (AANA) and the AAOS on surgical skills courses at the Orthopaedic Learning Center in Rosemont.

**Helping tomorrow’s surgeons**

Focusing on educating and mentoring the next generation of orthopaedic foot and ankle surgeons, the AOFAS offered 43 resident scholarships to attend its Annual Meeting. Made possible by funds from the Orthopaedic Foot & Ankle Outreach & Education Fund (OEF), this program introduces interested orthopaedic residents to the specialty of foot and ankle surgery.

Since its inception in 2010, this program has seen a 64% return on its investment in Resident Scholars pursuing foot and ankle fellowships and careers in foot and ankle surgery. The Resident Review Course and the fall webinar designed to prepare residents for upcoming examinations also served as high yield learning experiences. Resident education continues as a significant segment of the AOFAS educational program.

**The future of foot and ankle education**

The AOFAS has made a significant investment in its current education program, with the pace of growth in the CME activities expected to accelerate over the next several years. The Society’s obligation to its members is to be adaptable and flexible in developing opportunities to enhance competence, performance, and ultimately patient outcomes and there are more options to accomplish this in the near future.

“Beginning in late 2014 the AOFAS will be offering FA Journal CME, and member needs survey data indicates a shift of educational priorities, particularly in the area of MOC-driven CME opportunities, including scored and recorded CME,” says Dr. McGarvey.

Over the past 12 months, the AOFAS has begun recording and expanding its library of meeting content, and in the coming months access to this content will be available for reference.

“All in all, the AOFAS is committed to being the primary accredited source for foot and ankle education,” concludes Steven Haddad, MD, president.
Japanese Society for Surgery of the Foot

by Yasunori Suda, MD, Executive Board Member of JSSF & Public Relations Committee

The Japanese Society for Surgery of the Foot (JSSF) is a scientific organization comprised of orthopaedic surgeons engaged in musculoskeletal medicine and clinical or basic research of foot and ankle surgery. The JSSF was launched as a study group in 1976 when there were many arguments about clubfoot, which was one of the most difficult to treat among orthopaedic diseases. Over time there has been an increase in specialized care for foot and ankle disease and trauma in Japan similar to that in Europe and the United States. In connection with this, the study group became a society in 1991 and now has 1,400 members.

The JSSF changed its organizational structure in 2009 to establish a board of directors to address the needs of the time. Professor Yoshinori Takakura was the first chair of the board of directors, and Professor Mitsuo Kinoshita has served as the chair since 2012.

The JSSF has contributed to national health improvements and medical education through annual scientific meetings held every autumn, which include several symposia and instructional course lectures and over 250 free papers related to foot and ankle surgery. The next annual scientific meeting will be held November 13-14, 2014 in Miyazaki. The JSSF has also focused on postgraduate training through educational lectures and cadaver seminars held every year.

The Society has also been interested in international contributions. Professor Takakura was a leader in establishing the AFFAS (Asian Federation of Foot and Ankle Surgeons) in 1993 and served as the chair of the founding meeting of IFFAS (International Federation of Foot & Ankle Societies) held in Kyoto in 1999. The JSSF also has a close collegial relationship with the Korean Foot and Ankle Society and the two societies have biannual traveling fellowships.

Today Japanese lifestyle has changed significantly due to the aging population and low birth rate and this has had a significant impact on JSSF. The Society will work to develop new knowledge in foot and ankle surgery and share this from Japan to the world.

The JFFS office is located at 5-1 Kojimachi Chiyoda-ku, Tokyo 102-8481, Japan and can be contacted via its website: www.jssf.jp.

Brazilian Foot and Ankle Society

by Prof. Dr. José Vicente Pansini, Chair, Brazilian Foot and Ankle Society

On December 12, 1975, a meeting was held in São Paulo to establish the Brazilian Podology Society (Sociedade Brasileira de Podologia - SBP). The new organization, proposed by Prof. Dr. Manlio Napoli, began with 97 founding members. Since its beginnings, the Society has been affiliated with the Collège International de Médecine et Chirurgie du Pied, now the International Federation of Foot & Ankle Societies (IFFAS).

In 2001, the Society became the Brazilian Association of Medicine and Surgery of the Ankle and Foot (Associação Brasileira de Medicina e Cirurgia do Tornozelo e Pé – ABTPé). It is a member of the Latin American Federation of Medicine and Surgery of the Leg and Foot, one of the four IFFAS regional federations.

The ABTPé mission is to increase knowledge of foot and ankle pathology among orthopaedic surgeons and encourage study and research. The Society now has 509 active members and 31 foot and ankle centers offer training for 12 or more months.

A Specialty Day program, presented during the annual Brazilian Orthopedic and Traumatology Congress, is directed toward both foot and ankle specialists and other orthopaedic surgeons.

The primary meeting, the Brazilian Foot and Ankle Society Congress, is held every two years and is well attended by ABTPé members and other orthopaedic surgeons. Prominent international orthopaedic surgeons are invited and important scientific lectures are presented.

Since the Society’s founding, a monthly informal meeting, known as the Foot Club, is held in São Paulo. Patient cases and papers are discussed and sometimes a lecture is presented. Stimulated by the Society, foot clubs have spread throughout Brazil and there are now 25 foot clubs in 16 cities. These meetings take place on a Friday evening and Saturday morning and typically one or two lectures are presented, followed by discussion or clinical case presentations.

The Society’s journal – REVISTA ABTPé – is published twice a year. Primarily a Brazilian journal, it also includes articles by international authors. The ABTPé Bulletin is published quarterly to inform members about social and scientific events.

The ABTPé office is located at Rua São Benedito, 1050, 04735-002 - São Paulo – SP, Brazil, Tel. 55 11 3082 2518 / 55 11 3082 6919, www.abtpe.org.br. The e-mail address is abtpe@terra.com.br.
CPT® CODING FOR FOOT AND ANKLE PROCEDURES
Moderator: Peter Mangone, MD

IMAGING TECHNIQUES IN FOOT AND ANKLE SURGERY
Moderator: Steven Haddad, MD

JOINT PRESERVATION TECHNIQUES FOR ANKLE ARTHRITIS
Moderator: Paul Fortin, MD

THE ROLE OF ORTHOBIOLOGIC ADJUNCTS IN FOOT AND ANKLE FUSION
Moderator: Sheldon Lin, MD

UPDATE ON COMMON FOOT FRACTURES
Moderator: Bruce Sangeorzan, MD

FOOT AND ANKLE REVIEW
Moderator: Scott Ellis, MD

SURGICAL TREATMENT OF THE CHARCOT FOOT
Moderator: Michael Pinzur, MD

EDUCATIONAL OPPORTUNITIES

Visit www.aofas.org (Education / View Calendar) for details and updates.

AOFAS Members: Login to www.aofas.org for online registration at member rates.

September 19-23, 2014 • Chicago, Illinois

IFHAS TRIENNIAL MEETING
September 19-21
President: Mitsuo Kinoshita, MD
Vice President / Program Chair: Charles Saltzman, MD
www.iffas.org

AOFAS ANNUAL MEETING
September 21-23
President: Steven Haddad, MD
Program Chair: J. Chris Coetzee, MD
www.aofas.org/annualmeeting

October 24-25, 2014 • Charlotte, North Carolina

AOFAS COMPLETE FOOT CARE COURSE
Course Chair: Carroll Jones, MD
www.aofas.org/completefoot

October 25-26, 2014 • OLC – Rosemont, Illinois

AANA / AOFAS MASTERS EXPERIENCE: FOOT AND ANKLE ARTHROSCOPY
www.aana.org

CREDIT: ©Choose Chicago

THE CHRIST HOSPITAL HEALTH NETWORK
CINCINNATI, OHIO

FOOT & ANKLE SURGEON
The Christ Hospital Health Network is seeking a full-time foot & ankle surgeon to join our expanding musculoskeletal services in the Greater Cincinnati area. The candidate will be an outstanding, motivated clinician and surgeon who will be able to work in a collaborative environment and excel in our nationally recognized Orthopaedic service line. The candidate will be joining an employed, mature practice and will have the opportunity to establish a long term foot & ankle practice for herself/himself generated by the strong referral base and reputation of the practice. The position will include a highly competitive compensation with a full benefits package, including relocation assistance.

THE CHRIST HOSPITAL HEALTH NETWORK ORGANIZATION: The Christ Hospital Health Network (TCHHN) is a regional system of care that extends The Christ Hospital’s nearly 125 years of superior care and leadership to more than 100 locations in the Greater Cincinnati area. The Network delivers integrated, individualized healthcare and wellness services through its comprehensive physician network, advanced specialty services and the region’s leading hospital, a 555-bed, not-for-profit acute care facility.

In 2013, The Christ Hospital placed three patient care programs among the nation’s best in U.S. News & World Report’s Best Hospitals 2013-14 rankings. The Christ Hospital is nationally ranked for Orthopaedics (29), Geriatrics (29) and Diabetes & Endocrinology (31). The report also ranks The Christ Hospital as the #1 hospital in the Cincinnati metro area and #4 in the state of Ohio, with high performing programs in cancer; cardiology & heart surgery; ear, nose and throat; gastroenterology & GI surgery; gynecology; nephrology; neurology & neurosurgery; pulmonology; and urology. This is the 14th consecutive year The Christ Hospital has been recognized among the nation’s top 50 hospitals by U.S. News. Finally, The Christ Hospital was recognized by the Arthritis Foundation as National Hospital Partner of the Year for 2013.

The Christ Hospital has also been recognized by National Research Corporation (NRC) for eighteen consecutive years as Cincinnati’s Most Preferred Hospital, and in 2010 achieved Magnet® Status from the American Nurses Credentialing Center. The Christ Hospital has also been named one of the nation’s 50 Top Cardiovascular Hospitals by Truven Health Analytics, formerly Thomson Reuters.

CONFIDENTIAL INQUIRIES
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THE CHRIST HOSPITAL
HEALTH NETWORK
CINCINNATI, OHIO

FOOT & ANKLE SURGEON
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Twice a year, AAOS and AOFAS members are asked to take a moment to review and update their disclosure of potential conflicts of interest maintained through the AAOS Orthopaedic Disclosure Program at www.aaos.org/disclosure. The AAOS and AOFAS Mandatory Disclosure Policies, require that individual’s disclosure circumstances to be updated at least semiannually (April and October).

Easy steps to follow
Your AAOS username and password will be required to access your disclosure information. After accessing the AAOS Orthopaedic Disclosure Program, click on the “I have a log in” link which will direct you to log in with your AAOS username and password. Once you are logged in, you will be taken to your personal welcome page, and to continue, follow the steps below:

1. Click on the “Revise/Update Your Mandatory Disclosure” link.

2. Your current disclosure information will appear and you will have two options; “This is your current disclosure” or “Update your disclosure.” Click on the appropriate button.

3. If you click on the “This is your current disclosure” button and then click “Next,” you will be asked if you want to submit the data. Click “Yes” and your process is complete, the program will date-stamp your information and a confirmation will be sent to your e-mail address on file.

4. If you click on the “Update your disclosure” button, and then click on “Next,” you will be asked if you want to revise your current data. Click “Yes” and you will have the option to edit each question and make changes to your disclosure. As you complete the edit for each question, click the “I am done” button to proceed.

5. When all changes have been made, click on the “Update Complete” link at the bottom of the page to complete the process. The program will date-stamp your information, and a confirmation will be sent to your e-mail address on file at AAOS.

Obligation for balance in programming
AOFAS has the obligation to ensure the delivery of education that is balanced and free of commercial bias. To achieve this, it is the policy of AOFAS that all CME-related Board and committee members (“planners”), faculty and authors, orthopaedic volunteers in organizational governance, editors-in-chief and members of editorial boards and appropriate staff disclose in writing using the AAOS Orthopaedic Disclosure Program and make available to the learners all financial relationships during the past twelve months with any commercial interest that may insert bias.

The definition of a “commercial interest” is any entity producing, marketing, re-selling, or distributing health care goods, or services consumed by, or used on, patients. Participants are responsible for the accuracy and completeness of their self-reported information and should note any changes in their relationships as soon as possible after they occur.

AOFAS uses the AAOS Orthopaedic Disclosure Program to increase transparency, simplify the disclosure process, reduce the requests made of you, and save you time. Questions about the submission process should be directed to disclosure@aaos.org.

AOFAS Joins Capitol Hill Days
With research funding top-of-mind, orthopaedic surgeons, patients, and researchers once again descended on Washington, DC for the AAOS Research Capitol Hill Days. The annual event promotes federal funding for musculoskeletal research and gives physicians and patients an opportunity to meet with US senators and representatives. This year’s visit took place April 2-3.

AOFAS member Sudheer Reddy, MD, and one of his patients, Jason Senuta, were among those participating in the advocacy event. Patients of all ages, backgrounds, and conditions told their stories to select legislators, all with the goal of helping them understand the impact that funding has on musculoskeletal care. Funding for the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) declined in fiscal 2013 and 2014. Congressional members were urged to appropriate $535.6 million for fiscal year 2015, which would restore NIAMS funding to 2012 levels.

To help tell the story of orthopaedic care, the AAOS compiled patient stories into a pamphlet entitled “Faces of Orthopaedics.” This helped personalize the visits and demonstrated that people from all walks of life benefit from sustainable and long-term funding for musculoskeletal research.
2014 Research Grant winners announced at Specialty Day

A record 26 grant applications were received for 2014 and four grants were approved for funding by the AOFAS Board of Directors based on the recommendations of the Society’s Research Committee. Applications were reviewed following a blinded NIH process. The committee sent detailed feedback to the all investigators who submitted grant applications to assist them with future funding requests.

Since its inception in 1997, 78 grants totaling $891,312 in funding have been awarded to provide seed monies for promising new work in foot and ankle research. Grant recipients have gone on to author 100 journal articles (35 in Foot & Ankle International), deliver 172 presentations and receive an additional $4.17 million in additional funding from other sources.

The Research Grants Program is funded by the Orthopaedic Foot & Ankle Outreach & Education Fund (OEF) with donations from individuals and industry. The 2014 Research Grants Program is funded in part by a grant from Wright Medical Technology.

The 2015 AOFAS Research Grant application will be due on December 1, 2014, and the application will be made available in summer 2014 on the AOFAS website.

Ankle Arthroscopic Simulation Decreases Surgical Error and Improves Basic Arthroscopic Skills of Residents in Training

Kevin Martin, DO; Phinit Phisitkul, MD; John Femino, MD; and Annunziato Amendola, MD

Educating orthopaedic residents has changed in order to accommodate ACGME work hour restrictions, case minimums, and simulation requirements. These changes have forced educators to adjust their curriculums and create new learning opportunities for residents. Currently there are no arthroscopic ankle simulators in use, and no validation studies proving their benefit.

The goal of this research project is to validate an arthroscopic ankle simulator, implement a training curriculum, and establish transfer validity. Transfer validity will be represented by residents showing clear improvement of basic arthroscopic skills following completion of a standardized ankle simulator curriculum.

Enhancement of Achilles Tendon Repair via Peripheral Blood Mobilization and Chemokine-Directed Migration of Native Marrow-Derived Stem Cells

Kevin Baker, PhD; and Paul Fortin, MD

The goal of this research is to utilize a novel in situ tissue engineering technique to enhance the structural integrity and strength of Achilles tendon repair.

The investigators hypothesize that mobilizing marrow-derived mesenchymal stem cells (MSCs) into peripheral blood and directing their subsequent homing to the site of tendon repair via local delivery of a stem cell-associated chemokine can improve both the quality and strength of the repair. A multi-faceted approach will be used to systematically investigate native stem cell homing, methods to improve homing, and the combined effect of stem cell mobilization and directed homing.

Prospective Comparison of the NIH PROMIS Physical Function, Lower Extremity, and Pain Interference CATs against the Foot and Ankle Outcome Score and SF-12 for Patients with Common Foot and Ankle Conditions

Stephen Greenfield, MD; Scott Ellis, MD; Hong Do, MS; and Jayme Burket, PhD

Outcomes research in foot and ankle faces several challenges. Lack of consensus on tool selection and high patient burden secondary to lengthy questionnaires have limited comparative studies and patient participation, respectively. Computer adaptive tests (CATs), which rapidly hone the scope of questions depending on patient response, offer an alternative to legacy tools.

The investigators will evaluate the performance of the Physical Function, Lower Extremity, and Pain Interference CATs against the Foot and Ankle Outcome Score (FAOS) and SF-12. Equal performance will allow transition to use of CAT measures in the investigator’s registry, a necessary step towards participation in a national research.

In-vivo Arthrokinematics and Kinetics in the Normal and Chronically Unstable Ankle

Charles Saltzman, MD; and Andrew Anderson, PhD

In this study of healthy controls and patients with chronic ankle instability, a combined experimental and computational approach will yield the first objective characterization of kinematics and kinetics in the human ankle joint complex (AJC).

High-speed dual fluoroscopy and model-based tracking will dynamically measure in-vivo AJC kinematics while an instrumented treadmill simultaneously measures ground reaction forces during inclined/declined walking and running as well as balanced toe-rise. These data will develop a basis for future NIH R01 or VA merit funding to maintain a sustainable research program devoted to improving AJC function and related disease treatment.
The AOFAS Awards & Scholarships Committee has selected six young members (age 45 or younger) to participate in the 10th annual Traveling Fellowship Program. The program is designed to bring together early career foot and ankle surgeons and those established in the field in order to promote professional relationships, exchange ideas, and encourage new thinking on research and clinical care topics.

The 2014 Traveling Fellows were announced during Specialty Day on March 15, 2014 in New Orleans, Louisiana. Congratulations to:

- Jinsu Kim, MD, South Korea
- Joshua Mayich, MD, Canada
- Phinit Phisitkul, MD, Iowa City, Iowa
- Balvinder Rana, MS (Ortho), India
- Weidong Song, MD, China
- Federico Usuelli, MD, Italy

The following members will host the fellows at their institutions immediately following the IFFAS/AOFAS Meetings in September: Brian Toolan, MD; George Holmes, MD; and Steven Haddad, MD, in Chicago, Illinois; G. Andrew Murphy, MD, in Memphis, Tennessee; and J. Chris Coetze, MD, and Patrick Ebeling, MD, in Minneapolis, Minnesota.

The Traveling Fellowship Program is supported by the Orthopaedic Foot & Ankle Outreach & Education Fund (OEF) with a generous donation from DJO Global.

Visiting Professor Program goes to Hawaii

When AOFAS President-Elect Bruce Sangeorzan, MD, traveled to Honolulu, Hawaii in February 2014 for the AOFAS Visiting Professor Program, he met 19 residents from Tripler Army Medical Center, The Queen’s Medical Center, and Kaiser Permanente Moanalua Medical Center, as well as several staff members from each. A day of lectures and interaction focused on Lisfranc injuries, calcaneus fractures, ankle arthritis, and foot and ankle examination.

Resident attendees came away with a better understanding of orthopaedic foot and ankle surgery and 100% of attendees said the visit enhanced their perception of what a career as an orthopaedic foot and ankle specialist might be like.

“This was an outstanding opportunity,” said one attendee. “I learned a lot and hope this program will continue.”

Another attendee said: “This was great for resident education.”

The Visiting Professor Program provides an opportunity for orthopaedic residents to learn from a senior leader or other member of the Society. The Visiting Professor typically spends a day and a half attending clinics, giving lectures and presenting at grand rounds. The program also helps residency programs with limited foot and ankle resources bring quality education to its residents.

“I cannot give high enough praise to the Visiting Professor Program and Dr. Sangeorzan,” said Adam Groth, MD, associate residency program director for Tripler. “The residents loved the discussion, and I think we may have been successful in piquing the foot and ankle interest of a few of them.”

The program is funded by donations from individuals and industry to the Society’s Outreach & Education Fund (OEF). Residency training programs without full-time orthopaedic foot and ankle faculty are given first priority among programs applying to host a Visiting Professor.
The AOFAS biennial Complete Foot Care Course will take place October 24-25, 2014 in Charlotte, North Carolina. Under the chairmanship of Carroll Jones, MD, this multidisciplinary course will emphasize the non-surgical team approach to foot and ankle care.

In didactic morning sessions faculty, including surgeons, radiologists, physical therapists, nurses, athletic trainers, podorthists and orthotists, will address the basics of the foot and ankle evaluation and relevant biomechanics. Other program topics will include treatment of metatarsalgia, hallux rigidus, hallux valgus, pes planus, the cavus foot, trauma, including sprains and fractures, sports injuries, rheumatoid and ankle degenerative joint disease, and team care of the diabetic patient. Comprehensive afternoon small group breakout sessions will address foot and ankle exams, imaging, orthotics, athletic taping and bracing, foot mechanics and gait analysis, total contact casting, wound care and other common injuries of the foot and ankle with case presentations and hands-on demonstrations that will further illustrate treatment principles and facilitate open discussion.

Who should attend:
The target audience is physicians and health care professionals involved in all aspects of foot care, and the faculty and program will reflect this diverse audience and educational need.

“This course is unique in its integration of all aspects of foot and ankle care – making it an important component in the continuing education of your foot care team,” says Carroll Jones, MD. “This course will enable participants to enhance their skills in the management of foot and ankle problems, particularly in the area of non-operative management.”

Invited Faculty Include:
Carroll Jones, MD, Chair
Jeremy McCormick, MD, Co-Chair
Duane Albers, PT, RPT
Robert Anderson, MD
Bruce Cohen, MD
W. Hodges Davis, MD
Robert Dehne, MD
Kent Ellington, MD
Dennis Janisse, CPed
Michael Jenks, CPO
Robert Raible, Jr., MD
Margaret Rowell, BSN, RN
Todd Shropshire, PT
Saul Trevino, MD
Katie White, PT

For further course details, the complete program, exhibit opportunities, registration, and venue information, please visit www.aofas.org/completefoot or phone 800-235-4855 or 847-698-4654 (outside the US).
“Incident to” coding recommendations

By Peter Mangone, MD, Chair, CPT/RUC Committee

The use of a physician assistant (PA) in the office is becoming more common. PAs can work exclusively in the office or the operating room or may work in some combination of those settings. The rules regarding billing for PAs are fairly specific but not always well understood. With that in mind, this article will use clinical scenarios to clarify those rules.

Here is a quote taken directly from the CMS website as far as the definition of “incident to” billing rules: “To qualify as “incident to,” services must be part of your patient’s normal course of treatment, during which a physician personally performed an initial service and remains actively involved in the course of treatment. You do not have to be physically present in the patient’s treatment room while these services are provided, but you must provide direct supervision, that is, you must be present in the office suite to render assistance, if necessary. The patient record should document the essential requirements for incident to service.”

Guideline #1
Difference in reimbursement between physician services and non-physician services when performed individually with no one else present in the office:
- Physician = 100% reimbursed
- Physician Assistant = 85% reimbursed

Guideline #2
In general, the best way to determine whether to bill under the physician’s or the physician assistant’s National Provider Identifier (NPI) is to:
1. Determine who truly performed the level of service billed on the date of service provided; and
2. Determine if this is a new patient or new problem in an established patient as neither of those circumstances will allow for “incident to” billing.

Clinical Scenario #1
A new patient with acute Achilles rupture is seen by the PA while the physician is in the operating room. Full evaluation is performed by the PA, he/she talks with the physician by phone, and plan is coordinated for surgical treatment.

Recommendation – Submit bill under the PA. The services were provided without a supervising physician physically present in the same office suite when the office visit was conducted.

Clinical Scenario #2
A new patient with acute Achilles rupture is seen by the PA while the physician is physically present in the office suite. The PA performs a comprehensive history, comprehensive physical exam and discusses operative vs non-operative with decision made for surgery – this is performed with the physician physically present in the office suite. The case is discussed with the physician, the physician comes into the room, performs a Thompson test, and lets the patient know he/she agrees with the plan the patient and the PA have discussed. Surgery is coordinated.

Recommendation – Submit bill under the PA. Although the patient was seen by the physician and he/she was physically present in the office suite, the PA performed the true services provided to the patient during the office visit. Since this is a new patient, the “incident to” service rules do not apply.

Clinical Scenario #3
An established patient previously saw the physician within the last three years for chronic recurrent pain from hallux rigidus. He/she was treated with injection and orthotics. In the previous clinic note, the physician indicated that the patient would return in two months and if symptoms continue then surgery could be considered. The patient presents with continued great toe pain and is seen by the PA while the physician is in the same office suite but in another room seeing a different patient. A decision is made for surgery. The case is discussed with the physician when he/she comes out of the other room. The physician then comes into the room, performs a problem-focused history, a problem-focused physical exam and discusses operative vs non-operative care while the physician is in same office suite but in another room seeing a different patient. A decision is made for surgery. The case is discussed with the physician when he/she comes out of the

Note: The SGR patch bill HR 4302, which was signed into law by President Obama on April 2, delays ICD-10 implementation until at least October 1, 2015.

Clinical Scenario #4
An established patient previously saw the physician within the last three years for chronic recurrent pain from hallux rigidus. He/she was treated with injection and orthotics. In the previous clinic note, the physician indicated that the patient would return in two months and if symptoms continue then surgery could be considered. The patient presents with continued great toe pain and is seen by the PA while the physician is in the same office suite but in another room seeing a different patient. The case is discussed with the physician when he/she comes out of the other room. The physician then comes into the room, performs a problem-focused history, a problem-
focused exam, and lets the patient know he/she agrees with the plan the patient and PA have discussed. Surgery is coordinated.

**Recommendation** — Submit bill under the physician’s NPI at whatever higher level of service was provided and documented by the PA. Although the main services were provided by the PA at this visit, “incident to” service rules apply here due to the following factors:

- An established patient with an established plan of care for the primary diagnosis in which the physician personally performed the initial service for that primary diagnosis; and
- The supervising physician is physically present in the office suite.

**Clinical Scenario #5**
Repeat Clinical Scenario #4 except this time the physician is not physically in the office suite during the time the patient is seen. However, one of the physician’s partners is physically present in the office suite that day seeing patients in another hallway. This partner physician is documented as an alternative “supervising” physician for the PA.

**Recommendation** — Submit bill under the physician’s NPI at whatever level of service performed and documented by the PA. Although the main services were provided by the PA at this visit, “incident to” service rules apply here due to the following factors:

- An established patient with an established plan of care for the primary diagnosis in which the primary supervising physician personally performed the initial service for that primary diagnosis;
- An alternative documented supervising partner physician is physically present in the office suite; and
- To avoid the appearance of impropriety since the primary supervising physician was not physically present in the office suite, I would recommend the PA document that the alternative supervising physician was physically present in the office suite (and who that physician was by name).
New membership category … Spread the word
The AOFAS welcomed its first members in the new membership category of Associated Member – Basic Sciences in March. Applicants for this category must hold a PhD or its equivalent, be engaged in research or basic sciences related to orthopaedic surgery, and demonstrate achievement in research and education for foot and ankle orthopaedic surgery.

New members in this category shared their thoughts on the opportunity to be included into the AOFAS organization.

“Through the addition of a basic science membership category the AOFAS has made it clear that it is dedicated to advancing the science of foot and ankle research through engaging the basic science community. I am honored to be a member.” – Robin Queen, PhD

In Memoriam
Stuart K. Wakatsuki, MD, 48, Active Member, died in Kailua, Hawaii on March 11, 2014.

Dr. Wakatsuki received his medical degree from St. Louis University School of Medicine and orthopaedic residency from the University of Missouri, Kansas City. Since completion of his foot and ankle fellowship at Allegheny University in 1997, he was a partner at Windward Orthopaedic Group and a consulting physician at Kaneohe State Hospital.

In addition to spending time with family, Dr. Wakatsuki enjoyed golf and basketball. He was also a volunteer physician with Kailua High School for the length of his orthopaedic career.

He is survived by his wife, Melissa; children, Perry Wakatsuki, Brady Wakatsuki, Michael Hedin, Alex Gillis, Dany Deanda, and Katelind Hedin; and a grandchild.

Lawrence H. Wilk, MD, 79, Emeritus Member, of Corpus Christi, Texas, passed away on May 31, 2013.

Dr. Wilk graduated from the University of Michigan Medical School in 1958. After residency, he served in the Army Medical Corp from 1963-1965. Dr. Wilk practiced medicine for 40 years, serving for 10 years as the Medical Director of Ada Wilson Children’s Hospital.

He was not only an accomplished physician, but a pilot, rancher, woodturner, Eagle Scout, and Boy Scout leader. Dr. Wilk and his wife were active members of the Texas Jewish Historical Society.

Dr. Wilk is survived by his wife, Helen; children (with spouses), Chuck and Kris Wilk, Patty Block, Andrew and Dara Wilk, Athena Demos (Carol Wilk); and grandchildren, Kate, Ryan, Zach Gordon, Amanda, Travis, Jake, and Lauryn.

Does your website link to AOFAS and FootCareMD?
It should!
If you post your credentials on your website and list your membership in the “American Orthopaedic Foot & Ankle Society,” practice you may want to add a direct link to www.aofas.org. Patients often like to confirm your membership in medical organizations so linking them to the AOFAS home page will let them search for you easily in the Find a Member directory.

If you have a section on your website that provides an overview of foot and ankle care, you may want to add a link to www.footcaremd.org for additional patient-education resources.

Need to find an AOFAS member?
Turn to the AOFAS Find a Member online directory for your public and private needs, but be aware of the difference in accessing the two different directories.

When referring a patient to a colleague by going to www.aofas.org and clicking on the Find a Member link. Contact information shown will include the member’s company name, work address and work phone, plus a website if provided by the member. Please note that only the names of Active Members, Associate Members – Osteopathic, Candidate Members, and International Members are included.

When seeking a colleague for personal contact, use the private directory by going to www.aofas.org and logging in at the top of the screen where you see Welcome, Sign In. Once logged in click on the Find a Member link and now you will have access to the names of AOFAS members in ALL membership categories. Contact information shown will be the same as for the public with the addition of a preferred e-mail address plus work and/or cell phone contact if approved for display by the member. This additional private contact information may never be shared with the public under any circumstances.

For best searching limit the request fields you complete as everything must match the AOFAS database exactly to yield proper results. Less is more, so consider searching only by last name or only by state.
MEMBERSHIP MATTERS

AOFAS experiences another growth spurt

In the spring of 2012 the AOFAS celebrated reaching a membership high of 1,900. Just two years later the AOFAS is only a few members shy of reaching an exciting new total of 2,100 members. With new applications coming through daily, this total will likely be surpassed at the September IFFAS/AOFAS Meetings in Chicago.

A record 212 names of new and elevating member applicants, previously reviewed by the Membership Committee and approved by the Board of Directors, were presented to AOFAS voting members attending the Interim Business Meeting held during Specialty Day 2014 on March 15. The Society welcomes its newest members and congratulates all elevating members.

Active Members
Gregory Ardone, MD
Lucas Bader, MD
Jamey Burrow, MD
Brian Calore, MD
Thomas Douglas, III, MD
John Paul Elton, MD
Bethany Gallagher, MD
Eric Gokcen, MD
Troy Gorman, MD
Lance Ho, MD
Yuhwan Hong, MD
David Huebner, MD
Sina Kasraeian, MD
Travis Kemp, MD
Stacey Kessinger, MD
Carter Kiesau, MD
Brian Kleiber, MD
Alex Kline, MD
Jason Lake, MD
L. Daniel Latt, MD
Jason Lin, MD
Kevin Lutta, MD
Chris Miller, MD
Traske Muir, MD
Joshua Nadaud, MD
Dominique Nickson, MD
Jason O’Dell, MD
Sudheer Reddy, MD
James Reid, MD
Tracy Rupke, MD
Nicholas Seibert, MD
Khalid Shirzad, MD
Benjamin Stevens, MD
Corey Thompson, MD
Brian Weatherby, MD
Ferras Zeni, MD

Associate Members – Osteopathic
Sarang Desai, DO
Mark Krahe, DO
W. Brett Smith, DO

Candidate Members
Hilary Alpert, MD
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