International Federation of Podiatrists
Fédération Internationale des Podologues

WORLD CONGRESS OF PODIATRY
ROME
OCTOBER 17 – 19

COUNTDOWN TO
2013

CELEBRATING THE CENTENNIAL
4

MEMORABLE PATIENT MOMENT
6

MY PRACTICE [by Alex Catto]
10

FIP UPDATES [from our members]
12

Best Wishes for a Healthy, Happy and Prosperous New Year
President’s Message

Joe Caporusso

Season’s greetings. Being in the midst of the holiday season being celebrated in many countries around the world creates an atmosphere full of joy and anticipation.

It represents a time when families and friends gather together, join in celebrations and look forward to a new year and new opportunities.

These same sentiments are also reflected in the Federation Internationale des Podologues/International Federation. Together we are a family of podiatrists spread across over 30 countries around the world. And, like the travel that takes place during the holiday season, FIP members also look forward to travelling to one location to meet and greet fellow podiatrists. That happens with each Annual General Meeting we have and also the World Congress that occurs every three years.

I am honoured to be elected as your FIP President, and am excited about the coming new year. Two of my goals as FIP President are to increase communication and increase value for members and corporates.

Your FIP board and staff are working very hard to create an exceptional 2013 World Congress. Already, we have arranged for dynamic keynote speakers, and are the midst of securing interesting workshops and a diverse array of lectures. We have received numerous emails from people interested in the 2013 World Congress. That includes delegates, exhibitors and lecturers.

We are also busy organizing a new group of online lectures, which are being posted on the member-only section of the FIP website. These lectures are free to FIP members. We will continue to populate the educational courses over the coming months so I encourage you visit the website often.

We’ve also posted new materials and resources for the 2013 World Foot Health Awareness Month and for diabetes awareness. These materials are free for you to use with patients and colleagues to help increase awareness about the importance of the podiatry profession and to educate patients about healthy feet.

As we get ready to wind down 2012 and get ready to start a new year, I want to wish you and your family a safe, healthy and happy holiday season and best wishes for a wonderful 2013.

Joseph Caporusso, DPM
FIP President
The Golisano Foundation, one of the largest private foundations in the United States devoted exclusively to supporting programs for individuals with developmental disabilities, recently honoured podiatrist Dr. Joseph Carbone for his work with special needs patients.

Living in Irondequoit, New York where he works as a podiatric surgeon at Rochester Foot Care Associates, Dr. Carbone volunteers both his time and his skills to a very worthy cause. Every year Dr. Carbone organizes the foot screenings for all of the athletes in the Special Olympics, an act that keeps the participants and their feet happy and healthy. In response to receiving the honour from the Golisano Foundation Dr. Carbone says “it’s very gratifying to work for the Special Olympics. They shouldn’t be giving me an award. I should be giving them an award, but I am very humbled and appreciative of the award.”
2012 marked 100 years of organized podiatry in the United Kingdom and the Society of Chiropodists and Podiatrists (SOCAP) held their Annual Conference this past October in Glasgow, Scotland, in conjunction with their centenary celebration.

Hailed as their best conference yet, the SOCAP event was alive with activity as attendees explored a vast exhibition hall with over 80 exhibitors and enjoyed a great lineup of guest speakers including Professor Brian Cox, particle physcist and Professor at Manchester University.
To add to the centenary festivities, a decadent dinner was hosted at the Kelingrove Art Gallery and Museum, one of Scotland’s most popular attractions, and to top it all off, the Scottish bagpipe band The Red Hot Chilli Pipers made a special appearance providing all who attended with some exciting entertainment.

If you weren’t able to make the trip out to the 2012 SOCAP Annual Conference, there is always next year. Plans for next year’s conference are already being made and it has been decided that the 2013 event will be held in Liverpool, England, birthplace of arguably the most popular band in the world, The Beatles.
I would like to share with you a remarkable case my colleagues and I treated in Hong Kong.

A 14-year-old girl from a rural part of Guangdong province in mainland China was not entitled to free healthcare in Hong Kong. She was funded by the 'Changing Young Lives Forever Foundation' to come for treatment. This meant special visas, local accommodation arranged at Ronald McDonald House and an 8-hour journey each way. The poor young girl had suffered terribly, because her condition was so disfiguring she had been called 'a monster' by some of her peers, she did not go to school anymore and had even tried to commit suicide.

Our friendly dermatologist asked if there was anything podiatry could do to help.

The 'China girl' as we all affectionately came to know her, was diagnosed with Congenital Icthyosiform Erythroderma affecting the whole of her body. She responded remarkably to medication everywhere except her soles and palms.

She had been prescribed Acitretin, a retinoid, which has an elimination half-life of 2 days. However because it can be reverse metabolized into etretinate which has a long half-life, it is so toxic that women must avoid becoming pregnant for 3 years after discontinuing this therapy. Normally used for treatment of severe resistant psoriasis, it reduces epidermal hyperplasia leading to the slowing of cell production.

On the first day we saw her in January 2008, this is how her hands and feet looked, note the retraction and resorption of the digits, especially over the hands. She was very quiet and painfully shy; it was difficult to get her to communicate at all.

My colleagues and I knew that podiatrists would not usually treat hands, but out of compassion, we felt that if we did not help her, there would be no-one else who would, so we decided to go ahead and treat her hands too.

The first stage was cleansing with hibitane hand wash bathing, then rehydration of the skin (bearing in mind we only had two days to treat her before she needed to go home) using an old fashioned technique of applying emulsifying ointment and then plastic bags and a sock for her to sleep in overnight.

Next, began the arduous task of debridement. Each visit involved several hours of debridement often going on until late in the evening. After about 2 hours of careful debridement on the first visit of the dorsal, interdigital and plantar aspects of the toes, the following photo shows how far I got (not very far at all).
It was time to call in my team mates as reinforcements. My colleagues and I sat for hours and went home with aching hands; we even used Duoderm dressing to protect our fingers to prevent blisters from forming.

We performed simple debridement of hyperkeratosis bi-monthly, 20% urea cream local application twice daily, emulsifying ointment and bagging overnight the day before her follow up. We provided her with shoes and socks, topical medications, even the plastic bags to continue treatment at home.

By November 2008, the condition had improved significantly.

There was a small pigmented lesion on the medial longitudinal arch of her right foot, which we biopsied and was found to be benign.

The ‘China girl’ was able to return to school, in the same year as her younger brother, she is able to use a pen and even chopsticks. With regular maintenance therapy every few months her foot condition is kept under control.

Aside from the podiatric perspective, it was lovely to see her smile again. We bought her gifts such as school books, a school bag and pencils. We took her to eat at McDonalds where she sat in wide-eyed awe.

It was a wonderful feeling to make such a difference to another person’s quality of life. For me, that is what podiatry is all about.

This is what I call the definition of ‘teamwork’.

By November 2008, the condition had improved significantly.
Meet and welcome the new FIP-IFP board that was recently elected at the 2012 FIP-IFP Annual General Meeting in Glasgow, Scotland on October 14th. Leading the team is the new President, Dr. Joseph Caporusso of the United States.

Immediate Past President: Janet McInnes of the United Kingdom has been a podiatrist for 30 years and has recently retired as the Head of the Division of Podiatry and Deputy Head of the School of Health Professions at the University of Brighton UK. She is joint author and collaborator on two editions of a Health Psychology text book written for podiatry students and written a chapter for Neal’s textbook of podiatry. Janet also sits on the Council for the Society of Chiropodists and Podiatrists UK.

Elected Secretary General last year, Heidi Corcoran is the lead podiatrist for New Territories Podiatry Services in Hong Kong, and a part-time lecturer of the Chinese University of Hong Kong. From 1996 to 2011 she was the Coordinator of Podiatry Services for the New Territories East Cluster. She is a member of the International Working Group on the Diabetic Foot and is Vice Chair of the International Podiatrists Association of Hong Kong.

CEO: Robert Chelin is a past President of the Federation of International Podiatrists (FIP), the former Chairman of World Foot Health Awareness Month and current chair of the FIP Website Committee and Economic Development Committee. He is also a past president of the Canadian and Ontario Podiatric Medical Associations. Robert lives in Toronto, Canada, where he has practiced podiatry for over 30 years. His commitment and dedication to our profession is the driving force that motivates him.

Executive Director: Prior to joining the FIP in 2007, Jayne Jeneroux served on numerous boards in a variety of positions and worked in upper-level management with provincial government departments. She is also the Executive Director for the Canadian Podiatric Medical Association and the College of Podiatric Physicians of Alberta.

Vice President: Fernando de Francisco Peñalva D.P. of Spain received his diploma in Podiatry from the University Alfonso X “The Wise” in Madrid in 2005, his Masters in Advanced Clinical and Surgical Podiatry at the European University of Madrid (UEM) in 2009 and is finishing his thesis to obtain the Doctor’s degree at the University of Extremadura in 2013. He is a board member for the Spanish Association of Podiatric Surgery (PCEA), a professor collaborator at the department of Podiatric Surgery at the Complutensis University of Madrid (UCM) and a professor at the Masters degree of the European University of Madrid (UEM). He is also a member of the Spanish Red Cross medical education team and physician at its medical emergencies department. He currently practices in Logroño (La Rioja) in Spain.

Board Member: Mona Boysen is the leader of the Norwegian Association of Podiatrists. She is strongly advocating the need for a Bachelor’s degree in podiatry in Norway and strives to build stronger international bonds between her own organization and other FIP countries.

Treasurer: Dr. Brad Sonnema is a podiatrist working out of Edmonton, Alberta, Canada. He is the current Treasurer for the Canadian Podiatry Association and is also the incoming President of the College of Podiatric Physicians of Association. In addition to his podiatry education, Dr. Sonnema recently completed his Masters in Business Administration.

Introducing Your New FIP Executive Board

Dr. Caporusso joined the FIP in 2007 as the FIP Member at Large, a position he held until he was elected as Vice President in 2010. In his acceptance speech Dr. Caporusso stated “he will focus his attention for his first term on improving communication, re-establishing our committees and pursuing further development of our educational and financial initiatives.”

Dr. Caporusso is also the current president of the American Podiatric Medical Association (APMA) and Past Chair of the Peripheral Arterial Disease (P.A.D.) Coalition. He practices in McAllen, Texas focusing on all aspects and care of the diabetic foot.

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May 2013 might seem worlds away right now, but for the FIP-IFP it is already fast approaching.

As most FIP members know, May is 2013 World Foot Health Awareness Month (WFHAM), a month dedicated to spreading awareness about the importance of proper foot and ankle health to the general public and other healthcare professionals.

Every year the WFHAM committee develops and distributes resource materials and posters to help promote WFHAM and to successfully implement the plans for that year's specific initiative. Last year's initiative was 'Biomechanics of the Foot'; for 2013, the theme is on Seniors. Resource materials include a Special Focus Section article on Aging and Chronic Diseases, Do's and Don'ts, a True/False Quiz, shoe fitting tips and a shoe selection table.

All FIP members are encouraged to use the 2013 WFHAM materials that are posted on the FIP-IFP website www.fip-ifp.org.

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The Educational Program for the 2013 World Congress of Podiatry Currently in Development

Time is simply speeding by. The FIP-IFP Annual General Meeting has passed and now it is time for the association to focus its attention on preparing for the 2013 World Congress of Podiatry in Rome, Italy.

As the date swiftly approaches, the International Academy of Podiatric Medical Educators is diligently developing the educational program for the 2013 World Congress, the association's premier foot and ankle conference. As it stands, the program will include three plenary sessions, numerous lectures and six daily workshops. As well, the academy is working with national organizations to ensure that they secure CME/CPD credits for their member podiatrists.

According to Academy President Dr. Vince Hetherington, the primary purpose of the academy is to enhance podiatric medical education worldwide. In fact, podiatric educators attended the 2010 World Congress of Podiatry in Amsterdam, where the academy was first launched, and it is the hope of the FIP-IFP that the academy's educational content will experience even more success the second time around in Rome.

So keep returning to the FIP-IFP World Congress of Podiatry website www.fipworldcongress.org as more detailed information about the congress and all of the planned educational programs become available.
As you read this, you have to understand two things - I never wanted to be a chiropodist, and I was a very reluctant private practitioner. So, if you take anything away from this article – just remember that anything I’ve done, you can do better.

I drifted into chiropody, qualified and hated it. I left the profession for three years and went into the commercial world. When I drifted back it was into the welcoming arms of the ‘safe’ cuddly NHS. I was very happy for a few years, working with a great bunch of colleagues. We had a lot of fun; got the job done and management either helped us or left us alone. Those were the days.

But time and politics change, and at the end I couldn’t wait to get out…but to what? Well, private practice appeared to be the last resort, so reluctantly that’s where I went with all the usual forebodings. No regular salary, and a mortgage, wife and two kids to support. So I purchased the lease on a terraced property on a busy main road, and started from scratch.

And what did I find? Well, compared with the NHS…I couldn’t believe it was so easy. Why? Well you’d better read on. (I have to add here that my very first patient ended up in casualty. He was a fireman with a piece of metal in his foot that I couldn’t remove. I resolved then that this was a good omen as things couldn’t get any worse!)

When I was asked to write this article, my remit was that it ‘should reflect my practice philosophy and views’. So if you’ve got this far you won’t be surprised if my views and philosophy are maybe a bit different.

Firstly, my view of this profession as it relates to private practice. I believe we have a GREAT profession and it’s about time someone stood up and said so. From the purely business point of view, consider the following:

1. You’re your own boss. The master of your own destiny.
2. There are so few of us, even with grandparenting there won’t be enough pods to go around.
3. Our patients need us. They want and enjoy coming to see us.
4. We get paid on the spot. No cash flow problems, or invoice chasing.

5. We have a unique selling point; we can relieve pain immediately in most cases.
6. The potential market is huge and we haven’t even scratched the surface yet.

In today’s hard-nosed business world any entrepreneur would give his right arm for a business that offered the above.

Secondly, from the professional point of view, consider this:

1. We don’t get called out at night.
2. We don’t have the emotional trauma of dealing with terminally ill patients.
3. We have time to spend with and get to know our patients. It’s medicine like it used to be.
4. If we make a mistake, no one dies, and if you’ve got a halfway decent relationship with your patients you’re unlikely to get sued.

Each year, in conjunction with the FIP Annual General Meeting, a workshop or session is organized for FIP delegates. For 2012 in Glasgow, Scotland, Alex Catto and Kathleen Stone, DPM jointly hosted a session on practice management. Provided below is an article written by Alex Catto. On the following page are some tips from the session.

Alex Catto outside his practice.

Compared with most commercial enterprises, we’ve got it made. So why do we constantly undervalue ourselves? Why are so many private practitioners not earning a decent living, and working far too hard?

These are issues that need to be addressed, because I regard the HPC fiasco as the thin end of the wedge. Increased regulation is on the cards whether we like it or not, and those practices that survive the next few years will be the ones that are financially secure enough to afford to keep up with the legislation. Forget about your hard-won clinical skills; the fees you’re paying now for the privilege of treating your patients are nothing to what could be coming. Make no mistake; they are after your money to fund their fat cat bureaucratic jobs. No one is interested in
the ‘good’ you are doing – and if you’re thinking that your patients can’t/won’t pay anymore, then just remember that the worst service you can do them is to go bankrupt.

We are beginning, at long last, to be respected as a serious clinical specialty, but if we really want to be respected as a serious profession, we are going to have to start charging proper professional fees.

Most private practitioners believe that because they are good podiatrists and can do the technical stuff they can build a business that does the technical stuff. This is often a fatal mistake, and goes a long way to explaining the underperformance of many practices. Business techniques and skills are a whole different ball game from podiatry skills but they can be learned just the same – I went and learned.

Which brings me to the philosophy at the core of my practice. There are many aspects to success, and material wealth is only one component. I regard success as a journey not a destination. Material wealth and possessions just happen to make the journey a whole lot more enjoyable!

Anyone can earn £100,000 a year working 6 days a week 10 hours a day. But success also includes good health, energy and enthusiasm for life, a happy family life and a feeling of well-being and peace of mind.

When I went into private practice I asked myself what the purpose of my practice was going to be? Was it to cure patients? Was it to be a charity or social service? Well, no – the purpose of my practice was to be a business that gave me, the owner, the means and freedom to do whatever I liked whenever I wanted. It was set up to provide me with the means to have a better life than I had working for someone else.

This is absolutely fundamental to my business, for I believe that if your business is not structured to give you a better life, it'll end up draining your life away. My practice can function without me – which is why I enjoyed doing my CPD cruising the Caribbean last year, while so many of my colleagues said they either couldn’t afford the money or the time. Ten days in the Caribbean on the taxman with free drinks - how can you not afford to go?

Now, how I run my business will be different from the way you run yours, and that’s right and proper. That’s the fun of it. But the bottom line is that however you run your practice, you must feel comfortable with what you’re doing.

Technically, my business was set up right from the start to be a general practice providing high-quality core value chiropody, PNAS, orthotics, homeopathy, etc., I regarded as the extra ‘jam on the bread’ and, after 20 years, this is still the case. I’m proud to be a generalist. I feel it’s more interesting, and the skills and knowledge base needed to effectively deal with whatever walks through your door is a vastly underrated skill.

I’m the first to admit that I’m not the world’s best podiatrist, and if I think a patient needs to see a colleague who’s better at a certain procedure then I’ll refer. I refer all the time. I don’t regard this as a weakness and, more to the point, I don’t lose patients. Even more to the point, I get to go to bed and sleep at night. I’ve built up a great network of colleagues over the years who I trust to look after my patients, and who know I don’t ‘dump’ awkward patients on them.

Of course I also have two first-rate friendly, adaptable and enthusiastic associates to refer to as well. They have their own specialities, so between us we can sort out most problems.

My associates are central to my business. They provide me with the flexibility to run things the way I want to. If you choose, mentor and treat your associates properly, you’ll have a long and happy relationship. I was an associate years ago, and I’ve always been grateful to those more experienced chiropodists who took the time and trouble to teach me common sense. I can’t emphasise the importance of associates enough. If there are aspects of podiatry you dislike (lots of practitioners hate asking for the fee!) then employ else someone to do it instead!! Life’s too short to be doing things you don’t like.

Which brings us to receptionists. My business relies totally on my reception staff. To new patients, and phone enquiries (the life blood of your business) the reception staff are the business because that’s whom they’ll meet first. Whatever you pay your reception staff, they’ll earn you much more…that’s if you take the time and trouble to train them of course.

Podiatry is a people thing and so-called ‘social’ chiropody is practised as an art form in my business!! If I didn’t do social chiropody, I wouldn’t be able to afford the lasers, the nice surgery furniture and the computerised gait analysis unit that we also use.

I don’t understand the dismissive attitude some of the profession take to these patients. They need treatment, are happy to pay, provide an awful lot of referrals, and, as far as the social element is concerned, if you get fed up, your receptionist is there to do the tea and sympathy bit. The fact that an OAP is happy to pay my fee rather than go to a NHS clinic half a mile away makes some kind of point. And if they want to come and see us, then we’ll make sure their visit is an enjoyable one. People pay for benefits, and there’s nothing in the book to say the benefits have to be all chiropodial.

So, to sum up, the technical side of the business is straightforward and hardly rocket science. The philosophy behind the business, however, is crucial. My business is set up to be generating income whether I’m there or not. And when I am there, it’s fun and I go to bed and sleep at night.

I wish you all success in your businesses, and leave you with two thoughts to ponder:

1. If you’re not earning a decent living, working too hard and not enjoying yourself, why are you doing it?

2. If you were hospitalised and unable to work for 4 months, as I was after a climbing accident, would your practice survive?

It’s worth thinking about. Sleep well!
The FIP delegate session held on October 13, 2012 in Glasgow, Scotland focused on practice management, looking at it from both a business and clinical perspective. Given the many positive comments from attendees at the session, we’ve posted some of the key tips that were discussed.

Good communication is key! But to do it effectively, podiatrists should include the following when communicating with patients:

- educate with a problem-focused discussion and all pertinent treatment plans
- explain how each plan will work to each individual patient
- engage patients by clearly defining their role of participation in the treatment plan

High Impact Communication includes factors such as:

- shaking hands with the patient
- making eye-to-eye contact
- positive body language
- how you dress and your overall appearance
- assessing non-verbal cues such as colour/pallor, respiration/perspiration, emotional/nervous
- asking your patient about his or her lifestyle

Energy Factors

- your voice/tone
- using non-medical terminology
- listen … let patients talk when you ask “how are you today?” Fight the urge to interrupt
- use social discussion regarding weather, news events, family

Conflicting assumptions or expectations

- More and more, patients are using the Internet to search about foot ailments etc. Asking patients about their expectations and discussing whether they are realistic or not helps clarify any assumptions or expectations.
- Don’t presume that the patient understands every thing that you’ve told them. Instead, before finishing your appointment, ask the patient if he/she has any questions.

Closing comments

In this economically difficult time it is of great importance for all of us to assess our practice style. We must continually regroup and improve our communication skills using the educational programs provided by our member organizations. Always remember we are the lower extremity specialists and that we provide the highest level of care. Always remember the joy and satisfaction from our patients begins with a clear communication from you. This is how we can all practice smarter.
The countdown to the 2013 World Congress of Podiatry has begun and the clock on the World Congress website has literally started to tick. With less than a year to go until the international conference in Rome, Italy from October 17-19, the FIP-IFP is putting all their efforts into planning and fine tuning the event so that it will be their best congress to date.

A conference three years in the making, the 2013 World Congress held in magnificent Rome, Italy is the ideal opportunity to take a great vacation while attending the podiatry profession’s premier international foot and ankle conference. With members coming from over 30 countries, the World Congress of Podiatry is the largest gathering of international podiatrists. The 2013 event will include three high profile keynote speakers, over 100 lectures, numerous hands-on workshops and a truly global exhibition hall.

To keep you up-to-date as more details become available, the FIP-IFP encourages all of its members to visit the official World Congress website www.fipworldcongress.org that is now up, running and populated with valuable information on everything from accommodation to conference rates.

Are your bags already packed? Registration is now open on the World Congress site and the FIP-IFP is offering discounted rates to any who registers before the early bird date, February 28, 2013. And if this is the year you decide to become more involved, the FIP-IFP is currently calling for exciting and innovative abstracts that can be submitted online anytime until March 31, 2013.

Once you have registered it is time to start booking, and to help eliminate some of the stress of looking up hotels and prices, the FIP-IFP has provided detailed accommodation information on the website as well. While the Sheraton Roma Hotel and Conference Centre is the main hotel being used for the World Congress, many rooms in different hotels at different prices have been reserved so that all attendees can find the room that is the perfect fit for them.

Make 2013 the year you attend the World Congress of Podiatry and stop by the website www.fipworldcongress.org today to register, check out the rates, book accommodation and start planning all the amazing things you will be able to do on your trip to Rome, Italy.
The SCP was delighted to host the FIP Annual General Meeting immediately following our centenary conference in Glasgow. The conference was highly successful, showcasing how far the podiatry profession has advanced in 100 years and the potential for new developments in the next 100 years. The keynote speaker was Professor Brian Cox, a “celebrity physicist” who frequently appears in the media in the UK.

One of the major developments celebrated at the conference was the granting of independent prescribing for podiatrists. This has been agreed in principle by the Government and awaits imminent parliamentary approval. We anticipate that the first independent prescribing courses will be available in September 2013, so that independent prescribing can begin in earnest in 2014.

Podiatrists who complete the training programme will have their entry on the statutory register annotated to show the public that they are able to prescribe independently. Rather than having to refer patients to doctors for prescriptions, podiatrists will be able to prescribe medicines immediately and reduce delays in treatment. The new legislation will particularly benefit people with diabetic foot infections, other acute infections and dermatological conditions.

France

Thanks to the European Commission recommendations concerning training all along the professional life, the Continuous Professional Development (CPD) is to be compulsory to podiatrists, implying that in case of lacking, the practitioner will be able to be punished for professional insufficiency. The CPD program will be transversal with the other healthcare professions.

A prevention program of the infections linked to private healthcare will be set up by the Ministry of Health. The piloting commission will include a podiatrist.

An association between shoe manufacturers and podiatrists has been created by FNP. This organization has the objective to label shoes for children to guarantee good footwear and, if required, to received orthoses.
Italy

The quarter has once again given the interest of other Health Care Organizations for the role played by the podiatrist in Italian Health. There are, in fact, many conferences, workshops and round tables to which the AIP participated. President Montesi thus had the opportunity to present the development recorded in Italy by podiatry, and the most striking clinical cases resolved positively.

The commitment of AIP turned towards the solution of certain problems such as the Professional Profile, the inclusion in the LEA of some major foot-performance, the organization on the territory of assistance to the diabetic patient, with reference to the complication of the diabetic foot, with continued studies and research for the improvement of relief, especially in terms of prevention as well as a cure.

The World Congress has been at the heart of the AIP, who have collaborated with the FIP. It has been repeatedly pointed out the great interest in the Congress and the program developed by the Federation. President Montesi has also participated in the FIP AGM in Glasgow during which, in addition to the Organization of Congress, was appointed the new President in the person of Joe Caporusso FIP. The AIP has emphasized the value of that appointment.

Germany

Over 20 podiatry students of the Department of Podiatry started the first Bachelor study to the Bachelor of Science Complementary Medicine and Management and Podiatry. It started in September this year in Germany. The education will continue until August 2015. You can make the study after the two year education in podiatry. It ends with a state examination at the Steinbeis Universität. So, you have 2 years Podologie and 3 years study=5 years education. The beginning is a test. If you have high school graduation, you can make the study immediately. If you do not have it, you have a test, you must do good work for 4 years, before you can make the study. Both ways are not easy. I think you know it and all over the world it is the same event.

The topics are all very interesting and allow through the study a systematic development of competence in the art of podiatry.
First Podiatrist Elected to US Congress

In a landslide victory, Brad Wenstrup, DPM, became the first podiatrist ever to be elected to the US House of Representatives during the November elections in the United States. APMA congratulates him on this victory. Dr. Wenstrup, an Iraq war veteran and Army reservist, will take office on January 3, 2013, joining the 113th Congress. APMA looks forward to working closely with him to ensure podiatric medicine remains at the forefront of the US healthcare debate.

Congressional candidate Lee Rogers, DPM, ran unsuccessfully for California’s 25th congressional district. APMA is proud of Dr. Rogers’ efforts in this hard-fought race.

CPME Accredits Western University of Health Sciences College of Podiatric Medicine

Five years after the Western University of Health Sciences in California submitted its application for eligibility, the university’s College of Podiatric Medicine (WUCPM) was granted initial accreditation by the Council on Podiatric Medical Education at its fall meeting.

During the accreditation process, WUCPM completed an eligibility application and two self-studies, and the council conducted three on-site evaluations (the most recent in August 2012), applying accreditation standards that are widely accepted in the podiatric medical education community and by the US Department of Education.

This comprehensive review culminated in the council electing to grant four years of accreditation, the maximum allowed by the council’s procedures for a new college of podiatric medicine. WUCPM becomes the ninth college of podiatric medicine accredited by the council.

At its October meeting, the council also extended accreditation of the New York College of Podiatric Medicine through October 2020 following a comprehensive on-site evaluation of the college in June 2012.

APMA Puts Focus on Diabetes Awareness

26 million Americans have diabetes today, according to the American Diabetes Association, and 50 million may be suffering from the disease by 2050, according to the Centers for Disease Control and Prevention. These astronomical figures are no surprise to today’s podiatrist. That’s why APMA again sponsored a major public education campaign during November’s Diabetes Awareness Month. APMA’s 2012 diabetes campaign, Knock Your Socks Off (KYSO), again targeted the Hispanic community, specifically women ages 35-55, the primary health-care decision makers in this community.

The campaign included tip sheets, an interactive quiz for patients, a special edition of APMA’s Footprints patient newsletter, and a significant social media campaign to APMA’s more than 30,000 social media followers. The campaign also featured video and a press release. For more information, visit www.apma.org/diabetes.

NEW YORK STATE PODIATRIC MEDICAL ASSOCIATION
January 25–27, 2013
Continuing Education
Contact Hours—21.25 Pending

MONTANA PODIATRIC MEDICAL ASSOCIATION
January 17–20, 2013
Continuing Education
Contact Hours—17
MPMA education. Big Sky, Montana. Topics include: sports medicine, wound care management, infectious disease management, forefoot and rearfoot/ankle surgery, as well as a cadaver lab. Visit America’s biggest skiing area famous for no lift lines. Visit www.mtfootandankle.com, or e-mail mwangen@rmsmanagement.com.

AMERICAN PODIATRIC MEDICAL ASSOCIATION
July 21–25, 2013
Continuing Education
Contact Hours—Pending
APMA Annual Scientific Meeting. The Venetian/The Palazzo Congress Center and Sands Expo, Las Vegas. Contact the American Podiatric Medical Association, 9312 Old Georgetown Road, Bethesda, MD 20814, or call 301-581-9200. Visit www.apma.org/thenational.
Cast your Vote for the 2013 FIP-IFP Humanitarian Award

The FIP-IFP recognizes all of its members for the hard work they do on behalf of the profession, and as a reflection of this recognition, the association created the FIP-IFP Humanitarian Award. This award is given to a special individual whose selfless work in the field of podiatry has made a difference in the lives of others.

Does a certain individual immediately come to mind? Perhaps a fellow colleague who has contributed to disaster relief, podiatry education in developing countries or has made a unique sacrifice to help others? If so, the FIP-IFP wants to hear about it and encourages you to nominate this person for the 2013 FIP-IFP Humanitarian award today.

Awarded annually to a nominated FIP-IFP member after careful evaluation by the FIP-IFP Humanitarian Award Committee, the 2013 Humanitarian award will be announced at the 2013 Annual General meeting in Rome, Italy on October 16. Along with the recognition of their association and their peers, the recipient will also receive a certificate signed by the FIP-IFP President Dr. Joseph Caporusso and an FIP medal.

Many remarkable podiatrists have received this honour in the past, including Margreet Van Putten for her work in Bosnia, Dr. Vicky Anton-Athens for her efforts in Guatemala and, most recently, Kristen Larsen for her time spent establishing foot clinics in Palestine.

Award criteria and nomination forms are available on the FIP website (www.fip-ifp.org) so take a moment to consider someone you think is deserving of this honour. For more information, contact FIP-IFP Executive Director Jayne Jeneroux at jjeneroux@xplornet.com.

New URL, Same Great Website

While the FIP-IFP official website may have a new URL www.fip-ifp.org to accommodate the association’s new title “International Federation of Podiatry/Federation Internationale des Podologues”, one thing has not changed, the quality of information available for all FIP-IFP members. If it has been awhile since you last visited your international association’s website, sit back and take a moment to re-familiarize yourself with the page and its content, both old and new.

To make sure you can view all areas of the site, click on the ‘register’ button to re-register and receive access to the member’s only section of the webpage. Once registered, take some time to browse through the many FIP-IFP materials. Continue your education with the new online courses offered by the FIP-IFP, print off the World Foot Health Awareness Month posters and information packages or download the diabetes awareness power point presentations. When you find something particularly useful, spread the word to your colleagues and fellow FIP-IFP members.

The FIP-IFP website www.fip-ifp.org was created for the benefit of all its members, so make a habit of stopping by on a regular basis as more and more resources become available.

After reading this magazine, please recycle!
An FIP membership is a valuable tool available for podiatrists around the world. A non-profit association, the FIP was created to develop podiatric medicine, and to raise awareness about foot and ankle health on a global scale. You immediately qualify for an FIP membership if your national podiatry organization holds membership with the FIP. If you practice in a country that does not have a podiatry association, you can still apply for FIP membership by submitting an application for individual member status to the FIP membership/recruitment committee.

There are many benefits that come with an FIP membership, and these benefits should be taken advantage of on a regular basis. Membership with the FIP will provide you with a wide range of international podiatry information. You will have access to member news, updates and information on the FIP website (www.fip-ifp.org), as well as the FIP newsletter, a publication that will educate you on what is happening in podiatry around the world. An FIP membership will also keep you linked to podiatrists in other countries. If faced with a patient who travels frequently, or a patient who is moving, membership with the FIP will help you to locate podiatrists and make international referrals.

One of the biggest benefits that the FIP has to offer is a series of online courses. We have recently added six new powerpoint presentations and anticipate additional courses being added early in the new year. These courses can be accessed in the member section of the FIP website. An FIP membership can aid you in your practice by providing you with international podiatric information. If you haven’t already done so, visit the FIP website today, and start benefiting from the resources available to you as an FIP member.

www.fip-ifp.org

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**FIP Benefits at a Glance**

Some of the many benefits of FIP membership include:

- Access to online educational courses on the FIP website
- Networking opportunities with podiatrists around the world
- Discounted rates for the FIP World Congress of Podiatry
- Quarterly online magazine
- World foot health awareness month materials and poster image
- Diabetes resource materials through the FIP Diabetic Foot Commission
- Information about podiatry-related conferences around the world
- Reduced subscription rate to “The Foot” journal
- Advocacy, support and information about the podiatry profession at the local, national and international level
- Country profiles and podiatry scope of practice and education around the world
- E-blasts and quarterly magazine emailed to you
- Podiatry news and events around the world
### Mark Your Calendar

#### 2013

**January 19-26**  
Southern Caribbean Cruise Seminar  
www.internationalfootankle.org

**Feb 27-Mar 3**  
AAPPM Midwinter Conference  
Pittsburgh, PA  
www.aappm.org

**Mar 21-23**  
DFCON 2013 – Diabetic Foot Global Conference  
Los Angeles, USA  
www.dfcon.com

**Mar 21-24**  
Mid West Podiatry Conference  
Chicago, Illinois  
www.midwestpodconf.org

**May 2-5**  
Taste of Tuscany  
Florence/Tuscany, Italy  
www.gtef.org

**May 16-19**  
Reconstructive Surgery of the Foot & Ankle  
Atlanta, Georgia  
www.podiatryinstitute.com

**June 2-6**  
Australasian Podiatry Biennial Scientific Conference  
Sydney, Australia  

**June 20-23**  
The Western Foot & Ankle Conference  
Anaheim, California  
www.thewestern.org

**June 27-30**  
Footprints in the Sand  
Hilton Head, South Carolina  
www.podiatryinstitute.com

**Jul 10-14**  
AOSSSM Annual Meeting  
Chicago, Illinois  
www.sportsmed.org

**Jul 21-25**  
APMA Annual Scientific Conference  
Las Vegas, Nevada  
www.apma.org

**Aug 8-11**  
Pacific Coast Conference  
Portland, Oregon  
www.podiatryinstitute.com

**Aug 23-25**  
Current Concepts in the Management of Foot & Ankle Disorders  
Overland, Kansas  
www.podiatryinstitute.com

**Sep 19-22**  
OPMA Annual Conference  
Doubletree Toronto Airport  
Toronto, Ontario  
www.opma.ca

**Sep 26-29**  
Reconstructive Surgery of the Foot & Ankle  
San Diego, California  
www.podiatryinstitute.com

**Oct 4-6**  
Insights & Advancements in Foot & Ankle Surgery  
Atlantic City, New Jersey  
www.podiatryinstitute.com

**Oct 13-20**  
32nd Annual Hawaii/Kauai Seminar  
www.internationalfootankle.org

**Nov 7-10**  
Hallus Valgus and Relate Forefoot Surgery  
Fort Myers, Florida  
www.podiatryinstitute.com

**Dec 2-6**  
World Diabetes Conference  
Melbourne, Australia  
www.idf.org

#### 2014

**Jul 10-14**  
AOSSSM Annual Meeting  
Seattle, Washington  
www.sportsmed.org

**Jul 21-25**  
APMA Annual Scientific Conference  
Honolulu, Hawaii  
www.apma.org

**Aug 10-16**  
International Association for Identification  
Minneapolis, Minnesota  
www.theiai.org

**Oct 23-26**  
APMA Region VII Podiatry Conference  
Banff, Alberta  
www.region7apma.org

#### 2015

**Jul 23-26**  
APMA Annual Scientific Conference  
Orlando, Florida  
www.apma.org

**Aug 2-8**  
International Association for Identification  
Sacramento, California  
www.theiai.org

#### 2016

**May 26-28**  
FIP World Congress of Podiatry  
Montreal, Quebec  
www.fipworldcongress.org

**Jul 14-17**  
APMA Annual Scientific Conference  
Atlanta, Georgia  
www.theiai.org

**Aug 7-13**  
International Association for Identification  
Cincinnati, Ohio  
www.theiai.org

#### 2017

**International Association for Identification**  
Atlanta, Georgia  
www.theiai.org
TOP 10 reasons to attend the 2013 World Congress of Podiatry

1. A great reason to finally travel to Rome (or if you’ve already been there, a good reason to enjoy it all over again).
2. A chance to connect with and compare notes with podiatrists from around the world.
3. The opportunity to roll-up your sleeves at the hands-on workshops.
4. A great reason to learn and practice Italian, the language of love.
5. The best place to see and try new podiatry products and services from many different countries at the FIP exhibit hall.
6. A worldly approach to earning continue education credits and learn from your peers.
7. Immerse yourself in a different culture and experience some ancient history.
8. The chance to check one more thing off your bucket list.
9. A solid reason to get out of the office and experience something different.
10. Face-to-face meetings with extraordinary keynote speakers.