WORLD CONGRESS
OF PODIATRY

ROME

OCTOBER 17–19

Keynote speakers at the 2013 World Congress of Podiatry

Memorable Patient

FIP Member Updates

Global lessons improve amputation prevention

before or after the 2013 World Congress of Podiatry!
The excitement is building for the 2013 FIP World Congress of Podiatry, which takes place October 17-19, 2012 in the beautiful and historic city of Rome, Italy.

The World Congress of Podiatry is the largest gathering of international podiatric medical practitioners. It is only held every three years and attracts a diverse range of delegates, lecturers and exhibitors from around the world.

Three unique and interesting keynote speakers have been confirmed, the preliminary scientific program has been developed, the registration list grows longer and longer and abstract submissions continue to pour in. As well, our exhibit hall is quickly filling up with a wide range of products, services and technology from across the globe.

I encourage all of you to consider being a part of this year’s FIP World Congress of Podiatry. It is going to be a very dynamic conference, with three simultaneous lecture tracks and at least six workshops each day. We have an international lineup of presenters provide a diverse range of lectures. We are still looking for a few more speakers so if you are interested, please consider submitting an abstract online by March 31, 2013.

We want to see a strong contingent of FIP members from around the world at the 2013 World Congress.

To register or for more information about the 2013 world congress, submitting an abstract, conference program details or accommodation options, please go to the 2013 World Congress website: www.fipworldcongress.org
Keynote speakers at the 2013 World Congress of Podiatry

As we move into spring, we move even closer to the 21st World Congress of Podiatry in Rome, Italy. As the congress date quickly approaches, the FIP is putting all of their energy into finalizing details to make sure that the highly-anticipated conference is a great success for all in attendance. This includes an exciting and diverse lineup of keynote speakers.

On Thursday October 17, the opening session starts with a keynote address from Eduard Egarter Vigl from Italy who will present his Assessment of the Iceman Ötzi and his foot problems. Ötzi is a well-preserved natural mummy of a man who lived about 3,300 BCE. The mummy was found in September 1991 in the Ötztal Alps, hence Ötzi, near the Similaun mountain and Hauslabjoch on the border between Austria and Italy. He is Europe’s oldest natural human mummy, and has offered an unprecedented view of Chalcolithic Europeans.

Friday’s opening keynote speaker will be Dr. Gojka Roglic from Geneva, Switzerland.

A trained physician and epidemiologist, Dr. Roglic is a medical officer responsible for the World Health Organization’s diabetes program within the Department of Management of Noncommunicable Diseases. She will be presenting on the WHO’s perspective on chronic disease, and diabetes in particular.

On Saturday, the final opening keynote speaker is Professor Jim Woodburn, Interim Director, Institute for Applied Health Research at Glasgow Caledonian University in Glasgow, Scotland. Trained in podiatry, biomechanics and arthritis, he is a clinician scientist with a major interest in the biomechanics, podiatry and the management of inflammatory and musculoskeletal disorders of the lower limb and foot and ankle. His presentation, titled Add or Subtract, New capabilities with 3D printing for custom made orthoses, will focus on a new approach for custom-made shoes.
When asked to think about a memorable patient moment, I immediately thought, ‘they’re all memorable’. So then I started thinking about why they are memorable and what really makes them stand out. For me, it’s the outcome, the result that occurs through the treatment provided.

There is no better example of this than treating one of the most common, and most painful conditions, that we as podiatrists deal with. That condition is the ingrown toenail.

As anyone who has had an ingrown toe nail can confirm, patients come in with extreme and excruciating pain. Yet with the training we have and the ability to perform a surgical procedure that is straight forward with minimal disability, the patient can be back to full activity in as little as a few days.

This is equally true for the range of patients that a podiatrist sees. Whether it is children with developmental disabilities such as autism or Down's Syndrome or patients with physical disabilities such as cerebral palsy or post stroke, the situation is similar. And with diabetic patients, where preventative care is our goal to prevent amputations, an infected ingrown toenail can be the nidus for devastating outcomes.

Whether it’s a four-year old child or an active 80 year old, the pain, the treatment and the outcome are similar. From the first time I performed the procedure on an ingrown toenail to the most recent one in my 28-year career to date, it’s always the same reaction. It is so rewarding to be able to stop the pain that the patient has been experiencing, sometimes for a very long time.

Every patient that I have treated for this condition has a similar remark on their first follow-up visit. “I wish I would have done this years ago” and “I had no pain after the surgery, it’s like getting a tooth filled”. They are thrilled not to have to do any more “bathroom surgery” and are free from constant pain in shoes and from repeated infections. If there was a way to get patient testimonials, we as podiatric physicians could alleviate fears and keep more of our patients walking pain-free. And that’s really what it is all about as a podiatrist!

Get Involved with the FIP

Take action and get involved with the International Federation of Podiatrists, your international podiatry association. The FIP is constantly striving to make the association as valuable as possible, using tools like the FIP website and the quarterly newsletter to provide its many members with quality resources that they can access on a daily basis. But there is always room for improvement.

To help speed the process along, the FIP is calling out to its members around the world to get involved. There are many ways to contribute. Help improve the FIP website www.fip-ifp.com by sending in suggestions, comments and concerns. Whenever possible share event information and photos so that they can be posted on the website and the FIP Facebook page for your colleagues to view.

The FIP newsletter “Footsteps” is always looking for great articles to print in its pages, so if you have an article or even an article idea, Executive Director Jayne Jeneroux would love to hear from you. Also, the newsletter is interested in your most memorable patient stories so if you have one that you are wanting to share please send it in to Jayne at jeneroux@xplornet.com.

So don’t hesitate. Get involved today and make a positive contribution to the FIP.
The new ECP Board

From left to right: Laurent Van Nieuwenhuyze, Peter Boelens, Neil Simmonite, Minna Stolt, and Jennifer Wanner-Mare

At the 2012 ECP meeting in Glasgow, Scotland on October? Serge Coimbra provided his last report as ECP president. Elections were held for the new ECP board, with the following results: President: Neil Simmonite (United Kingdom) Vice President: Peter Boelens (The Netherlands) Treasurer: Laurent Van Nieuwenhuyze (Belgium) Secretary: Jennifer Wanner-Mare (French-speaking Switzerland) Delegate: Minna Stolt (Finland)

This new board is up and running and will be providing an update in the next issue of Footsteps.

International collegial gathering at 2013 APMA House of Delegates

There was a truly international flair to the American Podiatric Medical Association’s 2013 House of Delegates session in Washington, D.C. on March 15-16. Both FIP President, Dr. Joseph Caporusso, SCP Chair Allison Wishart and CPMA President Dr. Josphe Stern all individually addressed the delegate assembly. As well, new ECP Chair Neil Simmonite and FIP CEO Dr. Robert Chelin attending the meetings. Everyone was also present to celebrate the incumbent APMA President, Dr. Matt Garafoulis, at his inauguration ceremony on March 16, 2013.

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. As a reflection of this recognition, the FIP-IFP Humanitarian Award was created. 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 award will be announced at the 2013 FIP-IFP 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-IFP medal.

Many remarkable podiatrists have received this honour in the past, including Dr. 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 (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.
Excitement is building and there are only a few months to go until the World Congress of Podiatry in Rome, Italy. You have registered for the conference, your hotel is booked and now it is time to really begin planning out your holiday. The most popular tourist attraction in Italy, Rome is a city that is known for celebrating the finer things in life: food, wine, music, art, theater and just beauty in general. So sit back and get ready to start planning all of the fantastic things you will want to do on your trip to Rome.

Not sure where to start in a city with so much to see and do? Why not begin by taking in the sites? Home to some of the most famous architectural masterpieces in the world, Rome is definitely a prime place to go site seeing. Here is a list of some of the sites you will not want to miss:

**The Colosseum or Coliseum:** One of the most recognizable sites in Rome and located in the center of piazza del colosseo, the Colosseum was commissioned by Emperor Vespasian in 72 AD and could seat 55,000 spectators.

**The Pantheon:** Originally built as a temple for all pagan gods, the Pantheon was converted into a church in 608 AD and has been used as one ever since. Well known for its 43 metre dome, the tombs of artist Raphael and many Italian kings can be found within.

**St. Peter’s Basilica:** The world’s largest Christian church and built over the span of 100 years, St. Peter’s Basilica can be found in the center of Vatican City.
Forum Romanum: While today the Roman Forum may only look like a collection of ruins, it was once the political center of Rome, filled with temples, basilicas and triumphal arches all connected by the Sacra Via, the main road running through the Forum.

For more information and roman sites, visit www.lonelyplanet.com/italy/rome/sights.

It cannot be ignored, Rome is busy and filled with tourists that flock to the city from all over the world. But on the upside, there is always something to do. There are many festivals scattered throughout the year and during October you can expect the streets to be alive with music, parades and many cultural exhibitions.

The most renowned roman festival, is the RomaEuropa Festival that generally takes place from early October to late November. The RomaEuropa Festival is dedicated to celebrating contemporary artistic creation in drama, dance, music, and multimedia. Throughout the course of this exciting arts festival, numerous performances will be held in venues like the Parco della Musica and the Teatro Palladium.

For more information on dates, events and tickets, visit www.auditorium.com or www.romaeuropa.net/palladium/.

Not much for the contemporary arts? How about jazz? If so, October is the perfect month for you to visit Rome. The Rome Jazz Festival runs from mid-October well into November and has been held annually since 1976. Along the way, the Rome Jazz Festival has hosted some of the biggest names in jazz including Miles Davis, Dizzy Gillespie, B.B King and Norah Jones.

Stepping away from art and music, another fantastic festival taking place in October is the Roman Antique Festival. Whether you are looking for that perfect gift/souvenir or you simply want to stroll through the shops and browse, the Antique festival is the perfect opportunity to hunt for a bargain. Head for Via dei Coronari (an elegant pedestrian street famous for its antique shops—Lonely Planet), the shops will stay open late for the festival and you will have the opportunity to shop, chat with the store owners and perhaps buy a one-of-a-kind roman antique.
If the busy city streets have you overwhelmed, pack a picnic and spend a day at the Villa Borghese, a lush park that spans nearly a quarter of the city’s surface area. Leisurely enjoy the beautiful scenery and botanical garden. Or if you desire something a little faster paced, rent an electric scooter or a bike for the day (four man bicycles are available if you are with a group). If you are an art fan, be sure to visit the Galleria Borghese where you can view the works of Bernini, Titian, Raphael and Caravaggio. Reservations are required to visit the Galleria due to the fact that they only let a limited number of people into the museum at a time to limit crowds.

If you love art, Rome is definitely the place to be and there is bound to be something to suit every taste. Here is a list of some of Rome’s most treasured galleries:

**Vatican Museums:** Holding 13 museums in total, including the world famous Sistine Chapel where you can gaze at Michelangelo’s iconic ceiling, the Vatican museums were originally palaces built for men like Julius II, Innocent VIII and Sixtus IV.

**Maxxi:** The National Museum of the 21st Century Arts, Maxxi was Italy’s first national museum dedicated to contemporary art.

**Palazzo Altemps:** A renaissance palace converted into a museum in 1997, visitors can gaze upon many classical sculptures from the Ludovisi collection as well as magnificent Baroque frescoes.

**Palazzo Massimo alle Terme:** For the classical art lover, Palazzo Massimo alle Terme is one of Rome’s most exquisite galleries filled with sculptures and breathtaking mosaics and frescoes.

So whether you are interested in seeing the sites, catching live theatre, shopping or viewing the world-famous art, Rome is always alive and bursting at the seams with something to satisfy every visitor. After spending time at the most esteemed conference, the World Congress of Podiatry, get ready to enjoy Rome and all of the amazing experiences it has to offer you.
2013 World Foot Health Awareness Month Materials Now Available

May is World Foot Health Awareness Month (WFHAM) and this year’s special focus is on “Seniors”. WFHAM month is just that, a month dedicated to educating others on proper foot care, and to help its members achieve this, the FIP is offering many materials that are now available for download on the FIP website www.fip-ifp.org.

With such a short time until WFHAM, why not take advantage of these resources? The FIP materials are easy to access and filled with information developed specifically to help you spread the word about the importance of senior foot health.

The WFHAM official poster titled “Seniors…Healthy Feet Keep You Active” can be printed off and hung in your private practice, public relation information can be found in the “2013 Resource Guide to WFHAM” and there is an abundance of foot health fact sheets, true or false quizzes and foot health tips that you can use to educate the general public and other health care professionals throughout the month.

So stop by the FIP website, click on the globe at the bottom of the page and start collecting valuable information to celebrate World Foot Health Awareness Month.
Canada

One of the highlights of podiatry in Canada is the recent enactment of New Classes of Practitioners. The CPMA and its provincial associations have been working on this legislation for over a decade. It finally came effective in November 2012 and enables Doctors of Podiatric Medicine to expand prescribing privileges.

Other key activities include movement towards accreditation for the podiatric medicine program at the University of Quebec at Trois Rivieres. Since opening in 2004, this four-year program has been affiliated with the New York College of Podiatric Medicine. The first graduating class was in 2008 and continues to graduate 24-25 podiatrists each year. Last October, the CPMA arranged a tour of the school for FIP President Dr. Joseph Caporusso, Dr. Kathleen Satterfield, ACFAO, President, and Dr. Anthony Iorio, representative from the New York College of Podiatric Medicine. To say they were impressed with the school would be an understatement. They were, in fact, very excited about the school and especially the Thiel technique that is used in the embalming lab.

Over the past couple of years, the CPMA has embarked on an awareness campaign with major insurance companies. We have now met with all the major companies and increased their knowledge about podiatry and the value that podiatric coverage provides as benefits for employees. The meetings also provided the opportunity to discuss concerns and answer questions they had. As a result, we now have a good relationship with them and work together on many issues.

We continue to participate in the Canadian Life and Health Insurance annual conference but have also increased our presence through other organizations such as the Canadian Health Care Anti Fraud Association and the Canadian Diabetes Association. Recently, we expanded our reach to Canada’s largest unions to help them fight for podiatric coverage for their members.

As well, we are increasing benefits for our members, through the development of Canadian chapters of American podiatry associations such as the American College of Foot and Ankle Orthopedic Medicine and the American Society of Podiatric Surgeons.

The CPMA is also looking forward to hosting the 2016 FIP World Congress of Podiatry and showcase our country to FIP members from around the world.

We encourage you to mark your calendar now to join us in beautiful Montreal, Quebec in May 2016.

– Dr. Joseph Stern

Denmark

In the fall 2012, the National Association of Podiatrists in Denmark held a congress which more than 250 of our members attended. The topics of the congress were among others barefoot running, diabetic kidney diseases, demented people, obesity and knee arthritis. It is the second time we arranged the event and it was an even bigger success than the first time two years ago.

To help our members make the right observations when they are examining a patient who needs insoles, we have produced a new form. It will also standardize the way Danish podiatrists make their examinations prior to insoles. We have also made a guide to show to fill in the form and a video that shows how to make the examinations.

The agreement between the National Health Service and the Danish podiatrists is soon to be renewed. During the last two years, we have discovered the strengths and weaknesses of the agreement and therefore hope to end up with a better result once the negotiations have been completed.

Some of the Danish municipalities are entering into agreements with other trade groups than podiatrists. They do so in order to save money on feet care for elderly citizens. However, according to Danish Law, some illnesses should only be treated by a podiatrist and hence there is a risk that some of the patients do not receive the correct treatment.

Some times the municipalities are not aware of the rules and of the difference between authorized podiatrists and other groups offering foot care. Therefore, we try to inform all of the municipalities entering into such agreements about the rules and we argue why they should redo their agreements.

– Peter Boelens

Finland

The Finnish Podiatry Association (SJJL ry) is having the Finnish Podiatry days in 12.-13.4.2013 in Helsinki. The days are in Finnish and targeted to all professionals interested about foot health. The themes for the days are healthy skin and safe walking.

– Minna Stolt
France

National Agreement with the Insurance for Healthcare: FNP has been recognized as the SOLE representative professional trade union for podiatrists to discuss and negotiate the extension of the agreement in 2013.

Podiatric Healthcare for Older people: FNP has informed the Ministry of Health about the importance of the reimbursement of podiatry healthcare to maintain good health of their feet and their autonomy at home. The Ministry is working to include it in a future health law in preparation.

Colloque of the Profession in 2014: FNP has engaged in tight thinking about the future of the profession in France. This conclusion will be done by a Colloque organized in Paris during the first six months of the 2014 year in presence of all the leaders and representatives of the profession, the parliamentary and ministry people, the scientific organizations, … in which FIP should be present of course.

Revision of the European Directive about the recognition of the professional qualifications: FNP is closely following the work with the National Union of the Liberal Professions (national institutional organism) so that the healthcare professions are recognized in their particularity.

Serge Coimbra, FNP President

Hong Kong

Greetings to FIP members from Hong Kong.

Our association has had a busy year so far. Our hopes for a school of Podiatry have been put on hold due to a fundamental lack of support, we will continue with our current model of sending students with a government funded scholarship to the UK for training for the time being.

Our Executive Board members have met with the Minister of Health and the Legislative Councillor for Health Services to discuss registration issues and the Development of a College of Allied Health Professions. Bearing in mind it took over nine years for the College of Nursing to come to fruition, this is likely to be a long journey ahead with so many allied health professions with differing agendas and stages of development to be incorporated into the College.

We are pleased to have gained our first corporate member this year ‘Stride Right’ shoe company, we will partner with them to do media conferences and seminars to promote our profession to the public.

Our members have met regularly this year for training and development activities and we have introduced a training and development fund for our members to apply for sponsorships.

We are looking forward to the FIP World Congress in October in Rome.

Heidi Corcoran, Vice-Chair IPAHK

Israel

I have been in communication with the European podiatrists in Israel and am happy to announce that we will all participate in our membership of FIP. This means that both the surgical and non-surgical Israeli podiatrists will partake equally in FIP representation and activities. Representatives of Israel to FIP will begin with Jonathon Kaplan and Daniel Weisz and will also be open to DPMs.

Richard Jaffe DPM

Ireland

Implementation of the National Clinical programme for diabetes is slower than anticipated due to the difficulty recruiting podiatrists and further compounded by a recruitment moratorium. However in the eight hospitals where podiatrists have been recruited, progress is good and podiatrists are working as part of the diabetes multidisciplinary teams. Diabetes Ireland have been very supportive in lobbying for full implementation of the national footcare programme. State Registration for Podiatrists and other Health Professionals is delayed by objections to the initial and annual registration fee proposed €395 euro which is considered to be excessive. Some progress had been made in reducing this to 295 euro however this has not been nationally agreed and still considered to be too high. There are many and varied cpd opportunities via interprofessional study days and longer programmes coming up shortly.

Acupuncture for Podiatrists by Australian podiatrist Shane Twomey, Footwear, Bespoke and Semi-Bespoke delivered by a team from the University of Salford with particular expertise in this area. Many podiatrists avail of the proximity of programmes run by UUJ in Northern Ireland also with each podiatrist developing their personal cpd portfolio in advance of State Registration. The forthcoming World Congress in Rome affords a further opportunity for a tailor made package.

Carmel Devine
Over this period (December-February) much effort has been directed at the World Congress of Podiatry. It has taken account of the contacts made by President Prof. Mauro Montesi with the Committee by FIP Conference. It is also considered as established through the Conference with all the associations belonging to the FIP. The topics that have been discussed are the scientific program, the speakers, the inscriptions, the sponsors. Of course they’re were frequent contacts with the Secretariat (AIM). On a practical level the AIP sent directly to the Presidents of the graduate course in Podiatry the invitation to participate, together with the material to make students aware. They were then identified the teachers of some specialties (diabetes, geriatrics, dermatologists, rheumatologists, pediatricians) over the course of General Practitioners. It is in preparation for the issue of “The Podiatrist in Medicine” (January-March) in which some pages are reserved to Congress and the invitation to participate addressed to Italian podiatrists, the Medici, the students of the degree course in Podiatry.

Much current activity is provided to the organization of the General Assembly of Shareholders to be held in Florence on March 16 next year. Continued last checks of the new computer program for the next few weeks will be equipped pedological studies in the area. It also continued the preparation of the book “Podiatry”, intended for podiatrists, students and interested doctors.

-Professor Mauro Montesi

Italy

Peru and Uruguay

In 2012, the directors of the three officers podiatry schools in Peru, three national associations and representatives of several companies of podiatry met several times with a group of podiatrists to assess the current status of podiatry in the country. The purpose of the meetings was to determine the steps that lead to the regulation of the profession of Peruvian podiatrist. At the first meeting at the Ministry of Health for the Regulation of podiatrists and graduates the interest shown by the authorities for supporting us was positive. Currently, Peruvian Podiatry is only recognized by the Ministry of Education. We hope later to have the support of our authorities to help us develop our profession.

Podiatrists also celebrated World Diabetes Day by participating in various health campaigns, including at the Hospital Nacional Guillermo Almenara. Podiatrists have a major stake at this centre, by supporting endocrinologists who work with podiatrists in patient care.

At the Jevial Podiatry School, students and podiatry teachers performed a traditional Christmas meeting of fellowship, which included greetings and emphasizing that the union should prevail among podiatrist for our ideals and objectives.

As the two photos illustrate, we also highlighted the graduation of diverse groups of students throughout 2012, who in the future will make the podiatry profession better. We wish them well in this new phase of their lives.

Additionally, Mr. Aldo Palomino visited members of the Uruguayan Association of Chiropodists University (AUPU), and discussed the current situation of podiatry in Uruguay and Peru, including the challenges and opportunities. Uruguay is a member of the FIP and highlighted their presence and contribution. They have a history of over 60 years, which has led to the formation of class podiatrists.

Uruguay is a member of the FIP and highlighted their presence and contribution that can provide your podiatry, as it has a history of over 60 years, which has led to the formation of class podiatrists.

- Aldo Palomino
Poland

Polish Podology Association - the legal situation concerning establishing the profession of podologist in Poland.

As of May 7, 2012, the Ministry of Health is expected to take note of the efforts of the Polish Podology Association to establish the profession of podologist, as a specialist in the treatment, care and prevention of pathological cases in the foot area, resulting from diabetes and other diseases.

The current status is that the officials, despite the lack of this profession in the health care system, think that an essential role in the treatment of diabetes and the complications associated with in foot area is being served by physicians, dialectologists and other specialist doctors as well as nurses. MoH officials show a complete lack of understanding of the need for the profession. They now believe that there is no justification for the registration of a new profession, because most of these professional tasks are in the responsibility of other health professions.

Polish Podology Association thinks that lack of understanding may result also from the fact that today in a formal way in our country one can not even use the name of the profession - podologist. It is related with the lack of such a profession name in the classification of the Ministry of Labour and Social Policy.

In connection with this on 20 November 2012, the Polish Podology Association sent a proposal to the Ministry of Labour and Social Policy, Labour Market Department concerning establishment of the profession of podologist in Poland. The proposal was accepted and then sent to be examined by Market Research Agency.

Year 2013 is designed for a market survey on the basis of which we very much hope that the creation of the profession in 2014 will enter into force.

The Association participated in 2013 in the following actions aimed at promoting the profession in society:

- members of the Association organized a foot screening program, in order to show the essence of the profession and scope of need for the treatment in the society;
- through our members, made patients at risk aware of their problems and explained what it means to the patient at risk?
- monitoring the recent information in internet forums of patients after chemotherapy, we noticed that not every patient treated with chemicals can manage and take care of their feet and hands.

Our members write about the problems in the cosmetic industry magazines and we give lectures to associations interested in the subject.

– Piast Gorny

South Africa

- Podiatry Association of South Africa - 9th Biennial Congress at the Premier Hotel O.R. Tambo, Johannesburg
  - Friday, 30 August 2013 – Sunday, 1 September 2013

United Kingdom

The SCP has been involved in a major campaign to reduce the number of diabetic foot amputations, under the banner “Putting Feet First”. We have been working with a major charity Diabetes UK and NHS Diabetes, which is part of the Department of Health. The aim of the campaign is to reduce the number of amputations by 50% by commissioning specialist services for the management of diabetic foot disease in hospitals.

The issue has been debated in the House of Commons and House of Lords, which has helped to raise awareness of this aspect of diabetes care. The Health Minister Earl Howe confirmed that the government takes this issue very seriously. National guidelines recommend annual foot checks and regional diabetes footcare networks have been established. Although the incidence of amputations has declined over time, there has been a rise in the actual number of amputations because of the rise in the number of people suffering from type 2 diabetes.

We have been able to demonstrate very effectively the cost benefits of preventing amputations rather than dealing with the consequences.

The challenge now is to translate the national message to the local level where the decisions about what health services are commissioned actually take place, and we will be producing costed models of best practise for use locally.

The Society’s 2013 conference will take place on 14-16 November in Liverpool, home of the Beatles (incidentally it is the 50th anniversary of the Beatles’ first hit, “Please please me”). But there is plenty to enjoy in Liverpool even if you are not a Beatles fan including several world class museums, imposing Victorian architecture and two Premier League football clubs! There will also be plenty of highlights in the conference programme, which this year has the theme of “Podiatry making an impact”. Details, including the call for papers, are continually updated on our website www.scpod.org.

– Joanna Brown
USA

Welcome to 2013. Is it time to renew your license to practice podiatric medicine? At some point it will be, so now is time to make plans to attend the 2013 APMA Annual Scientific Meeting (The National), July 21–25 in Las Vegas! With more continuing education contact hours (CECH) for your dollar than any other national podiatric medical meeting, nothing can match the unique value of The National.

This year, participants may earn up to 30.5 CECH at the meeting and gain valuable and practical knowledge during preconference surgical and ultrasound workshops. Additionally, for states that require CECH specifically related to radiology, The National offers a full track dedicated to education on this topic. You cannot afford to miss this meeting!

To further increase the value The National offers, take advantage of early-bird registration to save up to $300 off the on-site fees.

APMA member, Brad Wenstrup, DPM, was sworn in as a member of the US House of Representatives on Thursday, January 3. Rep. Wenstrup (R-OH) is the first podiatric physician to be elected to national office. He will represent Ohio’s 2nd District in the 113th Congress and serve on the Armed Forces Committee. This assignment is a natural fit because Rep. Wenstrup is a military veteran and Bronze Star recipient who continues to serve in the US Army Reserves. APMA congratulates Congressman Wenstrup on his tremendous accomplishments and looks forward to working with him to promote legislation in support of podiatric medicine.

APMA Executive Director and CEO Glenn Gastwirth, DPM, and APMA President Joseph Caporusso, DPM, attended the American Medical Association (AMA) House of Delegates in November. APMA leadership accomplished strong podiatric visibility through meetings with key AMA and American Academy of Family Physicians leaders, as well as AOA President-elect Norman Vinn, DO, and others. Drs. Gastwirth and Caporusso also met with the Hawaii Podiatric Medical Association and attended various other committee meetings and the Litigation Center meeting.

APMA continues to host free member webinars on important topics of concern to its membership, including Physician Quality Reporting System (PQRS) and e-prescribing; and “The ABCs of RVUs: Valuing Your Services and Your Practice with Work Relative Value Units.”

APMA is continuing its joint public health fellowship with Dartmouth University. The APMA/ TDI Public Health Fellowship program is a postdoctoral public health fellowship for a graduating podiatry resident at The Dartmouth Institute (TDI) of Dartmouth College. The fellowship curriculum is designed to provide the fellow with the fundamental skills, knowledge base, and philosophical foundation in health policy and clinical practice, with specific attention paid to public health, clinical/health services research, and health-care leadership. The fellowship will provide the postdoctoral fellow, under supervision of the mentor, James J. DiResta, DPM, MPH, with the unique opportunity to pursue his/her internship and research project within the TDI curriculum in podiatric public health. Upon completion of the 12-month program, the fellow will receive an MPH degree from Dartmouth Medical School.

TDI’s MPH program is a unique program that exposes students to the evidence behind current public health research and practices and trains students to use that evidence to conduct research, implement public health programs, and evaluate such programs. MPH students also gain skills using the methods and models of quality improvement to initiate change, translate research outcomes into action, improve care and access to care, and ultimately improve public health. Students gain knowledge and skills through the classroom experience and through multiple opportunities in the field. The MPH can be completed full-time in one year. The course listings include course work in epidemiology and biostatistics, inferential methods and systematic review, critical issues in health and health care, social and behavioral determinants of health, continual improvement of health care, applied public health series, strategic and financial management of health-care institutions, and environmental and occupational health.

After reading this magazine, please recycle!
Global lessons improve amputation prevention

Interdisciplinary foot screening and limb salvage programs in this country and around the world have successfully reduced diabetic foot ulceration and amputation rates, and in doing so have inspired others to initiate similar prevention programs in their own countries.

By Emily Delzell

Amputation risk in patients with diabetes has always been a global challenge. Increasingly, amputation prevention efforts are also going global, as practitioners from both developed and developing nations learn from each other’s successes.

The human and economic costs of diabetes-related lower extremity amputations are high. The mortality rate—about 50% five years after amputation—exceeds that of many cancers and experts estimate that in 2007 U.S. expenditures for foot ulceration and amputations were more than $30 billion.

The global view, which reveals more than 1 million annual limb amputations—one every 30 seconds—is even more troubling, particularly since the International Diabetes Federation (IDF) predicts that current global prevalence of diabetes will burgeon from 285 million to reach 435 million by 2030. In the U.S., the burden of diabetes is expected to double from its current prevalence—25.8 million adults and children, or 8.3% of the population—by 2030.

In the most developed nations the annual incidence of foot ulceration, which precedes amputation in 85% of cases, is about 2%. In poorer, developing nations a lack of access to care places about half of all persons with diabetes at risk for foot ulceration, and diabetes-related amputations are very common. Yet, the vast majority of amputations both in the U.S. and abroad are preventable. The World Health Organization and the IDF estimate that up to 85% of diabetes-related lower extremity limb amputations could be avoided with appropriate preventive and specialist care.

For many years the bulk of amputation prevention research was conducted outside the U.S. That trend is changing, however, and a number of studies analyzing outcomes from U.S. programs have entered the literature. And, since 2002, experts from all over the world have been gathering at the Diabetic Foot Global Conference (DFCon) in Los Angeles to share information about programs and strategies that help prevent amputations. More than 900 diabetic foot specialists attended the 2011 conference to hear speakers from 50 nations, and attendance rose for the third consecutive year.

“Amputation prevention is a relatively new subspecialty field with multiple paths of entry, such as podiatry, orthopedics, and others. There are no board certifications or entry requirements, so the field mostly contains those with an interest in the area,” said Lee C. Rogers, DPM, associate medical director of the Amputation Prevention Center at Valley Presbyterian Hospital in Los Angeles, chair of the American Diabetes Association Council on Foot Care, and a course director at this year’s DFCon.

“The number of practitioners with interest and expertise in diabetes-related amputation prevention is growing, but supply can’t keep up with demand,” Rogers said.

Overcoming barriers to care

In many countries, the number of podiatrists is extremely low, noted Andrew Boulton, MD, professor of medicine at the University of Manchester, U.K., visiting professor in the University of Miami’s Diabetes Research Institute, and a recipient of DFCon’s annual award for Advocacy in the Prevention of Amputation in Diabetes.

“Relatively few nations—including the U.S., the U.K., South Africa, Australia, New Zealand, and Scandinavian countries—provide good access to podiatrists, who are key members in multidisciplinary diabetes care teams. In Greece there is only one podiatrist. Singapore has three,” Boulton said.

“The situation with respect to specialist diabetic foot clinics is equally poor. China, for example, has only a handful of clinics for the 92 million adults estimated to have diabetes. Despite these deficiencies, some nations have made important strides in prevention.”

In the U.S., there are large numbers of specialists, but growing numbers of patients with diabetes are stressing
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These valuable resources and regional differences in access can result in significant variations in care, said David G. Armstrong, DPM, MD, PhD, professor of surgery and director at the Southern Arizona Limb Salvage Alliance at the University of Arizona College of Medicine in Tucson.

“One of the interesting things about speaking with practitioners from around the world, particularly those from less developed nations, is the strides they’ve been able to make in care with limited material and human resources,” said Armstrong, who is a DFCon cochair.

“Certainly, there are lessons to be learned here.”

In Brazil, following a 1988 diabetes census that showed increasing rates of the condition, the Ministry of Health began a national program of diabetes education and control, which came to be known as the Diabetic Save the Foot Project. Boulton, who has been involved since the project’s inception, noted that there were major barriers to success, primarily the number of podiatrists in Brazil (which was zero) and a lack of specialist foot clinics.

The project began in the country’s capital, Brasilia, and its aims included training health care professionals in foot examination techniques and diabetic foot care. Educators trained nurses in neuropathic, vascular, and biomechanical manifestations of diabetes; monofilament screening techniques; ulcer management; basic podiatry care (nails, debridement, hydration, callus removal); patient and family education; prevention; and the organization of a basic outpatient clinic, with an emphasis on teamwork. The foundation of training was a simple mandate: each clinic visit must include removal of the patient’s shoes.

“If there is one message I would send practitioners everywhere in the world, it’s that each time they see a patient with diabetes they must remove that person’s shoes and socks and examine their feet. Those with risk factors should be given education on how to care for and preserve their feet,” said Boulton.

“Another major factor of the success of the Brazil program was that health care professionals, policy makers, and payers all came together and agreed on a set of principles.”

Now there are more than 70 foot care clinics in Brazil. At the original Brasilia center the rate of amputations decreased 77.8% between 1992 and 2000.

In Saudi Arabia, another country with few podiatrists (only five in the nation and only two who are Saudis) efforts are underway to improve quality of care and decrease lower limb complications, said Hasan Ali Alzahrani, MD, a vascular surgeon and vice dean for clinical affairs at King Abdulaziz University (KAU) in Jeddah, which has recently established a scientific chair for diabetic foot research.

“One of our greatest barriers is the lack of a national registry for diabetes-related amputations. Such a registry is a prerequisite to national health plans. But we are carrying out educational campaigns and constructing diabetic care centers attached to hospitals. In addition, at KAU Hospital we have implemented a holistic approach to care that includes patient education, involvement of relatives in patient care, and lifestyle interventions combined with pharmacological therapy,” he said. “This approach has resulted in a reduction of incidence of foot ulceration to 0.5%.”

Alzahrani advises U.S. practitioners to consider involving family members in patient care, especially foot observation and care.

“This may be particularly helpful in populations of patients whose cultural background includes an emphasis on the extended family,” he said.

Access to coordinated, specialized care

One of the most valuable lessons arising from DFCon and other sources is the importance of patient access to a cohesive, multidisciplinary team, Rogers said.

“Preventing amputations requires multiple practitioners from various specialties, which makes the treatment of those with at-risk limbs complex,” he said. “In many cases, optimal care for diabetic foot problems requires coordinated care from a podiatrist, a vascular surgeon, an infectious disease specialist, and others. A number of recent international programs and guidelines have focused on this team concept.”

The introduction of a multidisciplinary foot team at a large district hospital in Ipswich, U.K., for example, decreased amputation rates dramatically. The program emphasized continual team communication with frontline health care staff with a goal of increasing awareness of the at-risk foot. An analysis of data collected over an 11-year period showed the incidence of total, major, and minor amputations per 100,000 people with diabetes fell 70% (53.2 to 16), 81.6% (41.4 to 6.7), and 21.1% (11.8 to 9.3), respectively.

The authors noted that, along with other factors cited, yearly analysis of performance data drove changes in practice that contributed to the reductions in amputations. Similar programs at other U.K. centers have also produced significant reductions in amputations by emphasizing establishment of care pathways and protocols for managing diabetic foot problems with input from vascular and orthopedic surgeons, orthotists, diabetic chiropodists, and diabetologists.

Other published reports have highlighted the benefits of better-organized diabetes foot care. In Lithuania the introduction of a multidisciplinary approach and four annual podiatry visits decreased
recurrence of foot ulceration by 48%.13 In an Italian center, foot ulceration recurrence rates decreased 53% with the use of prescription off-loading footwear. “There also are successful U.S. models of care that have driven reductions in amputations,” Rogers said. “The major causes of diabetes-related amputation—gangrene, infection, and nonhealing wounds—are well understood. What’s not as widespread, though efforts such as those presented at DFCon and elsewhere are attempting to fill this gap, are appropriate recognition of those risk factors in individual patients and multistage limb salvage efforts.”

Rogers advocates the use of what he calls a “stairway to amputation” as a treatment model. The steps on the stair are described in ascending order as: diabetes, neuropathy, ulceration, vascular disease, infection, and amputation. Once Rogers and his colleagues identify the stair step corresponding to a particular patient’s status they are better able to prescribe interventions that prevent progression up the stairway and, in some cases, move patients to a lower, less risky step.

The Broadlawns experience
In some isolated U.S. medical settings similar models are significantly decreasing amputation rates. An analysis of an intensive amputation prevention program established in a county hospital setting at Broadlawns Medical Center in Des Moines, IA, found that in the two years following the program’s implementation the number of limb losses decreased 72% and the high-low amputation ratio, a marker for limb-salvage outcomes, decreased eightfold.

The Broadlawns program focused on amputation prevention using a six-step protocol for those with lower extremity wounds (see table). The protocol involved: identification and management of infection; identification and management of ischemia; off-loading pressure, which was maintained throughout wound healing; debridement of wounds; promotion of granulation; and wound closure.

A 2011 analysis of trends in lower extremity amputations among persons with diabetes in the Veteran’s Health Administration found reductions of 33% and 36% in minor and major amputation rates, respectively, during the five-year study period (2000-2004). The biggest decreases were seen in above-the-knee amputations, which were reduced by 49%. The analysis, published in the May issue of Diabetes Care, involved the records of all patients with diabetes seen at Veterans Health Administration (VHA) clinics and also tracked amputations in this population paid for by Medicare. The study included between 400,000 and 800,000 patients each year; most were white men.

The authors noted that in the 1990s the VHA implemented a national program of foot risk screening and referral, primarily based in primary care settings. During the study period risk for lower extremity amputation decreased 28%. Medical records showed that in 1998, 95% of veterans had a visual examination; 84% had palpitation of pulses; and 78% underwent a sensory examination. In 2004, 83% of individuals had a monofilament examination and 85% of those with risk factors were referred to a foot specialist.

The authors concluded that their findings suggested that this universal program of foot screening, tracked through performance measures, contributed to decreases in lower extremity amputations.

“Both globally and in the U.S.,” Rogers said, “it’s been shown that coordinated care by an integrated team that includes podiatrists, vascular surgeons, infectious disease specialists, and others is the most important factor leading to better outcomes in amputation prevention.”
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.
MEMBER COUNTRIES

Did you know...?

When the FIP was created in 1947, it included 10 European countries. Over the years it has grown significantly to become a truly international federation. The FIP/IFP now includes 34 countries comprised of over 85,000 members on 6 of the 7 continents and that number is expected to increase. Most recently, the FIP accepted Chile, Brazil and Poland.

For a complete list of member associations, go to www.fip-ifp.org then click on “Member Organizations” then “member countries”.

Register on the FIP Website

This year why not take full advantage of all the resources your international podiatry association has to offer you? So if you haven’t checked out the new FIP website URL www.fip-ifp.com, take some time today to re-familiarize yourself with the site and your association.

Once you are on the site, your first step will be to register or re-register. This will provide you with access to all areas of the webpage including the member’s only section. After you have successfully registered, navigating through all of the content on the website will be a walk in the park and hopefully just as enjoyable.

In order to make the website the best it can be, the FIP will be continually posting new information and updating the content as often as possible. The coloured globes at the bottom of the page will immediately direct you to different areas of interest and each link will provide you with detailed information on specific topics, articles, PowerPoint presentations and downloadable PDF’s.

A new URL www.fip-ifp.com but with the same great content, register or re-register on the FIP website and start benefiting from your membership today.

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
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2013

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 4-5
FNP National Congress
38èmes Entretiens DePodologie,
La Villette Paris

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.com

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
AOSSM Annual Meeting
Seattle, Washington
www.sportsmed.org

Jul 24-27
APMA Annual Scientific Conference
Honolulu, Hawaii
www.apma.org

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

October 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
Philadelphia, Pennsylvania
www.apma.org

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

2017

International Association for Identification
Atlanta, Georgia
www.theiai.org