A week spent in Honduras to volunteer on a medical mission may seem like a short time to make any real difference, but to PPMA Members Neal Kramer, DPM, and Lee Sanders, DPM, it was the right amount of time to open their hearts to the people of La Entrada and initiate the healing process. It was the patients in Honduras with their genuine expressions of gratitude and being alongside other medical professionals that made a lasting impression for these two podiatrists. So much so, that these former 1974 classmates from Temple University School of Podiatric Medicine say without hesitation, they will volunteer again in the future.

Preparations for the Mission to Manos Amigas Clinic in La Entrada, Honduras

It all started when the First Presbyterian Church of Allentown (FPCA), in which Dr. Kramer’s wife Judi is a member, asked Dr. Kramer to be a part of this Mission, coordinated by “Serving at the Crossroads.” The church had done another mission about two years prior. Dr. Kramer was honored and invited Dr. Sanders to join him, including his wife, Deb, an RN. With both wives on board, the whole group met Sundays over the course of four months to plan, set goals, and become acquainted with each other.

Dr. Kramer received donations from his podiatric vendors to buy medical supplies to use when in Honduras. A mock clinic was staged using members of the FPCA congregation as patients. Once they’d arrive, the team was told they’d work in the Clinic from 8:30 a.m. until the last patient was seen. Even with all the months of preparation, Dr. Sanders says, “Yet we had little knowledge of...”
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Over this past spring and summer, you should have received a check from the Medical Care and Reduction of Error (MCARE) Fund. This payment came to you through the settlement of a joint lawsuit PPMA participated in along with the Pennsylvania Medical Society (PAMED) and the Hospital and Healthsystem Association of Pennsylvania (HAP). The settlement contributed $61 million to the MCARE Fund and distributed $139 million directly to Podiatrists, Doctors, and Hospitals.

We received this settlement payment through extended cooperation with PAMED and HAP over our common issues that arose with MCARE. I cannot overemphasize the importance of all of our medical associations working together in the current, turbulent, environment of the medical industry.

This type of cooperation has also resulted in the creation of an Opioid Public Health CME program for five credit hours. This program has AMA accreditation for continuing medical education and can be used as a part of your CME requirement for the current licensing term. This program, “Be Smart, Be Safe, Be Sure,” was organized by PAMED and features Dr. Joe Gershey, immediate past President of PPMA.

Opioid abuse is a growing problem with all of our practices and patients. This program re-educates us and educates your staff on the science, legality, and recognition of problems that are occurring within the medical professions related to opioids. A link to this free CME program will be on our website next month. Please use the link and have your staff use it also. It is time well spent.

I am bringing these two recent projects up not only because of their importance to members with regard to payments and education, but as another example of why your Association is vital to your practice:
- PPMA membership gives you and your practice Continuing Medical Education through the Foundation (Goldfarb);
- Professional Liability Insurance through PMAP;
- Peer Review Services through the Peer Review Committee;
- Legislative and Regulatory representation through David Patti and our staff;
- National representation at the APMA level: interaction with our Congressmen and Senators; and
- Member Benefits, death, disability and life insurance through the Guild 45. For more in-depth information about all PPMA benefits see page 8 for the PPMA Benefits of Belonging brochure. Feel free to copy it and share!

As the climate of our national medical industry changes, we need to remember that our profession is relatively small, and that in order to protect, defend, and expand our continuing role in medicine we have to run faster, jump higher, and persevere longer than our competition. Our competition will be any profession that comes forward to fill any void that we define and we fail to fill.

What this means to me is that while our profession is developing the most well educated and highly trained class of foot and ankle surgeons, we are still, at heart, podiatric physicians who treat all conditions of the foot and ankle. If we fail to maintain our position as the “go to” doctor for ALL foot and ankle problems, other professionals will fill that need.

We are in a unique position to expand our professional practices within our scope. Our Association will support, with representation and education, the expansion of our members into foot and ankle surgical practices. However, at the same time we will support with representation and education the core practice of podiatric medicine. Our programs must always address those core podiatric talents, in order to be sure that the profession does not abandon ANY facet of podiatric medicine to any other medical or health professional.

Again, I thank you for your membership and for the honor of working for you so far this year. PU
the diverse pathology that we would soon encounter.”

Diabetes in Honduras
For the first time, this Mission focused on diabetes and wounds. So Drs. Kramer and Sanders chose to concentrate on diabetes and related lower extremity complications, including chronic wounds. They provided training to the local doctors, nurses, and public health officials, as well as their own team consisting of one ER physician, one periodontist, one wound care nurse practitioner, three RNs, a neonatal nurse practitioner, and nine non-medical support volunteers who just wanted to help others in need.

“Diabetes and related chronic conditions have been largely neglected by epidemiologic and surveillance programs in Central America,” says Dr. Sanders. In addition he says, “There is very little published data on the prevalence of diabetes, diabetic foot complications, and amputations, especially in rural settings.” This in part led to the high number of patients the podiatrists treated, that and the fact in the prior months before the Mission, the villages received word that specialists in foot care, diabetes, wounds, and emergency care were soon on their way.

Dr. Kramer was astounded by the severity of lower extremity problems that they encountered: wounds caused by parasites, wounds on patients who NEVER wore shoes, wounds from years without any treatment or healing, and painful wounds so acute patients not able to ambulate to the Clinic for treatment.

The numbers were: Total of 215 medical/surgical patients; young adults/middle-aged patients comprised 74 percent of all patients seen; 34 percent had diabetes, most with T2DM; and two with previously undiagnosed diabetes. Patients ranged in age from 10 months to 87 years. There were 58 males and 157 females, 205 adults and 10 children.

Of the patients with diabetes, 75 percent had

<table>
<thead>
<tr>
<th>Disorders Evaluated and Treated at the Clinic in La Entrada</th>
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<tbody>
<tr>
<td><strong>Children</strong></td>
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<tr>
<td>Club foot in a 15-year-old child, metatarsus adductus, pes planus, leg length inequality, toe-walking</td>
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<tr>
<td><strong>Adults</strong></td>
</tr>
<tr>
<td>Mycetoma of the ankle and leg. A potentially serious, devastating, chronic, inflammatory disease caused by aerobic actinomycetotic bacteria (actinomyctoma) or fungi (eumycetoma)</td>
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<tr>
<td>Chikungunya—a mosquito-borne viral disease characterized by acute onset of fever and severe poly-arthritis, and chronic sequelae</td>
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<tr>
<td>Parasitic cyst on the arch of the foot, identification is pending</td>
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<tr>
<td>Chronic foot and leg wounds secondary to trauma &amp; venous insufficiency</td>
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<tr>
<td>Decubitus ulcers in adult paraplegic patients (secondary to gunshot wounds to the back)</td>
</tr>
<tr>
<td>Diabetes - primarily T2DM, in 34% of all adult patients</td>
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<tr>
<td>Diabetic foot ulcers</td>
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<tr>
<td>Diabetic peripheral sensory neuropathy with LOPS</td>
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<tr>
<td>Heel pain (common)</td>
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<tr>
<td>Infected ingrown toenails</td>
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<tr>
<td>Osteomyelitis</td>
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<tr>
<td>Plantar fasciitis (common)</td>
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<tr>
<td>Puncture wounds</td>
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<tr>
<td>Scabies (interdigital involvement, feet and hands)</td>
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<tr>
<td>Symptomatic bunions</td>
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<tr>
<td>Symptomatic cavus feet</td>
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<tr>
<td>Tinea Pedis / Onychomycosis</td>
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<tr>
<td>Miscellaneous skin lesions</td>
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symptomatic peripheral sensory neuropathy, most with loss of protective sensation. There were approximately 100 dental patients seen with periodontal disease, many for tooth extractions. Tooth decay and gum disease are endemic problems in Honduras. Diabetes plays a crucial role in the pathogenesis of periodontitis, and there is a documented “two way” relationship between the two.

**Education Part of the Mission**

Of course a Mission wouldn’t be complete without training and education. Dr. Sanders presented two lectures “Foot Care for Persons with Diabetes: Prevention of Complications” and “Diabetic Foot Disease and Foot Care in a Rural Setting” for local doctors, nurses, and health officials. Both lectures were well received.

Of course, working side by side with a multidisciplinary team made for many educational moments by sharing and collaborating on some of the same patients. “Most of the patients had more than one chief complaint,” says Dr. Sanders. The two full-time physicians at the Manos Amigas Clinic received a wealth of information about patient care and diabetes.

“Serving at the Crossroads” is the organization that coordinated this Mission to the Manos Amigas Clinic (entrance pictured above), and is in partnership with the clinic, which is a Honduran non-governmental organization (NGO). They built, equipped, and support the 10,000 square foot modern medical and dental facility near La Entrada. “The goal is to provide quality medical and dental care to those who have less,” as stated in the Serving at the Crossroads Volunteer Handbook.

The 19 permanent staff at Manos Amigas have been able to extend the care given to its local population, thanks to the mentoring from Serving at the Crossroads and training received from U.S. mission teams. The Handbook also says Serving at the Crossroads “embraced the philosophy of ‘aid, inform, and empower’ as our model—aid those in need, inform local health care practitioners, and empower them to serve and care for their own communities.”
of experience from the team as well as instructions to follow up with the patients that were treated by them.

**A Week’s Work Started the Healing Process**

As the multidisciplinary team worked harmoniously, they knew at some point the week would end and they’d return home, hoping that the seeds they planted would take root and continue to grow. “We weren’t there long enough to see much healing, but we really helped start the process,” says Dr. Kramer. The team knew by the non-verbal communication—the thumbs-up gestures, hugs, and the facial expressions of thankfulness—they’d not only relieved pain but touched lives.

For these volunteers who paid their own way and gave of their time, one week was enough. Enough to bring about treatment, hope, and the onset for a better quality of life. As Dr. Sanders put it, “We truly were ‘Warriors for Health.’” —Susan Girolami Kramer, PPMA Newsletter Editor

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Below two: Gratitude Abounded from the patients for the great care received from all volunteers!

Below: The “Warriors for Health” Team. Dr. Neal Kramer, front row, middle left, with wife Judi next to him; Dr. Lee Sanders, front row, middle right, with wife Debra next to him.
I’ll admit. I commiserate with doctors (employers/parents/coaches/teachers) or any leader when they hear the words, ”It’s not my job” after asking why an assigned task was neglected or incomplete. To be fair however, I have similar compassion for staff when they hear, “That won’t work here!” after offering a new suggestion for improvement. Both sound like nails screeching on a chalkboard or a fork grating across a china plate! Eeeccchhh! Both expressions are toxic from auditory, motivational, and common sense perspectives.

Instead of the traditional face crunch every time we hear these words, we would do much better to understand why they are said, and how to prevent hearing them ever again.

• It’s usually implied (if not stated) that job descriptions are the culprits of the phrase ”It’s not my job”; however, it is generally the product of an unsupportive work environment or an employee’s poor work ethic. If the employee is not team-oriented, does not align with the practice culture, or sees their employment as just a “j-o-b” as opposed to a career, every job-related thing they do is a struggle.

• Similarly, if the employee has a decent work ethic at the onset but turns bitter once on board, it’s likely due to an uncooperative culture. For example, maybe they were getting a disproportionate number of extra jobs dumped in their laps that prevented them from getting their primary tasks done, while other co-workers seemed to always get a pass. Perhaps they were continuously assigned tasks that they were not properly trained in, or not within their skill-set or comfort range.

• Finally, bad performance could simply be the result of bad management. How can you avoid all of this? Three simple guidelines: hire for personality, build a positive work environment, and manage staff the way you’d like to be managed.

In order to address the mind numbing, “That won’t work here!” comment, we have to talk about change and why that first reaction to a new idea is to resist it. Truth is, many times it is simply the WAY people are approached, rather than the change itself that causes resistance. Let’s say a practice sends the staff to a conference where they are exposed to many new efficiency strategies. When they return, staff are eager to implement the new stuff they learned so they enthusiastically approach their doctor with several pages of things they “need” to do differently.

Unfortunately, the doctor was not there and doesn’t share their enthusiasm and in fact, feels a little threatened by change. As a result he/she pulls back and without even hearing what’s involved or knowing the potential outcome, the automatic response is “That won’t work here!” Ouch. Talk about an energy killer!

If the approach was less overwhelming: if the staff presented just one or two top ideas; and if they had laid out what was involved along with the potential outcomes, the doctor would be able to process it much easier and resistance levels would drop significantly. When offering up a new idea, avoid going in like gangbusters. Instead, take a more reasonable approach:

“Doctor, thanks for sending us to the conference. There’s one thing we learned there that we are eager to share with you and feel it would benefit the practice. (State the idea and the benefits) I’ve done some research and the costs to make the change are minimal-to-none. (Present anticipated costs, if any) Basically, here’s what would be involved. (Outline x,y,z actions needed) Susan (or whoever will be responsible) has already offered to do (x and y) to get things started, and I’ll tackle (z). If we try it for about 2–3 weeks, we’ll have a good indication of whether or not it will work for us (Point out that it takes approximately 21 days for any change to take effect.). I’m pretty confident this will make our practice more efficient, however, if it doesn’t work to your satisfaction, we’ll agree to go back to doing things the way we did before.” (By the way, this strategy works in reverse too; e.g., if the doctor plans to implement new policy.)

If you are absolutely, positively 100 percent satisfied your office is flawless, perfectly fine-tuned, and couldn’t be better, there is no need to make changes and you have already spent too much time reading here. If however, you want to continue improving your practice, well then, change needs to be part of that process. Whether the doctor initiates some new ideas or the staff does, for the sake of progress have an open mind, lose the de-motivational ”It won’t work here,” and consider an “OK, let’s try” response. You won’t be sorry. 

Lynn Homisak

Lynn Homisak

“Truth is, many times it is simply the WAY people are approached, rather than the change itself that causes resistance.”
PPMA Needs You! Why All Podiatrists Must Belong

TO SUSTAIN A UNITED VOICE
The Pennsylvania Podiatric Medical Association (PPMA) is the voice and conscience of its 850-plus members across all counties of Pennsylvania. Your support of our profession, demonstrated by becoming a member, maintains the unified force needed to sustain podiatric medicine as the main source of foot and ankle care in Pennsylvania.

TO MAINTAIN FAIR REIMBURSEMENT
A strong and unified voice is needed to overcome government and third party assaults on the DPM’s ability to practice his or her profession to its fullest potential and maintain a fair reimbursement environment.

TO ADVOCATE FOR PODIATRY
PPMA is headquartered in Camp Hill, Pennsylvania, minutes from downtown Harrisburg, allowing staff to react quickly to any legislative issues that affect podiatrists. In addition, stationed on the PPMA website, www.ppma.org, members have the ability to immediately contact their legislators through an advocacy system.

YOUR LINK TO THE HEALTH CARE COMMUNITY
PPMA serves as YOUR link between health insurance programs, hospitals, the State Board of Podiatry, the Pennsylvania Medical Society, the Pennsylvania Osteopathic Medical Society, the Hospital & Healthsystem Association of Pennsylvania, and many other health care providers and organizations in Pennsylvania. PPMA often works together with these organizations to make access to health care easier for the citizens of our Commonwealth, and opens up the lines of communication so its members are able to practice to the full extent of their training and experience.
Within the PPMA organization are two entities that expand PPMA member benefits. The first is the William L. Goldfarb Foundation for Education and Research of the Lower Extremity, PPMA’s educational arm since 1994. The Foundation provides CPME-approved continuing medical education in the form of accredited seminars/courses and an online Lecture Library. Under the direction of its dedicated board of volunteer podiatrists, the Foundation offers:

- The **Annual Clinical Conference** usually takes place in the fall with stellar faculty and the latest in foot and ankle surgery techniques, as well as general podiatric medicine lectures. Some may recall this seminar used to be known as The Hershey Seminar;

- Nationally renowned **Board Review Course**, held in the winter. This course offers a couple options to participate in this course: the traditional classroom setting or online in ‘real time.’ For those recertifying, there is now an online Recertification Prep Course, designed for surgical podiatrists. In addition, there are many study aids available, such as a comprehensive **Study Guide** book;

- Other seminars held during the year help DPMs to attain the number of credits required for licensure within a two-year period. **Destination Conferences** integrate a leisure activity like Fly Fishing for the Montana Meeting or a location brimming with history, entertainment, and shopping, such as Annapolis, Maryland, or Gettysburg, PA.

Goldfarb Foundation courses are provided at a substantial discount to PPMA members. Visit www.goldfarbfoundation.org for more information.

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The Podiatric Medical Assurance of Pennsylvania (PMAP) is another major benefit made available only through membership in PPMA. It is PPMA’s endorsed podiatric professional liability insurance program, governed by its own volunteer board of podiatrists. This program has provided responsible and affordable malpractice insurance coverage in Pennsylvania since 1994. The John Yurconic Insurance Agency is PMAP’s broker and makes available other insurance lines such as health, disability, and business insurance.

TO HAVE UNION BACKING

OPEIU/Guild #45 affiliation allows PPMA members to use the strength of the labor organization’s 14 million members to increase access to legal and lobbying services, and to be included in the health plans of Union members. The OPEIU also has special benefits that help members—

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APMA MEMBERSHIP
Membership in the American Podiatric Medical Association (APMA) is automatically included when you become a PPMA member. The APMA serves 12,000 member podiatrists across the country, and represents podiatry on national affairs. APMA has been most influential on many fronts—legislative, regulatory (Medicare), as well as diagnostic and procedural coding. Its annual educational meetings attract thousands of podiatrists all over the world.

CHANCE TO SERVE
PPMA is maintained by an “all-volunteer” Board serving in many capacities on committees and other task forces in support of the profession. The Board in turn is supported by full-time professional staff at Association headquarters.

TO STAY INFORMED
The PPMA Update is the Association’s newsletter to stay connected, and to keep updated on Association news, member news, and the podiatric profession at-large in PA. PPMA’s website, www.ppma.org, assists the Association in alerting members to more pressing news and information. Both are great communication vehicles to keep the membership always informed.

PPMA FAMILY-MEMBER SCHOLARSHIP
For those members with college-bound students or those already attending or accepted into a four-year accredited college, an accredited two-year college, or accredited trade school, this is a great opportunity! The PPMA Scholarship is awarded to one applicant each year in the amount of $1,000. Visit www.ppma.org to view the Scholarship Application and the necessary qualifications.

This Scholarship is underwritten by PPMA and in part by The John Yurconic Agency.

WHY ALL PODIATRISTS MUST BELONG!

Remember, your ability to practice podiatric medicine to the full extent of your training, experience, and licensure has been promoted and protected by the combined forces of PPMA and APMA. Please contact us for further information on how to become a member or maintain your membership in this proud organization!

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and the Installation of the Executive Board
Saturday, November 5, 2016

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Online Reservations can be made at www.goldfarbfoundation.org and click on Hotel Reservations for the 44th Annual Goldfarb Foundation Clinical Conference.

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From the PA Turnpike:
(Route 276) Take Turnpike to Exit #326 (old exit 24) Valley Forge. Immediately take first right and merge onto N. Gulph Road. Proceed approx. 1.3 miles to First Avenue.

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Owner and CEO, Delaware Podiatric Medicine, PA

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We are now in the summer doldrums of the political season. The General Assembly recessed. The national political conventions are complete. And we haven’t convicted a state officeholder in more than a week. These are the days given over to fundraisers, conferences, and big thoughts.

Well, maybe not all that big. There is, however, a very important health-care issue in the news: the intense concern with opioid abuse has not abated because, unfortunately, neither have the tragic stories of lives torn apart and even lost.

The policy committees of the four caucuses—in their separate configurations, partisan organizations that often hold pseudo-hearings to appease constituents and enhance their party’s reputations—are holding very real and very non-partisan joint hearings around the state to learn more on the subject and look for answers. This round of hearings comes after extensive spring events led by the Center for Rural Pennsylvania.

Law enforcement officials at previous hearings have pointed the finger at health care professionals for prescribing opioids for pain relief without carefully monitoring their uses by patients. Legislation has been proposed to limit pain relief prescriptions to 30 day supplies or even less, and requiring a follow-up visit before additional meds can be provided. To be proactive, PPMA is preparing testimony that will be submitted for the record documenting the pharmacology elements of the DPM curriculum and the best practices of its profession.

In other legislative news, Governor Wolf and the General Assembly successfully concluded budget negotiations in early July providing a spending plan for a bit more funding for human services, and basic and higher education. Tax expansions and rate increases hit tobacco, banks, digital downloads, and other products, but the sales tax was not extended to medical goods and services as previously proposed.

No political report from Harrisburg is complete without a note about now former Attorney General Kathleen Kane, but this could be the last note. Her trial on charges of leaking grand jury testimony and lying to investigators concluded in one week. She didn’t even call defense witnesses. The jury deliberated for less than five hours before finding her guilty on all counts.

Her defense team was barred from justifying her behavior as a response to persecution for shedding light on the sharing of pornographic and racist emails among members of the Office of Attorney General and members of the state’s senior judiciary.

Last minute appeals to the state Supreme Court had also been denied. While Kane might appeal the conviction, she resigned from office and her top deputy, former Montgomery County DA Bruce Castor, took over. A day later, however, Governor Wolf appointed former top deputy Bruce Beemer—demoted by Kane—to be acting Attorney General pending Senate confirmation.

Republican Senate leaders have signaled that they are likely to confirm Beemer when they return to session in September. Beemer will only serve until a newly elected AG takes the oath of office in January. Republican state Senator John Rafferty and Democratic County Commissioner Josh Shapiro are vying for the post in the November election.

Republican Presidential nominee Donald J. Trump and his Democratic rival Hillary Rodham Clinton have been making appearances in the Commonwealth. More are likely and our airwaves are soon to be clogged with ads as the two vie hard for our “swing state” Electoral College votes.

The US Senate contest between incumbent Republican Pat Toomey and Democratic challenger Katie McGinty has also become more intense and nasty. McGinty has made a series of missteps, but hopes to hang on to Clinton coattails and be towed along to victory.

PAs two open Congressional seats will be interesting contests. Republican state Senator Lloyd Smucker faces Democratic nominee Christina Hartman for the 16th Congressional District that includes all of Lancaster County, much of Chester and some of Berks County. Republican nominee Brian Fitzpatrick seeks to hold the 8th Congressional District held now by his brother Michael, but faces a strong challenge from Democratic state Representative Steve Santarsiero. The district is comprised of Bucks County and a bit of Montgomery County.

And in the Western Pennsylvania 9th Congressional District, incumbent Republican Congressman Bill Shuster will face a Tea-Party Republican in the November General Election because the individual—Art Halvorson—won the Democratic nomination even while losing his primary challenge to Shuster. Shuster has twice defeated Halvorson in primary elections. Now Democratic voters in the mid-state get to choose whether they will support their party’s nominee albeit he will never sit in Congress as a Democrat or support most of their views, or vote for the Republican they have sought to defeat for the past decade.

With all due respect to incumbents, challengers, and open-seat nominees for the states 203 House and 25 Senate seats up for election—there is little news here. Republicans hold big majorities in each Chamber and nothing is going to change that fact. Democratic state Senator John Wozniak has dropped his bid for re-election and will retire at the end of the session in November. “Woz” served 16 years in the House before his election to the Senate 20 years ago. His district that spans from Bedford through Johnstown to Clearfield is the most Republican district (by registration and voter behavior) held by a Democrat. With him out of the race, the district could well flip to Republican control. Democratic Pennsylvania state Representative Kevin Schreiber of York has also dropped out of his race for re-election. He will become the new CEO of the York County Economic Alliance effective December 1.

That’s the news from Harrisburg. We now return you to your summer re-runs. —David W. Fatti PU
ABFAS Candidates Short of 3-Year Residency Given 2018 Deadline

For those candidates without Board-Qualified ABFAS status and are shy of completing a three-year CPME-approved residency, they MUST complete the ABFAS board certification process by DECEMBER 31, 2018. After this date, these candidates will be ineligible for ABFAS certification, as stated in ABFAS Document 110. Visit www.ABFAS.org for more information and steps to take to complete the process. *PU*

Post Jobs or Search for Jobs on PPMA Career Center

Members and site visitors should take advantage of PPMA’s CAREER CENTER to Post Job Openings; Find Potential Candidates; Search Openings; and Subscribe to New Posting Notifications.

- You will find this section of the website, by going to www.ppma.org and clicking on "ABOUT PPMA" (drop down menu) at the navigation bar.
- Highlight the top section “Career Center.”
- The section will open and you can make your selection—

   **Posting a Job Opening:** If your practice/clinic/hospital is looking for a new associate DPM within the state of Pennsylvania, post position openings on this webpage.

   **Search Candidate CVs:** Employers can search and view the CVs of DPM candidates looking for a position across the state of Pennsylvania.

   **Export Resume/CVs:** Candidates can export their resume/CV to this webpage so it can be viewed by potential employers.

   **Search Openings:** Job posts for DPMs in Pennsylvania will appear here for a certain time period; ending when filled or after 30 days. Note that the posting will have to be approved first before appearing in this section.

   **Subscribe:** Candidates can receive an email alert when a new opening is posted by selecting the appropriate category listed.

   Please be patient with us while we iron out the kinks to this new section of our website. Email Susan Kramer at susan@ppm.org with any issues. *PU*

PPMA/APMA DUES PAYMENT REMINDER

1) **FIRST QUARTER DUES PAYMENTS** were due no later than JUNE 1, 2016. If Payment wasn’t sent, it is NOW PAST DUE!

2) Remember to place your PPMA Member Number or full name on check if remittance stub not sent back with payment.

3) Don’t forget to PAY ONLINE to assure payment is received on time!!!

4) Because APMA and PPMA engage in certain restricted lobbying activities, 5% of your National Dues and 10% of your State Dues are not deductible as an ordinary and necessary business expense, if otherwise deductible.

If you are having a problem paying your dues, please contact Jenna Clay at 717-763-7665, Ext. 13, or email Jenna@ppma.org to discuss possible payment options that may be available to you.
## $500 GIFT CARD RAFFLE!

Remember with every $100 contribution, your name will be entered at the end of 2016 in a raffle for a $500 gift card. So FILL UP THIS PAGE and keep the profession in the forefront on the Hill in PA!!

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**TOTAL: $10,260**

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### My Commitment to PENNSYLVANIA PPAC

To maintain and strengthen podiatry’s involvement on the state health care scene, I pledge my support to PA-PPAC’s 2016 Campaign. My voluntary political contribution of $_______ is enclosed.

Name______________________________________________________________________________

Address____________________________________________________________________________

City/St/Zip_________________________________________________________________________

Make check payable to PA PPAC. PERSONAL FUND CHECKS ONLY Contributions are not deductible for income tax purposes. You may contribute any amount or no amount without concern of being favored or disadvantaged. Send to PA PPAC, 757 Poplar Church Road, Camp Hill, PA, 17011-2383.
### My Commitment to APMA PAC - 2016

Check here if this contribution is drawn on:  12-Corporate Account

Enclosed is my voluntary, personal political contribution of:

- $25 (Student)
- $75 (Young Physician)
- $150
- $300
- $500
- $1,000
- $2,500
- $5,000

Name__________________________________________APMA# ____________________
Address_____________________________________________________________________
State_________________Zip________________E-mail Address________________________________

☐ Check  ☐ Credit Card  ☐ Other

Credit Card Number: ________________
Expiration Date___________Signature______________________________________

IMPORTANT: These are suggested amounts. You may contribute more, less, or not contribute without concern of being favored or disadvantaged. This information is required for contributions of $200 or more by the Federal Election Campaign Act. *Federal election law does not permit corporate contributions to be used for donation to candidates for federal office. Political contributions are not deductible for income tax purposes.

Mail your contribution to:
APMAPAC, 9312 Old Georgetown Road
Bethesda, MD 20814

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TOTAL: $16,941
AUGUST 2016

PODIATRY PRACTICE FOR SALE
Pittsburgh South (Brownsville), PA. 33-year established, successful practice. All phases of podiatry, laser and cash services in place. Hospital and Surgi-Center. Turn-key ready, strong client base. Contact pa. footdoctor@gmail.com. (S AUGUST 16)

PHILADELPHIA - DELAWARE EXPERIENCED PODIATRIST SEEKS POSITION Board certified podiatrist looking for part- or full-time position. Friendly, caring, hard-worker with more than 20 years of experience in a busy multi-specialty clinic (relocating to be closer to family). Open to all types of practices: Surgical, or to pick up the slack, completely office based if that’s what your office is looking for. No partnership necessary. Licensed in both Pennsylvania and Delaware. Contact by email Cmb3332015@gmail.com. (AUGUST 16)

JUNE/JULY 2016

FOR SALE THERABATH (Parafin Bath), Medical Electronics Inc. Complete Unit for $55. Call 215-423-8001. (S JUNE/JULY 16)

APRIL/MAY 2016

ASSOCIATE POSITION - SUBURBAN PHILADELPHIA Looking for either a PART-TIME (leading to full-time) OR a FULL-TIME position and have a PMSR/36 with RRA TRAINING. Send your cover letter and CV to medstaff1977@gmail.com. Must include a contact phone number. (S APR-MAY 16)

FEATURED

FOR SALE—QUALITY NEW & USED PODIATRY EQUIPMENT & NEW INSTRUMENTS: Most of our equipment is refurbished and comes with a one-year, 100% parts and labor or replacement warranty. Our instruments come with a life-time warranty so long as they are used for their intended purpose. Our chairs are almost all reupholstered in a choice of color; we have been told that it is as good as or better than the best new upholstery currently being sold by the leading chair manufacturers in the field in terms of fabric and workmanship. We also carry Mini C-Arms with Windows 7 computers that enable you to download images into your patient software. Let us equip your office for a fraction of the cost of new equipment. Phone (440) 333-0007; Fax (440) 333-4902; parkhaven@hotmail.com; www.globalintermed.com. We also purchase name brand used equipment that is in good condition. (2015-2017)

CONTINUOUS

PODIATRIC COVERAGE FOR ILLNESS, PREGNANCY LEAVE, AND VACATIONS: Self-insured, Diplomate of ABPS, for Bucks, Chester, Delaware, Lehigh, Montgomery, Philadelphia counties; will consider other counties or locations. Call 267-221-6491 or email socksandshoes11@hotmail.com.

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THE WESTERN PENN HOSPITAL presents the SCOTT ALTER, DPM MEMORIAL LECTURE SERIES

LOCATION: West Penn Hospital, 4800 Friendship Avenue, Pittsburgh, PA 15224

Wintergarden Conference Center—Friendship Cafeteria—1st Floor, North Tower

SCHEDULE FOR EACH PROGRAM:
7:30 a.m.—Registration/Continental Breakfast; Lecture—8:00 a.m. –12:00 noon; 4 Credit Hours each

Parking—Complimentary in the South Millvale Street parking garage; bring white parking pass to registration desk for validation.

2016
Saturday, SEPTEMBER 10, 2016
Saturday, OCTOBER 8, 2016
Saturday, NOVEMBER 19, 2016

2017
Saturday, JANUARY 14, 2017
Saturday, MARCH 11, 2017
Saturday, APRIL 29, 2017

Pre-register for each program by following these instructions—a confirmation number will be emailed to you:
1) Log onto www.aghcme.org;
2) Select: Course Schedule on left;
3) Select month in which the course is being offered;
4) Select course; and
5) Register.

Contact Beth Sheedy, BS, M.Ed, at 412-688-7578 or beth.sheedy@ahn.org for more information.

The Western PA Hospital is approved by the CPME as a sponsor of continuing education in podiatric medicine. The Western PA Hospital has approved this activity for a maximum of four (4) continuing education contact hours.

2017
Saturday, JANUARY 14, 2017
Saturday, MARCH 11, 2017
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Pre-register for each program by following these instructions—a confirmation number will be emailed to you:
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The PPMA Update is a publication of the Pennsylvania Podiatric Medical Association and the remaining issues for 2016 are September/October and November/December. Advertising rates can be found on www.ppma.org.
1. What aspects of podiatry drew you into the field?
When I was in college, my marine biology/microbiology professor recommended I look into either podiatry or optometry as very good options for me. I had told him I definitely wanted to get into medicine, wanted to be a doctor, but it was also going to be very challenging while having a family/kids, which I had at the time. I did some research, and it absolutely got my full attention.

2. Name a few things you realized once you opened the doors to your podiatric practice?
I am a new practitioner, and don’t have a lot of experience running my office yet, but so far I can say for sure it is very challenging to start from scratch, to open “cold.” It definitely takes a very business-minded person to be successful with it. It involved a lot of advertising, word of mouth, visits to PCP offices, and much more.

Everything associated with the new practice is a challenge on its own, putting together the office space: set up, equipment, finding a good medical assistant; to billing and providing the best patient experience at all times, no matter how rough a day. It is very demanding, but rewarding at the same time, not monetarily yet, but feeling very accomplished knowing all the bumps in the road I’ve overcome to get to this point.

3. What kind of marketing do you think podiatrists should do, or now do that is effective?
I believe online marketing is very important, as well as involvement in local community enrichment centers/churches, PCP offices, and through word of mouth.

4. What are one or two benefits of belonging to PPMA that you feel you couldn’t do without?
I think the support you get from PPMA/APMA with all the available resources, great courses/conferences offered by the Goldfarb Foundation and Region Three meetings.

5. Anything else you want to add—your accomplishments, your future plans?
I am very happy to be part of our profession, and I will try my best to provide my own modest contributions to making it better each and every day. I am working towards my ABFAS certification and that will be one of my most important future goals, along with growing my practice and providing exceptional patient care. 

Dr. Leka finished her three-year residency this May from Roxborough Memorial Hospital, Philadelphia, PA. She is Board Qualified with ABEAS and ABPM. She plans to open her office in October 2016.

“...It involved a lot of advertising, word of mouth, visits to PCP offices, and much more.”
The John Yurconic Agency is pleased to offer Health Insurance to qualified members of PPMA.

RATE QUOTES ARE AVAILABLE TODAY!

- Fully insured plans
- PPO plans
- Qualified Health Savings Accounts
- Electronic enrollment and billing available
  - and much more!

For more information on this exclusive offer, contact Don Friedman at 877.261.7622 Ext. 109, or email dfriedman@yurconic.com

This program is currently offered to practices located in Pennsylvania.
Upcoming Events

HOD Inaugural Banquet
November 5 | Valley Forge

44th Clinical Conference
November 3–6 | Valley Forge

Annapolis Meeting
December 2–4 | Annapolis, MD

Board Review Course
February 1–4 | Philadelphia

FAPA’s 22nd Seminar in the Sun
February 18–25 | JAMAICA

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(Prime Back Cover Space)

PPMA UPDATE now offers
Color Ads at affordable prices.

Spread the Word!!
Contact susan@ppma.org