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Pedorthic Management of End Stage Diabetes Mellitus, Part II

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Grady Fletcher
Reflects on a Lifetime in Pedorthics and Orthotics

By Berry Craig

When Grady Fletcher started selling shoes, Dwight D. Eisenhower was president, gas was 21 cents a gallon and the Dodgers were in Brooklyn. That was 1954.

“I’m 71-years-old,” Fletcher said, grinning. “I wish I could go ‘till I’m 104.”

He owns Fletcher’s Shoes and Custom Made Orthotics Inc., in historic Franklin, Tenn., near Nashville. Fletcher is a member of the Pedorthic Footwear Association.

“You’re never too old to learn,” he said. “Thank goodness for the PFA. Their literature keeps me up on what’s new in the field.”

He has been “in the field” since he was 18, when he sold his first pair of shoes. He became a shoe store manager at age 23. Along the way, Fletcher learned how to make orthotics and modify shoes for people with foot problems. His store includes a pedorthics lab.

Fletcher calls himself a seat-of-the-pants pedorthist. “If I was young, I’d get certified,” he said.

Fletcher figures he has fitted footwear to more than 20,000 pairs of feet. Before he opened his own store in Franklin in 1996, Fletcher sold shoes in retail and comfort stores in Nashville.

“I could write a book about the shoe business and my customers,” he said. They include country music stars Alan Jackson, George Jones, Naomi and Ashley Judd, Vern Gosdin, Emmylou Harris, Suzy Bogguss, Kix Brooks of the Brooks and Dunn duo, and others.

Several autographed photos of Fletcher’s star customers decorate the store, which is in a small shopping center near the site of the Civil War Battle of Franklin. But as the store

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sign says, Fletcher's business is comfort, not combat. “To Grady. Makin' those puppies feel good,” Brooks inked on his photo. Other satisfied customers send Fletcher cards and letters. He thumb tacks them to a store bulletin board.

“You do put smiles on many faces, including mine,” a woman wrote. “Thanks for the royal treatment,” “Our feet are very happy!” and “You're my No. 1 shoe man in the world!” more well-wishers said.

The shoe man is also proud of a pair of signed photographs a Kentucky doctor gave him. They show the physician trekking Death Valley and the Gobi desert of China. “He flew down in an airplane, got a car and drove over here to get orthotics,” Fletcher said. “Fletcher’s orthotics all the way,” the doctor jotted below the photos.

Other sweet tokens of esteem quickly disappear. “A woman brings me pies,” Fletcher said, chuckling. “They're some of the best pies you've ever eaten – apple crumb, pecan – all kinds of pies. They remind me of my momma's pies.”

The pie-baker's husband presented Fletcher a walking stick he made from an old saw handle. “He trusts me enough to sell his sticks in the store,” Fletcher said.

Fletcher also has the trust of many Nashville-area podiatrists, physicians, orthotists and prosthetists, who refer him patients. Fletcher said a big part of his job is finding the proper shoe for the orthotic the doctor ordered.

“It doesn't matter how good the orthotic is,” he said. “If it doesn't work with the shoe, the shoe and the orthotic will work against each other.”

Fletcher doesn’t just fit orthotics. He tells patients in plain English how they work. “You've got to take the time with the people. You have to talk to them and listen to them, too.”

Fletcher said that goes for everybody who seeks shoes at his store. “We get a lot of customers who just want a comfortable pair of shoes.”

First-timers learn the self-service era has not dawned at Fletcher's. The boss and his staff of five shoe fitters, one of whom is a board-certified pedorthist, wait on every customer or doctor referral one at a time.

They are greeted and seated. Off come their shoes; out comes an inked pad for taking impressions of their feet. Their feet are carefully measured on Brannock Devices. Fletcher has his

customers or patients stand to be sized; he checks both feet. “Most people have one foot slightly larger than the other one,” he said.

A female customer proved him right. Her right foot measured an 8½ B, her left, an 8 C. “You fit to the larger size,” he said.

Fletcher likes the Brannock Device because it shows the foot’s overall length, plus arch length and width. He said the length measurements don't always match because some people have long toes, and others short ones. The female customer was in the latter category, according to Fletcher. He said her arch length was a full size longer than her toe length on both feet.

Fletcher uses standard men’s and women’s model Brannock Devices. But he sometimes measures with an antique Brannock that is more than 60-years-old. The sizer is a rare World War II-vintage Marine Corps measurer specially scaled to fit rubber insulated boots. “A lady in her 70s gave it to me,” Fletcher said. “Her husband, who had passed away, was in the Marines; she found it in their basement.”

Fletcher shined up the old Brannock and restored it to active duty. Though it was made for men, it works just fine on women, Fletcher said.

“You just add a size-and-a-half to what it shows,” he explained.

He demonstrated the device with the female customer. Fletcher measured her right foot a 7-D and her left a 6 ½ EE (the sizer doesn't have an “E” width.) Again fitting to the larger foot, Fletcher converted her shoe size to an 8½ B, the size he got with the women's Brannock.

Fletcher knows there are electronic “gizmos” for measuring feet and computers that make orthotics. “But I don't think machines can do what hands can do for the foot,” he said. “What I learned about pedorthics and fitting shoes, I learned by doing with my own two hands and by reading. That's why everybody should join PFA. You can get the literature and read it.”

Berry Craig is a freelance journalist who has been writing about the pedorthics profession for more than 15 years. Craig teaches at the West Kentucky Community and Technical College in Paducah and lives in nearby Mayfield, Ky.
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The following entities represent common radiographic findings seen in patients with diabetes mellitus as it affects the foot. The pedorthist should be aware and knowledgeable of these findings as our profession continues to integrate and interact in the podiatric medicine field.

**Soft Tissue Defects, Sinus Tracts and Abscesses**

The presence of sinus tracts, soft tissue defects and abscesses are relatively common in the diabetic foot. Often these entities present puzzling problems in regard to both diagnosis and treatment. With the use of sinograms, the depth, location and extent of tracts, defects and abscess walls can be determined.

A sinogram is performed by injecting a radiopaque dye into the soft tissue defect or tract.

A sinus tract would represent a closed limited tract coming from a primary focus of infected bone or other tissue. An abscess is an open, unlimited tract where limitless amounts of contrast media can be introduced. Upon injection fluoroscopy, tomograms or multiple radiographic views can be used.

Flouroscopy is quite useful in allowing one to follow media as it dissects facial planes and joint spaces or occupies defined areas of defect. When using conventional radiography AP, lateral and oblique views should be used at different time sequences. The AP and oblique views allow determination of location as well as the extent of the tract or abscess. The lateral view provides determination of depth of involvement.

Tomograms are especially helpful in difficult cases for determination of depth and location of the infectious process. Interpreted and performed properly sinograms serve as useful adjuncts to diagnosis and treatment of infectious pedal processes.

**Diabetic Osteomyelitis**

Osteomyelitic bone changes occurring in the diabetic patient can affect up to 50 percent of patients with pedal manifestations.

*Editor's note:* This is the second installment of a two-part article. The first installment appeared in the July/August issue of *Current Pedorthics.*

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Characteristically, bone changes occur by introduction of bacteria from the surrounding environment through a wound or continuity of a neighboring soft tissue infection to contiguous bone. The most common sites of foot involvement are the digital phalanges, metatarsals and calcaneas where sites of neurotrophic skin ulceration are common.

Radiographically, the earliest signs represent increased soft tissue density secondary to the edema produced by the infectious process.

Often the radiolucency of a soft tissue defect overlying the ulceration can be visualized. Radiographic bone changes are often absent early as it takes a minimum of seven to 14 days for detectable changes to occur. The earliest osseous change involves cortical erosion with surrounding osteoporosis to the intense hyperemia of the inflammatory response.

**Osteomyelitis** bone changes occur by introduction of bacteria from the surrounding environment through a wound or continuity of a neighboring soft tissue infection to contiguous bone.

As the process continues, the erosive process enlarges involving larger areas of adjacent cortical bone and cartilage. This progression will often produce an intense periosteal reaction resulting in new bone formation as an attempt to wall off the infectious process.

Roentgenographically, this will appear as a radiodense liner deposition usually parallel to the cortical shaft. Sequestra, which appear as dense, sclerotic fragments separated from the main body of bone, represent areas of dead cortical bone and are seen late in the process.

Once the bacteria have reached the medullary bone and canal, progression will occur along the path of least resistance, that being the cortical and haversian canals. This gives an X-ray appearance of an osteoporotic shell with a sclerotic periphery representing devas cularized cortical bone. With continued progression, a complete osseous structure such as a distal or middle phalanx can be destroyed and become radiographically absent.

**Diabetic Osteolysis**

Diabetic osteolysis represents involvement of osseous tissue beyond the confines of a joint articulation. The osteolytic process often develops rapidly and can occur over a period of weeks or months. At times, the process is self-limited involving only one or two joints, characteristically, however, multiple metatarsals phalangeal joint involvement is the rule.

The osteolytic process most commonly involves the distal metatarsals and proximal phalanges. Involvement starts at the metaphyseal region as an ill-defined area of cortical bone loss often with coexistent diffuse osteoporosis. The area destruction then expands with lysis and fragmentation of the metaphyseal and epiphyseal regions extending through subcortical bone, eventually destroying the entire bone end, but sparing the central portion of the diaphysis.

The end of the remaining metatarsal shaft appears ragged at first and then eventually becomes tapered and increased in density (osteosclerosis), resulting in a pencil-like or candlestick deformity. Gouging and broadening of the proximal phalangeal base is also seen to occur and gives the remaining joint a pencil-in-cup type appearance.

Characteristically, however, the joint surfaces are preserved until late in the process.

Radiographically, these alterations closely resemble osteomyelitis as periosteal new bone formation can also be seen in the osteolytic process.

However, further in the course of this lesion, complete reconstruction of demineralized bone usually occurs in contrast to osteomyelitis. This is exemplified by cases of complete phalangeal destruction and then one year later upon repeat radiographs, the phalanges were almost normal in shape and structure with the joint space well preserved.

**Radionuclide Bone Imaging for Differentiating Soft Tissue and Bone Changes**

Cellulitis, osteomyelitis and osteolysis are commonly seen in the diabetic foot. The differentiation between cellulitis and localized soft tissue infection and osteomyelitis may be delayed as long as one or two weeks because of negative radiographic signs.

Osteomyelitis and osteolysis also are difficult, if not impossible, to distinguish on a roentgenographic basis. Differentiation of these processes is essential as treatment regimens differ drastically. Early in the course of osteomyelitis, the radionuclide bone scan becomes positive greatly simplifying this dilemma permitting early recognition and treatment.

The three phase radionuclide survey is used to differentiate these processes.

Technetium pertechnetate is injected intravenously at a dosage of 15mCi. This loosely binds to serum albumin and circulates intravascularly. A scan is done one to two minutes after injection while the radiopharmaceutical is still in the vascular compartment.

In the presence of cellulitis or soft tissue infection, increased uptake will be noted. After one and a half hours to two hours, the radionuclide material diffuses into the bone in areas of increased blood flow and calcium mobilization.

A negative scan at this time would indicate soft tissue infection only; however, if increased uptake was noted, boney
involvement is present. Both osteolysis and osteomyelitis will indicate increased radionuclide bone uptake.

The use of a second material, Gallium citrate, can differentiate these processes. Gallium citrate has an affinity for binding to leukocytes. In the presence of osteomyelitis, leukocytes that are present as a part of the normal inflammatory response, take up the Gallium.

When the bone is scanned increased uptake would be noted, however, in osteolysis uptake would be of lesser degree. So, with the use of differential Technitium and Gallium scanning these two processes can be distinguished.

**Spontaneous Dislocation**

Spontaneous dislocation involving the foot of a diabetic patient is an entity that is rarely observed. In a foot with normal sensation, dislocations about the tarsus occur only after major violence and even then are quite infrequent.

It has been stated by Brukner and Howell (1972) that the earliest changes in the neuropathic joint involve the soft tissues. Neuropathic changes in the ligamentous structures are such that gross dislocation occurred without detectable bone changes. These patients were unaware that they sustained such a form of injury.

Patients who develop spontaneous dislocations follow a certain characteristic pattern concerning their duration and control of diabetes.

First, they are known to have had diabetes for only a short time and secondly, they do not need insulin for control. This is in contrast to most diabetic patients who develop the more common Charcot joint changes of the tarsus where they have diabetes for years and have been on long-term insulin control.

Newman proposed a theory that the ligamentous lesion producing hyperlaxity represented the earliest form of neuropathic joint disease that allowed spontaneous dislocation to occur. If allowed to go unrecognized, progressive, destructive changes will occur leading to fracture, reactive new bone formation typical of Charcot joint changes.

Spontaneous dislocations in the diabetic foot most commonly involve in descending order: Talo-navicular joint, Lisfranc tarsometatarsal joints and ankle joint. The talonavicular dislocations can be either partial or complete.

Lisfrance dislocations are common and involve chiefly the homolateral and divergent types. Talocrural dislocations often result in severe deformity and disability and are chiefly posterior in direction.

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Spontaneous Neuropathic Fractures
Spontaneous fractures complicated by diminished pain sensation and proprioception occurring in the early stages prior to the development of neuroarthropathy has been largely neglected.

Charcot, in 1868, noted frequent spontaneous fractures which he attributed to weakened bone.

Goudos pointed out that the first manifestation of diabetic osteopathy was fracture or fragmentation. Also, these fractures are usually differ from true traumatic fractures in both location and appearance. Common sites of pedal involvement include avulsion fracture of the posterior tubercle of the calcaneas, base of the first and fifth metatarsals near tendonous insertions of the Achilles tendon, peroneas longus, and brevis muscle repectively.

Metatarsal fractures are a common entity. Other fractures involve compression of the talar dome and body of the calcaneas, often involving the subtalar joint. The interval between fracture and disorganization of the affected joint can range from one to 15 months before proceeding to frank neuroarthropathy.

It is believed that the absence of pain sensation and proprioception leaves the legs without protection from repeated microtrauma in the face of continued activity. Pedorthic recognition and management are paramount as these fractures represent the earliest sign of impending joint derangement and Charcot joint changes.

Charcot Joints
Charcot osteoarthropathic joint changes are seen in 6 percent of diabetic patients who possess a form of neuropathy. Characteristically, the neuropathy manifests itself as a distal, symmetrical, peripheral, sensory polyneuropathy involving the lower extremity in a stocking and glove fashion. The result is that joints are subsequently subjected to extreme ranges of motion without the intervention of normal protective mechanisms. This results in capsular and ligamentous laxity and instability. Further weight bearing loads result in subluxation, dislocation and osteochondral fragmentation. Pedorthists skill in off-loading techniques and select therapeutic footwear is paramount.

Radiographically, three stages of developmental destruction can be seen.

During stage one, or the developmental period, fine debris formation is noted at the articular margins of the involved joint. This follows with fragmentation and necrosis of subchondral bone and attached articular cartilage represented on X-ray as juxtarticular cortical defects, sharp in outline and measuring one to five millimeters in diameter.

With continued progression joint effusion and capsular distension appearing as increased radiodensity of surrounding soft tissue occurs. With further disruption produced by continued uninhibited weight bearing subluxation and dislocation will occur along with irregular narrowing and obliteration of the joint spaces.

The second stage of coalescence is marked by absorption of the fine debris with fusion of the larger fragments which tent to adhere to adjacent bone. As a result of prior fragmentation and disorganization, there is a loss of vascular which leads to sclerosis of bone ends.

The third and final stage of reconstruction represents an attempt of the osseous elements to re-establish bone and joint architecture. There is a decrease in sclerosis resulting from a subsequent increase in vascularity. Bone ends and larger fragments tent to become rounded off and there is some reconstitution of the cancellous appearance of osseous tissue as well as evidence of periosteal new bone formation.

The time period between these stages can vary from weeks to years and the speed of progression is independent of the severity of diabetes.

Paul A. Chromey, B.S., D.P.M., C. Ped, is an active member of PFA and certified (BCP and ABC) pedorthist. He is the CEO and owner of Wyoming Valley Pedorthic as well as a pedorthic lecturer and author. All questions regarding his article can be sent to cpedrx@verizon.net.
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Although Jamie Dick doesn’t run as much as he’d like, he still understands how important good orthotics are to avid runners and/or all-around athletes.

Dick, PT, C. Ped., owns Abingdon Therapy Services in Abingdon, Va., and recently opened two Foot Rx locations in Asheville, N.C., and Johnson City, Tenn. His new shops and the birth of his third child – eight-week-old Aubrie – doesn’t allow him the time for his morning jogs. However, he still sees his fair share of athletes.

Dick, who is a PFA board member (Director, Class of 2010), said his customer base is anyone with feet.

“We have a wide variety of customers from pediatric to geriatric, elite athletes to weekend warriors, 100-mile/week runners to couch potatoes,” he said.

The Abingdon Therapy Services location is a physical therapy clinic predominately seeing general out-patient orthopedic and sports medicine patients. He is able to provide pedorthic services for on-site custom foot orthotic fabrication as well as a diabetic foot care program.

Through Foot Rx, Dick offers a full line running specialty and team sales retail. Both locations are managed by certified pedorthists and are able to provide pedorthic services as well.

Dick, 43, has been a certified pedorthist for five years and has been a physical therapist fabricating orthotics for 20 years. He received his bachelor’s degree in physical therapy from the University of Kansas School of Allied Health (class of 1986). He received his pedorthic training at Oklahoma State University at Okmulgee.

Between Abingdon Therapy Services, the two Foot Rx locations and his family, Dick is always on the move.

“T’m a father and husband and am one who really enjoys helping others,” he said. “I enjoy interactions with my patients and my retail customers. I can’t imagine being at a cubicle all day, I am too much of a ‘people person’ for that.”

At home, Dick can rely on his wife Andrea; two sons, James, 8, and Jacob, 5; and Aubrie. At work, Dick relies on his staff.

“I am fortunate to have a great staff that really watches out for me and takes good care of me,” he said. “I feel very blessed to be doing something professionally that I really enjoy doing every day and look forward to the next several years of it.”

Dick hopes to expand Foot Rx into many new locations over the next several years. Although busy, Dick took the time to talk with Current Pedorthics about his businesses and the industry in general.
**Current Pedorthics:** What made you decide to become a pedorthist?

**Dick:** As a physical therapist, I had been fabricating orthotics for many years and had a special interest in the foot and ankle. I discovered the PFA Annual Symposium and Exhibition as a great resource for me to gain experience both in fabrication techniques and in new products and materials. After attending the symposium for several years, I eventually decided that becoming certified was a natural step for me to take, given my practice specialty. I felt the added credentialing was a must and have been very happy I decided to do so.

**CP:** How did you discover PFA?

**Dick:** After attending the pedorthic program at OSU Okmulgee with Bill Meanwell, I became more interested in the association and felt I had something unique to offer being a PT and retailer.

**CP:** What led you to becoming a PFA Board of Directors member?

**Dick:** During the symposium in Orlando, Fla., a few years ago, Bill Meanwell asked if I might be willing to run for the board of directors. I felt that I might bring a different perspective to the association and thought that maybe I could open some doors with other health care groups.

**CP:** As a PFA “insider,” how do you feel the association helps the everyday pedorthist?

**Dick:** I feel PFA helps the “everyday” C. Ped. in many ways. First and foremost, it protects and is growing the profession through its governmental functions. I don’t think most C. Peds. (as with most other professional organizations such as PT, OT, ATCs, etc.) realize how much goes on “behind the scenes.” If not for a strong background, organizations such as PFA have to fight for their rights. Many C. Peds. would be out of work or at the least would not be reimbursed nearly as well for what they do. In this day of managed care, having an organization to help you fight the battles with insurance carriers is a great asset. Secondly, I think PFA benefits its members by providing outstanding continuing education programs and promoting professional growth in the field.

**CP:** Being a pedorthist is a demanding but rewarding job. What keeps you going, keeps you excited and energized about what you do?

**Dick:** I think what really keeps me going is seeing how happy people are when we can give them relief. I really do enjoy the “quick fix” that comes with what we do. What one of my employees calls the “grin factor,” seeing the grin on someone’s face when they stand up and are pleased with what we did for them.

**CP:** On the opposite side of the spectrum, what are some of the more difficult aspects of the job?

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Dick: Hands down, the single most difficult thing to deal with is health insurance and managed care. Also, as an employer/business owner the day to day management of staff and office needs can also be difficult.

CP: You’ve seen a lot of changes since you’ve joined the industry. What are some of the major differences?

Dick: The single biggest difference is the affect on how managed care has made it much more difficult to “treat” patients. “Back in the day,” we used to treat everyone and do for them what we felt was best. Now, it seems we must first see if we are in their network, get pre-authorization. If we happen to be in network, only bill what codes are allowed under their plan; be sure to document properly; provide reams of paperwork along with the claim; and then “hope” that we only have to resubmit the claim a couple times before it is paid.

I think the second biggest change has been in the use of various materials in our field. More and more materials have come out allowing for a lot of variation in the way things are done in pedorthics.

CP: What do you feel are current “hot buttons” or areas of interest for pedorthists?

Dick: Pedorthic credentialing of the American Board for Certification has been a hot topic. I believe that our organization being involved with such a larger body such as ABC is really going to strengthen us as a whole.

Pedorthics in sports is another area which I feel has particularly gained interest. Of course, this is an area that I am interested in, and I am glad to see pedorthics finally take a more “front seat” position. I have to give thanks to all of the Pedorthists who made up the first U.S. Olympic Pedorthic team that went to Greece almost four years ago. I feel they have begun to “pave the way” for the rest of us to break into the field of sports medicine.

CP: In your opinion, what is the future of pedorthics?

Dick: I feel there is a very strong future for pedorthics, and I expect the educational programs to really flourish. I think that as pedorthics grows more in the public eye that people who are looking for a rewarding career where they can help others and see an immediate impact on how they make a difference will find their way into pedorthics. Certainly, we will always see a huge need for what we do. As long as people are walking, there will always be a need for pedorthics.

CP: What will pedorthists need to do in order to strengthen the position of pedorthics in the medical field and its overall reputation?

Dick: Personally, I think we need to market ourselves with the other allied health professionals better than what we do. I truly think that many PTs, OTs, ATCs and even physicians don’t really know what a “pedorthist” is. We need to educate them about exactly what it is we do.

I think the second biggest change has been in the use of various materials in our field. More and more materials have come out allowing for a lot of variation in the way things are done in pedorthics.

Berry Craig is a freelance journalist who has been writing about the pedorthics profession for more than 15 years. Craig teaches at the West Kentucky Community and Technical College in Paducah and lives in nearby Mayfield, Ky.
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### SYMPOSIUM AT A GLANCE

**Opening Remarks:** Randy Stevens, C. Ped., BOC Ped., CFO, President

#### Wednesday, November 7, 2007

- **3:00 pm – 7:00 pm** Registration Open

#### Thursday, November 8, 2007

- **7:00 am – 7:30 pm** Registration Open
- **8:00 am – 8:30 am** Exhibitor Set-Up
- **8:00 am – 8:20 am** Opening Remarks: Randy Stevens, C. Ped., BOC Ped., CFO, President
- **8:00 am – 9:20 am** The Acquired Adult Flatfoot Deformity: Current Concepts in Evaluation and Management  
  **Keynote Speaker:** Jeffery E. Johnson, MD

**Breakout Session #1**

- **9:30 am – 11:30 am**
  - 1. Successful Planning for Private Businesses – It’s Never too Early  
    **Allan J. Weiner, JD**
  - 2. Inventory Turn: Key Drivers to Improving Your Cash Flow  
    **Paul Erickson, RMSA**
  - 3. SOAPE Notes  
    **Margaret Stewart, RHIA**
  - 4. Pedorthics Down Under and around the world!!  
    **Karl-Heinz Schott, Cert. MGFP**

- **11:30 am – 12:15 pm** Box Lunch

**Breakout Session #2**

- **12:30 pm – 2:30 pm**
  - 1. Inventory Turn: Key Drivers to Improving Your Cash Flow  
    **Paul Erickson, RMSA (Repeat)**
  - 2. Medical Coding and Billing  
    **Presenter: TBA**
  - 3. Health Insurance Portability and Accountability Act (HIPAA)  
    **Presenter: TBA**

- **3:00 pm – 5:00 pm**
  - Panel Discussion: Competitive Bidding, Facility Accreditation and DMEPOS Quantity Supplier Standards: What You Need to Know  
    **Presenters: TBA**

- **5:30 pm – 6:30 pm** PFA Annual Membership Meeting

- **6:30 pm – 8:30 pm** Exhibit Hall Open

#### Friday, November 9, 2007

- **7:00 am – 6:00 pm** Registration Open
- **7:00 am – 8:00 am** Continental Breakfast
- **8:00 am – 8:20 am** Opening Remarks: Randy Stevens, C. Ped., BOC Ped., CO, President
- **8:20 am – 9:20 am** An Entirely New Footwear Design Based on Biomechanics Beyond the Foot  
  **Keynote Speaker:** D. Casey Kerrigan, MD

**Breakout Session #1**

- **10:30 am – 11:30 am**
  - 1. Posterior Tibial Tendon Dysfunction (PTTD) Secondary Adult Acquired Flatfoot Deformity: An Overview  
    **Paul Chorney, DPM, C.Ped. (Series Part 1)**
  - 2. Shock Absorption  
    **Roy Lidtke, DPM**
  - 3. Creating a High Risk Diabetic Foot Patient Category in the Pedorthic Community  
    **Antonio Davila, RN BSN, C. Ped.**
  - 4. Pathophysiology Diagnosis and Treatment Options for Plantar Fasciitis  
    **Craig Young, MD**

- **11:30 am – 1:15 pm** Lunch

- **1:30 pm – 2:20 pm** Effect of Laterally Wedged Orthoses on Frontal Plan Knee Mechanics in Subjects With Medial Compartment Tibiofemoral Osteoarthritis  
  **General Session Featured Speaker:** Irene Davis, PhD, PT, FASCM
### Friday, November 9, 2007

#### Breakout Session #2

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:30 pm – 3:20 pm</td>
<td>1. Unraveling the Mysteries of Hindfoot Pathology (Series Part 2)</td>
<td>Erick Janisse, CO, C.Ped.; Alan Darby, C.Ped.</td>
</tr>
<tr>
<td></td>
<td>3. Improving the Range of Motion, with Functional Orthoses, of the First MP Joint</td>
<td>Paul Scherer, DPM</td>
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#### Breakout Session #3

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:30 pm – 5:30 pm</td>
<td>1. Patient Assessment: Understanding the Anatomy Involved in PTTD Including Bone Identification, Muscle, and Abnormal Bone Structure</td>
<td>Bill Meanwell, C. Ped.</td>
</tr>
<tr>
<td></td>
<td>2. Fitting in 3D</td>
<td>Howard Schaeffer</td>
</tr>
<tr>
<td></td>
<td>4. Recognizing Symptomatic Progressive Flatfoot Deformities Using Grading System</td>
<td>Nancy Naftalin, C.Ped, Surgical Assistant</td>
</tr>
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</table>

#### Saturday, November 10, 2007

#### Breakout Session #1

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
</tr>
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<tbody>
<tr>
<td>10:30 am – 11:30 am</td>
<td>1. Common Lower Extremity Reconstructive Surgical Procedures</td>
<td>Janet Simon, DPM, C.Ped. (C)</td>
</tr>
<tr>
<td></td>
<td>3. Casting for a SCFO Device</td>
<td>Alan Darby, C.Ped.</td>
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#### Breakout Session #2

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:30 pm – 2:20 pm</td>
<td>1. Effects of Total Contact Sandal and Low Energy Laser on Plantar Ulcer in Leprosy Patients</td>
<td>Simon F.T. Tang, MD</td>
</tr>
<tr>
<td></td>
<td>3. Anatomical Considerations of the Foot and Ankle Joint</td>
<td>Paul Chomey, DPM, C.Ped.</td>
</tr>
<tr>
<td></td>
<td>4. Casting for a SCFO Device</td>
<td>Alan Darby, C.Ped. (Repeat)</td>
</tr>
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#### Breakout Session #3

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:30 pm – 3:30 pm</td>
<td>1. Is Money Lurking in your Orthotic and Prosthetic (O&amp;P) Closet?</td>
<td>Joe Sansone</td>
</tr>
<tr>
<td></td>
<td>2. Current Choices and Technology in Athletic Footwear</td>
<td>William J. Noonan</td>
</tr>
<tr>
<td></td>
<td>3. Understanding the Mechanical and Neuromuscular Functions of a Foot Orthosis</td>
<td>Roy Lidtke, DPM</td>
</tr>
<tr>
<td></td>
<td>4. The Relationship of the Foot to the Body</td>
<td>Douglas Bertman, LAC</td>
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#### Sunday, November 11, 2007 – Optional Program

#### Sunday Courses — Marriott Riverwalk Hotel

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am – 12:30 pm</td>
<td>Advanced Pedorthic Shoe Fitting</td>
<td>Chris Costantini, C.Ped.</td>
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<tr>
<td></td>
<td>Compression Hosiery: A Certificate Course</td>
<td>TBD</td>
</tr>
<tr>
<td>8:00 am – 6:00 pm</td>
<td>Maintaining Your State Pedorthic License</td>
<td>TBD</td>
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</table>
An area I believe that is underserved by pedorthics is the time after surgery and the patient is in recovery. This time period varies from a few weeks to many months. Not only should we be concerned with the extremity that underwent surgery but also we should be aware of problems that commonly occur in the contralateral limb. Patients will have biomechanical problems that may have led to the surgery to begin with and then additional biomechanical concerns arise due to pain and immobilization in the recovery period.

Let’s look generally at the recovery time period that I breakdown into the immediate, middle, transitional and end phases. Most pedorthists may not see patients in the immediate or middle post-op time frame. Patients commonly are directed by their physicians to limit their activities and be non-weight bearing or partially weight-bearing on the limb that has undergone surgery. The immediate phase may last from several days to two to three weeks and the middle phase duration may be from two to 12 weeks.

During these phases, making sure that the contralateral foot is properly supported is critical in preventing problems. It is also essential to identify significant limb length discrepancies that may occur with the usage of immobilization AFO’s or walking casts.

In my podiatry practice, I address the contralateral limb concerns preoperatively, making sure I know what the patient is going to be using on the non-surgery foot. Frequently, I use internal heel lifts to maintain hip level and back alignment.

The transitional and end phases of recovery are when pedorthists will have the most effectiveness. The time when patients are beginning a normal heel-to-toe gait pattern usually will coincide with returning to non-post-op footwear. This is when patients need the guidance as to what type of footwear will be the best for them. Unfortunately, most patients will return to their worn out shoes that “feel like bedroom slippers” and expect that their return to normal activities will occur quickly. All patients should be given a prescription by their surgeons for a pedorthic exam that includes new shoe dispensing.

During my presentation at PFAs 49th Annual Symposium and Exhibition, I’ll briefly review some of the common forefoot reconstructive procedures in this article. Let’s start at the great toe joint where a large percentage of problems occur.

**Hallux Abducto Valgus (HAV)**

Hallux Abducto Valgus (HAV) Deformities come in many varieties due to the multiplanar nature of the first metatarsal-phangeal joint (MPJ) and foot biomechanics. There are hundreds of procedures and modifications that have been used in the last century. Some have stood the test of time and others have gone by the wayside.

There are several goals that are generally associated with reconstruction of the first MPJ:

1. Establishment of congruous MPJ;
2. Reduction of the intermetatarsal angle;
3. Realignment of the sesamoidal apparatus to normal positioning;
4. Establishment of nonpainful weightbearing and normal range of motion of the MPJ; and
5. Positioning the first metatarsal head in neutral or plantarflexed position.

The days of the “bump” removal are obsolete. Most failures seen today are due to undercorrection of an HAV deformity because of oversimplification of the surgical procedure. A simple removal of a bump and straightening of soft tissue structures will not lead to a successful result in most HAV deformities.

The majority of reconstructions will require bone healing either due to an osteotomy or fusion procedure. The recovery for these types of procedures generally require non-weightbearing for periods of time with a transition period to partial weightbearing. Here is where the knowledge of pedorthics can be of great value to your patients as they are regaining mobility and relearning how to ambulate correctly.

Identifying footwear that would decrease pressure from the first MPJ and forefoot area would be beneficial along with the ability to adjust the width and volume of the shoe. There are many styles of shoes that have a forefoot rocker and the ease of adjustability in width and depth to accommodate for the...
swelling that occurs throughout the healing period and post-op splint usage as well.

I have consistently noticed that patients have increased forefoot inversion in the postoperative timeframe that frequently leads to lateral column symptoms. Temporary internal modifications in footwear that stabilize the lateral column will improve foot mechanics as patients are relearning how to walk in regular footwear.

Our patients are hoping they can wear all styles of shoes following surgery, but reality is the feet of these patients are dysfunctional in some way or they would not have had the deformity in the first place. The pedorthist needs to be a key member of the health-prevention team assisting the surgeon and patient in getting the successful outcomes that is hoped for.

We also need to keep in mind that the vast majority of patients with HAV deformities who decide on surgical reconstruction are not generally wearing the most supportive shoes prior to surgery because these are irritating to the joint area. Educating our patients as to the best footwear for their feet is an important component of insuring successful outcomes following surgery.

Our patients are hoping they can wear all styles of shoes following surgery, but reality is the feet of these patients are dysfunctional in some way or they would not have had the deformity in the first place. The pedorthist needs to be a key member of the health-prevention team assisting the surgeon and patient in getting the successful outcomes that is hoped for.

**Hallux Rigidus (HR)**

Hallux Rigidus (HR) is a common deformity that frequently undergoes surgical reconstructive procedures. Similar to the HAV deformity, there are many reasons for the development of this deformity and a variety of procedures that are used to address this type of joint. Surgical procedures addressing earlier grades of HR may remove prominent bone from the joint area and attempt to reposition the joint surfaces with osteotomies. Later grades of HR may require joint fusion or joint destruction procedures with or without joint implants.

It has been my experience that patients with HR have had less shoe irritation and a greater awareness that footwear and orthoses can decrease their joint symptoms. The postoperative course following HR reconstruction generally mirrors the HAV healing period.

Frequently, HR patients are encouraged at earlier times in recovery to begin active range of motion exercises for the first MPJ and ambulation. Gait retraining for these patients is essential for a long history of compensation is always present due to the preoperative lack of range of motion of the first MPJ. Lateralization of weight on the forefoot is common and should be addressed as patients begin normal weight bearing activities. Footwear with forefoot rockers and internal reverse Levy modifications can be frequently used to offload and rebalance the forefoot.

Deformities of the digits and lesser MPJs may occur as separately identified deformities or in conjunction with first MPJ deformities. Again, a variety of etiological factors exist to explain why digits become malaligned and contracted and are frequently accompanied by plantar MPJ symptoms.

When reconstruction is done to address the hammertoe-type of deformity, soft tissue and osseous procedures are commonly combined. Postoperatively, these digits and forefoot areas will be swollen for several weeks to possibly months presenting significant footwear fitting problems. Patients frequently will purchase closed shoes that are too large for their feet to accommodate the swelling. These large shoes will not contribute to normalcy of gait and patients will continue to exhibit abnormal gait patterns.

I have found satisfaction from both physician and patient perspectives by recommending sandals with adjustable velcro straps and modifiable footbeds. Most patients are amenable to investing in a shoe that is going to assist in getting them walking more normally and without pain.

**Intermetatarsal Neuromas**

The last of common forefoot problems are intermetatarsal neuromas.

Most pedorthists probably will agree that the vast majority of neuroma-type symptoms stem from long-term usage of inappropriate footwear. So, we have a patient that now has undergone some type of surgery such as neurectomy or intermetatarsal ligament release and the patient is back in shoes that do not fit. The patient and physician at this point are frustrated and the pedorthist is asked to “fix-it.” Sound familiar? Basic pedorthic practice needs to be applied and a thorough evaluation of all footwear and orthotics that the patient may be using needs to happen. The use of rocker-bottom shoe styles and modifications can be very helpful along with internal metatarsal modifications with appropriate toebox volume.

Pedorthists should be a member of the surgical team for the many benefits that patients can receive from proper footwear, modifications and orthoses can frequently lead to pain reduction and quicker patient recovery. A good opportunity is present for the pedorthist to market themselves to both physicians and patients.

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Janet Simon, DPM, C. Ped., has been co-owner/founder of Sole Comfort Shoes for eight years. Simon is active in the New Mexico Podiatric Medicine Association, delegate to the American Podiatric Medicine Association’s House of Delegates, chair of APMA’s Public Health Committee and chair-elect to the podiatric section of the American Public Health Association.
49TH ANNUAL SYMPOSIUM AND EXHIBITION
General Pedorthics: Exploring Common Foot Problems

San Antonio, TX, USA ★ November 8-11, 2007
Attendee Early Registration Deadline: October 9, 2007. Try our online registration.

3 Ways to Register:
- Online: www.pedorthics.org
- By Fax: (805) 479-9297
- By Mail: PFA Registration • Department 2016 • Washington DC 20042-3016 (USA)

Attendee Information
Every registrant MUST complete this form. Make as many copies of the form as needed for additional registrants. Please print all letters and numbers clearly.

<table>
<thead>
<tr>
<th>Date</th>
<th>PFA Member Number</th>
<th>ABC cert, #</th>
<th>BOC cert, #</th>
<th>NATA cert, #</th>
</tr>
</thead>
</table>

First Name: Middle Initial: Last Name: Nickname for Badge:

Company/Facility: Street Address: City: State/Province: Zip: Country (not U.S.):

Email: Fax: Telephone:
(Please include your e-mail address to receive electronic confirmation)
It is important to us that you enjoy PFA’s 49th Annual Symposium and Exhibition. If, due to a disability, you have special needs, please let us know in the space provided and we will do our best to assist you.

Fees
I. Symposium and Exhibition
Feed cover admission to all education sessions, instructional materials, coffee, breakfasts, lunches, refreshments and admission to the exhibit hall. Form and payment must be received by PFA no later than October 9, 2007 to qualify for the early rate.

<table>
<thead>
<tr>
<th>PFA/PBC Members*</th>
<th>Early Registration Thru 10/9/07</th>
<th>Regular Registration After 10/9/07</th>
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</thead>
<tbody>
<tr>
<td>Full 3-day symposium</td>
<td>$695</td>
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<tr>
<td>Additional Attendee (from the same company)</td>
<td>$445</td>
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<tr>
<td>Thursday only</td>
<td>$300</td>
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<tr>
<td>Friday only</td>
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<tr>
<td>Saturday only</td>
<td>$300</td>
<td>$300</td>
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</tbody>
</table>

Non-Members
| Full 3-day symposium | $695 | $840 |
| Additional Attendee | $615 | $740 |
| Thursday only | $500 | $500 |
| Friday only | $500 | $500 |
| Saturday only | $500 | $500 |

*Member ID is required to register at the discounted member rate. Your Member ID number can be found on the outside mailing panel of your brochure, or contact min@pedorthics.org.

Total from Symposium and Exhibition $__________

II. Friday Night Social Event: The Pedicure Hoodoo
Tickets: $35 per person (includes performance, drink ticket, hors d’oeuvres)

Requested number of tickets $__________

Total from Friday Night Social Event $__________

III. Post-Symposium (Sunday) Course Options
☐ Advanced Pedorthic Shoe Fitting $125
☐ Compression Hose: A Certificate Course $125
☐ Maintaining Your State Pedorthic License $155

Total from Post-Symposium Course Options $__________

IV. Exhibit Hall-Only Tickets
$15/day or $35/two days (Note: Symposium registrants are admitted to the exhibit hall without tickets.)

Number of tickets for:
☐ Thursday _________ ☐ Friday _________
☐ Saturday _________

Name(s) for badge(s) _________

Total from Exhibit Hall Only Tickets $__________

V. Become a Member
Save on your registration fee by joining PFA today:
☐ Regular Company $300 ☐ Student $135
☐ Medical/Affiliate $100 ☐ Regular Individual $100
☐ Associate $85 ☐ Vendor/Manufacturer $750

Total from New Member Annual Dues $__________

Payment
Registrations will not be processed without payment. If you are paying by international wire transfer, add US $20.00 to cover bank fees. Registration costs may be tax-deductible to individuals or their employers under legal provisions relating to required continuing education. Please check with a financial advisor.

☐ Check enclosed: Make check payable to PFA, in US Dollars, drawn on a U.S. bank. PFA will assess a $35 service charge for any returned checks.

☐ Credit Card: Please charge the above fees to:
☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Credit Card Number: __________ Exp. Date: __________

Name on Card: __________

Cancellation/Refund/Substitution Policy:
If you must cancel your registration, you can receive a 50% refund provided PFA receives written notice no later than October 9, 2007. Refunds cannot be made if cancellation occurs after Oct 9, 2007. There is no charge for substitutions. Eligibility requirements for Member rates will apply. Late registration fees may apply to substitutions made after October 9, 2007. Once a badge is printed changes can only be made on site. Badge sharing is not allowed.

Any questions? Call (303) 367-1173 or email PFA@showare.com. Please note, this phone number is symposium/exhibit registration inquiries only. For general PFA questions, please email info@pedorthics.org or call (303) 367-1145.

Thank you for your registration! We look forward to seeing you in San Antonio!
Pedorthic Vendors Find Value in PFA’s 2007 Symposium & Exhibition

The Pedorthic Footwear Association would like to thank its exhibitors and sponsors of its 49th Annual Symposium & Exhibition, San Antonio, Texas, Nov. 8-11.

Exhibiting companies as of Oct. 3:

Acor Orthopaedic, Inc.
Advanced Casting Technology
Aetrex Worldwide, Inc.
Affinity Insurance Services
AGS Footwear Group
Alden Shoe Company
Allied Plastic Supply
American Shoe Corporation
Amfit, Inc.
Apis Footwear Company
Archmolds LLC
Arizona AFO, Inc.
Atlantic Footcare
Atlas International
Bintz Company, Inc.
Biocorrect Orthotics Lab
Biomechanical Services, Inc.
Birko-Ortho
Branier Custom Molded Inserts
Branier Custom Molded Shoes
Brooks Sports, Inc.
C.N. Waterhouse Leather Co., Inc.
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Joseph Deacon Company
Justin Blair & Company
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LL Custom
MatPlus
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MMAR Medical Group, Inc.
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New Balance Athletic Shoe
New Step Orthotics
OrthoFeet, Inc.
OTABO
Partner Ship LLC
Pedifix, Inc.
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Pedorthic Technology, Ltd
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Shoe Systems Plus, Inc.
Smooth Toe Sock Co.
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PFA Legislation Reintroduced in House of Representatives


H.R. 2888 was crafted with the assistance of the Pedorthic Footwear Association and maintains the goal of H.R. 1416. It was written with the assistance of PFA and introduced by McCarthy during the last Congress.

H.R. 2888, referred to the House Committee on Energy and Commerce and the House Committee on Ways and Means, is co-sponsored by Rep. John F. Tierney (MA-6).

PFA is urging its members to contact their Congressional delegation, requesting their support for this important piece of legislation. Members who contact their delegation are asked to e-mail PFA at info@pedorthics.org to let headquarters know who was contacted and when, so that progress can be tracked. Direct member involvement in the legislative process is key to the successful passage of this bill.
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Durable Medical Equipment Modifiers for DME Services

Modifiers can be alphabetic, numeric or a combination of both, but will always be two digits for Medicare purposes. Some modifiers cause automated pricing changes, while others are used to convey information only. Several DME categories and frequently used modifiers are listed below. Your individual jurisdiction’s DME Supplier Manual provides HCPCS codes with descriptions and the payment categories.

Inexpensive or Routinely Purchased DME

Inexpensive DME - This category is defined as equipment whose purchase price does not exceed $150.

Routinely Purchased - This category consists of equipment that is purchased at least 75 percent of the time.

Payment for this type of equipment is for rental or lump sum purchase. The total payment may not exceed the actual charge or the fee for a purchase.

Common modifiers used in this category are:
- RR Rental;
- NU Purchase of new equipment; and
- UE Purchase of used equipment.

Items Requiring Frequent and Substantial Servicing

Equipment in this category is paid on a rental basis only. Payment is based on the monthly fee schedule amount until the medical necessity ends. No payment is made for the purchase of equipment, maintenance and servicing or for replacement of items.

Use the RR (Rental) modifier for items in this category.

Capped Rental Items

Items in this category are provided on a rental basis; therefore, RR is one of the modifiers appropriate with these items.

There is an exception to the rental basis. For electric wheelchairs, suppliers must give beneficiaries the option of purchasing at the time the supplier first furnishes the item. The modifiers used with these items are:
- BR Beneficiary has elected to rent; and
- BP Beneficiary has elected to purchase.

Modifiers used for capped rental items are:
- KH First rental month;
- KI Second and third rental months; and
- KJ Fourth to 13th rental months.

For capped rental items provided prior to Jan. 1, 2006, suppliers must give beneficiaries the option to purchase their rental equipment during the 10th continuous rental month. Beneficiaries have one month from the date the supplier makes the offer to accept the option. If the beneficiary declines, rental payments continue until the 15th month. If the beneficiary accepts the purchase option, rental will continue until 13 continuous rental months have been paid. On the first day after 13 continuous months have been paid, the supplier must transfer the title of the equipment to the beneficiary.

Modifiers used for capped rental items prior to Jan. 1, 2006, are:
- BR Beneficiary has elected to rent;
- BP Beneficiary has elected to purchase; and
- BU Beneficiary has not informed supplier of decision after 30 days.

Beginning Jan. 1, 2006, payment for capped rental items may not exceed a period of continuous use longer than 13 months. After 13 months of rental have been paid, the supplier must transfer the title of the equipment to the beneficiary.

The BR, BP and BU modifiers are not required on most capped rental items where the first rental period began on/after Jan. 1, 2006. They are still required, however, on PEN pumps and electric wheelchairs regardless of the date of the first rental period.

Oxygen and Oxygen Equipment

For stationary and portable oxygen equipment furnished on or after Jan. 1, 2006, a 36-month cap applies on monthly payments. A listing of the applicable HCPCS codes is available in Chapter 5 of the Supplier Manual.

For stationary and portable oxygen equipment and oxygen contents furnished prior to Jan. 1, 2006, payments were made for the duration of use of the equipment when medically necessary.

Contractors began the 36-month count on Jan. 1, 2006, for beneficiaries that were receiving oxygen therapy prior to Jan. 1, 2006. Months prior to Jan. 1, 2006, are not included in the 36-month count.

On the first day after the 36th month anniversary for which payment has been made, the supplier must transfer the title for the stationary and/or portable oxygen equipment to the beneficiary. On that same day, the title for the equipment is transferred to the patient and monthly payments can begin to be made for oxygen contents used with patient owned gaseous and liquid oxygen equipment.

Modifiers appropriate for oxygen and oxygen equipment are:
- RR Rental;
- QE Use if the prescribed amount of oxygen is less than one LPM;
- QF Use if the prescribed amount of oxygen exceeds four LPM and portable oxygen is prescribed;
- QG Use if the prescribed amount of oxygen is greater than four LPM; and
- QH Use if an oxygen conserving device is being used with an oxygen delivery system.

continued on page 28
• Birkenstock® cork with perforated leather
  • Excellent for flexible, flat feet
• Modifies easily by trimming or posting
• Works well for pediatric patients
  • Fits in most shoes
• Metric Sizes: 24-47
• Product #: 22/1000-size
Maintenance and Servicing
• MS Maintenance and servicing.

Maintenance and servicing is covered for capped rental items prior to Jan. 1, 2006.

Payment will no longer be made for maintenance and servicing on capped rental items in which the first rental month occurs on or after Jan. 1, 2006.

Maintenance and servicing payments will be made for oxygen equipment every six months, starting six months after the beneficiary owns the equipment. The payment will be paid in 15-minute intervals and shall not exceed 30 minutes.

Replacement and Repair
The RP modifier indicates replacement and repair.

Equipment the beneficiary owns may be replaced in cases of loss or irreparable damage without a physician's order. Claims involving replacement equipment necessitated because of wear or a change in the patient's condition must be supported by a current physician's order.

Repairs to equipment the beneficiary owns are covered when necessary to make the item serviceable. If the expense for repair exceeds the estimated expense of purchasing or renting another item for the remaining period of medical need, no payment can be made for the amount of the excess. Repairs of rented equipment are not covered.

Prosthetics and Orthotics
Many of the HCPCS codes in this category require the use of a K modifier. Reference the Lower Limb Prostheses policy for a listing of codes.

• K0 Lower extremity prosthesis functional Level 0 - Does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility;

• K1 Lower extremity prosthesis functional Level 1 - Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulatory;

• K2 Lower extremity prosthesis functional Level 2 - Has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs, or uneven surfaces. Typical of the limited community ambulatory;

• K3 Lower extremity prosthesis functional Level 3 - Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion; and

• K4 Lower extremity prosthesis functional Level 4 - Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress or energy levels. Typical of the prosthetic demands of the child, active adult or athlete.

Osteogenesis Stimulators
E0747, E0748 and E0760 are Class III Devices that must be submitted with a KF modifier. The KF modifier indicates a FDA Class III Device.

Surgical Dressings
Modifiers A1 through A9 are used with surgical dressings to indicate the number of wounds. If modifier A9 (dressing for nine or more wounds) is used, information must be submitted in Item 19 on a paper claim, or the electronic equivalent, indicating the number of wounds.

Modifiers AU (item furnished in conjunction with a urological, ostomy or tracheostomy supply), AV (item furnished in conjunction with a prosthetic or orthotic device) and AW (item furnished in conjunction with a surgical dressing) are used when billing codes for tape, A4450 and A4452.

KO, KP, KQ Modifiers
• KO Single drug unit dose formulation;

• KP First drug of a multiple drug unit dose formulation; and

• KQ Second or subsequent drug of a multiple drug unit dose formulation.

When there is a single drug in a unit dose container, the
NOT EVERY DIABETIC IS THE SAME. WHY WOULD YOUR ORTHOTIC BE?

Diabetics in the United States: 21,000,000*
Diabetics eligible for Medicare: 10,300,000*
37 SADMERC reviewed Orthotics: ACOR ORTHOPAEDIC

OFF-THE-SHELF • CUSTOM MOLED • FABRICATING BLANKS

<table>
<thead>
<tr>
<th>Style</th>
<th>Material Characteristics</th>
<th>Weight Range</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>QF-6P6-L</td>
<td>Microcel Puff Lite + Urethane + Microcel Puff</td>
<td>150-350 lbs</td>
<td>Power walking, hiking</td>
</tr>
<tr>
<td>QF-04</td>
<td>P-Cell + Microcel Puff</td>
<td>All weights</td>
<td>Community walking</td>
</tr>
<tr>
<td>QF-6E-L</td>
<td>Microcel Puff + EFM</td>
<td>150-350 lbs</td>
<td>Tennis, hiking</td>
</tr>
<tr>
<td>Sole Defense Medical</td>
<td>X-Static lined Impression Puff + P-Cell + Puff</td>
<td>All weights</td>
<td>Walking, light hiking</td>
</tr>
<tr>
<td>QF-9P6-L</td>
<td>P-Cell + Urethane + Microcel Puff</td>
<td>100-300 lbs</td>
<td>Leisure walking</td>
</tr>
<tr>
<td>QF X16-L</td>
<td>X-Static lined Impression Puff + Microcel Puff</td>
<td>100-200 lbs</td>
<td>Average walking, bowling</td>
</tr>
</tbody>
</table>

For a complete list of all 37 SADMERC reviewed Orthotics, go to: www.acor.com/sadmerc.htm

Acor Orthopaedic has been helping diabetic patients since 1972 and is a leader of innovative, pedorthic solutions.

Acor offers a huge selection of foot orthotics with 37 styles reviewed by SADMERC - that is more than any other manufacturer!

See our complete list! www.acor.com/sadmerc.htm

* Source: www.cdc.gov
KO modifier is added to the unit form code. When two or more drugs are combined and dispensed to the patient in the same unit dose container (except for code J7620, Albuterol, up to 2.5 mg and Ipratropium Bromide, up to 0.5 mg, non-compounded inhalation solution), each of the drugs is billed using its unit dose form code. The KP modifier is added to only one of the unit dose form codes and the KQ modifier is added to the other unit dose code(s). See the Nebulizer policy article for additional information.

Right and Left Modifiers
The RT and LT modifiers are used in reference to many different policies. Consult these policies for the proper use of the RT and LT modifiers:
• Ankle-foot/knee-ankle-foot orthosis;
• External breast prosthesis;
• Eye prosthesis;
• Facial prosthesis;
• Lower limb prosthesis;
• Orthopedic footwear;
• Refractive lenses;
• Surgical dressings;
• Therapeutic shoes for persons with diabetes; and
• Wheelchair option/accessories.

KX Modifier—Documentation on File
Many policies require the KX modifier be added to the code to indicate specific required documentation is on file. Currently, the following policies address KX modifier usage:
• Automatic external defibrillators;
• Cervical traction devices;
• Commodes;
• Continuous positive airway pressure system;
• Epoetin;
• External infusion pumps;
• Glucose monitors;
• High frequency chest wall oscillation devices;
• Home dialysis supplies and equipment;
• Hospital beds and accessories;
• Manual wheelchair base;
• Nebulizers;
• Negative pressure wound therapy pumps;
• Oral antiemetic drugs (replacement for intravenous antiemetics);
• Orthopedic footwear;
• Power mobility devices;
• Pressure reducing support surfaces;
• Refractive lenses;
• Respiratory assist devices;
• Speech generating devices;
• Therapeutic shoes for persons with diabetes;
• Transcutaneous electrical nerve stimulators;
• Urological supplies;
• Walkers;
• Wheelchair options/accessories; and
• Wheelchair seating.

EY Modifier—No Doctor’s Order on File
The EY modifier indicates a supplier does not have a doctor’s order for an item or service. A supplier must have an order from the treating physician before dispensing any DMEPOS item to a beneficiary.

GA, GZ, GY Modifiers—ABN/Not Reasonable and Necessary/Statutorily Excluded
The GA modifier is submitted on claims when the supplier has an Advance Beneficiary Notice on file. An ABN is a written notice a supplier gives to a Medicare beneficiary before items or services are furnished when the supplier believes that Medicare will not pay because there is a lack of medical necessity. Keep in mind that not all items submitted with the GA modifier are denied as patient responsibility. Items must be denied based on medical necessity in order to receive a patient responsibility denial.


The GZ modifier is used to indicate suppliers expect Medicare will deny an item or service as not reasonable and necessary and they do not have an ABN on file.

The GY modifier is submitted when suppliers indicate an item or service is statutorily non-covered or is not a Medicare benefit.

Examples of items to use the GY modifier with are infusion drugs that are not administered through a durable infusion pump, personal comfort items and enteral nutrients administered orally. Also, many of the LCDs provide instructions on when to use the GY modifier.

GK, GL Modifiers—Upgrades
GK Reasonable and necessary item ordered when a piece of equipment has been upgraded.

When billing for upgrades, suppliers must use two lines on the same claim. Line one contains the HCPCS code for the upgraded item the supplier actually provided to the beneficiary with the dollar amount of the upgraded item. If an ABN was obtained, the GA must be billed. If an ABN was not obtained, use the GZ modifier. Line two is billed with the HCPCS code for the reasonable and necessary item with modifier GK and for the full amount of that item.

Suppliers must also list the upgrade features in Item 19 of the CMS-1500 form or the electronic equivalent.

GL Item is a medically unnecessary upgrade provided instead
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of a standard item at no charge to the beneficiary and an ABN does not apply.

If a supplier furnishes an upgraded DMEPOS item but charges Medicare and the beneficiary for the non-upgraded item, the supplier must bill for the non-upgraded item rather than the item the supplier actually furnished. The claim is billed with the HCPCS code for the non-upgraded item with the charge of that item and modifier GL.

Item 19 of the CMS-1500 form, or the electronic equivalent, must contain the make and model of the item actually furnished and describe why it is an upgrade.

KB and 99 Modifiers-More than Four Modifiers

KB Beneficiary requested upgrade for ABN, more than four modifiers identified on claim.

99 Modifier overflow.

The KB modifier only applies to beneficiary upgraded claims for DMEPOS where the supplier obtained an ABN and there are more than four modifiers on the claim line. The 99 modifier is used in any other situation when a claim line has more than four modifiers.

When a supplier uses more than four modifiers, the KB or 99 must be added as the fourth modifier to the HCPCS code. On paper claims, the remainder of the modifiers must be listed in Item 19 with an indicator as to which line they apply to. On electronic claims, the remainder should be entered in the NTE segment, the 2400 loop.

These are not all inclusive lists. For additional information on modifiers, review your Medicare Supplier Manual. A complete listing of modifiers is available in the chapter on Coding. Also, remember to verify modifier usage in the policies.

Durable Medical Equipment – Proper Use of GY, GA and GZ Modifiers

The following provides the proper use of GY, GA and GZ modifiers.

Noncovered Items - GY Modifier

The GY modifier was established to describe situations in which an item with a specific HCPCS code is non-covered.

GY—Item or service statutorily excluded or does not meet the definition of any Medicare benefit.

It is important to distinguish situations in which an item is denied because it is statutorily excluded or does not meet the definition of any Medicare benefit from those situations in which an item is denied because it is not reasonable and necessary. Some examples of statutorily excluded items or situation include, but are not limited to:

- Hearing aids;
- Eyeglasses or contact lenses, except those provided following cataract removal or other cause of aphakia;
- Durable medical equipment and related accessories and supplies provided to patients in nursing facilities;
- Dental items;
- Personal comfort items; and
- Orthopedic shoes or shoe inserts, other than those covered under the therapeutic shoes for persons with diabetes benefit or those that are attached to a covered leg brace.

Some examples of items or situations that do not meet the definition of a Medicare benefit include, but are not limited to:

- Parenteral or enteral nutrients that are used to treat a temporary (rather than permanent) condition;
- Enteral nutrients that are administered orally;
- Infusion drugs that are not administered through a durable infusion pump;
- Surgical dressings that are used to cleanse a wound, clean intact skin, or provide protection to intact skin;
- Immunosuppressive drugs used for conditions other than following organ transplants; and
- Durable items that are not primarily designed to serve a medical purpose, e.g., exercise equipment.

Use of the GY modifier is usually limited to situations in which there is a specific HCPCS code to describe the item. If there is no specific HCPCS code to describe the item, then code A9270 (Noncovered item or service) is usually used. The GY modifier should generally not be used with a “miscellaneous” or “not otherwise classified” codes. e.g., E1399. The GY modifier is not needed with code A9270.

Code A9270 must not be used in situations in which an item is expected to be denied as not reasonable and necessary.

An Advance Beneficiary Notice (ABN) is not required for items that are statutorily excluded from coverage or that do not meet the definition of any Medicare benefit category since the DME MAC does not make limitation of liability determinations for these types of denials.

Not Medically Necessary Items - GA/GZ Modifiers

The GZ modifier was established to describe certain situations in which an item or service is expected to be denied as not medically necessary and an ABN was not obtained or properly obtained. The GA modifier is used in other situations in which an item or service is expected to be denied as not medically necessary and an Advance Beneficiary Notices has been properly executed.

GA—Item or service expected to be denied as not reasonable and necessary (Used when an Advance Beneficiary Notice is not on file).

GZ—Item or service expected to be denied as not reasonable and necessary (Used when an Advance Beneficiary Notice is not on file).

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**ANSWER2 kids series**

**A True Orthopedic Sneaker for Children.**

OUR SNEAKERS ACCOMMODATE ORTHOTICS, BRACES, AFO'S KAFO'S etc

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**Infant's Shoe Size & Width**

- M (B) (medium) ----- 4, 4.5 - 11.5
- W (E) (wide) --------- 4, 4.5 - 11.5

- Style No.: 306 (Infant)
- Style No.: 307 (Youth)

**Youth's Shoe Size & Width**

- M (B) (medium) ------ 11, 11.5 - 5.5, 6
- W (E) (wide) ---------- 11, 11.5 - 5.5, 6

---

- **Children's Inserts**
  - Style No.: 306 (Infant)
  - Style No.: 307 (Youth)

- **Adolescent** 226 - 3 White / Silver Youth Unisex

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- **Added depth (8mm) deeper than conventional depth-in-lay shoes**
- **Straight back heel** accommodates AFO's & KAFO's
- **Two widths available**
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- **Contemporary styling children will love to wear**
- **Outsoles have a symmetrical cut line for easy modification**
- **Extended heel counters** provide support and stability
- **Triple layered insoles** for flexible fitting
- **Wide low Blucher opening** assures no pressure points
- **Extra length Velcro™ straps** easily trimmed
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Note: symmetrical straight last shoes are available in half pairs or mis-mated sizes.

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Durable Medical Equipment – Proper Use of GY, GA and GZ Modifiers  continued from page 32

GA—Waiver of liability statement on file (Used when an item or service is expected to be denied as not reasonable and necessary and an Advance Beneficiary Notice is on file).

It is important to distinguish situations in which an item is denied because it is not reasonable and necessary from those situations in which an item is denied because it is statutorily excluded or does not meet the definition of any Medicare benefit. Some examples of items or situations that are medically necessity denial include, but are not limited to:

- Items which are not ordered by a physician or qualified nurse practitioner, clinical nurse specialist, or physician assistant;
- Items which do not meet medical necessity coverage criteria or frequency guidelines specified in national coverage or local coverage determination (LCD);
- Items which are the same as or similar to covered items that the beneficiary is already using;
- Items whose safety and effectiveness in the home setting has not been established; and
- Experimental or investigational items.

A GZ or GA modifier can be used on either a specific or a miscellaneous HCPCS code.

It would never be correct to place any combination of GY, GZ or GA modifiers on the same claim line. If these modifiers are used on the same claim line, it will be rejected or denied for invalid coding.

**Important Note:** The DME MAC and DME PSC monitor the utilization and proper usage of modifiers. Suppliers may ensure that modifiers are only used when appropriate and that all required supporting documentation is available upon request. This is especially true for usage of the GY modifier.

State Pedorthic Licensure Legislation Update

Arkansas became the eighth state to implement pedorthic licensure requirements with the passage of HB1229. Arkansas joins Alabama, Florida, Illinois, New Jersey (voluntary pedorthic licensure; mandatory O & P licensure), Ohio, Oklahoma and Tennessee in implementing critical legislation to protect the health and wellbeing of the public, maintain the integrity of insurance benefits provided by federal and state governments and private insurers, and establishing the qualifications of health care providers.

Pedorthic licensure legislation is pending in New York. Pennsylvania and Kentucky are expected to reintroduce legislation later this year.

AR HB1229
**Title:** Arkansas Orthotics, Prosthetics and Pedorthics Practice Act of 2007
**Session Years:** 2007
**Sponsors:** Pace
**Status:** Adopted

**Summary:** This bill articulates the purpose of the act, defines the various terms related to and contained within the act, states the exemptions of the act, presents the penalties for noncompliance with the act and specifies the requirements for the licensing of orthotists, prosthetists and pedorthists. The bill also outlines the creation of the Arkansas Orthotics, Prosthetics and Pedorthics Advisory Board, which will be responsible for enforcement of the provisions of the act and setting standards for orthotists, prosthetists and pedorthists.

Relevant Provisions: The purpose of this bill is as follows: “Since the professions related to orthotics, prosthetics and pedorthics significantly affect the lives of the people of this state, it is the purpose of this chapter to protect resources available to the Arkansas Medicaid Program and the public in general by setting standards of qualification, training and experience for those who represent themselves to the public as orthotists, prosthetists and pedorthists and by promoting high standards of professional performance for those engaged in the practice of orthotics, prosthetics and pedorthics.”

The Advisory Board will ensure that this purpose is fulfilled. It will be composed of seven members including “five individuals, each of whom is eligible for licensure as an orthotist, prosthetist or pedorthist…one member who is a representative of the Division of Medical Services of the Department of Health and Human Services and one member who is a representative of the public at large.”

A qualified applicant for a pedorthist license “possesses a high school diploma or comparable credential approved by the board, has completed a pedorthic education program, has completed a qualified work experience program or internship in pedorthics, is qualified to practice in accordance with commonly accepted standards of pedorthic care acceptable to the board and satisfies any other requirements established by the board that are reasonably related to the practice of pedorthics.”

KY SB30
**Title:** An Act relating to prosthetics, orthotics, and pedorthics.
**Session Years:** 2007
**Sponsors:** D. Roeding
**Related Bill(s):** LD 57 - Draft Request
**Status:** Pending

**Summary:** Establishes KRS Chapter 319B, regarding the licensing and regulation of practitioners of orthotics, prosthetics and pedorthics; defines terms for the chapter; establishes the Kentucky Board of Prosthetics, Orthotics and Pedorthics and its appointment and meeting procedures;
Matt Arciuolo, C.Ped, realizes time is money. No more time-consuming and messy casting and ink impressions. He now uses the Amfit Digitizer and Central Fabrication Services to create perfectly-fitted orthotics for every customer. “Amfit saves me time so I can concentrate on growing other parts of my business.” Happier patients, precise technology, and great margins are just a few of the benefits of the Amfit System. Visit our website to get the details: cp.amfitdigi.com.
delineates the duties of the board; forbids any person from practicing as or professing to be any of the licensed or certified professionals in the chapter without a valid current license or certificate; establishes license expiration and renewal dates and procedures; authorizes the board to grant reciprocity with other jurisdictions, discipline licensees or deny applicants for unprofessional conduct, and set fees within specified limits; and lists penalties for violations of provisions of the chapter.

Related Provisions: The Kentucky Board of Prosthetics, Orthotics and Pedorthics shall consist of five members: “one member shall be a citizen at large who is not affiliated and does not have more than 5 percent financial interest in any one health care profession or business, four members shall be appointed…by the Kentucky Orthotics and Prosthetics Association.”

In order to receive a license to practice pedorthics, the applicant must “possess a high school diploma or comparable credential approved by the board, complete the amount of formal training including but not limited to any necessary hours of classroom education and clinical practice required by the board, pass all examinations that are required and approved by the board complete a qualified work experience program or internship in pedorthics, and be qualified to practice in accordance with commonly accepted standards of pedorthic care acceptable to the board.”

NY SB3848 and NY HB8105
Title: An Act to amend the Education Law, in relation to creating the profession of orthotics, prosthetic and pedorthic practice
Session Years: 2007-2008
Sponsors: Flanagan (Senate) and Bradley (House)
Summary: Relates to creating the profession of orthotics, prosthetic and pedorthic practice; defines terms relevant to the act; provides licensing requirements therefore; and establishes a state board for orthotics, prosthetics and pedorthics for regulation of such practice within the department of education.

Related Provisions: The act provides for the creation of a state board for orthotics, prosthetics and pedorthics: “the board shall consist of nine individuals, to be composed of the following: six members who shall be licensed or exempt pursuant to this article, one member who shall be an educator of orthotics and/or prosthetics, one member who shall be a licensed physician, one member who shall be an individual not possessing either licensure or training in medicine, orthotics, prosthetics or pedorthics and shall represent the public at large.”

Applicants for a pedorthic license should “have received a high school diploma or its equivalent, have a minimum of 120 hours of training as approved by the board and have completed an internship of 80 hours qualified working experience as approved by the board.”
THE SMARTER CHOICE IN DIABETIC SOCKS

For people with diabetes, the right socks are the first layer of protection against wounds and infection that can lead to serious problems down the road. Patented SmartKnit® seamless diabetic socks offer a unique combination of essential features for at-risk feet.

Seamless construction and corespun yarns ensure a perfect fit that eliminates pressure points across the toes and bottoms of feet—primary areas for developing ulcerations.

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In addition to the best diabetic socks available, Therafirm also provides free patient educational brochures and cost effective pre-packed or customizable merchandising programs.

Contact Therafirm today for diabetic footcare that sells itself.
From coding and billing to Medicare compliance to the art of patient management, PFA has your interests covered. To order any of the new titles or the many classic publications already offered through the Resource Center, visit PFA’s Web site, www.pedorthics.org, and click on the Resource Center button. Alternatively, you may request a 2007 catalogue and order form by calling PFA Headquarters at 202-367-1145.

**The Foot and Ankle in Rheumatoid Arthritis**

This publication emphasizes a practical and evidence-based approach to the foot and ankle in rheumatoid arthritis in a concise, up-to-date and well-illustrated book. The team of authors consists of rheumatologists and podiatrists based at the highly respected Foot and Ankle Studies in Rheumatology (FASTER) program. Contributors included both surgeons and orthotists. A companion DVD contains many video clips of examination and injection techniques and gait analyses, additional downloadable images, assessment tools and an interactive injection resource.

By Philip Helliwell, PhD., James Woodburn, PhD., MPhil., BSc., MRC; Anthony Redmond, PhD., MSc., Deborah Turner, BSc, SRCh., and Heidi Davys, MSc, BSc.

The hard cover book is 180 pages. Cost is $75 for PFA members and $125 for nonmembers.

**HCPCS 2007 Spiral Binding**

Maximize your Medicare reimbursement by using the most current HCPCS Level II codes. These codes must be used to bill Medicare for supplies, materials, DME and other services. This edition includes thumb indexing, lay-flat spiral binding and color coding to make coding faster and easier.

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Cost is $60 for PFA members and $75 for nonmembers.

**Medicare Rules and Regulations 2007**

This comprehensive annual compilation of Medicare rules and regulations will help you manage your practice. Material from the official Medicare Carriers Manual is reviewed, revised and supplemented by coding and reimbursement experts.

Cost is $70 for PFA members and $85 for nonmembers.

**Medical Practice Forms – Every Form You Need to Succeed**

Good records help protect your practice from audit liability. Keeping good records requires well-designed forms. The completely revised third edition of this publication includes over 130 ready-to-use forms for your practice. Forms cover all areas of medical practice, including clinical, administrative, financial, managed care, insurance, marketing, personnel and systems. Blank forms are easily removed for copying. The book also includes a CD so users can customize any form to meet specific needs.

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**Medicare Compliance Manual 2007**

This 900-page manual is packed with the information you need to maximize your Medicare reimbursement and protect yourself from audit liability. Formatted in a ring-binder with tabbed indexes, this edition is divided into four sections – Medicare Rules and Regulations 2007, Medicare Fee Schedule 2007, Medicare Coverage Issues Manual and Medicare E/M Documentation Guidelines.

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**Getting Paid for What You Do – Coding for Optimal Reimbursement**

This is a completely revised fourth edition of this best-selling guide to reimbursement by Gary Knaus. Knaus is known as the father of the coding and reimbursement publishing industry and knows more about coding, billing and reimbursement than anyone else in the country. Tens of thousands of copies of this book have been used to code more accurately, file claims properly, and get paid faster. It is a must have for your practice management library.

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**Accounts Receivable Management for the Medical Practice**

Do you do a great job of coding and billing for your services, only to have a significant portion of your revenues leak away during the collection process? Maybe it's time to take a hard look at your accounts receivable management. This comprehensive guide takes you step-by-step through the process of analyzing your current receivables and then teaches you how to improve and maintain your A/R management.

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This popular reference book brings all of the HIPAA rules, regulations, policies and procedures completely up to date. Includes an extensive glossary, introduction and detailed information regarding all of the HIPAA regulations.

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**Behavioral Types and the Art of Patient Management**

The physician-patient relationship can have a great impact on the quality of medical care. Every patient encounter is affected by the personality characteristics of the patient, the physician and even the practice itself. This book teaches a new and innovative approach to medical excellence, quality assurance and risk management. It will helps readers develop skills to create high levels of trust with even the most difficult of patients.

Cost is $60 for PFA members and $75 for nonmembers.
Superfeet Celebrates 30 Years of Premium Foot Care

Superfeet Worldwide Inc., a world leader in the premium over-the-counter insole industry, commemorated its 30th anniversary on Saturday, Sept. 8 at its annual company celebration in Ferndale, Wash.

The event offers Superfeet’s senior management and employees an opportunity to honor founding company, Northwest Podiatric Laboratory, and recognize its efforts to create, launch and support Superfeet for the past three decades.

After nine years of consistent 15-percent growth, with international distributors in more than 20 countries, and plans for an expanding product line, the employee-owned company is poised to see its growth exponentially skyrocket in the next five years.

Recognizing that the overall cost of orthotic devices to the general public was extremely high, the founders of Northwest Podiatric Laboratory, Dennis N. Brown D.Sc. (Hon.) and Christopher E. Smith D.P.M., decided to develop, produce and market a line of functional insoles at an affordable price.

The result was the creation of Superfeet In-Shoe Systems in August 1977. Originally created to improve the fit of downhill ski-boots, Superfeet’s “Skithotics” paved the way for its current line of supportive premium insoles. Based on a “give them a try” philosophy, Superfeet continues to design insoles using the proven principles of podiatric biomechanics to restore and improve foot function. The company’s focus on foot health education has helped increase public awareness for the need for footwear with proper support.

For more information on Superfeet Worldwide Inc., please visit www.superfeet.com.

Orthofeet Introduces Fisherman Sandals

Orthofeet introduced Fisherman sandals that integrate biomechanical features with summer comfort and chic. The new sandals are built on anatomical, extra-depth last that provides a relaxed fit, and accommodates thick orthotics, but their hidden-depth design makes them look like sandals with normal depth.

The uppers are lined with smooth fabric, padded with foam, which provides excellent protection against irritations. Stretchable construction across the forefoot offers excellent fit for swollen feet and forefoot deformities. The sandals are covered by Medicare.

For more information, visit www.orthofeet.com.

InStride and George Foreman Enterprises Announce Diabetic Shoe Program

Dan Werremeyer, president of InStride is pleased to announce an agreement with George Foreman Enterprises, Inc. to nationally launch a new line of diabetic shoes for men and women called InStride by George Foreman.

InStride by George Foreman is directed to diabetic Medicare recipients with secondary insurance. Under the terms of the Medicare Therapeutic Shoe bill, these patients will be eligible to receive new custom molded shoes and inserts every year at no out-of-pocket expense to them. The “Fight the Good Fight” diabetic shoe program will help increase awareness of the important benefits available to both current Medicare recipients, and the general public.

The Fight the Good Fight program will also promote proper foot care and preventative treatment for diabetics to improve overall health that may help avoid surgical procedures or amputations.

InStride by George Foreman is available at comfort retailers, podiatrists and pedorthists across the country. The line consists of athletic and casual styles for men and women, featuring double depth insoles, multiple width sizing, and slip-resistant long-wearing outsoles in a variety of leather and leather/lycra uppers.
# Xtra Depth® University

from p.w. minor

“Making Shoes Work for you and your Clients”
A Hands-on Approach to Footwear and Modifications!

Presented by Dennis Janisse, C. Ped & Jeremy Janisse, C. Ped

## 2007 Seminar Dates & Locations

<table>
<thead>
<tr>
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<th>Date Range</th>
<th>Venue Details</th>
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<tr>
<td>Denver, CO</td>
<td>March 1-2, 2007</td>
<td>Embassy Suites Denver Tech Center</td>
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<td>Raleigh, NC</td>
<td>May 5-6, 2007</td>
<td>Marriott Raleigh Crabtree Valley</td>
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<td>Detroit, MI</td>
<td>May 20-21, 2007</td>
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<td>Toronto, Ontario</td>
<td>June 10-11, 2007</td>
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<td>Batavia, NY</td>
<td>August 26-27, 2007</td>
<td>Holiday Inn - Batavia</td>
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<td>585-344-2100</td>
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<tr>
<td>Baltimore, MD</td>
<td>September 9-10, 2007</td>
<td>Burkshire Marriott Conference Hotel</td>
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<td>Nashville, TN</td>
<td>October 20-21, 2007</td>
<td>Franklin Marriott Cool Springs</td>
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Tuition $300.00 (US dollars). Registration received 30 days prior to the course you choose is eligible for a savings of $50.00. Only credit card payments may be accepted via fax. Space is limited and tuition payment must accompany registration to reserve a spot in the course. A confirmation letter containing additional information will be sent prior to the course date. For more information or to register, contact Cyndee Fitzsimmons at 1-800-796-4667 Ext. 659 or by email cyndeef@pwminor.com. CEP's Pending - This course has been submitted for 12 continuing education points from the BCP, ABC, BOC, and 10 CEP's from the College of Pedorthics, Canada.

The most highly recognized Certified Pedorthic Training in the world

JUST GOT BETTER!

p.w. minor

1-800-796-4667 • www.pwminor.com
Tekscan Announces In-Shoe Pressure Mapping System

Tekscan, Inc. announced a new generation in-shoe pressure mapping system. F-Scan VersaTek is portable due to USB connectivity, versatile because it can use a variety of sensors, and has a faster scan rate to capture dynamic events. Users can affordably add other sensors to their F-Scan VersaTek system to have additional capability such as:

- Floor Mat foot pressure mapping (for bare foot walk-over plantar surface pressure analysis);
- Prosthetic studies (understanding stump to socket fit);
- Grip pressure (for ergonomic studies);
- Support surface pressure mapping (such as wheel chair pads for paraplegics); and
- Walkways (for floor-mounted gait analysis).

Because it connects to a computer through a USB port, F-Scan VersaTek is virtually “Plug-N-Play.” It is easily used among several departments of a clinic. It is more portable than previous products because it does not require a desktop computer with a slot for a PCI card or a laptop with a Magma card adaptor box. Thus, the convenience of a USB connection with F-Scan VersaTek is a significant improvement in ease-of-use.

Sensors are now available with a new Edge connector, providing a secure link to the electronics. The Edge connector is designed into sensors for floor mats, prosthetics, grip, seating, and walkways. The user can capture pressure data related to various clinical or research needs with the same electronics. For example, an F-Scan VersaTek customer can easily add on a floor mat for barefoot pressure measurement. Clinics that make the initial investment of a system can then continue to add on sensors for other purposes as their needs evolve and budget allows.

Faster scan rates assure that dynamic events will be captured with the best possible fidelity. Walking, running, or jumping result in rapid changes of force and pressure applied to the sensor. With VersaTek electronics, the F-Scan sensor can be scanned at up to 850 Hz providing about 1 millisecond resolution.

Two new calibration techniques are also being introduced to enhance accuracy and ease of use. Walk calibration is preferred for walking studies, typical of many clinical settings. Walk calibration is performed by the software after a movie is recorded, so it provides rapid results with minimal effort by the subject or clinician. Step calibration is preferred for research projects, or slow events, such as standing studies, and for fast events such as running or jumping.

To learn more about the product, e-mail marketing@tekscan.com.

Birko Basic
Birko Balance
Birko Flex
Birko Sport
And much more!

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Verne Bintz Company

If we can be of service, please give us a call.

Toll Free: 800-235-8458
Fax: 630-653-5077
E-mail: vbintzco@aol.com
Website: www.bintzco.com
Brooks Sports Trance 7 Receives Top Product Award

Brooks Sports’ momentum continues to build in the running industry. World-renowned running resource, Runner’s World awarded the Brooks Trance 7 its coveted Editor’s Choice award in its upcoming Fall 2007 Shoe Review. The review, which recommends the Trance 7 “for runners with low to flat arches looking for a shoe with a smooth ride,” was published in the September issue of Runner’s World.

Similar to Runner’s World, running specialty retailers have also responded favorably to the Trance 7’s new look and feel. Sales of the Trance 7 to specialty running accounts are 31 percent higher than sales of the Trance 6 during each model’s first two months at retail.

The Trance 7 exhibits a powerful blend with Brooks’ best footwear technologies. Brooks’ PDRB, HydroFlow and MoGo – a revolutionary midsole compound that ensures a prolonged “first feel” without compromising durability or support–deliver a smooth running experience mile after mile. More technical information on the Trance 7 is available on brooksrunning.com.

The early success of the Trance 7 demonstrates only part of Brooks’ momentum in the specialty running market. In May, Sports Marketing Surveys shared the following information in its semiannual Running Specialty Store Sales Survey conducted of this critical retail channel:

• Brooks ranks No. 1 in the survey’s Brand Strength Forecast, which formulates each brand’s strength as reported by all running specialty stores that carry that brand.;
• Brooks also ranks No. 1 in the survey’s respected Market Strength Forecast, which formulates each brand’s predicted strength as reported by all running specialty stores that participate in the panel, regardless of whether they carry the brand in question; and
• Brooks takes top billing in the survey’s Dealer Confidence Index, which measures retailers’ overall impressions of each brand and the company it represents.

Visit www.brooksrunning.com for more information.

JMS Plastics Introduces Bambootec Cloth Laminated to Poron Cellular Urethane

JMS Plastic Supply, Inc. introduced Poron laminated with Bambootec fabric cover. Made from activated bamboo charcoal, this new covering material offers advanced antibacterial, anti-fungal and deodorizing qualities.

With an eye on both the environment and the needs of the orthotics industry, JMS is now offering Poron laminated to Eco-Fabric bamboo cloth. Embedded with nano-particles of naturally grown bamboo charcoal from Taiwan, Bambootec is

continued on page 44
JMS Plastics Introduces Bambootec Cloth Laminated to Poron Cellular Urethane  

highly porous and extremely breathable, making it a choice material for non-slip orthotics.

Bamboo charcoal is rendered by way of a special process through which select, Moso bamboo is dried and heated at 800 degrees Celsius. The charcoal is then embedded into a slip-resistant cloth which is anti-bacterial and heralded for its durability.

Bambootec is 100 percent green, constructed without the use of allergy-inducing chemicals and designed to break down without negative environmental impact. The product is ready for immediate shipment and comes laminated to Black Firm Poron and Medical Blue Poron. Bambootec is available through JMS’s partnership with GelSmart, LLC. JMS is a national distributor for Rogers Corporation’s Poron Medical Urethane™.

Call JMS Plastics at 800-342-2602 or 732-918-8115 for a free sample of Bambootec fabric laminated to Poron.

From Aetrex, the True “Essence” of Comfort and Style

Gone are the days when women had to choose between comfort footwear and shoes with a chic, elegant style. Aetrex Worldwide, Inc., the New Jersey footwear leader known for its recent innovations in the sports shoe market, has launched the Essence Collection – women’s casual shoes that combine state-of-the-art comfort technology with a trendy modern look.

Luxuriously soft, full grain leather uppers offered in classic black, brown and patent leather set Essence footwear apart, and the shoes’ linings are manufactured with moisture transferring polyester fabrics that provide maximum comfort and breathability. Every shoe also features 1/4” removable depth in two layers - a patented Aetrex Performance Insole and the company’s innovative Mozaic Customization layer for personalized comfort.

Styles include classy Slip-Ons, sleek Mary Janes and fashionable Lace Ups that feature modern styling with extra panache.

To prevent heel slippage, Essence shoes have soft padded collars and firm heel counters. The line’s unique polyurethane outsoles flex properly at the ball-of-foot, a key functional component that is lacking in most footwear lines on the market today.

The Essence Collection is also made on Aetrex’s unique Essence last, which was specially designed to create footwear that will hold the heel in place while providing a roomy toe area for maximum forefoot comfort.

For more information, please visit www.aetrex.com or contact Donille Perrone Massa, marketing director at 800-526-2739.
AD Page
Name: Natural Step
Pickup: July/August p.55
Monthly

Riecken’s Orthotic Labs, 5115 Oak Grove Rd., Evansville, Ind. SAFIO Class, Second Friday of every month. Four casting stands provided, limited to eight students. For more information, contact Darlene at 800-331-8040.

November

Nov. 1
Aetrex Worldwide, Inc.
Therapeutic Shoe Fitter Course, Raleigh, N.C.
Contact Trina Kincey at 800-526-2739 or e-mail tkincey@aetrex.com.

Nov. 2-3
International School of Pedorthics
Pre-certification exam review course, Tampa, Fla.
Register online at www.pedorthiceducation.com, call 702-449-0974 or e-mail kathymeanwell@yahoo.com.

Nov. 8-11
Pedorthic Footwear Association
General Pedorthics: Exploring Common Foot Problems
49th Annual Symposium and Exposition at Henry B. Gonzales Convention Center, San Antonio, Texas.
The American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABC) awarded the 2007 Symposium 11.5 Scientific and six Business CEPs. CEP awards for the optional Sunday programs are as follows: Advanced Shoe Fitting - 4.75 Scientific; Compression Hosiery - 4.75 Scientific; and State Licensure - 5.75 Scientific and 4.0 Business.
The Board for Orthotist/Prosthetist Certification (BOC) awarded the 2007 Symposium up to 16.65 credits (three-day) and up to 10 credits for the optional post-symposium courses. The credits are distributed as follows: Thursday - 7.33 credits (1.33 CPE Category 1 and 6 CPE Category 2); Friday - 4.66 CPE Category 1; Saturday - 4.66 CPE Category 1, Sunday (optional): Advanced Shoe Fitting Course - 4.75 CPE Category 1, Compression Hosiery - 4.75 CPE Category 1; and State Licensure - 6 CPE Category 1 and 4 CPE Category 2.
For more information, call 202-367-1145 or e-mail info@pedorthics.org.

Nov. 11-17
International School of Pedorthics
Seven-day fast track course for medical professionals including DPM, DO, MD, DC, PT or ATC who would like to become a Certified Pedorthist, at the Tulsa, Okla., campus: 2121 N Beech Ave., Broken Arrow, Okla., 74012.
For more information, visit www.pedorthiceducation.com or call 702-449-0978.

Nov. 19
Aetrex Worldwide, Inc.
Therapeutic Shoe Fitter Course, Los Angeles, Calif.
Contact Trina Kincey at 800-526-2739 or e-mail tkincey@aetrex.com.

Nov. 30
Aetrex Worldwide, Inc.
Therapeutic Shoe Fitter Course, Teaneck, N.J.
Contact Trina Kincey at 800-526-2739 or e-mail tkincey@aetrex.com.
2008

February

Feb. 16 – March 1
Pedorthic Footwear Association
Pedorthic pre-certification course, Tulsa, Okla.
For more information, call PFA at 202-367-145 or visit PFA’s Web site – www.pedorhtics.org

March

March 2-9
Pedorthic Footwear Association
Orthopedic Shoe Technician (OST) course, Tulsa, Okla.
For more information, call PFA at 202-367-145 or visit PFA’s Web site – www.pedorhtics.org

March 24-25
Eneslow Pedorthic Institute, 470 Park Avenue South at 32nd Street, New York, N.Y.
Certified Shoe Fitter Course
Contact Sarah Goldberg at 212-477-2300, ext. 211 or sarah@eneslow.com

November

Nov. 6-9
Pedorthic Footwear Association
The Golden Age: Foot Health and Wellness for Life
50th Annual Symposium & Exhibition
Gaylord Opryland Hotel, Nashville, Tenn.

March 24 – April 8
Eneslow Pedorthic Institute, 470 Park Avenue South @ 32nd Street, New York, N.Y.
Pedorthic Pre-certification Course
Contact Sarah Goldberg at 212-477-2300 ext. 211 or sarah@eneslow.com

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C. PED WANTED
You are a few questions away from a great career move… are you an independent thinker, self motivated, detail oriented, goal driven and flexible? Do you have at least three years of experience in clinical patient care? Do you enjoy working in a clinical setting with other health care professionals? If you said yes to these questions, than we are the place for you! Visit us at Nascott.com to find out who we are and what we’re about, and then send your resume and salary requirements to: Nascott, 7379 Washington Blvd., Elkridge, MD 21075, Attn: Karen Curtis. E-mail Karen.Curtis@Medstar.net.

ORTHOTICS TECHNICIAN/PEDORTHIST WANTED
Orthotics Technician/Pedorthist needed at Podium Footwear, manufacturer of custom orthotics in Westminster, Colorado. Rate of pay based on experience and productivity. Will pay for moving expenses. Send resumes to: Podium Footwear at russelbollig@aim.com.

C. PED./ORTHOTIC TECHNICIAN WANTED
Manufacturer of custom orthotics, therapeutic footwear and 3D foot imaging technology is seeking trained pedorthists and orthotic technicians to join sales rep team. Immediate territory openings available in Florida. Seeking highly motivated individuals with or without previous sales experience. Flexible hours. Send resumes to: heidi@edserfabs.com.

C. PED. WANTED AT SCHOLL COLLEGE
Dr. William M. Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine Science has an immediate opening for a certified pedorthist to manage day-to-day operations of the orthotic and pedorthic laboratories. Responsibilities include academic instruction, administrative duties, maintenance, adherence to state and federal codes and security. Opportunity to develop clientele in clinic. Qualifications include: C. Ped., certification with prior teaching experience, licensed or ability to become licensed in Illinois, and shoe fitting/modification/manufacturing and orthoses manufacturing. Please forward your CV or resume and salary requests to Neil.Horsley@Rosalindfranklin.edu or fax to 847-775-6571. Rosalind Franklin University is an EEO/AA employer.

LANGER INC./REGAL MEDICAL - SALES REPRESENTATIVE WANTED
Looking for something new and exciting? Use your skills as a certified pedorthist for a sales career with Regal Medical. Territories open: Portland, Maine; Manchester, N.H.; Pittsburgh, Pa.; Charleston, W.V.; DC/Alexandria, Va.; Richmond, Va.; and San Antonio, Texas. Regal Medical is the sales and clinical arm of Langer Inc. which provides diabetic shoes, AFO’s, contracture management and an array of other services in long-term care facilities. You will work within a defined territory and be responsible for servicing corporate accounts as well as developing new business. You will sell products through health care professionals and will deal directly with their patients to ensure proper fitting of the products.
- Highly competitive, uncapped commission program;
- Travel expense plus cell phone;
- Medical, dental, vision and prescription plan;
- Long-term disability and life insurance;
- 401 (k) with company matching contributions; and
- Tuition assistance.
Please contact Lynn at 610-692-9643 or email resume to langstadt@langerinc.com.

PEDESTHIST/ORTHOTIC TECHNICIAN WANTED
Independent Sacramento orthotic facility ready to expand when that right person comes along. Fabrication experience with foot orthotics or AFO’s is desirable. Must be presentable, confident, and have a strong work ethic. Everything else is negotiable. Contact Mike Martinez at streamlinortho@sbcglobal.net.

INDEPENDENT SALES REPRESENTATIVE WANTED
OrthoFeet is looking for experienced independent sales reps to sell their line of shoes and orthotics to the pedorthic, DPM, O&P and DME markets. OrthoFeet offers high-end shoes and diabetic insoles that are covered by Medicare, along with competitive advantages and unique selling points. E-mail: mb@orthofoot.com.

EQUIPMENT FOR SALE
For Sale: Vertical Grinders, Sewing Machines, Cutter.
The above-mentioned machines are all good shape, run on 220v bearings tight, motor replaced 3 over time plus a few belts, dust bags good condition on these 3 machines, all use 4 in by 42 belts.
1. Jackmaster 1984 7/8 or 48 iron sole trimmer blade only made that wide, very strong machine. Heavy fast grind down with 24 grit paper 2,500.00.

Classified Rates

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<th>Words</th>
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JMS Plastics has laminated PORON® cellular urethane with BAMBOOTECC™ fabric cover made from activated bamboo charcoal. This covering gives your orthotics the superior cushioning of PORON® cellular urethane and a top cover that is:

- Anti-bacterial
- Deodorizing
- Breathable
- Insulating
- Ecological/Green

It is the first application of NANO bamboo cloth in the orthotics industry.

Embedded with nano-particles of naturally grown bamboo charcoal. Bambootecc is:

- Made without allergy-inducing chemicals
- Highly porous & breathable
- Incredibly durable
- Enhancing to the circulation

Available in sheets and rolls.

For pricing and shipping information, call JMS at 800-342-2602 or visit us online at www.jmsplastics.com.

Through partnership with PolyGel.
THE ORIGINAL

PORON Medical® Urethanes offer a variety of formulations for lasting comfort and compression set resistance in diverse applications. Rogers Corporation invented PORON Medical Urethanes, and when it comes to performance, there is no equal. When prescribing a cushioning soft tissue supplement, specify PORON Medical Urethanes. To learn more visit www.realporon.com.
This reference guide is intended solely to make it easier for individuals, facilities and companies to locate pedorthic products. Companies listed in the guide are PFA vendor/manufacturer members. Companies may produce additional products beyond those listed, and most companies are pleased to provide additional information on request. As a courtesy to our readers, CP has noted the year the company joined PFA in parentheses after the company’s name. Inclusion in this list does not suggest or imply PFA endorsement of companies or products. For space reasons, company product descriptions are limited to 20 words or less. To-arrange changes in your company’s listing, e-mail info@pedorthics.org.

AGS Footwear Group (1995)
Shoe store supplies, fabricating materials, prefabricated orthotics, heel cups and forefoot supports.
Ashland, VA 800-446-3820
Fax 800-822-0180
E-mail sales@agsfootweargroup.com
Web site www.agsfootweargroup.com

Acor (1979)
Custom and comfort footwear, inserts and materials.
Orignator of Tri-Lam and P-Cell.
Cleveland, OH 800-237-2267
Fax 216-662-4547
E-mail sales@acor.com
Web site www.acor.com

Aetrex Worldwide, Inc. (formerly Apex Foot Health Industries, Inc. (1973)
Ready-made triple-density orthotics offering rearfoot posting & metatarsal support options.
Teaneck, NJ 800-526-2739
Fax 201-833-1485
E-mail info@aetrex.com
Web site www.aetrex.com

Affinity Insurance Services, Inc. (1998)
Affinity Insurance Services administers the PFA product and malpractice liability insurance program. Designed for pedorthists, insurance protection can be customized for each PFA member.
Chicago, IL 800-544-2672
Fax 312-922-9321

Alden Shoe Company (1969)
Goodyear welt construction footwear for men.
Middleborough, MA 508-947-3926
Fax 508-947-7733

Orthopedic products including orthoses and orthotic materials, orthopedic supports, walkers and shoes, therapeutic modalities, diabetic footwear and more.
Dedham, MA 800-225-2610
Fax 800-437-2966
E-mail info@alimed.com
Web site www.alimed.com

Allied OSI Labs (2005)
Products include: Talar Made - Customizable, prescription, pre-fabricated foot orthoses; Richie Brace - Comprehensive line of custom, articulated AFOs; Footlights - economy line of flat priced custom foot orthoses, Plus Line – comprehensive line of custom foot orthoses.
Indianapolis, IN 888-264-3338
Fax 317-299-1367
E-mail dwood@aoalabs.com
Web site www.aoalabs.com

American Shoe Corporation (2003)
Custom shoe company Complete lines for diabetic, arthritic and geriatric patients. 15-day manufacturing time and fully guaranteed fit and finish on each pair.
Bedford Hill, NY 914-241-0422
Fax 914-241-1974
E-mail americanshoecorp@aol.com

Amfitt Inc. (1996)
Vancouver, WA 800-356-3668
Fax 360-306-1380
E-mail sales@amfit.com
Web site www.amfit.com

Apis Footwear Company (2000)
Women’s footwear, 103 sizes; men’s footwear, 98 sizes. Open stock for immediate delivery.
S. El Monte, CA 888-937-2747
Fax 626-448-8783
E-mail apisfootwear@artlink.net
Web site www.biggowideshoes.com

Central fabrication facility specializing in custom-made leather ankle gauntlets.
Mesa, AZ 480-461-1940
Fax 480-461-5187
E-mail don@arizonaafo.com
Web site www.arizonaafo.com

Atlantic Footcare (2007)
For pedorthic needs. Complete range of materials, prefabs and tools.
Rancho Cordova, CA 800-545-6287
Fax 916-858-3320
E-mail kerr@atlanticroth.com
Web site www.atlanticroth.com

For pedorthic needs. Complete range of materials, prefabs and tools.
Wheaton, IL 800-235-8458
Fax 630-653-5077
E-mail vbiostico@aol.com
Web site www.bintzco.com

Aldo, Inc. (1994)
Walking/athletic shoes in women's and men's styles. Delivery includes special orders.
Bedell, WA 800-2-BROOKS
Fax 425-483-8181
E-mail shoeguy@eateleshoes.com
Web site www.brooksrunning.com

Cascade Orthopedic Supply, Inc. (2000)
Foot care products, including shoes, inserts, foot orthotics, socks, tools and supplies. All in-stock items ship same day with overnight delivery.
Chico, CA 800-888-0865
Fax 800-847-9180
E-mail info@cascadesusa.com
Web site www.cascadesusa.com

Paonia, CO 970-527-4990
Fax 970-527-4997

C.N. Waterhouse Leather Co., Inc. (1998)
Manufacturer and distributor of fine leathers, woolskins, suede pig-skins, sheet goods and adhesives for use in the pedorthic footwear and orthopedic industries.
Bedford, MA 800-322-1177
Fax 781-271-0499
E-mail waterhouse.leather@fumo.com

Atlanta, GA 800-678-7463
Fax 404-691-7663

Danskos, Inc. (2007)
Every day we strive to make your world a little easier by providing state of the art comfort footwear. From innovative designs to retailer training, your comfort is our first concern.
We realize you lead an active life, and Dansko shoes are constructed with that thought in mind. Our footwear is an investment in your well-being. Styles may change, but our philosophy remains the same.
West Grove, PA 610-860-8335
Fax 610-860-5764
E-mail Diana-rowland@danskos.com

DB Shoes Ltd. (2003)
Manufacturers of PU direct injection moulded footwear in EE, 4E and 6E fittings, all with removable soles.
Rushden, Northamptonshire, England 044 1933 359217
Fax 044 1933 410218
E-mail chris@dbshoes.co.uk
Web site www.dbshoes.co.uk
| Dr. 2 Shoes, Inc. (2006) | Dr 2 Shoes manufactures, warehouses and distributes the finest quality extra-depth shoes for diabetics or patients who need quality comfort shoes. Dr. 2 Shoes has one of the largest selections given A5500 for Medicare’s Therapeutic Diabetic Shoe Bill. Also offers insoles, gel silicone footcare products, ankle support products and diabetic insoles.  
Hillsborough, NC.  919-644-2288  
Fax.  919-644-2289 |
| Dr. Comfort (2004) | Dr. Comfort manufactures, warehouses and distributes the finest quality extra-depth shoes for diabetics or patients who need quality comfort shoes.  
Msgaon, WI  262-242-5300  
Fax.  262-242-9300  
E-mail.  dave@drcomforttjp.com  
Web site.  www.drcomforttjp.com |
| Dr. Kong Footcare Limited (2005) | Manufacturer of children’s, men’s and women’s healthy shoes, insoles, footcare accessories and computerized assessment software. 33 chain shoe shops in Hong Kong. Provides check and fit services and healthy products for everybody.  
Kwai Chung, N.T., Hong Kong  852-2744-2638  
Fax.  852-2744-8845  
E-mail.  raymond@footcare.com.hk  
Sanford, FL  407-698-2860  
Fax.  407-688-2864  
E-mail.  diabeticshoes@aol.com  
Web site.  www.drzen.net |
| Drew Shoe Corporation (1968) | Men’s and women’s depth and comfort footwear in over 150 sizes.  
Lancaster, OH  800-837-3739  
Fax.  740-654-4979  
E-mail.  customerservice@drewshoe.com  
Web site.  www.drewshoe.com |
Bridgewater, NJ  201-522-9791  
Fax.  201-840-6742  
E-mail.  shudoo@g@aol.com |
Austin, TX  800-232-2739, ext. 18  
Fax.  512-837-3397  
E-mail.  david@eskoshoes.com |
Tampa, FL  800-378-2480  
Fax.  813-246-5998  
E-mail.  euro@eurointl.com  
Web site.  www.eurointl.com |
| Feels Good Footwear (2006) |  
Brookfield, CT  203-740-8504  
Fax.  203-740-8503  
Email  mfriedman@justsnailers.net |
Thousand Oaks, CA.  805-375-0038  
Fax.  805-375-0848  
E-mail.  info@finncomfort.de  
Web site.  www.finncomfort.de |
Las Vegas, NV  702-259-0955  
Fax.  702-258-6344  
E-mail.  footfxs@yahoo.com  
Web site.  www.footfxs.com |
Scottsdale, AZ  480-222-7333  
Fax.  480-215-8829  
E-mail.  barryryan@footfolding.com  
Web site.  www.footfolding.com |
Pittsville, MD  410-835-3668  
Fax.  410-835-8866  
E-mail.  info@footmanagement.com  
Web site.  www.footmanagement.com |
Fax.  770-953-6270  
E-mail.  info@footmanagement.com  
Web site.  www.footmanagement.com |
Bangor, PA  800-245-5555  
Fax.  215-244-4111  
E-mail.  sale@frankfordleather.com  
Web site.  www.frankfordleather.com |
| Gateway Shoe Machine, Inc. (2003) | Medicare reimbursable, multiple width footwear for diabetics that features the three layer Custom Fit System.  
Hillsborough, NJ  866-9-MY-FEET  
Fax.  908-359-7434  
E-mail.  justin@instrideshoes.com  
Web site.  www.instrideshoes.com |
Buffalo, NY  800-435-0065  
Fax.  716-881-0349 |
Cherry Hill, NJ  800-355-7463  
Fax.  856-667-0665  
E-mail.  orthopedics@deacongroup.com |
Chicago, IL  800-566-0064  
Fax.  773-523-3639  
E-mail.  shucare2@aol.com |
| KLM Laboratories (2006) | Valencia, CA  800-556-3668  
Fax.  800-556-3338  
Email.  cservice@klmlabs.com |
Fax.  573-468-5560  
E-mail.  jennifer@fatshuicomp.com |
El Dorado Hills, CA  530-676-9960  
Fax.  530-676-9965  
E-mail.  david@kumfs.org  
Web site.  www.kumfs.com |
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PRODUCT REFERENCE GUIDE

L's Wear NY, Inc. (2005)
European comfort socks and hosiery.
Commack, NY ........................ 631-858-9500
Fax ........................................ 631-858-9494
Email ..................................... lwewear@aol.com
Web site .................................. www.kunertusa.com

Landesman Bros., Inc. (2003)
Distributors of foot comfort products, pedorthic, orthopedic and wound care supplies. Same day shipping.
Island Park, NY .................... 800-892-8855
Fax ........................................ 516-889-1253
Email ..................................... shoesstuff@uno.com
Web site .................................. www.landesmanbros.com

Langer Inc. (2006)
Deer Park, NY ......................... 800-233-2687
Fax ........................................ 631-667-1203
Email ..................................... ocarbonara@langerinc.com
Web site .................................. www.langerinc.com

LaZerFit (2006)
Craberry Township, PA .......... 724-779-3893
Fax ........................................ 724-779-3895
Email ..................................... rdnley2@lazerfit.com

Lord Custom Molded Shoes, Inc. (1994)
Fashionable custom-molded shoes for men, women, and children. Guaranteed fit and service.
Bohemia, NY ......................... 800-SHOES11
Fax ........................................ 516-471-3000

MMAR Medical Group, Inc. (2003)
Distributor of multiple diabetic shoe brands at manufacturers-direct wholesale pricing. Other products include AFOs, ankle braces and cam walkers.
Houston, TX ......................... 800-662-7633
Fax ........................................ 713-465-2818
Email ..................................... service@mmarmedical.com
Web site .................................. www.mmarmedical.com

MacPherson Leather Company (2005)
Seattle, WA ......................... 206-328-0855
Fax ........................................ 206-328-0859
Email ..................................... info@macphersonleather.com

Miami Leather Company (2001)
Wholesaler to the orthopedic, prosthetic, retail shoe and shoe repair trades. Wide variety of products.
Miami, FL ............................... 305-266-8328
Fax ........................................ 305-266-8728
Email ..................................... sales@miamileather.com
Web site .................................. www.miamileather.com

M. J. Markell Shoe Company, Inc. (1973)
Men’s, women’s and children’s comfort and orthopedic footwear.
Youngsville, NY .................... 914-963-2288
Fax ........................................ 914-963-9293
Email ..................................... info@markellshoes.com
Web site .................................. www.markellshoes.com

Mobils by Mephisto (1998)
Extra-depth footwear with a removable footbed and natural orthopedic support.
Franklin, TN ......................... 800-775-7852
Fax ........................................ 615-771-5935
Email ..................................... susan.heck@mephistousa.com
Web site .................................. www.mephisto.com

Munro & Company, Inc. (2000)
Hot Springs, AR .................... 501-262-6156
Fax ........................................ 501-262-6165

National Foot Specialties (2005)
Custom orthotic manufacturing and continuing education courses.
North Pt. Myers, FL .................. 239-707-0279
Fax ........................................ 239-543-1890
Email ..................................... bill@nationalfoot.com
Web site .................................. www.nationalfoot.com

Natural Step (2004)
Manufacturer of men’s and ladies’ handsewn moccasin extra-depth shoes. Available in a large selection of sizes and widths.
Jupiter, FL ............................... 866-500-7463
Fax ........................................ 866-540-7463
Email ..................................... naturalspeed@yellownet.com
Web site .................................. www.naturalspeedshoes.com

Wilson, ME .............................. 207-645-3200
Fax ........................................ 207-645-3292
Email ..................................... bmacdonald@neods.shoes.com

New Balance Athletic Shoe/Aragon (1999)
A leading manufacturer of technologically innovative athletic products. Recently debuted Aragon comfort footwear for women.
Boston, MA .............................. 617-746-2303
Fax ........................................ 617-746-6303
Email ..................................... joann.sacca@newbalance.com
Web site .................................. www.newbalance.com

Orthofeet, Inc. (1999)
Manufacturer and distributor of high quality depth-shoes and orthotics.
Northvale, NJ ......................... 800-524-2845
Fax ........................................ 201-767-6748
Email ..................................... orthofeet@aol.com
Web site .................................. www.orthofeet.com

Custom lab for pre-fabricated and custom ankle braces and orthoses.
Pekin, IL ......................... 800-447-0151
Fax ........................................ 877-957-5647
Email ..................................... info@palhealth.com
Web site .................................. www.palhealth.com

PartnerShip (2000)
Partnership, in cooperation with PFA, offers members-only discounts and savings on small package shipping with FedEx Ground, and on large freight shipments with Yellow Freight.
Oberlin, OH ......................... 800-599-2902
Fax ........................................ 440-774-2823

Pedifix, Inc. (2001)
High quality pressure relief footcare products.
Brewster, NY ......................... 800-424-5561
Fax ........................................ 845-277-2851
Email ..................................... sales@pedelix.com
Web site .................................. www.pedifix.com

Pedors Shoes (1999)
Orthopedic shoes with a neoprene footbed.
Marietta, GA ......................... 800-750-6729
Fax ........................................ 800-446-3101
Email ..................................... info@pedors.com
Web site .................................. www.pedors.com

Pedorthic Technology Ltd. (2007)
Causeway Bay, Hong Kong .......... 522-332-9375
Email ..................................... eng@ezped.com
Web site .................................. www.ezped.com

PEL Supply Company (1995)
Wholesale distributor stocks broad selection of finished foot and arch products, materials and tools for fabricating foot orthotics.
Cleveland, OH ....................... 800-321-1264
Fax ........................................ 800-222-6176
Email ..................................... customerservice@pelsupply.com
Web site .................................. www.pelsupply.com

Pepper Gate Footwear, Inc. (2006)
Pomona, CA ......................... 909-865-2171
Fax ........................................ 909-868-7252
Email ..................................... luke@peppergate.com

Pro Custom Labs (2005)
Custom ankle-foot orthoses, custom foot prostheses and foot orthoses.
Chimacum, WA ..................... 866-PRO-LABS
Fax ........................................ 360-437-9319
Email ..................................... steve@procustomlabs.com
Web site .................................. www.procustomlabs.com

Propet USA, Inc. (2000)
Leading manufacturer in men’s and women’s comfort walking shoes. Available in up to 5 widths, sizes 5-13 in women’s, 7-17 in men’s. Propet features a vast selection of Medicare A5500 coded footwear with removable orthotics, secure closure and maximum customization.
Kent, WA ......................... 800-877-6738
Fax ........................................ 800-597-8668
Email ..................................... customerservice@propetusa.com
Web site .................................. www.propetusa.com

P.W. Minor & Son, Inc. (1968)
Footwear products for foot orthosis.
Batavia, NY ......................... 585-343-1500
Fax ........................................ 585-343-1514
Web site .................................. www.pwminor.com

Remington Products (2000)
Insoles and shoe packages, rigid arch supports, viscoelastic heel cups, 3/4 and full insoles.
Wadsworth, OH ..................... 330-333-1571
Fax ........................................ 330-336-9462
Email Adress ....................... jwett@remprod.com
Web site .................................. www.remprod.com

Renia GmbH (2001)
Specially-designed adhesives and components for the shoe industry, shoe repair trade, and O & P industry.
Cologne, Germany ............ 49-221-6307990
Fax ........................................ 49-221-63079950
Email ..................................... info@renia.com
Web site .................................. www.renia.com

Riecken’s Orthotactic Laboratory (1985)
Foot comfort products and custom orthotics from patient’s casts. Also, pedorthic education classes on second Friday of each month.
Evansville, IN .............. 812-476-8006
Fax ........................................ 812-476-4271
Email ..................................... rickmorlab@aol.com
Web site .................................. www.footcomfortworld.com

Rocket7 (2005)
Custom cycling shoes, orthotics and added depth cycling shoes (35-53 in AA, A, B, C, D, EE, EEE, EEED).
Puylappal, WA .................. 253-848-3242
Fax ........................................ 253-830-0162
Email ..................................... sales@rocket7.com
Web site .................................. www.rocket7.com
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Email: info@pedorthics.org
Rogers Corporation (1995)
Offers a wide selection of specialty materials for the health care industry, including PORON Medical urethanes, Teflon silicone materials and Polyolefin foams.

Woodstock, CT 860-928-3622
Fax 860-928-7843
E-mail www.rosco.com
Web site  www.rogerscorporation.com

Milwaukee, WI 414-778-2288
Fax 414-778-2047

SAS Shoemakers (1992)
SAS makes comfortable shoes that care for all-feet.
San Antonio, TX 210-921-7455
Fax 210-921-7450
E-mail barmwood@sas-shoes.net
Web site  www.sasshoes.com

STS Company (1997)
Resin-imregnated tubular and fitted socks made to take foot and ankle impressions for custom shoes and foot/ankle orthotic devices.
Mill Valley, CA 800-787-9097
Fax 415-381-4610
E-mail stxo@att.net
Web site  www.stxxx.com

Saderma – North (2005)
Yuba City, CA 530-674-5230
Fax 530-674-5238

SafeStep (2004)
Factory direct prices of many footwear brands.
Milford, CT 203-874-7722
Fax 203-723-0991
E-mail info@saftestep.net
Web site  www.safe-step.net

Saucony/Spot Blt (2001)
Peabody, MA 978-532-5222
Fax 978-532-0000

Sequoia/Comfort Rite (1998)
Quality comfort footwear in a variety of sizes and widths.
New Holstein, WI 800-898-5556
Fax 920-898-4605

Shoe Innovations (1998)
Distributors euro-comfort with style, available in different widths for women and men.
Woodlands, TX 877-577-5555
Fax 281-685-8822
E-mail info@shoeinnovations.com
Web site  www.shoeinnovations.com

Complete line of orthotic and prosthesis equipment including finishers/grinders, vacuum pans, pulls, presses, industrial sewing machines, fume busters and more.
Goshen, NY 800-354-6278
Fax 845-921-7097
E-mail shoe systems plus@lvcrr.com
Web site  www.shoessystemplus.com

Silipos, Inc. (1991)
Skin protection devices using an advanced polymer technology incorporated into an entire orthotics/footcare product line.
Niagara Falls, NY 800-229-4404
Fax 716-283-0060
E-mail silipos@aol.com
Web site  www.silipos.com

Soletech (1995)
Salem, MA 800-225-2192
Fax 978-741-2091

Solidschuwerk GMBH (2006)
Tuttlingen, Germany 074-619-6120
Fax 746-196-1270

Southern Leather Company (1996)
7 locations nationwide. The most extensive pedicure and shoe care/repair inventory in the industry. Includes Apex, Soletech, Eva, Vibram and Acor.
Memphis, TN 800-844-6767
Fax 800-946-1059
E-mail slcm@expedius.net

Spira (2004)
El Paso, TX 866-838-8640
Fax 915-836-8641

Sroufe Healthcare (2006)
Liberty, IN 260-894-4171
Fax 260-894-4092
E-mail jwell@sroufe.com

Sugar Free Sox (2006)
Escondido, CA 760-739-9003
Fax 760-739-9862
E-mail garry@sugarsfree.com

Ferndale, WA 360-384-1820
Fax 360-384-2724
E-mail here@superfeet.com

Tauer and Johnson (2006)
Mt. Prospect, IL 847-631-7440
Fax 847-956-5870
E-mail tauer_johnson@hotmail.com

Tekscan, Inc. (1994)
Broad range of pressure assessment and clinical/research evaluation tools for use in orthotics, brace evaluations, joint biomechanics, and gait analysis.
Boston, MA 617-464-4500
Fax 617-464-4266
E-mail marketing@tekscan.com
Web site  www.tekscan.com

Therafirm (A Division of Knit-Rite, Inc.) (1999)
Quality medical-grade compression hosiery and diabetic socks.
Ellerbe, NC 800-562-2701
Fax 910-652-2438
Web site  www.therafirm.com

Thor-Lo, Inc. (2001)
Statesville, NC 704-872-6522
Fax 704-838-6323

Tru-Life (2006)
Jackson, MI 800-788-2267
Fax 800-245-3765
E-mail ameman@trulife.biz

Tru-Mold Shoes, Inc. (1980)
Custom-molded shoes made in America
Buffalo, NY 800-843-6653
Fax 716-881-0406
E-mail info@trumold.com
Web site  www.trumold.com

UCO International (1987)
Materials, tools, and lab equipment for production of custom orthotics. Comprehensive line of pre-molded foot orthosis and Quick-Sil silicone system.
Wheeling, IL 800-541-4030
Fax 847-541-4144
E-mail uco@ucointernational.com
Web site  www.ucointernational.com

USA Orthopedic Manufacturer Shoes & Braces (2005)
Manufacturer of high-quality custom made orthopedic footwear, orthotics & braces.
Gilbert, AZ 480-835-1287
E-mail rnaudi@usaorthopedicshoes.com

Vibrum-Quabaug Corporation (1998)
Quabaug Corporation is the U.S. manufacturer of Vibrum soling products and Barge adhesives.
North Brookfield, MA 508-867-7731
Fax 508-867-4600
E-mail mcloon@vibrum.com
Web site  http://www.vibrum.us

Fashion comfort footwear. Orthotic and modification compatible.
Tempe, AZ 800-965-5931
Fax 480-831-8074
E-mail shoeguy@seattleshoe.com
Web site  http://www.wolky.com

Wrymark, Inc. (1986)
Pre-fabricated foot inserts; in-office orthotic fabrication system, Resource Labs, central fabrication facility; and direct patient care facilities in central United States.
St. Louis, MO 800-969-3668
Fax 314-991-5720
E-mail stern@wrymark.com
Web site  http://www.wrymark.com

Xsensible Shoes (2002)
Patented stretchable leather, nubuck and fabric footwear in many styles. All stretchable materials are breathable and wick moisture away from the foot.
Hickory, NC 828-328-4605
Fax 828-328-4842
E-mail f.alley@xsensible.com
Web site  http://www.xsensible.com

Z- Coil Footwear (2000)
Shoes feature built in orthotic, 3/4 length; spring cushioning system with over 1-inch compression.
Albuquerque, NM 505-345-2222
Fax 505-345-2224
E-mail info@zcoill.com
Web site  http://www.zcoill.com

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