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Hotel Reservations, Travel Information and Discounts!

HOTEL RESERVATIONS

PFA has reserved a block of discounted rooms at the Peabody Hotel Little Rock for your convenience during PFA's 53rd Annual Symposium & Exhibition. The Peabody Hotel Little Rock is a business-friendly hotel on the Arkansas River, close to the Arkansas State Capitol Building, William J. Clinton Presidential Center and Park, and Verizon Arena. Additional points of interest include War Memorial Stadium and University of Arkansas-Little Rock. The Peabody Hotel Little Rock features a restaurant and a bar/lounge. Room service is available 24 hours a day. Recreational amenities include a sauna and a fitness facility. This 4-star property has a business center and offers small meeting rooms, limo/town car service, and audio-visual equipment. Wireless Internet access is available in public areas. Additional property amenities include a concierge desk, multilingual staff and gift shops/newsstands. All educational sessions and the exhibit hall will take place at the attached Statehouse Convention Center.

PFA RATES:

- $159.00 Single/Double Occupancy per night, plus applicable state and local taxes (currently 12%).
- $169.00 Triple Occupancy per night, plus applicable state and local taxes (currently 12%).
- $179.00 Quadruple Occupancy per night, plus applicable state and local taxes (currently 12%).
- $189.00 Single/Double Occupancy Club Level per night, plus applicable state and local taxes (currently 12%).

These rates are available three days prior and three days after the meeting dates.

Travel Information

American Airlines is offering PFA's 53rd Annual Symposium and Exhibition attendees up to 5% off of published fares to Little Rock (LIT), using code 78N28M. The discount can be booked on-line at www.aa.com/group for AA/AE flights only, without a ticketing charge. Please make sure to enter in the promotion code noted above. Electronic ticketing is required; otherwise a paper ticket charge will apply. Tickets may be purchased through a travel agency or by calling AA Meeting Services at (800) 433-1790. For AA ticketing, payment must be made through money order, certified/cashier check, or valid credit card. A separate $20.00 USD service charge will apply per ticket, (subject to change). For Airport purchase, the service charge is $30.00 USD per ticket, (subject to change). For purchase outside the US/Canada the amounts will vary by country.

United Air Lines is pleased to offer discounted airfares of 2% to 10% off published fares for your travel to PFA's 53rd Annual Symposium & Exhibition. Save an additional 3% off by booking your own reservations at www.united.com Choose your flight times, and access your meeting discounts by inserting ZKW4438059 in the Offer Code box.

Or, call your travel professional or United Meetings at (800) 426-1122 for reservations.

Please note that a $25 fee will be charged when reservation is made by calling United Meetings.

Refer to Z Code ZKWA and Agreement Code: 438059

RESERVATIONS CAN BE MADE BY CALLING THE HOTEL DIRECTLY AT:

Peabody Hotel Little Rock
Three Statehouse Plaza
Little Rock, Arkansas 72201
(501) 906-4000
(800) 914-3202
Mention that you are making a reservation under the Pedorthic Footcare Association room block, or reference Group Number 886087.

RESERVATIONS CAN ALSO BE MADE BY:

2. Click on Reservations
3. Scroll down on the left side of the screen and enter 886087 in the Group Number box. Click Submit
4. PFA's information will pop up and allow you to make a reservation. BE SURE TO CHANGE THE DATES TO REFLECT YOUR CORRECT ARRIVAL AND DEPARTURE DATES.

PFA Room Block Cut-off date: September 28, 2012

Reservations received after 5:00 pm local time at the Hotel on the cut-off date and after will be accepted at PFA's prevailing rate, based on availability. Please note: There is no guarantee that rooms will still be available until September 28, 2012 as we anticipate our block selling out. Please reserve your room early.

HOTEL CHECK-IN/CHECK-OUT TIMES:

Check-in: 3:00 pm
Check-out: 11:00 am

GROUND TRANSPORTATION

The Peabody Hotel Little Rock is pleased to offer complimentary shuttle transportation from and to the airport. The service runs daily from 5:00 am to 10:00 pm. Pick up times at the airport are 15 minutes and 45 minutes after the arrival of the flight. Transportation from and to the airport. The service runs daily from 5:00 am to 10:00 pm. Pick up times at the airport are 15 minutes and 45 minutes after the arrival of the flight.

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Inter-City Shuttle: (501) 376-7433
Are YOU Ready for Little Rock? ... We Are!

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For more information on exam dates and application deadlines go to abcop.org.

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Recently, an armed thief stole millions worth of gambling chips from the Bellagio hotel-casino in Las Vegas and fled by motorcycle, police say. But here’s a theft of a little different flavor.

14 | Medical Ultrasound for the Ankle and Foot

By Joseph M. Mozena, DPM, C.Ped.
Ultrasonography, the medical imaging technique used to visualize deep structures of the body, along with sonograms are ideal and cost effective tools in assisting Podorthists in the treatment of certain foot and ankle pathologies. Knowing the basics of the process, technology and application can give you the added visual for both diagnostic and therapeutic objectives.

20 | AFOs and the Pedorthist

By Don Pierson, CO, C.Ped
The availability of pedorthic related products and services within the healthcare community have proven to be a valuable commodity, and has improved the quality of life for thousands. However many pedorthists have shown little interest in utilizing their full scope of practice in regards to custom molded shoes, shoe modifications, or a custom made ankle-foot orthosis (AFO).

28 | Women and their Feet

By Patricia A. Pande, C.Ped.
As pedorthists are well aware, foot pain is here to stay. In fact, nearly half of women suffer from painful feet. Women, in particular, have a higher incidence of foot problems, including bunions and hammertoes. With all the options for fantastic footwear, it's no surprise that sky-high stilettos, pointy-toe pumps and sole-chafing sandals contribute to sore feet, but running, walking and comfort shoes can be equally at fault if they are ill-suited to the wearer's foot-type.

32 | The Shoe Can Do More, If We Educate Ourselves and Our Patients

By Ted Rolling, CO, C.Ped., DAPWCA
When studying “Orthotics” one’s head becomes filled with anatomy and physiological data for the whole body, so one tends to leave the most fundamental information behind. A handful of years ago while seeing a patient for bilateral custom knee braces, suffering with arthritic knee pain for nearly ten years, I happened to look down at his shoes. He was wearing a better quality running shoe, but like a lot of people today it wasn't tied tight.

36 | Are YOU Ready for Little Rock? WE ARE!

By Current Pedorthics Staff
The countdown has begun, and in just a few short weeks, a worldwide contingent of practitioners, exhibitors and experts in pedorthics, pedorthics management and pedorthic products will be rolling into Little Rock for PFA’s 53rd Annual Symposium & Exhibition. If you haven’t registered yet, now’s the time to go online and reserve your space for this annual event.

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~ Henry Ford

To those volunteering and working within the PFA structure, Henry Ford’s words should resound in your heads as you push forward in the coming years.

As my presidency comes to a close, I’m reflecting upon those who elected me to serve, the membership. I feel humility in the wake of those who brought us together in the beginning and pride in the reflection that this organization has progressed over the past decade by working together. Future success is now up to your newly elected board.

My desire to get involved came from seeing things that required attention and evolution both within the organization. This profession has given so much to my family over the years; it felt right to give back to it with everything in me. But, good intentions only take you so far before hard work and teamwork needs to coincide to accomplish the collective goals. I was fortunate to possess skills that were needed and thanks to this membership, past presidents and other industry leaders, I had great mentors and avenues of sharing ideas and building platforms. As our old friend and colleague, Carl Riecken used to say, “Every time I teach, I have an opportunity to learn”. The harder I worked and taught what I knew, the more knowledge and experience I gained, which I am grateful for.

Staying together as group for the common goal is the most challenging part of a volunteer position. Healthy discussions coupled with a few arguments ultimately lead us to solutions, new ideas and better communication with PFA’s membership. Meshing personalities, geographical and cultural challenges, varying opinions and expertise is not always a picnic.

We reviewed our shortcomings and goals that went unrealized over the years. While discussing member complaints, issues facing the profession on a governmental level, pre-cert and continuing education, we got input from the membership, vendors and the entire pedorthic community. Through targeted conversations and strategy sessions we laid out goals and worked toward them, sometimes with widespread cooperation and sometimes up against a wall of opposition. There have been bumps in the road for us as a profession and as an organization, and although some chose to jump ship when the going got tough, others persevered. It’s those who stayed the course and navigated together that gained the most ground for you.

I rest easy in the knowledge that we created positive results and am proud of what we were able to accomplish overall. PFA is not perfect and will never be, no matter how we strive for greatness; it’s the time committed, effort and plans laid down to further the industry and cement each credentialed practitioner’s place in it, which counts. I have enjoyed our successes through our more professional, international publication and online news. We provided higher level continuing education tools to keep our members up with the ever changing and growing demands for respectable practitioners. We’ve furthered our relationships with allied healthcare professions, gained a more widespread understanding of pedorthics around the world and brought the pedorthic community together in a productive way.

I am especially proud I was able to lead this team on a progressive pathway during my tenure. I do feel I have done my part within this team to bring you successes through my active and fierce participation.
I rest easy in the knowledge that we created positive results and am proud of what we were able to accomplish overall. PFA is not perfect and never will be, no matter how we strive for greatness; it’s the time committed, effort and plans laid down to further the industry and cement each credentialed practitioner’s place in it, which counts.

PFA has been doing its part as well to fight for your right to practice, market the profession, push higher education and provide its members with tools to help their businesses thrive. We rely on many people to accomplish the goals of the organization and the profession, most important of which is you, our dynamic membership. So, if you feel like more needs to be done, and I’m sure we all do, then ask questions, challenge the issues you see that require advancement and evolution and get involved at least through conversation with the leaders you chose to represent you. It’s time to keep pushing forward; the future is uncertain and the economy isn’t going back to where it used to be.

I’ve heard some ask the question: Do I really need PFA? Well, ask yourself this instead: Can I afford to go it alone? I urge you to help to support PFA through your membership dues and continue the progress that many before you have started. There is over fifty years of history in this profession and this organization, it exists and works for your own good and the good of your profession. Unlike our federal government, you have a voice within this organization and the ability to change things. It’s all up to you.

It has been my pleasure to work to protect the profession that has provided my family an incredible career and home for over thirty-five years. On behalf of myself and my family, thank you all so much for your support, candor and friendship. Wishing you much success down the road and I know if you work together, you will achieve it.

“I wanted a perfect ending. Now I’ve learned, the hard way, that some poems don’t rhyme, and some stories don’t have a clear beginning, middle, and end. Life is about not knowing, having to change, taking the moment and making the best of it, without knowing what’s going to happen next.” ~ Gilda Radner. ■
The Importance of Being There…
As Opposed to Somewhere Else

Planning has been well underway for months for PFA’s 53rd Annual Symposium and Exhibition in Little Rock, AR, November 1–3, 2012, and registration has been open and waiting for you! This year, you’ll notice many changes to the way the Symposium and Exhibition – still the world’s largest single educational and networking event solely dedicated to the pedorthic profession is presented. PFA’s planners have taken into consideration the constructive comments from 2011 attendees and exhibitors; incorporated industry best practices; strived to balance value and cost; provided exceptional programming, including non-commercial programming provided by PFA’s Vendor/Manufacturer members and exhibitors; provided you with a valuable amount of CEUs; and, allowed for peer-to-peer networking opportunities that really make the Symposium and Exhibition the premier event for the pedorthic profession that it is.

However, all of the best planning and planners in the world cannot compensate for what you provide – your willingness to share your knowledge with others through the abstract submission process; companies committing significant investment in exhibit space and sponsorship; the recognition in allied publications that helps to expand the recognition of pedorthics even more; and, your direct participation through registration and attendance.

In addition to being the premier educational and networking event for you, the annual Symposium and Exhibition is also a significant generator of revenues for PFA that allow your association to maintain operations in other program areas for the rest of the year. It helps to offset the cost of producing Current Pedorthics magazine – the largest professional publication in the world solely dedicated to your profession; it supports PFA’s government affairs and lobbying program; allows PFA to produce additional continuing education opportunities through webinars and on-line/on-demand programming throughout the rest of the year; helps PFA to promote the pedorthic profession to referral sources and the general public as best as it can given the organization’s resources; and, it provides you with an organization to call home.

Certainly membership in an organization is voluntary, participating in its annual Symposium and Exhibition is voluntary as well, and, you may think that your individual decision to attend or not attend will not have an impact on the greater good of the organization and pedorthics. You should. Consider what would be lost if this small (by medical profession standards) profession were to stop attending and celebrating their profession and working to improve it through professional development.

PFA’s 53rd Annual Symposium and Exhibition is just two months away, and if you’ve been sitting on the fence about attending, it certainly isn’t too late to make plans to attend now. Mark your calendar, plan your budget for registration, hotel and airfare, and get ready for the singular pedorthic event of the year, all the while knowing that you are continuing to support your professional organization and your profession at the same time.

To quote a line from the movie The Right Stuff, “…this thing runs on money…no bucks, no Buck Rogers.”

Brian Lagana
PFA Executive Director
brian@pedorthics.org
The original.
The best.
The Arizona.
PFA’s Board of Directors’ Adopts Resolution of 2013 Officers

After several months of discussion and consideration to advance the “changing of the guard” prior to our annual symposium and exhibition, the PFA’s Board of Directors recently held a vote to approve the adoption of the following resolution of incoming officers. This resolution allows the new officers to gain their bearings before walking into the face to face annual board meeting, this year in Little Rock, and gives them the opportunity for a healthy jump start on performing PFA business.

“RESOLVED THAT, the Board hereby approves the Executive Committee’s (and Presidential) nomination of Jay Zaffater to serve as President; Rob Sobel to serve as Vice President; Dean Mason to serve as Treasurer; and Chris Costantini to serve as Secretary. Per PFA’s bylaws, Kristi Hayes to serve as Past President. The votes of all board of directors and existing executive officers were received and tallied in a unanimous decision to adopt the resolution.”

Terms are effective September 14, 2012 for a period of one year, not to exceed the start of the 2013 symposium and exhibition.

Please be advised that the next planned change of officers by official vote will take place approximately late 2013, prior to the next PFA Symposium and Exhibition.


GOVERNMENT AFFAIRS REPORT

According to co-chairs, Dean Mason and Randy Stevens, the single largest issue facing the GA committee is the Patient Protection and Affordable Care Act (ACA). It is unknown how this is going to affect Pedorthics, or the rest of the DME universe. With implementation of the ACA taking several years, lawsuits pending that may change the law, or the possibility of repeal and replacement of the ACA, there is no way in which to comment with any certainty on its effects. Your GA committee will continue to monitor the news out of Washington and act accordingly.

An offshoot of the ACA is the increasing number of audits of charts being done by Medicare, both pre and post payment. The audits are partly to ensure compliance with the regulations and partly to recoup payments made in error. The GA committee attends webinars that are conducted by CMS contractors on the topics that pertain to our part of the health care universe. Any Medicare provider is welcome to attend these free webinars; we recommend that you subscribe to your DME MAC email list. The latest information from CMS and the DME MAC appears there on a regular basis.

The issue of documentation is one that is not going to go away. Members must understand that services provided by pedorthists are considered a medically necessary service, and our charting and documentation has to reflect that. This also includes follow up appointments to check on progress and efficacy. It is important for those who take third party reimbursement, and especially for Medicare cases, that you are completely familiar with the supplier standards, the regulations, and the requirements of commercial insurance contracts.

To assist you in keeping on top of the issues facing your practice, PFA and the GA committee will be presenting a series of webinars over the next year. The 2012 symposium will include presentations by the GA committee, as well as other important speakers regarding reimbursement politics and the state of affairs in Washington. Always remember that our profession can be wiped out with the stroke of a pen, and the GA committee works very hard to make sure that our profession remains intact.

How does the committee work? The GA committee holds monthly conference calls to discuss the issues of the day. In addition, email and phone conversations between members are other ways in which we keep informed and exchange ideas. Committee members are also active with their state boards and are involved with states considering licensure. Pennsylvania recently passed a licensure law, and Randy Stevens was right in the middle of the discussion and negotiation. Pedorthics is a recognized medical specialty under the license law in Pennsylvania because of his proactive participation. If you would be interested in serving on this committee, please contact PFA at info@pedorthics.org.

VENDOR REPORT

Vendor Committee, Chairman, Andy Simonds and PFA Board member and vendor committee liaison, Jeremy Long have begun the chain of communication between vendors and board members in order to assist vendor members in logistics for the exhibition as well as making sure their needs are met within PFA. As the point men for this committee, they will only build momentum moving forward.

There are many changes going into this year’s symposium with many interactive events taking place in the exhibit hall. Along with lunches being hosted in the hall, there will be a social media booth where attendees can learn and charge up alongside vendors. PFA is changing its program guide to a daily paper of sorts which will allow attendees to see vendor show specials, the daily symposia schedule and get updates about the happenings around the exhibition and educational sessions. For vendors, there
was a floor plan change which allows access to the hall from two sides instead of one, which the committee approved.

Vendors have clearly voiced their preference for better "destination cities", like Scottsdale, Atlanta, New Orleans, Orlando and Miami - both through committee and by a recent survey. Additionally, they have voiced concerns over hotel room and booth costs as well as flight access to future locations. However, considering top tier cities as expressed by the committee and the vendor survey would mean that costs for hotel rooms, booth space, etc. would rise for future symposia. While no location has been chosen for 2013 and the PFA Board has not yet reviewed any budgets or discussed any possible locations, this will get narrowed down for final consideration in the coming months.

How does the committee work? The vendor committee is compiled of volunteers from PFA vendor members and the chairman is elected by a vote of the vendor members. Any vendor can volunteer to serve the committee. They hold monthly conference calls and in addition, emails and phone conversations between members are other ways in which we keep informed and exchange ideas. If you would be interested in serving on this committee, please contact PFA at info@pedorthics.org.

MARKETING, COMMUNICATIONS & EDITORIAL REPORT

The committee has undertaken several urgent and important projects this year, in an attempt to market the profession on a national basis and bring awareness to proper foot care. Some initiatives have fallen short of the mark due to lack of bodies to accomplish the large workload. This committee is charged with one of the organizations most important tasks and that is communication with members/vendors and ensuring the flow of information exchange as well as marketing and public relations. It's an enormous job and "while progress was made for several years, there is still a long, long way to go", says Kristi Hayes, former PFA president and committee chair. So, as Kristi heads into the locker room for an overdue break, the new team will take the field and be up to bat in Little Rock.

Some of the work that will be carried on is the regional member outreach program meant to communicate better with members and to bring more credentialed pedorthists into PFA who are not currently involved in the community. This helps secure stability for our profession as more and more people get involved, share ideas and participate in their industry happenings. Another important off shoot of that is that the Board committed to participating around the country in their areas and in mentoring others who had an opportunity to speak and/or exhibit at allied healthcare functions. PFA will provide brochures, a PowerPoint program and some other signage so that credentialed pedorthists who are PFA members can provide well rounded information to healthcare peers or the general public and educate them about pedorthics. A win-win for the local practitioner and the profession.

Our publication, Current Pedorthics and online news, PFA Online have been jam packed with breaking news, industry shout outs, amazing advertising by our valued vendors and stories and education that our members cannot get anywhere else. The team that puts these publications together are experts in pulling together what members need to run their businesses and keep them on their toes. Social media has played a role in how information is dispensed and although quite conservatively, PFA has been blogging about the symposium, keeping you in the loop with all the updates, we've created LinkedIn and Facebook pages, as well as you can even follow us on Twitter too.

How does the committee work? The MCE committee holds monthly conference calls splitting their hour into halves in order to cover both marketing/communications as well as the editorial side. In addition, email and phone conversations between members are other ways in which we keep informed and exchange ideas. Committee members are also actively pursuing stories, authors and information to use for marketing purposes or within one of our publications. If you want PFA to market the profession more aggressively or want to see our publication continue to grow and evolve, let us know by contacting PFA at info@pedorthics.org.

COUNCIL ON PEDORTHIC EDUCATION

The COPE committee has been busy this quarter with preparations for the upcoming Symposium in Little Rock. The speakers have all been set and we are pleased with the slate this year which includes keynotes from Dr. James McGuire, DPM, C. Ped., PT and Dr. Geza Kogler, Ph. D., CO. We have also been preparing the slate of webinars for next year.
Recently, an armed thief stole millions worth of gambling chips from the Bellagio hotel-casino in Las Vegas and fled by motorcycle, police say. But here’s a theft of a little different flavor.

A bizarre casino scam played out in the 1970s, involved two physics graduates from the University of California Santa Cruz, who developed a method of cheating that combined computers with shoes. One player, wearing a custom made techno-shoe would stand close to the roulette wheel, allowing his shoe to interfere with the spin of a roulette wheel whilst simultaneously ‘reading’ the wheel’s response, and suggest an appropriate bet. The second player would then have this information relayed to him via his own shoe and he would bet accordingly. This scheme was not without its drawbacks, as both fraudsters found themselves on the receiving end of unpleasant side effects of the technology, including electric shocks and toasted socks. The two men were eventually busted, after spending months enjoying 144% returns on their roulette bets.
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Medical Ultrasound for the Ankle and Foot

BY JOSEPH M. MOZENA, DPM, C.PED.
Ultrasoundography is a medical imaging technique used to visualize deep structures of the body. Sonograms are ideal and cost effective for certain foot and ankle pathologies. Ultrasound is used extensively in medicine for both diagnostic and therapeutic purposes. Ultrasoundography has a higher resolution for soft tissues than MRI. The technology of ultrasound uses the broadcast of pulsed high-frequency sound waves and their echoes. The echoes are analyzed producing a picture of the tissues examined.

The properties of sound waves are mechanical. Sound waves are physical phenomena that transfer energy from one point to another in a medium. Sound is a sequence of waves that travel through oscillating materials or compressible mediums such as gases, liquids and solids. The ultrasound sends these sound waves into tissue and by means of an echo, sends back an image of the material that the waves have bounced off.

Ultrasound applies to sound at frequencies higher than the hearing range of sound. Ultrasonography is the imaging by sounds. The ultrasounds occur at very high frequencies far outside of human hearing. No adverse biological effects have been found due to ultrasound.

Sonographers use scanners with a transducer probe to visualize body parts and tissue structures and movements in real time. The transducer is a device that produces oscillating pressures of sound. The transducer is placed on or moved on the patient with a water-soluble gel and an image is obtained from the echoes from the longitudinal and transverse waves. Transducers come in various sizes and shapes. Very small transducers can even be mounted on small diameter catheters that can image inside blood vessels.

Sonographic scanners operate in the ultrahigh frequency range of 1,000,000 to 18,000,000 hertz. Lower frequencies obtain images deeper in the body but have less resolution or ability to distinguish between elementary parts. Higher frequencies obtain images more superficial and have a greater resolution. Frequencies are adjusted for the type of imaging needed.

The production of the sound is accomplished by a transducer housed in a probe. Transducers produce ultrasound by converting electrical pulses to sound waves. The transducer receives echoes. The echo stimulates a ceramic wafer to vibrate, thus producing an electrical pulse. The interpretation of the sound echoes results in a digital image that is processed for the monitor.

Echoes are due to the sound in tissues being reflected back, refracted back, absorbed or transmitted. Ultrasound waves are reflected back and reenter the
transducer. The reflected echoes vary according to the different speeds of sound waves traveling in different densities of the tissues. Refracted echoes are from sound waves that have changed velocity (speed). Refraction takes place when sound waves bend due to their passage from one tissue type into another of different densities. Reflected and refracted echoes are imaged brightly.

Absorbed sound waves are anechoic (having a low degree of reverberation of sound) and are not returned due to being incorporated into the tissues. The energy that is absorbed from the sound wave is usually dissipated as heat. Absorbed sound does not contribute to the imaging thus are dark. Transmitted sound waves are anechoic thus are dark.

Interestingly biologically structures such as bone, proteins and DNA create an electrical charge in response to mechanical pressure. The collagen in bone is piezoelectric (the property exhibited by some nonconducting crystals of becoming electrically polarized when mechanically strained and of becoming mechanically strained when an electric field is applied), and is thought by some to act as a biological force sensor.

Diagnostic sonography visualizes different musculoskeletal systems. Of particular interest to pedorthics is the imaging showing bursitis, capsulitis, cysts, effusions, fractures, inflammation, injuries, intra-articular loose bodies, masses, peripheral nerve examinations, plantar fasciitis, ruptures, sprains, strains, swellings, tears, and wounds.

Sonography of the Ankle Joint
For the examination of the anterior and medial quadrants of the ankle the patient lies supine with the knee flexed and with the foot flat on the table.

Anterior view: we see the tibialis anterior, extensor hallucis longus, extensor digitorum longus, and peroneus tertius tendons. The anterior ankle joint is examined for effusion (pooling of fluids), loose bodies, and synovial thickening. The joint capsule and the anterior tibio-fibular ligament are assessed.

Medial view: the posterior tibial tendon, flexor digitorum longus tendon and flexor hallucis longus tendon are are identified and assessed from their proximal musculotendinous junctions to their distal insertions. The tibial nerve is scanned proximally and distally. The deltoid ligament is scanned.

Lateral: the patient is supine with the knee flexed and the plantar aspect of the foot on the table with slight inversion. The peroneus longus and brevis tendons are identified and scanned from their musculotendinous junctions to their distal insertions. Subluxations using real time images with dorsiflexion and eversion can be identified. The lateral ligaments are assessed.

Posterior: the patient is prone with feet extending over the end of the table. The Achilles tendon is scanned from the musculotendinous junctions to the site of insertion. Dynamic scanning with plantarflexing and dorsiflexing may aid in the evaluation. The retrocalcaneal bursa is assessed. The plantar fascia is scanned. Accessory bones, muscles or vessels are examined by ultrasonography.

Intemetatarsal spaces can be assessed with the patient supine and the foot dorsiflexed to 90 degrees. A dorsal or plantar approach is used. For example, the transducer is placed longitudinally on the plantar aspect of the interdigital space while the examiner applies a repeating digital pressure on the dorsal surface. Pressure is applied to reproduce the symptoms of a Morton’s neuroma with real time images that are used to correctly identify a neuroma and differentiate it from an intermetatarsal bursa that compresses.

Sonography of Peripheral Nerves
Peripheral nerve examinations show compression neuropathies, neuritis, nerve masses, nerve trauma, and nerve subluxation. Nerves are distinguished from the surrounding tendons with a dynamic examination, in which the nerve has little movement compared to tendons. Nerves may become more hypoechoic (weaker soundwaves), through fibro-osseous tunnels due to compression requiring a functional exam. Visualization by transverse waves echoes are usually preferred to assess the course of a nerve. Assessment of a nerve at the level of a fibro-osseous tunnel requires a dynamic examination. Entrapment neuropathies usually occur within a fibro-osseous tunnel such as the tarsal tunnel for the tibial nerve. The impinging tendons, soft tissues, and bones can be visualized to determine the offending cause of the nerve entrapment. A subluxating nerve requires a dynamic study.

Sonography of Soft Tissue Mass
Soft tissue mass examinations include cysts or solid masses including their size, vascularity, margins, and relationship to adjacent structures. Ultrasonograms of masses are imaged with longitudinal and transverse wave echoes. A mass should be measured in 3 planes and its relationship to joints, neurovascular bundles and tendons. Dynamic compression of the lesion should be assessed. Color or Power Doppler evaluation is utilized to delineate the intralesional and extraluesional vessels. The
vascularity of the mass is assessed.

**Interventional Ultrasound**

Interventional musculoskeletal ultrasonography includes fluid collections and aspirations of cysts, abscesses, and joints. Ultrasound aids in the insertion of drainage catheters, guided biopsy, injections, joint injections of contrast media prior to computed tomography (CT Scan) or MRI, lavage and aspiration, and foreign body retrieval. Interventional ultrasonography provides direct visualization of the needle, monitors the needle pathway, and shows the position of the needle in the treatment. Longitudinal wave echoes visualize the needle. The needle can also be attached to the transducer. Slight movement of the needle or injection of a small amount of sterile saline or air increases the visualizing of the needle.

**High Intensity Focused Ultrasound (HIFU)**

HIFU is therapeutic ultrasound that uses lower frequency sound waves with higher energies designed to be absorbed producing heat for destruction of a lesion or mass.

**Ultrasound of Foreign Bodies**

Ultrasonography for foreign bodies in superficial soft tissues is for detection and localization, especially nonradiopaque foreign bodies such as wood, plastic, and certain types of glass. Most foreign bodies have a comet tail artifact. Ultrasonography can be used to visualize the foreign body’s relationship to the body’s structures.

Ultrasonography reports are of use to both physicians and pedorthists in visualizing the structures and contents of the foot and ankle without having to resort to a much costlier study such as an MRI. These tests are used to identify pathologies and to ascertain the anatomy of the area being examined. Sound waves are non-invasive and do not cause trauma or distress to the tissues. Doppler ultrasound is the best method to measure the capacity of blood vessels in the foot in cases where palpation on the surface level produces no results.

There are many uses of this technology that benefit the patient and allow the physician to take a look inside a limb in a safe, simple, and cost effective method.

**Definition of Terms**

**Absorption** is the taking in or incorporation of something, such as sound waves.

**Anechoic** not producing echoes

**Anisotropy** is a different resulting echo of soft tissues, such as tendons, when the angle of the transducer is changed. Tendon fibers appear hyperechoic (bright) when the transducer is perpendicular to the tendon, but can appear hypoechoic (darker) when the transducer is angled obliquely. This can be a source of interpretation error for inexperienced practitioners.

**Cycle** is a characteristic, often regularly repeated event or sequence of events such as sound waves.

**Diagnostic Sonography** is an ultrasound-based diagnostic imaging technique used for visualizing body structures including tendons, muscles, joints, vessels and internal organs for possible pathology or lesions.

**Echo** is the repetition of a sound by reflection of sound waves from a surface.

**Echogenicity** is the ability of a tissue to bounce an echo. Echogenicity is higher when the surface bouncing the sound echo reflects increased sound waves.

**Hertz** is the international standard unit used to measure the frequency of vibrations and waves, such as sound waves. One hertz is equal to one cycle per second.

**Echolocation** the method of locating objects by determining the time for an echo to return and the direction from which it returns

**Hyperechoic** is a region in an ultrasound image in which the echoes are stronger or more plentiful from tissues producing a lighter image.

**Impedance or Acoustic Impedance** is an expression of the opposition to passage of sound waves, being the product of the density of a substance and the velocity of sound in it.

**Longitudinal Wave** is a wave that oscillates in the direction of the axis along which the wave travels.

**MUS** is an acronym for Musculoskeletal Ultrasoundography.

**Reflection** is the returned ultrasound waves.

**Resolution** is the ability to distinguish between parts and high resolution images more separate details.

**Ultrasound imaging near the surface of the body** is capable of resolutions less than a millimeter. The resolution decreases with the depth of penetration since lower frequencies must be used.

**Rarefraction** is a decrease of the density of a medium.

**Refraction**, or a change in the direction of the waves, is accompanied by a change in speed and wavelength of the waves.

**Sonogram or Echogram** is the use of reflections of high-frequency sound waves to construct an image of a body structure.

**Sound Waves** are pressure pulses of compression and rarefaction in a medium.

**Tomography** in ultrasonography is the use of echoes to delineate a two-dimensional image, or “slice,” of a three-dimensional object for imaging while blurring the other planes.

**Transducer** is a substance or device for example a piezoelectric crystal or ceramic that converts input electricity to output sound waves and vice versa.

**Transducer Probe** is a probe that generates and receives sound waves using a principle called the piezoelectric (pressure electricity)
effect. In the probe, there are an array of piezoelectric ceramic wafers. When an electric current is applied to the wafers, they change shape rapidly. The rapid shape changes, or vibrations, of the ceramic wafer produce sound waves that travel outward. Conversely, when sound or pressure waves hit the ceramic, they emit electrical currents. Therefore, the same ceramic wafers can be used to send and receive sound waves. The probe also has a sound absorbing substance to eliminate back reflections from the probe itself, and an acoustic lens to help focus the emitted sound waves. Transducer probes come in many shapes and sizes depending on the imaging desired.

**Transverse waves** refer to a wave that oscillates perpendicular to the axis along which the wave travels.

**Ultrasonography** is an imaging technique in which deep structures of the body are visualized by recording the reflections (echoes) of pulsed high frequency sound waves broadcast into the tissues. The timing and frequency of their echoes are analyzed and displayed on a monitor. Ultrasonography works on the principle that sound is reflected at different speeds by tissues or substances of different densities.

**Ultrasound** applies to all acoustic energy with a frequency above the audible range of human hearing. Ultrasound is frequency greater than 20 kilohertz.

**Velocity** is speed and direction.

**Waves** are traveling disturbances.

**Types of Ultrasound**

**3-D ultrasonography** is produced by imaging machines that are capable of taking several two-dimensional images acquired by moving the probes across the body surface or rotating inserted probes. The two-dimensional scans are then combined by software to form 3-D images.

**4-D ultrasonography** is real time 3D ultrasonography.

**A-mode ultrasonography** (amplitude modulation) that in which on the monitor display, one axis represents the time required for the return of the echo and the other corresponds to the strength of the echo, as in echocardiography.

**B-mode ultrasonography** (brightness modulation) are sonograms that have the position of a pixel on monitor corresponds to the position of the echogenic surface and the brightness of the pixel to the strength of the echo. The result produces a tomogram of the body.

**Contrast-enhanced ultrasound (CEUS)** is the application of ultrasound contrast medium to traditional medical sonography. Contrast-enhanced ultrasound can be used to image blood perfusion in organs, measure blood flow rate in organs, and has other applications as well.

**Doppler Ultrasound** is based upon the Doppler Effect. When the object reflecting the ultrasound waves is moving, it changes the frequency of the echoes, creating a higher frequency if it is moving toward the probe and a lower frequency if it is moving away from the probe. How much the frequency is changed depends upon how fast the object is moving. Doppler ultrasound has been used mostly to measure the rate of blood flow.

**Endoscopic Ultrasonography** a high resolution ultrasound transducer, mounted on a flexible endoscope, can be used to gain images from within a hollow organ, such as the gastrointestinal tract.

**Gray-scale Ultrasonography** is B-mode ultrasonography in which the strength of echoes is indicated by a proportional brightness of the display.

**High Intensity Focused Ultrasound** (HIFU) is therapeutic ultrasound using lower frequencies in the range of 250 kHz to 2000 kHz with higher energies. HIFU treatment is often guided by MRI.

**M-mode Ultrasonography** (motion mode) a sonograms that have a type of B-mode ultrasonography in which motion of echogenic objects is visualized. M-mode sonograms are used in echocardiography.

**Real-time Ultrasonography** are sonograms that have B-mode ultrasonography using an array of detectors so that scans can be made electronically at a rate of 30 frames a second, thus giving a true display of motion.

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**Joseph M. Mozena, DPM, C.Ped, is currently licensed by the Oregon Medical Board.**
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The availability of pedorthic related products and services within the healthcare community have proven to be a most valuable commodity. Many thousands of patients have had their quality of life improved through the benefit of having received pedorthic services. There have been remarkable advances in the quality and variety of pedorthic footwear, materials, off-the-shelf products, and custom fit devices over just the past 25 years that I believe are a direct result in the growing number of individuals that practice pedorthics. These pedorthists have had access to a wider spectrum of educational opportunities, have learned how to better market their services, and have taken the efforts necessary to show they are an important part of the healthcare team. They have driven manufacturers and suppliers to continue to create new and improved devices and materials.

With that said, I have noticed that there are many pedorthists who entered into our profession with their main, and sometimes sole, focus on the dispensing of therapeutic footwear to those suffering from the effects of diabetes related complications. One result of the popularity of Medicare’s Therapeutic Shoes for Persons with Diabetes (TSD) benefit was an increase in the number of folks seeking

AFOs and the Pedorthist

By Don Pierson, Co, C.Ped

Articulated AFO
certification that would allow them to participate as a provider of these services. I am not asserting that this is a bad thing. An increase in numbers of qualified individuals to treat patients suffering from diabetes was necessary to be able to meet the need of this ever growing population. However many of these pedorthists have shown little interest in utilizing their full scope of practice in regards to custom molded shoes, shoe modifications, or a custom made ankle-foot orthosis (AFO). But within our profession there are many pedorthists who are well equipped to provide the full range of pedorthic devices within their scope of practice as well as many who wish to gain the knowledge to enable them to do so.

I have been fortunate to sit on boards of certification for our profession and have had the privilege to get to know many of the leaders and pioneers of pedorthics. You can’t help but be inspired by these folks when you see their passion for the pedorthic profession. They have paved the way to assure that pedorthists are viewed as clinicians who have much more to offer than only fitting “diabetic” shoes.

Since January 1, 2009, the approval of pre-certification courses for the profession of pedorthics has been under the organizational umbrella of the National Commission on Orthotic and Prosthetic Education (NCOPE). Devices that fall within a scope of practice are derived from the education an individual has received in that regard. My understanding is that whether your certification as a pedorthist is through ABC or BOC, both organizations adhere to the educational standards and guidelines established by NCOPE.

There is only one custom made device, other than footwear, mentioned in the pedorthic educational guidelines established by NCOPE which has a proximal height that goes above the ankle. It is referred to as a subtalar control foot orthosis, or SCFO. A SCFO, even with pedorthic scope of practice limits regarding overall height and the anatomical region related to the diagnosis, fits within Medicare’s definition of what classifies a device as being an AFO.

Pedorthists need to utilize their full scope of practice. If we are not using what we already have it makes the case for future expansion hard to justify. The wider the scope of practice the more opportunity to be of service to more patients as well as to benefit business-wise by offering products that has higher reimbursement possibilities.

**Indications**

So, how do you go about deciding what type of custom made AFO to provide? The scope of practice for pedorthists mentions that the orthosis must be addressing a medical condition that originates at the ankle or below. There are several conditions in that category for which a custom AFO is indicated. These would include: Posterior Tibial Tendon Dysfunction (PTTD), Charcot disease of the foot and ankle, Degenerative Joint Disease (DJD) of the foot and ankle, transmetatarsal amputations, and various forms of trauma, failed surgical procedures, and congenital defects. A thorough assessment must be performed to determine the specific needs of the patient.

AFOs may be static or dynamic. If there is pain and discomfort with movement, chose a solid ankle design. If the main concern is M/L control and you wish to allow for dorsiflexion and plantar flexion range of motion, then chose an articulated version utilizing the type of ankle joints that work best for what your particular patient. There are a
Casting

What about obtaining a mold of the patient? First you need either take a cast or a digital scan of the patient's leg from below the knee to the toes. Either method works well, but taking a cast is by far the most common manner in which to do so.

Plaster bandage, fiberglass casting tape, or synthetic tubular casting socks may be used to obtain your mold of the patient. It takes some practice to get a good cast. Care must be taken to have the patient positioned properly and knowing how to properly use the casting materials is also very important.

It has been my experience from both being the practitioner who is taking the cast and as someone operating a central fabrication business that has seen many thousands of casts for AFOs, that the best method for positioning the patient is to have them seated, semi-weight bearing, with their hip, knee, and ankle all at 90 degrees whenever their conditions allow for such, and that they are able to achieve that posture without being in pain.

You will want to delineate on the cast landmarks and areas of concern. This is vital to do if you are going to have a central fabrication facility manufacture the AFO for you. Communication with the lab about your patient and how you want the AFO specifically designed will lead to a successful outcome.

Fitting & Follow Up

When fitting the AFO you always need to check for areas where unwanted pressure may be present and address those concerns. Provide clear instructions for wear and care to the patient both verbally and in written form. An area where pedorthists should shine is the fitting of appropriate shoes to wear in conjunction with the AFO. Footwear plays a major role in the overall effectiveness of the AFO. At times shoe modifications such as wedges, buttresses, etc. may be necessary. You should schedule a follow up appointment which would include an examination for skin breakdown as well as gathering feedback as to the effectiveness of the device.

Billing

In formation regarding appropriate billing of L codes for AFOs may be found on the website for the Pricing, Data Analysis, and Coding Contractor (PDAC) at www.dmepdac.com, or from your supplier if you have the device fabricated outside of your practice.

Conclusion

Pedorthists should be utilizing their full scope of practice. AFOs are a valuable tool to use for helping many patients improve with their ambulation and assist in providing relief from pain and discomfort. Gaining knowledge about AFOs through research and by attending educational workshops and events that focus on AFOs will prove most valuable to you. Your referral sources will be pleased, your patients will benefit, and you will have an additional revenue source from which to grow your business. Be the best pedorthist you can be!

Helpful websites:

NCOPE.org
abcop.org
bocusa.org
dmepdac.com
arizonaafo.com

Don Pierson is a certified orthotist and certified pedorthist who resides in Mesa, AZ. He is employed as Vice President of Operations for Arizona AFO, Inc.
Recently, the government announced a new partnership in its pursuit of health care fraud. On July 26, 2012, HHS and DOJ announced that they would team with private insurers; while the details of this new partnership have yet to be provided, press releases suggest that private and public entities will be sharing information with each other in order to detect and prevent allegedly improper payments. Insurers, including Blue Cross and Blue Shield, have already indicated their intention to be a part of this team. No longer can providers take comfort in the notion that they do not participate in federal health care programs. This recently announced team effort suggests that both private and public insurers will be looking closely at providers for the purposes of enforcement. There is little doubt that this new partnership will result in an increasing number of both civil and criminal enforcement pursuits.

Separate and apart from criminal prosecution, health care providers need to be aware that the HHS Office of the Inspector General (“OIG”) is re-focusing efforts on exercising its authority to exclude individuals from participation in federal health care programs. Pursuant to §§ 1128 and 1156 of the Social Security Act, the OIG has the authority to exclude individuals and entities who have engaged in fraud or abuse from participation in Medicare, Medicaid and other federal health care programs. In 2011 alone, OIG reportedly excluded more than 2500 individuals and entities.

What does exclusion mean? In essence, it is a death sentence for any individual or organization that receives federal health care program payments. No federal payment may be made for any item or service that was furnished by an excluded individual, or directly prescribed by such an individual. The prohibition extends to payments for administrative and management services not directly related to patient care, but which are a necessary component of health care benefit program. Significantly, the term “health care benefit program” is defined to include “any public or private plan or contract”. Additionally, and often overlooked, are potential prosecutions for mail and wire fraud under 18 U.S.C. §§ 1341 and 1343. In point and practice, these statutes are used to prosecute any form of fraud and do not require that the conduct at issue be in connection with the delivery of, or payment, for federal health care benefits.

THE ENFORCERS ARE COMING

BUT IT’S NOT JUST ABOUT MONEY ANYMORE

BY GEORGE BREEN, ESQ.

THE NUMBERS ARE STAGGERING. LAST YEAR, THE UNITED STATES DEPARTMENTS OF HEALTH AND HUMAN SERVICES ("HHS") AND JUSTICE REPORTED RECOVERIES OF MORE THAN 4.1 BILLION IN “FRAUDULENT HEALTH CARE PAYMENTS”. AS SIGNIFICANT, THE DEPARTMENT OF JUSTICE ("DOJ") REPORTED THAT IT HAD FILED CRIMINAL CHARGES AGAINST 1,430 DEFENDANTS IN FISCAL YEAR 2011, THE LARGEST NUMBER OF HEALTH CARE FRAUD DEFENDANTS CHARGED IN A SINGLE FISCAL YEAR. DOJ OBTAINED CONVICTIONS OF 743 HEALTH CARE FRAUD DEFENDANTS IN FISCAL YEAR 2011, ANOTHER RECORD, AND REPORTED THAT THERE WERE MORE THAN 1,800 HEALTH CARE FRAUD CRIMINAL INVESTIGATIONS PENDING.
THE ENFORCERS ARE COMING

The OIG has the ability to exclude individuals on both mandatory and permissive bases. Mandatory exclusion can result from such things as felony convictions related to health care fraud or controlled substances, felony or misdemeanor convictions for program-related crimes, or patient neglect and abuse.

However, it is OIG’s permissive exclusion authority which presents the greatest risk. OIG has the discretion to determine whether, and for how long, to exclude an individual for a wide range of conduct. Permissive bases include misdemeanor convictions related to health care fraud; suspension, revocation or surrender of a license to provider health care for performance, competence or financial integrity reasons; performing unnecessary or substandard services and obstruction of a government investigation or audit.

Significantly, the Patient Protection and Affordable Care Act “PPACA” provided another opportunity for the OIG to exercise its permissive exclusion authority. Section 642(a) of PPACA requires providers who have received Medicare Part A or Medicare Part B “overpayments” to report and return them within 60 days of identification. Failure to report and return an overpayment within this time frame can result in exclusion from participation in federal health care programs.

Government enforcers have available a myriad of tools to pursue health care providers. Your concern about this should be more heightened given the recently announced public/private partnership. It is critical that providers take steps to protect both themselves and their businesses.

Want to learn what you can do to operate successfully in this enforcement climate? Join your fellow PFA members at 9:15 a.m., on Friday, Sept. 2, 2012 at PFA’s 53rd Annual Symposium and Exhibition when we will discuss “The Enforcers are Coming; But it’s Not Just About Money Anymore.”

George B. Breen, Esq. is a Member of Epstein Becker & Green, P.C. and co-chairs the firm’s Health Care and Life Sciences Litigation and Government Investigations Practice Group. Besides representing clients undergoing investigation for health care fraud by the Department of Justice, the Department of Health and Human Services Office of the Inspector General and other state and federal governmental authorities, he also defends complex litigation matters, including actions brought under the False Claims Act, as well as a frequent lecturer and author on issues related to health care litigation and fraud and abuse matters.
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From A Family of Comfort.
Women and their Feet

BY PATRICIA A. PANDE, C.PED

As pedorthists are well aware, foot pain is here to stay. In fact, nearly half of women suffer from painful feet.

Women, in particular, have a higher incidence of foot problems, including bunions and hammertoes. Though certainly related to footwear choices, women are uniquely affected by biomechanical conditions that cause pronation and arch collapse thereby stressing the inside portion of the foot and great toe.

Furthermore, life stages, such as pregnancy, general aging and related osteoporosis, affect a woman’s foot size and shoe comfort. A woman’s shoe size may be different after having a baby, and many new moms find themselves pining away over comfortable shoes to meet the increased time on their feet! As women age, their feet can change up to half a shoe size in length for each decade after forty. Additionally, aging causes ligaments in the foot to lose elasticity, which can increase foot width.

Osteoporosis poses more than just the risk of a broken hip. Because it equally thins the bones of the feet, pain or even stress fractures may ensue. In addition to regular foot measurements, bone density scans and foot examinations are the only way to ensure a proper and comfortable fitting shoe.

So, with all the options for fantastic footwear, it’s no surprise that sky-high stilettos, pointy-toe pumps and sole-chafing sandals contribute to sore feet, but running, walking and comfort shoes can be equally at fault if they are ill-suited to the wearer’s foot-type.

What’s with the heel infatuation?

Today heels are nearly synonymous with high fashion, but there is evidence that women have worn high heels since the 9th century. So, despite the countless studies that demonstrate their detrimental effect, it is safe to say they are not going anywhere. Still, the cautionary tale must be told.

As with anything deemed ‘fashionable,’ women suffer through the pain of high heels for a variety of reasons. Women frequently report feeling more powerful in stilettos than flats. Entertainers (Lady Gaga, we’re looking at you!) traipsing across the stage in skyscraper heels are commonplace. The iconic Christian Louboutin pump measures six inches with a one-inch platform – that’s half a foot high!

High heels are bad for feet. Very bad. Superstars aside, women are beginning to emulate their heel-wearing role models at alarmingly young ages. The potential damage is compounded in a young, still developing foot.

Mike Gross, Physical Therapist and researcher at the University of North Carolina, agrees that the conflation of high heels and beauty has “resulted in the mighty and prolonged suffering of the female foot in terms of wearing ill-fitting and injurious shoe wear.” Gross points out that high heels defy the plantigrade
So, what do we advise the general public to do? Consult with a pedorthist of course! They can help you determine which shoe best fits your biomechanics and needs.

Compromise!

- Drop a few inches.
  - Help them select heels less than two inches in height.
- Avoid stilettos!
  - The broader the base of the heel, the better. Consider increasing the base with a heel saver, and when in doubt, go with a wedge style.
- Support.
  - Help them select a style with a heel counter, ankle strap or high back, and go with a less severe pitch of (angle under) the heel.
- Alternate highs and lows.
  - Reduce the biomechanical strain by limiting the frequency and duration of deforming forces on the foot. Wear heels on days filled with seated and non weight-bearing activities. If they must walk more than a quarter of a mile, advise that they bring a pair of ‘commuter’ shoes and change into heels for business meetings or special events.

Does that mean running shoes are best?

Not necessarily. Recent research suggests that heel heights as high as 12 mm on many athletic shoes similarly increase the force on the front of the foot and may also shorten the Achilles tendon.

The low profile, barefoot shoes aren’t much better. Recent evidence from studies shared at the Pedorthic Footcare Association Meeting in Orlando in 2010 associates barefoot shoes with increased injury to the ball of the foot.

The standard shoe sizes available in retail stores cannot possibly account for the myriad shapes and sizes of women’s feet. Many women have no choice but to buy shoes that are too narrow, too wide, too short, too long or some combination putting them at risk for injury. Even though a shoe may “feel good” in the store, high mileage and foot stress can compound existing injuries.

Diane Carr, Associate Manager of Omega Sports, sees many women with Achilles tendinosis and knee pain. Carr attributes many such cases to a poor match between the foot type and the running shoe. Female feet are commonly wide in the forefoot with a narrow heel profile. Off-the-shelf running shoes that accommodate the foot width tend to slip in the heel and place an annoying and destructive force to the Achilles tendon. Thankfully, some running shoe companies, such as Asics and Mizuno, have created gender specific shoes for women that reduce the amount of heel slippage by changing the conformity of the heel counter.

So, what do we advise the general public to do? Consult with a pedorthist of course! They can help you determine which shoe best fits your biomechanics and needs. Carr suggests that female runners undergo a running analysis and a foot assessment before purchasing a new pair of shoes. And, don’t wait too long to replace your shoes. Taunton et al. (2003) caution that older running shoes are linked to increased injury in female runners. Furthermore, machine-simulated lab experiments on running shoes demonstrate that shoes lose nearly half of their shock absorption after 200 and 500 miles of running. Increased shock has important, and potentially dangerous, implications for older women runners who often have reduced bone density after menopause.

And what about rocker shoes?

The rocker sole shoe craze (think Reebok ReeTone, New Balance Rock and Tone and FitFlops) did successfully get some women to ditch their high heels in hopes of firmer thighs and buns. Unfortunately, these shoes didn’t come with a user guide and, as a result, many women reported treacherous balance issues. Perhaps it was said best by Helen Rumbelow of the London Times: “You don’t just walk – you weeble. You’re ridiculous and your bum is still big.”

While the jury is still out, the recent 25
A million dollar payment made by Reebok to the FTC for deceptive advertising and unsupported claims does not offer much promise for the power of rockers.

**We know there is hope.**

No matter the style, selecting shoes with a rounded and roomy toe box can help to reduce painful pinching and cramping of toes, especially for those who suffer from bunions or hammertoes. There are ways to increase the room in pumps, including removable insoles, stretchable toe boxes or shoes stretching at a reputable pedorthic shoe shop. Furthermore, proper shoe choice, the use of inserts and metatarsal and heel pads have all been shown to increase walking distance while reducing pain – particularly in older women (Arthritis Care Research, 2010).

While there are many places to turn for help including drug stores and mail order catalogues, we know that the judicious use and proper placement of pressure-relieving pads for pain in the heel and under the ball of the foot is critical. Much to my dismay, I have seen patients place a wide variety of items in their shoes in an attempt to relieve pressure and pain – all without a pressure map foot scan or even concern for proper placement. However innocuous to the casual observer, improper placement of shoe pads can redistribute pressure to other parts of the foot or even the body and lead to disastrous consequences.

**Knowledge is comfort.**

No matter the type of shoe people seek, make sure it fits properly. I cannot stress enough how critical it is to ensure a proper fit – no matter the type of shoe. And remember to advise them, like age, size is just a number. It amazes me that so many women are as hesitant to increase their shoe size as they are to share their age. In reality, there is little international standardization, and sizes can vary greatly from brand to brand. Additionally, feet need different amounts of room in the shoe in different life stages. Keep their feet happy with an optimal blend of comfort, fit and function, and their body and mind will follow.

---

Patricia Pande, PT, MCLSc, C.Ped., CSCS, founder of FootCentric, is a physical therapist, pedorthist and strength and conditioning specialist. She currently practices as a foot and pedorthic expert at the University of North Carolina Physical Therapy Faculty Clinic and the privately owned Kinetic Institute of Physical Therapy.

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3E/(WW): 5-10.5, 11
5E/(XW): 5-10.5-, 11

2239 Tyler Ave, South El Monte, CA 91733
The Shoe Can Do More
If We Educate Ourselves and Our Patients

BY TED ROLLING, CO, C. PED, DAPWCA
Today, due to laziness, sometimes physical inability or fashion, people are not attaching their footwear properly and are paying the price.

When studying “Orthotics” one’s head becomes filled with anatomy and physiological data for the whole body, so one tends to leave the most fundamental information behind. A handful of years ago while seeing a patient for bilateral custom knee braces, suffering with arthritic knee pain for nearly ten years, I happened to look down at his shoes. He was wearing a better quality running shoe, but like a lot of people today it wasn’t tied tight.

I suggested that he position his foot on the ground with his heel on the floor, his toes in the air, to anchor him into the heel counter, and to tie the shoes snug. He did. I then asked him to walk up and down the hall.

He came back to the room astounded, proclaiming that for the first time in years his knees didn’t hurt. I was equally as surprised and at that moment a light went on. Commonly we add a medial heel wedge for lateral knee pain and a lateral heel wedge for medial knee pain.

To have the shoe be the stabilizing force was an eye opener. Every patient I’ve seen since I instruct in “proper donning” of their footwear. Today, due to laziness, sometimes physical inability or fashion, people are not attaching their footwear properly and are paying the price. I’m not saying that proper shoe attachment will cure all the foot and knee problems in the world but anything that will “help” a patient live more comfortably is an important tool for me.

Back to Basics

Better quality shoes, by design, are made to fit snug from the heel to just proximal of the metatarsal heads by virtue of the lace stay or “Velcro” stay. The heel counter provides medial/lateral control and the rear quarters hug the rear foot and provide the counter with an internal and external cover. These features are important for stabilizing the supportive larger functional bones, ligaments, and the important extrinsic muscles/tendons of the rear and mid-foot.

If the foot is not seated into the rear of the footwear these features are not utilized to their potential and the foot is not supported as well as it could be. The shoe should fit loose from the metatarsals to past the toes as to not disrupt the smaller bones, muscles, and ligaments of the forefoot. If the foot is not seated into the heel of the shoe the foot sits forward in the shoe placing the broadest part of the foot (typically the metatarsal girth) into the progressively narrower part of the shoe and allowing the toes to possibly hit the front of the shoe.

This is an important issue when fitting a neuropathic patient as they cannot feel their toes hitting the end of the shoe. This is so common with the Diabetic clients that it’s almost a diabetic footwear plague. Properly fitted shoe (size and width) but the neuropathic patient dons the shoe with their foot flat on the floor, or slides them on; the foot is seated at the front of the shoe and the heel of the foot is an inch or better forward of the heel seat of the shoe. Disaster in the works!

“Toes Up, Heel Down” “Fasten Snug.” Not only does it provide better supportive features but by virtue of holding the foot back into the shoe provides proper forefoot fit and toe room. Understanding the shoes “LAST” is paramount in proper shoe selection as the “last” is the framework that determines the shoes over all fit and function in regard to the patient’s foot shape and strength/tone.

Trying to fit every patient with the same “brand” or same “style” of shoe may leave you less effective than broadening your understanding to include different lasts of different companies. Understanding different lasts offer you the possibility of better fitting a variety of foot shapes and physiological characteristics. So try not to lock yourself into “one” shoe last for every patient.

As we age we “all” lose muscle tone, so donning a shoe with one’s foot flat on the floor, or by crossing one’s legs, may secure the foot forward from its optimal position as the foot relaxes forward in the shoe. This may seem simple, but over the years of teaching people to don their shoes properly I have received positive feedback from people who are experiencing healthier feet due to it. Yes, I do preface the lesson in donning with, “I’d suggest that you tie your shoes snug with your toes up and your heel down on a firm surface; hips, knees, hands, shoulders, back (and tummy) allowing.”

I realize that some people cannot physically achieve this position, but the ones that do and can, achieve better support.
and positioning. This practice has helped people with forefoot issues, such as bunions and hammer toes, as it secures them into the back of the shoe (where they belong) and not the front of the shoe, where they are typically use to being. It helps with rear-foot and mid-foot issues as better support is achieved and unnecessary motion and pistoning is reduced.

During the “Follow-up” visit I always check a client’s insole or insert. If there is a half-moon of dust in the back of the insert or insole it is an indication that the footwear has not been donned as well as it could. The person is re instructed in proper donning and encouraged to try to put their shoes on in this manner. These methods have proven priceless when fitting Custom Foot Orthoses and Ankle Foot Orthoses (AFO), and Knee Ankle Foot Orthoses (KAFO). The foot’s alignment in the shoe, in concert with the Orthosis, is the foundation by which clinical excellence may be achieved.

I read an interesting article in one of the O&P magazines lately. It sung the praises of a recent study done on cadavers as to the proper positioning for a distal AFO strap to best hold the foot in position. The point was that, besides the calf strap, we typically use an “ankle strap” set at approximately 45 degrees to hold a foot into a plastic molded AFO. Their findings were that a strap set at 90 degrees to the plantar surface at mid-foot better holds the foot. It was immediately apparent to me that properly fitted footwear applies exactly that force by merit of its laces or Velcro attachment at the lace stay.

Back To Basics.

THE SHOE.................Donned properly

Ted Rolling, C.Ped., CO, DAPWCA, is a certified pedorthist with Hanger Prosthetics and Orthotics in Columbia, Mo. He is also certified as a diplomat in wound care with the American Professional Wound Care Association and is a past president of a local chapter of the American Diabetes Association.

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The countdown has begun, and in just a few short weeks, a worldwide contingent of practitioners, exhibitors and experts in pedorthics, pedorthics management and pedorthic products will be rolling into Little Rock for PFA’s 53rd Annual Symposium & Exhibition. If you haven’t registered yet, now’s the time to go online and reserve your space for this annual event. As always, we aim to bring together the best of the best to offer pedorthists and pedorthic practitioners worldwide the newest and most innovative treatments, business models and products in pedorthics care and application.

If you’re a first time attendee or a veteran, there’s always something new and interesting to learn. The Planning Committee and PFA’s Council of Pedorthics Educations (COPE) has been working hard to bring you programming and workshops that surpass last year’s symposium and exhibition. This year’s ‘call out for submissions’ brought in a record breaking number of abstract from world-class pedorthic professionals wanting to take part in our truly ‘pedorthic only venue.’

With so much talent and information available to our attendees, we’re excited to feature both past favorites and new educational workshops on topics that allow both industry experts and business entrepreneurs a platform to teach you their expertise and knowledge on all aspects of pedorthics. From clinical practices, business management to even social issues facing our profession, this is a smart way to put your practice on the cutting edge of patient care.

If you haven’t been to our symposium page on our web site (www.pedorthics.org), or watched the “behind the scenes” updates on our blog, you might not be aware of our current and updated workshop and session schedule created especially for you and your pedorthic needs:

ARE YOU READY FOR LITTLE ROCK? WE ARE!

BY CURRENT PEDORTHICS STAFF
### Wednesday, October 31, 2012

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>3 pm – 7 pm</td>
<td>Registration Open</td>
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### Thursday, November 1, 2012

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<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>7 am – 7:45 am</td>
<td>Continental Breakfast</td>
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<tr>
<td>7 am – 6:30 pm</td>
<td>Registration Open</td>
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</table>
| 8 am – 9 am     | Opening General Session: The Basics of Wound Care  
                              Dr. James McGuire, DPM, C. Ped., PT |
| 9:15 am – 10:15 am | Session A  
                              A1: Retail (Part 1): Metrics – How Do You Stack Up?  
                              A2: Radiology of the Foot and Ankle: What Pedorthists Need to Know  
                              A3: Understanding Applied Foot and Ankle Biomechanics |
| 10:15 am – 10:30 am | Refreshment Break |
| 10:30 am – 11:30 am | Session B  
                              B1: Retail (Part 2): TURN, TURN, TURN  
                              B2: Pearls of Pedorthics  
                              B3: The Latest Pedorthic Methods and Techniques to Treat Plantar Fasciitis |
| 11:30 am – 12:15 pm | Lunch |
| 12:15 pm – 1:15 pm | Session C  
                              C1: Thinking Beyond Medicare: Expand Your Business and Patient Access by Accepting Private Insurance  
                              C2: Essentials of Business Anatomy: An Introduction to Core Structural Aspects – Legal and Tax – of the Principal Life States of a Privately Held Business  
                              C3: Pedorthic Evaluation and Treatment of Equines Conditions |
| 1:30 pm – 2:30 pm | General Session: AFOs and the Pedorthist  
                              Donald L. Pierson, C. Ped., CO  
                              This session is sponsored by Arizona AFO, Inc. |
| 2:30 pm – 2:45 pm | Refreshment Break |
| 2:45 pm – 3:45 pm | Session D  
                              D1: The Latest in Coding and Billing  
                              D2: AFOs: A Discussion within the Framework of the ABC and BOC Pedorthists’ Scope of Practice*  
                              D3: Bonding Technology and Material Identification in Pedorthics |
| 4 pm – 5 pm     | General Session: Pathologies of the Knee and Hip and Their Connection to Foot Pathologies  
                              Michael Forgrave, C. Ped. (C) |
| 5:15 pm – 6:15 pm | General Session: The Pathomechanics of Ulceration  
                              Capt. James Foto, BSME, C. Ped. |
| 6:30 pm – 8:30 pm | Opening Welcome Reception in the Exhibit Hall |

### Friday, November 2, 2012

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<td>Continental Breakfast</td>
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<tr>
<td>7 am – 5:15 pm</td>
<td>Registration Open</td>
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| 8 am – 9 am     | General Session: A Firm Footing in Pedorthics: SCIENCE!  
                              Dr. Geza Kogler, Ph.D., CO |
Remember, when you attend the Symposium, you’re able to earn the necessary CEU Credits to meet continuing education requirements and maintain your certification. The American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABC) has awarded the three-day symposium and exhibition with 18 Category I Credits and 2 Category II Credits. The Board of Certification/Accreditation, International has also awarded 20 Continuing Professional Education (CPE) Credits.

As the largest educational event in the world, solely dedicated to the practice of pedorthics, the PFA Symposium and Exhibition is without a doubt the world’s best networking event for pedorthists. We’re excited this year to provide everything under one roof at the five-star Peabody Hotel and Statehouse Convention Center. Sitting along the Mississippi River, this premiere location in Little Rock, offers door to door service to give you easy access to attend PFA social events, exhibition and symposium programming and one-on-one or group networking opportunities during lunch, dinner or those impromptu happy hours with new and old friends.

So what are you waiting for? Come join your colleagues, friends and PFA on November 1-3, in the Mississippi Delta and the South’s best kept secret for true Southern hospitality at PFA’s 53rd Annual Symposium and Exhibition in Little Rock Arkansas. It’s time to start planning and packing! See you in Little Rock!

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<tr>
<td>10:15 am – 10:45 am</td>
<td>PFA's Annual Membership Meeting</td>
<td>G1: The Opportunities and Uses of “Function Shoes” in Therapy and Prevention: A Scientific and Empirical View</td>
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<td>10:45 am – 11:00 am</td>
<td>Uninterrupted Exhibit Hall Time</td>
<td>F2: The Successful Operation of a Pedorthic Business: Staying Compliant, Staying Organized, and Maintaining Communications</td>
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<td>11:15 am – 12:30 pm</td>
<td>Lunch in the Exhibit Hall</td>
<td>G2: Physician/Supplier Requirements to Accurately Submit TSD Claims to the DME MAC Jurisdiction C</td>
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<td>12:30 pm – 1:15 pm</td>
<td>Uninterrupted Exhibit Hall Time</td>
<td>G3: Inside Matters</td>
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<td>ABC &amp; BOC Certificant Meetings</td>
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<td>Evening</td>
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**Saturday, November 3, 2012**

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<th>Time</th>
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<th>Continental Breakfast</th>
<th>General Session: The Minimal Shoe Running Craze Dr. Mark Timmerman; Dr. Craig Young</th>
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ABC Announces Exciting Certification Program Changes

The American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC) has announced several changes to its highly successful certification programs. Due to the rising number of candidates choosing ABC for their certification, the board of directors has increased the number of exams given each year to meet this growing demand. In 2011, ABC administered nearly 2,300 exams across all disciplines and expects that number to increase in 2012 and beyond.

Beginning in January 2013, all discipline-specific written and written simulation exams will be administered six times per year, every other month, and continue to be available in 250 locations nationwide. The first exams for 2013 will be administered the week of January 14-19. The application deadline for the January exams is November 1, 2012.

“The ABC Board is always mindful of meeting the needs of our applicants and feels that with the increased number of candidates choosing ABC across all disciplines, the expansion of the number of exam administrations is a logical next step. We feel this a good move for the profession and it will allows more flexibility for candidates to take the exam closer to the completion of their education and required experience,” says Donald D. Virostek, CPO, ABC President.

In addition, the Clinical Patient Management exam for orthotist and prosthetist candidates will be given three times each year. The next CPM exams are scheduled: December 8-9, 2012, for the Orthotic CPM exam, and January 4-5, 2013 for the Prosthetic CPM exam. Both exams will be given in St. Petersburg, Fla., at St. Petersburg College Caruth Health Education Center. The application deadline for the December/January CPM exams is September 1.

BOC Offers Online Update Option for Certificants’ Continuing Education

The Board of Certification/Accreditation, International (BOC) has announced that certified practitioners now have the ability to ensure their continuing education records are up to date. Continuing education units (CEUs) can now be maintained and submitted online through a personalized web portal called, ‘MyBOC,’ at http://my.bocusa.org. All BOC-certified practitioners are encouraged to use this new system which will allows them the ability to view and print their updated records immediately after entering them anytime.

“Gone are the delays waiting for continuing education course providers to send in tally sheets to BOC staff who then enter the information manually,” notes Jane Paul Miller, MA, MEd, BOC’s Director of Certification. “Now certificants can log their units and have a current view of where they stand in fulfilling requirements to maintain their certification.”

BOC staff will monitor and conduct random audits from time to time of CEU documentation. Certificants should retain all records that verify their completion of CEUs when submitting online. This new opportunity is just one way BOC is making it easy for certificants to update their information online, and also change their email address and other contact information.

Certificants and certification candidates may visit the BOC website at www.bocusa.org/ceufaq for a list of frequently asked questions related to continuing education, or contact the BOC staff by email at cert@bocusa.org or by phone at 410.581.6222 with any questions regarding the maintenance of their valuable credentials.

Cascade Dafo, Inc. Announces Improved Internal Padding for Custom Orthoses

Beginning in late 2012, all DAFOs (Dynamic Ankle Foot Orthoses) will feature improved internal padding—taking the quality and precision Cascade Dafo is known for to the next level.

The new contoured, modular padding will be applied in areas of each brace style where pressure is anticipated – like boney prominences and other sensitive areas of the foot. Ortho-engineered to conform to the apex of boney prominences while providing cushioned support at surrounding areas, the improved padding does a better job at maintaining a comfortable, corrected foot position.

Cascade Dafo uses innovative manufacturing techniques to fabricate each custom DAFO to a clinician’s precise specifications, custom-building each brace from the casted mold of a patient’s foot and ankle. Every cast is specifically modified to allow space for the new padding, ensuring an intimate fit for each patient’s unique anatomy.

“All of our improvements are based on patient need and practitioner feedback,” says Don Buethorn, CPO, company owner. “We are always striving to get the best possible fit and function, with exceptional comfort. We want that for every patient and will do whatever it takes to get there — even if that means a change to one of the main features of our braces.”

Buethorn has been testing this improvement clinically for the past two years. He says he’s been extremely pleased with the results. Additional benefits to the improved padding include internal hardware located underneath the padding for a more comfortable internal surface, a smooth plastic surface that streamlines and contours shoe fit allowing for more flexibility with movement, easier clinical adjustments and ventilation holes strategically placed for maximized airflow.

For more information, visit www.cascadedafo.com or call 800.848.7332.
Contact Information for States with Pedorthic Licensure

Currently, eleven states have requirements on the books that pedorthists be licensed by the state. Iowa and Pennsylvania became the most recent states to require licensure. The following is a list of those state requiring pedorthists to be licensed, along with licensure contact information.

**ALABAMA**
Alabama Board of Prosthetists and Orthotists
Post Office Box 1052
Montgomery, Alabama 36101
Phone: (334) 420-1111
Fax: (334) 265-1281
Email address: asbpo@bellsouth.net
Website: http://www.apob.alabama.gov/index.htm
Alabama Administrative Code relative to pedorthic licensure

**ARKANSAS**
Arkansas Department of Health Health Facility Services 5800 W. 10th Street, Suite 400 Little Rock, Arkansas 72204 Phone: (501) 661-2201 Web: http://www.healthyarkansas.com/Download License application form Download the final rule on pedorthic licensure in Arkansas

**FLORIDA**
Florida State Department of Health Division of Medical Quality Assurance Board of Orthotists and Prosthetists 4052 Bald Cypress Way, Bin #C07 Tallahassee, FL 32399 Phone: (850) 245-4355 Web: www.doh.state.fl.us/mqa

**KENTUCKY**
Kentucky Board of Prosthetics, Orthotics and Pedorthics P.O. Box 1360 Frankfort, KY 40601 Phone: (502) 564-3296, ext. 227 Fax: (502) 696-5230 Web: http://pop.ky.gov E-mail: tony.crockett@ky.gov Download license application form

**ILLINOIS**
Department of Professional Regulation Board of Orthotics, Prosthetics and Pedorthics 320 W. Washington St., 3rd Fl. Springfield, IL 62786 Web: www.dpr.state.il.us Applicants: www.dpr.state.il.us/appservsec/default.asp Licensees: www.dpt.state.il.us/WHO/orthot.asp

**IOWA**
(Legislation passed in 2012. Regulatory details to be announced)

**NEW JERSEY**
(voluntary pedorthic licensure)
Board of Orthotics and Prosthetics Examiners
Ms. Laura Anderson, Executive Director
P.O. Box 45034
Newark, NJ 07101
Phone: (973) 504-6445
Web: http://www.state.nj.us/lps/ca/medical/orthotic.htm
Regulations: http://www.state.nj.us/lps/ca/laws/OrthProRegs.pdf

**OHIO**
Ohio Board of Orthotics, Prosthetics and Pedorthics Riffe Center 77 S. High St., 18th Fl. Columbus, OH 43215 Phone: (614) 466-1157 Web: www.ohio.gov/bop

**OKLAHOMA**
State Board of Medical Licensure and Supervision 5104 N. Francis, Suite C Oklahoma City, OK 73118 Phone: (405) 848-6841 Web: www.okmedicalboard.org/medboard/index.php

**PENNSYLVANIA**
(Legislation passed in 2012. Regulatory details to be announced)

**TENNESSEE**
State of Tennessee Department of Health Health Related Boards 227 French Landing, Suite 300 Heritage Place Metro Center Nashville, TN 37243 Phone: (615) 532-5088 Web: www.tennessee.gov/health/
Presenting a portfolio of some of the premier products – both brand new, as well as proven performers – available from PEL Supply. Because we stock the most popular, best performing pedorthic products from hundreds of manufacturers, we'll most likely have the product you want, when you want it. And best sellers ship the same day we get your order. Try our customer-friendly website; with the practical “shared carts” and “shared favorites.” See how The Power of One® works for you!

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Fx 800-222-6176
pelsupply.com
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**Editor’s note:** The listings provided in the Pedorthic Education Calendar are provided as an informational service. Inclusion of a course in this listing does not imply endorsement or support by the Pedorthic Footcare Association. Students and others considering courses are alone responsible to conduct due diligence when selecting their education provider.

**UPON REQUEST**

Eneslow Pedorthic Institute  
470 Park Avenue South @ 32nd Street, New York, NY  
1-on-1 Training & Tutoring Program, Individual and Small Group Program, One Day Review for Pre-Certification Exam.  
Contact: Sarah Goldberg, (212) 477-2300 ext 211 or sarah@eneslow.com or visit www.eneslow.com/epi

**COURSES**

Robert M. Palmer M.D., Institute of Biomechanics  
1601 Main St., Elwood, IN  
Courses providing pedorthic education for the retail, clinical or biomechanical knowledge seeking pedorthist. Also offering traveling courses to your area. Course dates for Levels 1-3 in a variety of locations in the United States, Hong Kong, Mainland China and Korea are available.  
Contact Pam Haig, (765) 557-7216; pam@pedorthicbiomechanics.org; www.pedorthicbiomechanics.org

Scholl College at Rosalind Franklin University  
Pedorthic pre-certification course  
Contact: Ellie Wydeven, Special Programs Office, (847) 578-8410, Ellie.Wydeven@rosalindfranklin.edu, or visit www.rosalindfranklin.edu/scpm/ce

**MONTHLY**

Riecken’s Orthotic Labs  
5115 Oak Grove Rd., Evansville, Ind.  
SAFIO Class and Wax and Sand Casting Class, held on an as-needed basis. Contact Charles at 800-351-8040, extension 102.

---

**SEPTEMBER 2012**

September 14  
National Pedorthic Services, Milwaukee WI  
Therapeutic Shoe Fitters Course  
Contact: Nora Holborow at (414) 438-6662, e-mail: nholborow@npsfoot.com, or visit www.npsfoot.com

September 21 – 23  
Hands-on Custom Foot Orthosis Fabrication Course  
National Pedorthic Services, Milwaukee WI  
Contact: Nora Holborow at (414) 438-6662, e-mail: nholborow@npsfoot.com, or visit www.npsfoot.com

**NOVEMBER 2012**

November 1 – 3  
Pedorthic Footcare Association  
53rd Annual Symposium and Exhibition  
State House Convention Center  
Little Rock, AR  
Contact: (703) 610-9035; info@pedorthics.org; http://www.pedorthics.org/; http://www.pfa2012symposium.org

November 5 – 16  
Pedorthic Pre-certification Course  
Foot Solutions Pedorthic Training Facility, Marietta, GA  
Contact Tracy Strickland, (866) 338-2597, ext. 206, tstrickland@footsolutions.com; Betty Hubauer, (866) 338-2597, ext. 201, bhubauer@footsolutions.com; or, Dr. William Faddock, (866) 338-2597, ext. 209, bfaddock@footsolutions.com

November 9  
One-Day C. Ped. Pre-Exam Review Session  
Foot Solutions Pedorthic Training Facility, Marietta, GA  
Contact Tracy Strickland, (866) 338-2597, ext. 206, tstrickland@footsolutions.com; Betty Hubauer, (866) 338-2597, ext. 201, bhubauer@footsolutions.com; or, Dr. William Faddock, (866) 338-2597, ext. 209, bfaddock@footsolutions.com

**APRIL 2013**

April 5 - 6  
Pedorthic Association of Canada  
Westin Montreal, Montreal, Quebec, Canada  
Contact PAC at (888) 268-4404, or visit www.pedorthic.ca for more information

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**CLASSIFIED RATES**

<table>
<thead>
<tr>
<th>Words</th>
<th>Member</th>
<th>Non-Member</th>
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<td>50 or fewer words</td>
<td>$25</td>
<td>$45</td>
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<tr>
<td>51-75 words</td>
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<tr>
<td>76-150 words</td>
<td>$65</td>
<td>$125</td>
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</tbody>
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The following rates are calculated by counting complete words. (A telephone number is counted as a complete word.)

To place a classified ad, email CPadvertising@pedorthics.org, send a fax to (202) 367-2145, or mail to Pedorthic Footcare Association, ATTN: Current Pedorthics, 2025 M St., NW, Suite 800, Washington, DC 20036.
Pedorthic Newswire™

Are you receiving the industry’s one and only

Pedorthic e-newsletter?

- Stay informed with the latest industry news
- Communicate & connect with industry professionals
- Receive up to date information regarding pedorthic reimbursement, diabetes and products
- Learn about upcoming courses and seminars

And the best part is that it’s FREE!

Simply email us at editor@pedorthicnewswire.com with “subscribe” in the subject line.

Pedorthist wanted for Connecticut Territory.

HealthDrive is seeking a Part-Time C.Ped to provide footwear services to the residents of nursing homes and long term care facilities. Contact Tanya @ providercare@healthdrive.com or 857-255-0293 for more information.

Orthopedic Technician

Orthopedic Device/Shoe Store is looking for a Full-Time Orthopedic Technician in the Sacramento area.

Job Description:

- Prepare orthopedic devices (orthopedic shoes, foot orthotics, foot/leg braces) for delivery to patients. This includes finish grinding on foot orthotics and braces as well as assembly of braces.
- Orthopedic shoe technician responsibilities include creation of orthopedic shoe modifications and repair.
- Trouble shoot walk-in and immediate need repairs/adjustments to orthopedic devices/shoes.
- Help with store maintenance/repair.
- Clean the shop/store and dispose of garbage.

Requirements:

- Experience as an Orthopedic Technician and/or Orthopedic Shoe Technician is a plus, but willing to train the right candidate.
- Must be able to work with your hands/hand tools/power tools/shop machines/sewing machine (patcher).
- Must be able to work (likely stand) at a grinder for extended periods of time.
- Must be able to troubleshoot problems with shoes/devices and perform repairs.
- Must have attention to detail and a strong work ethic.
- Must have good organizational skills.
- Must be a team player with the ability to work independently and as part of a team.
- Must have good customer service skills.

Compensation:

Hourly: DOE ($15/hour - ?)
This position is full-time Monday - Friday (8-5) and includes the opportunity to buy into our small group health insurance plan from Anthem Blue Shield.

For immediate consideration, please send your resume to orthmanager@gmail.com.

C.Ped. Wanted

Seeking an experienced, dynamic, service oriented Certified Pedorthist Licensed in either Miami, FL, Chicago, IL, St. Louis, MO. Excellent opportunity to develop and manage diabetic shoe market for a home medical equipment company in Miami. Competitive compensation offered! Marketing skills a plus! Please email resume and contact information to ozersouth@yahoo.com

ATTN: Eric Simon or call 773-562-4590.
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, Current Pedorthics 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. Vendor/Manufacturer members are encouraged to keep their listing up-to-date. To arrange changes in your company’s listing, email info@pedorthics.org.

**Pedorthic Footcare Association**

**Acor (1979)**
Custom and comfort footwear, inserts and materials. Originator of Tri-Lam and P-Cell.

Cleveland, OH
Phone: (800) 237-2267
Fax: (216) 662-4547
Email: email@acor.com
Website: www.acor.com

**Aetrex Worldwide, Inc. (1973)**
Aetrex Worldwide has been a supplier of footwear products for 60 years. Aetrex’s brands include Aetrex and Apex Footwear, Lycra® Orthotics, ISUp® and raw materials.

Teaneck, NJ
Phone: (800) 526-2739
Fax: (201) 833-1485
Email: info@aetrex.com
Website: 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
Phone: (800) 544-2672
Fax: (312) 922-9321

**AGS Footwear Group (1995)**
Shoe store supplies, fabricating materials, prefabricated orthotics, heel cups and forefoot supports.

Ashland, VA
Phone: (800) 446-3820
Fax: (800) 822-0180
Email: sales@agsfootweargroup.com
Website: www.agsfootweargroup.com

**Akaishi Co., Ltd. (2011)**
Shizuoka-City, Japan
Phone: +81-54-256-5551
Fax: +81-54-256-5550
Email: koichi@akaishinet.com
Website: www.akaishinet.com

**Amfit (1996)**

Vancouver, WA
Phone: (360) 356-3668
Fax: (360) 566-1380
Email: sales@amfit.com
Website: www.amfit.com

Women’s footwear, 103 sizes; men’s footwear, 98 sizes. Open stock for immediate delivery.

S. El Monte, CA
Phone: (888) 937-2747
Fax: (860) 488-8783
Email: apisfootwear@earthlink.net
Website: www.bignwideshoes.com

**Arizona AFO, Inc. (2003)**
Arizona AFO manufacturers a line of medical ankle braces for the treatment of foot disorders. The Arizona AFO line is used by physicians and practitioners as a way to increase mobility, avoid pain, avoid surgery and provide a better quality of life.

Mesa, AZ
Phone: (480) 222-1580
Fax: (480) 461-5187
Email: don@arizonaafo.com
Website: www.arizonaafo.com

**Atlas International (1994)**
For pedorthic needs. Complete range of materials, prefabs, tools and machinery.

Rancho Cordova, CA
Phone: (916) 545-6267
Phone (outside United States): (916) 858-3322
Fax: (916) 858-3320
Email: ken@atlasortho.com
Website: www.atlasortho.com

**Birkenstock USA, LP (1990)**
U.S. distributor of Birkenstock sandals, shoes, clogs and arch supports, and also representing Footprints shoes and Birko-Orthopädie arch supports.

Novato, CA
Phone: (415) 949-7301
Fax: (415) 884-3250
Email: kwiltz@birkenstockusa.com
Website: www.birkenstockusa.com

**Brooks Sports, Inc. (2001)**
Brooks Sports, Inc., is proud of our hard-earned reputation for engineering footwear that provides the perfect ride for every stride. Brooks works to ensure that all of our footwear products meet the biomechanical needs of runners, enhance comfort, and aid in the prevention of running-related injury. We’re dedicated to reducing running injury risk and have aligned ourselves with some of the top researchers around the world to tackle this.

Bothell, WA
Phone: (800) 2-BROOKS
Fax: (425) 483-8181
Email: shoeguy@seattleshoe.com
Website: www.brooksrunning.com

**Brintz Company, Inc. (1991)**
Distributor of pre-molded orthotics, comfort foot products, fitting aids and sheet goods. Products from Birkenstock, Birko-Orthopädie, Pedag, Powerstep, Spenco, Pedifix, Knees-Rite, Hapad, Rieckens PQ and more.

Wheaton, IL
Phone: (800) 235-8458
Fax: (630) 653-5077
Email: bintz@bintzco.com
Website: www.bintzco.com

**Curtis Research, Inc. (2009)**
Curtis Research, Inc. is unique in the industry due to it’s dual role. We are both a software development company and billing service bureau specializing in O & P and DME claims serving hundreds of clients nationwide for over 25 years. Our software package provides electronic O & P and DME claims, on-line Medicare Patient eligibility, accounts receivable tracking and much, much more and is cost effective and suitable for company’s big and small depending on your needs and budget. Our professional service bureau (Claimcare) has over 25 years experience processing O & P and DME claims electronically for Medicare, Medicaid and various other Commercial insurance companies.

Akron, OH
Phone: (800) 648-2377
Fax: (330) 376-9812
Email: sales@curtis.lek.net
Website: www.curtis.lek.net

**DAVMAR Comfort Shoes (2004)**
Comfortable on the inside, stylish on the outside, our quality crafted shoes and socks are specially made to provide relief for problem feet. If you have diabetics, sensitive feet, circulatory problems, or swollen or wide feet, we invite you to step into our world and make yourself comfortable.

Glendale, WI
Phone: (855) 284-3544
Fax: (866) 284-3444
Email: info@davmarshoes.com
Website: www.davmarshoes.com
**Doctor Specified (2008)**

The Doctor Specified line has been specially developed for the discerning consumer or those among us with foot or general health issues. The line includes Diabetic and Medical Grade categories, which feature socks that are specific in need and technically advanced. By incorporating features such as hand-linked seamless toes, extra-deep heel wells, and our proprietary Med Dry® moisture management system, we have produced a product line unique to the U.S. market.

**Hickory, NC**
Phone: (828) 485-3316
Fax: (828) 485-0049
Email: rob@doctorspecified.com
Website: www.doctorspecified.com

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**Dr. Comfort (2004)**

Dr. Comfort manufactures, warehouses and distributes the finest quality extra-depth shoes for diabetics or patients who need quality comfort shoes.

**Mequon, WI**
Phone: (262) 242-5300
Fax: (262) 242-9300
Email: eric@drcomfort.com
Website: www.drcomfort.com

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**Dr. Jeff Wisecare, Ltd. (2011)**

Wanchai, New Territories, Hong Kong
Phone: +(852) 28-02-0331
Fax: +(852) 21-59-5060
Email: jeff@dr.jeff-wisecare.com
Website: www.dr.jeff-wisecare.com

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**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 orthotics, 33 chain shoe shops in Hong Kong. We will improve your comfort and body alignment and help you achieve better health through your feet.

**Kwai Chung, N.T., Hong Kong**
Phone: (852) 2774-2638
Fax: (852) 2774-8645
Email: raymond@dktfootcare.com.hk
Website: www.dr-kong.footcare.com.hk

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**Drew Shoe Corporation (1968)**

Men’s and women’s depth and comfort footwear in over 150 sizes.

**Lancaster, OH**
Phone: (800) 837-3739
Fax: (740) 654-4979
Email: customerservice@drewshoe.com
Website: www.drewshoe.com

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**Euro International, Inc. (1997)**

Preformed insoles, diabetic shoes and materials in different hardnesses, especially for diabetics.

**Tampa, FL**
Phone: (800) 378-2480
Fax: (813) 246-5998
Email: euro@eurointl.com
Website: www.eurointl.com

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**Ever-Flex, Inc. (2008)**

Ever-Flex is a well-respected manufacturer of fine medical foot orthotics. Specialized laboratory technicians in both the US and UK precisely form and finish custom Rx and pre-fabricated orthotics which are dispersed by health care professionals worldwide. We offer a complete line of orthotics which have proven successful in the treatment of neuromas, heel spurs, plantar fasciitis, poor posture, and other medical problems relating to the foot, ankle, knee and back.

**Taylor, MI**
Phone: (734) 947-2060
Fax: (734) 947-9372
Email: merel@ever-flex.com
Website: www.ever-flex.com

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**Gadean Footwear (2010)**

Gadean Footwear is the largest orthopaedic shoemaker in Australia. Gadean Footwear provides retailers with washable slippers, motion shoes, fashion shoes, depth shoes, removable insole sandals and many more products.

**Mount Hawthorn, Western Australia, Australia**
Phone: 08-9208 1000
Fax: 08-9443 9915
Email: info@gadeanfootwear.com.au
Website: www.gadeanfootwear.com.au

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**Guard Industries, Inc. (1996)**

Components for shoe care, foot comfort, orthotics and prosthetics. Complete listing of available products will be sent upon request.

**St. Louis, MO**
Phone: (800) 535-3508
Fax: (314) 534-0035
Email: guard@ill.net
Website: www.guardmfg.com

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**Haflinger/Highlander (Gerda Hoehm) (1999)**

Boiled wool slippers, latex arch support, felt and leather clogs, cork molded footbed. Highlander is Gerda Hoehm’s new high-quality comfort line with a removable footbed. Both Haflinger and Highlander are made in Germany.

**New York, NY**
Phone: (212) 849-6767
Fax: (212) 849-8833
Email: haflingerny@worldnet.att.net

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**Hapad, Inc. (1988)**

Hapad is a leading manufacturer of 100% natural wool felt foot products and sports replacement insoles used for conservative management of common, painful foot complaints. Correctly skived and adhesive backed for a quick and easy fit, Hapad products are an affordable alternative to custom made devices or they can be used to make custom modifications.

**Bethel Park, PA**
Phone: (800) 544-2723
Fax: (800) 232-9427
Email: info@hapad.com
Website: www.hapad.com

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**J.H. Cook & Sons, Inc. (2001)**

Shoe modification components, foot comfort products and shoe repair supplies. Paying from Aetrex, Spenco, Vibram and Soletex.

**Granite Quarry, NC**
Phone: (704) 279-5568
Fax: (704) 279-5261
Email: jcook@windstream.net

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**Jerry Miller L.D. Shoes, Inc. (1977)**

Jerry Miller Shoes extensive custom-molded shoemaking experience has also been applied to a new family of custom AFOs - Buffalo Brace. Both shoes and braces feature state-of-the-art CAD technology, high quality glove leather, various color options and a choice of closure methods. Jerry Miller Shoes and Buffalo Brace. For all walks of life!

**Buffalo, NY**
Phone: (800) 345-0065
Fax: (716) 881-0349
Websites: www.jerrymillershoes.com and www.buffalobrace.net

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**KLM Laboratories (2006)**

An industry leader in the manufacture of foot orthotics and insoles, specializing in custom orthotics, pre-fabricated orthotics, orthotic insoles and orthotic materials.

**Valencia, CA**
Phone: (800) 556-3668
Fax: (800) 556-3338
Email: cservice@klmlabs.com
Website: www.klmlabs.com

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**JMS Plastics Supply (1992)**

JMS Plastics Supply, Inc. is your one source for materials and equipment for fabricating Orthotics. We have in stock TL-2100/ XTV/ mortons toe extension plates, J-turf in pre cuts and full sheets. Our new products include the KLENZ multi-purpose Sanitizer machine, kills up to 99.7 percent of bacteria. Great for a diabetic patients footwear. The Orthofeet line of shoes, insoles and socks with Bamboo. Posting strips with adhesive on one side, Gel Knee sleeves and Masterflex, A polyethylene plastic sheet that is great for knee bracing. Call (800) 342-2602 for your free catalog and sample ring or view our website at www.jmsplastics.com.

**Neptune, NJ**
Phone: (800) 342-2602
Fax: (732) 918-1131
Email: steve@jmsplastics.com
Website: www.jmsplastics.com

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**Justin Blair & Company (2001)**

Manufacturer of Ralyn Shoe Care and Basic Care Foot Care. Distributor for Aetrex, Acor, Darco, Herbal Concepts, Pedifix, Swede-O, Silipos and Theraflex.

**Chicago, IL**
Phone: (800) 566-0664
Fax: (773) 523-3639
Email: orders@justinblair.biz
Website: www.justinblairco.com

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**KLM Laboratories (2006)**

An industry leader in the manufacture of foot orthotics and insoles, specializing in custom orthotics, pre-fabricated orthotics, orthotic insoles and orthotic materials.

**Valencia, CA**
Phone: (800) 556-3668
Fax: (800) 556-3338
Email: cservice@klmlabs.com
Website: www.klmlabs.com
Pedorthic Footcare Association

**Klogs-USA (2007)**
Sullivan, MO
Phone: (573) 468-5564
Fax: (573) 468-5560
Email: Jennifer@attitudesinc.com

**Kumfs Shoes N.Z., Ltd. (1998)**
Quality, thoughtfully designed shoes and sandals. Orthotics friendly with specialist designed removable contoured footbeds.
El Dorado Hills, CA
Phone: (530) 676-9960
Fax: (530) 676-9965
Email: David.Baccus@kumfs.com
Website: www.kumfs.com

**Landesman Bros., Inc. (2003)**
Distributors of foot comfort products, pedorthic, orthopedic and wound care supplies. Same day shipping.
Island Park, NY
Phone: (800) 852-8855
Fax: (516) 471-3090
Phone: (800) SHOES11

**MacPherson Leather Co. (2005)**
MacPherson Leather Company has provided a tradition of caring service since the early 1900s. As a generational family business, we are committed to providing excellent service and expertise for all of our customers’ needs.
As a wholesale and retail company, we offer quality products for saddle and tack, shoe findings, and leather craft trades. We hope you find what you are looking for on our site and please contact us with any questions you may have.
Seattle, WA
Phone: (206) 328-0855
Fax: (206) 328-0859
Email: info@macphersonleather.com
Website: www.macphersonleather.com

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

**MMAR Medical Group, Inc. (2003)**
Distributor of multiple diabetic shoe brands at manufacturer-direct wholesale pricing. Other products include AFO’s, ankle braces and cam walkers.
Houston, TX
Phone: (800) 662-7633
Fax: (713) 465-2818
Email: service@mmarmedical.com
Website: www.mmarmedical.com

**Mobils by Mephisto (1998)**
Extra-depth footwear with a removable footbed and natural orthopedic support.
Franklin, TN
Phone: (800) 775-7852
Fax: (615) 771-6935
Email: susan.cheek@mephistousa.com
Website: www.mephisto.com

**New Balance/Aralon (1990)**
New Balance is a leading manufacturer of technologically innovative athletic products.
Boston, MA
Phone: (817) 783-4000
Fax: (817) 783-7050
Website: www.newbalance.com

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

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.
Cleveland, OH
Phone: (800) 599-2902
Fax: (800) 439-8913

**PediFix, Inc. (2001)**
Foot specialists since 1885, Pedifix is the only fourth generation, family-owned business in the pedorthic industry. Choose from more than 150 quality foot treatment products, including a unique OTC line guaranteed to generate cash sales, Keystone profits and doctor referrals, an assortment of both traditional and exclusive Visco-GEI foot pads and cushions, new dermatology products, GelStep silicone insoles and orthotics, Diabetic Solutions Socks, PediPlast and more. 15 new products are being introduced this year. Contact Pedifix today for a free color catalog.
Brewster, NY
Phone: (800) 424-5561
Fax: (845) 277-2851
Email: sales@pedifix.com
Website: www.pedifix.com

**PEL Supply Company (1995)**
PEL Supply has over 50 years success as one of the nation’s largest independent wholesale distributors of high-quality pedorthic, orthotic and prosthetic products, components, tools and accessories. Stocking thousands of items from hundreds of leading manufacturers at one centralized warehouse, PEL has no minimum order requirements and offers competitive pricing coupled with a generous discount program, one-stop shopping/ shipping convenience and same day shipment on most popular items. Shop our newly designed website 24/7.
Cleveland, OH
Phone: (216) 267-5775
Fax: (216) 267-6176
Email: customerservice@kelpsupply.com
Website: www.pelsupply.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 AS5000 coded footwear with removable orthotics, secure closure and maximum customization.
Kent, WA
Phone: (800) 877-8738
Fax: (800) 597-8668
Email: customerservice@propetusa.com
Website: www.propetusa.com

**SafeStep (1997)**
Resin-impregnated tubular and fitted socks made to take foot and ankle impressions for custom shoes and foot/ankle orthotic devices.
Mill Valley, CA
Phone: (800) 787-9097
Fax: (415) 381-4610
Email: stsssox@att.net
Website: www.stsssox.com

**SAS Shoemakers (1992)**
SAS Tripad Comfort Shoes, Free Time™ for women, and Time Out™ for men, are deeper in the toe box than many shoes designed for extra depth. They are full-throated, but do not sacrifice heel fit. They accommodate many orthotics or custom insoles. Polyurethane soles are easily modified with proper techniques and cements. Our new comfort footwear includes Me Too™ with SAS EZ™ Straps for women, VTO™ for men, and Bout Time™ with SAS EZ™ Lace.
San Antonio, TX
Phone: (210) 921-7838
Fax: (210) 921-7490
Email: carrie.meditina@sas-shoes.net
Website: www.sashoes.com

**SafeStep (1994)**
SafeStep makes it easy to utilize the Medicare Therapeutic Shoe Program by streamlining shoe ordering, document procurement and Medicare billing.
Milford, CT
Phone: (866) 712-7837
Fax: (208) 728-0091
Email: jwert@remprod.com
Website: www.rempred.com

Insoles and sheet packages, rigid arch supports, viscoelastic heel cups, 3/4 and full insoles.
Wadsworth, OH
Phone: (330) 335-1571
Fax: (330) 336-9462
Email: jwert@remprod.com
Website: www.rempred.com

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

Milwaukee, WI
Phone: (414) 778-2288
Fax: (414) 778-2347
Sequoia/Comfort Rite (1998)
Quality comfort footwear in a variety of sizes and widths.
New Holstein, WI
Phone: (800) 888-5556
Fax: (800) 898-4605

Southern Leather Company (1996)
7 locations nationwide. The most extensive pedorthic and shoe care/repair inventory in the industry. Inventory includes Apex, Soletech, Eva, Vibram and Acor.
Memphis, TN
Phone: (800) 844-6767
Fax: (901) 946-1059
Email: slcmcp@xpedius.net

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

SoleTech, Inc. (1994)
Orthopedic footwear, cushioning and rubber materials, and adhesives.
Salem, MA
Phone: (800) 225-2192
Fax: (976) 741-2091
Email: tjcnahant@aol.com
Website: www.soletech.com

Ferndale, WA
Phone: (360) 384-1820
Fax: (360) 384-2724
Email: here@superfeet.com

TechMed 3D (2011)
TechMed 3D is an easy to use, accurate, and portable solution for the digital acquisition of images and measurements of human body parts, giving orthotists, prosthetists and pedorthists access to very reliable and consistent measurements.
Levis, Quebec, Canada
Phone: (418) 836-8100
Fax: (418) 836-1599
Email: info@techmed3d.com
Website: http://www.techmed3d.com

Southern Leather Company
Complete line of orthotic and prosthetic equipment including finishers/grinders, vacuum pans, pumps, presses, industrial sewing machines, fume busters and more.
Goshen, NY
Phone: (800) 354-6278
Fax: (845) 291-7097
Email: shoesystemsplus@hvc.rr.com
Website: www.shoesystemsplus.com

Wholesale manufacturer and supplier of pedorthic supplies and materials. Call Carlos for a free sample of our new "E-Z" Blocker!
Ligonier, IN
Phone: (888) 894-4174, ext. 204
Fax: (877) 894-4092
Email: cdonaldson@sroufe.com
Website: www.sroufe.com

Sroufe Healthcare Products LLC

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

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

Tru-Mold Shoes, Inc. (1980)
Tru-Mold Shoes offers a complete line of contemporary, fully accommodating custom-molded shoes, including the Theramedic Shoe package – the most flexible, highest value shoe package for Medicare-eligible patients with diabetes.
Buffalo, NY
Phone: (800) 843-6653
Fax: (716) 881-0406
Email: info@trumold.com
Website: www.trumold.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
Phone: (617) 464-4500
Fax: (617) 464-4286
Email: marketing@tekscan.com
Website: www.tekscan.com

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Personal Information: Every registrant MUST complete this form in its entirety. Please print all letters and numbers clearly.

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Are you a member of:  
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- I am a first-time Symposium Attendee  
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TOTAL FEES: $____________________

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