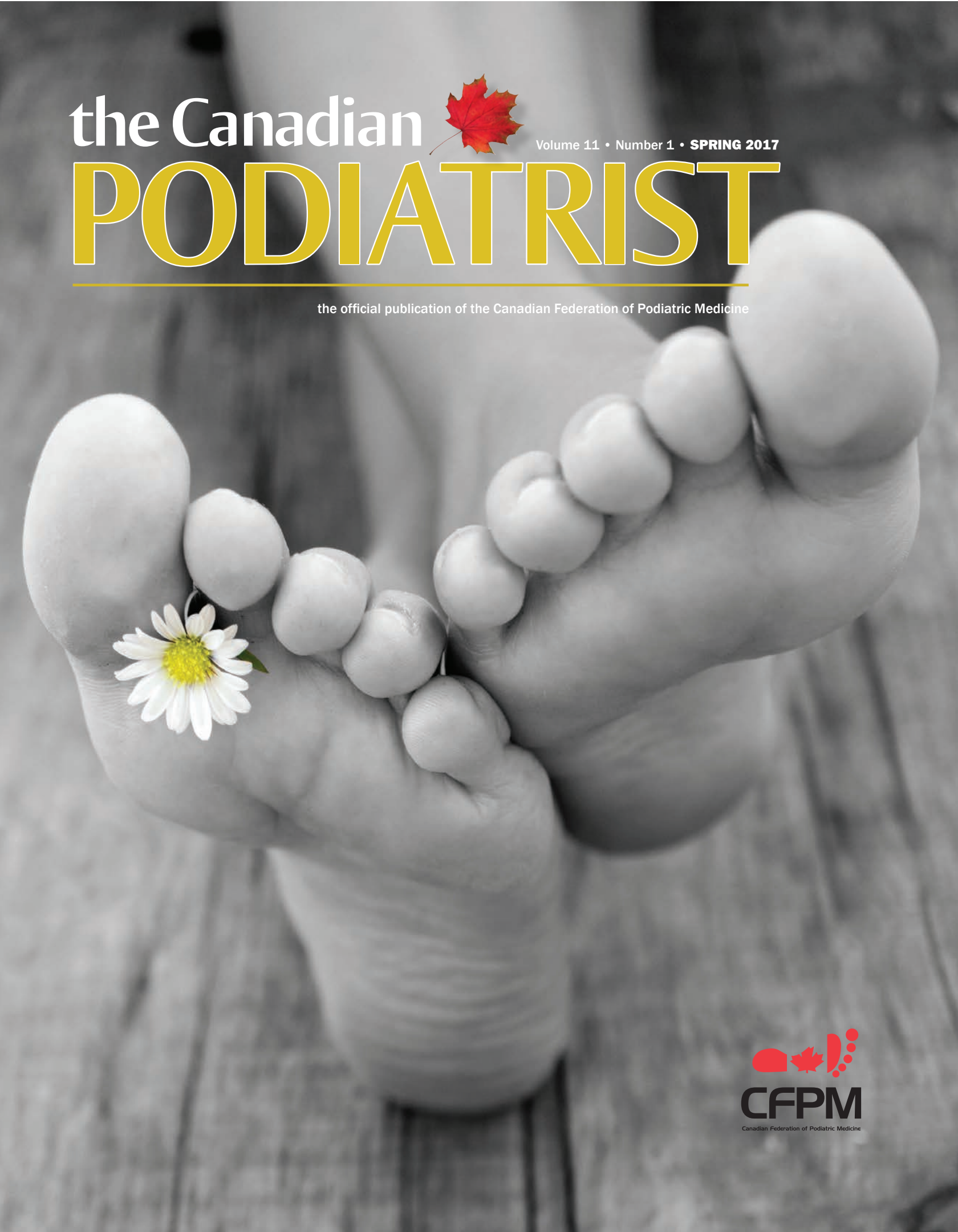

the Canadian PODIATRIST

Volume 11 • Number 1 • **SPRING 2017**

the official publication of the Canadian Federation of Podiatric Medicine

CFPM
Canadian Federation of Podiatric Medicine

the Canadian PODIATRIST

EDITOR
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ADVERTISING & CLASSIFIEDS
Cindy Hartman 1-888-706-4444

PUBLISHED BY
CFPM

DESIGNED BY
St. Jacobs Printery Ltd.

PRINTED BY
St. Jacobs Printery Ltd.

CFPM
200 King St. S., Waterloo, ON N2J 1P9
1-888-706-4444 Fax: 519-888-9385
www.podiatryinfocanada.ca

Publication Number 42242022

the Canadian PODIATRIST

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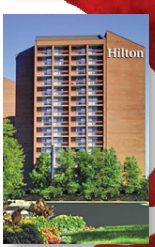

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Message from the President

by Dr. Brian Johnson, D.P.

WORKING TOGETHER TO ACHIEVE MUTUAL GOALS

As I begin my year as President, I would like to thank all our members and our hard working executive for the continued success of Canada's largest and most influential podiatry association. The Canadian Federation of Podiatric Medicine.

Special mention of Stephen Hartman. Who in the last year served both as President, and C.E.O. during which time he organized a fundraiser in relation to H.P.R.A.C., which has resulted in the C.F.P.M. having approximately $100,000.00 available to utilize if necessary upon the release of the H.P.R.A.C. document and recommendations.

This year the C.F.P.M provided funds to the New Brunswick Podiatry Association to aid in its pursuit of prescription rights in that province.

In the past the P.E.I Podiatry Association has received financial assistance in its pursuit of Podiatry Legislation.

Due mainly to our C.E.O's efforts and good management, we are now in a position to help our Ontario members in relation to the H.P.R.A.C process.

One of the objectives of the C.F.P.M is to strengthen our profession through unification.

With less than 1,000 podiatrist coast to coast. In order to protect the patients and the podiatrist position in the health care system. We need to speak with one voice.

This week I received an e-mail requesting information on the New Brunswick Podiatry Association by-laws. As the C.P.M.A. wishes to put the N.B.P.A on its web page. They are also welcoming D.P. or B.Sc. or D.P.M graduates to join the C.P.M.A. Given that many Michener graduates fall in to the D.P. and B.Sc. categories. I feel that the C.P.M.A is to be congratulated for this unity building initiative.

I would also like to dispel a popular misconception that graduates of the U.S.A schools opposed and did little to assist in the creation of what is today the Michener program.

In 1981 with U.S.A graduates providing the vast majority of podiatric care in Canada I feel it is understandable that they wanted the Michener program to be similar to the U.S.A programs that they had graduated from. Due to the differences in the U.S.A and Canadian health care system. With the corresponding similarity between the British and Canadian Health Care systems the government of Ontario opted for a British style program.

Though the resistance to Ontario's decision by a small number of U.S. graduates is well known. Less well known is the fact that Dr. Brian Brodie and I during the curriculum development stage of the program met frequently with Dr. Kel Sherkin and Dr. Glen Copeland. Two prominent Toronto and U.S graduate podiatrists who provided valuable input into the development of the original chiropody program curriculum that is still in use today.

With U.S graduates now teaching at the Michener. The Canadian Podiatry profession has in 35 years come full circle.

Although differences in scope of practice still exist. They are over time converging. There is only one North American Podiatry profession.

The C.F.P.M. is fully committed to working with the American Podiatric Medicine Association to achieve our mutual goals.

> "In order to protect the patients and the podiatrist position in the health care system. We need to speak with one voice."

Honorary CFPM Membership Award

The CFPM is pleased to present an Honorary CFPM Membership Award to Dr. Suresh Ram. Dr. Ram has been practicing podiatric medicine for over 50 years. Originally born and raised in Kenya, Dr. Ram currently practices in Regina, SK.

During his time in podiatry, Dr. Ram has seen many changes to the profession. One of the biggest change has been the increase in public awareness and the increase in demand for services. Patients have become more aware of available treatments and services. When asked about his secret to longevity, Dr. Ram says he enjoys working with people and attempts to learn something new every day.

Dr. Ram has been a proud member of the CFPM for many years and we are pleased to recognize his achievements and commitment to podiatric medicine. Congratulations to Dr. Suresh Ram on his Honorary CFPM Membership Award.

SECRETS OF SUCCESS:

Being a Professional

by Lynn Homisak, SOS Healthcare & Management Solutions, LLC

Sometimes you can't identify what something ***is***...until you stop and think about what it ***isn't***. Such is the case with professionalism. Several years ago, I visited a new MD's office...not as a consultant, but as a new patient. The doctor came highly recommended with a multitude of degrees. In fact, you couldn't miss them as you stepped through his front door; his notable credentials covered every inch of space on his reception room wall. Very impressive! After standing there for a minute or two, taking it all in, I realized I'd received no welcome from the staff so I walked up to the desk, smiled and announced that I had arrived for my 2:30 appointment. Without looking up at me, the receptionist crossed off my name on a sheet lying in front of her, asked for my insurance card and positioned a clipboard to fit exactly in the tiny window space that separated me from her, instructing me to "have a seat and fill this out." I did as I was told, returned the completed form [still no eye contact] and sat back down. When my name was called, I was escorted into the treatment room by the nurse [I think?]. She also didn't introduce herself and wore no identification badge, so I asked her name in the hopes of starting a conversation. "Helen," she responded and without pause pointed to a nearby chair in the room and said, "Have a seat." She went about her robotic routine...asked some basic clinical questions, took my blood pressure and pulse, made some notes and when she had all she needed, turned to walk out of the room. As she was leaving, she never looked back; just said, "The doctor will be in." Zero personality; zero interaction.

> "I realized that just because one works in a *profession,* it does not automatically make them a *professional."*

I sat alone...waiting...and *waiting*...when finally, in walked the doctor. At least I *thought* it was the doctor; no white coat to distinguish him and once again, no formal introduction. I could tell right away that he was not a "small-talk-kinda-guy", so I smiled and said hello, hoping to break the awkward silence. He looked down at my chart in his hands, glancing up over his glasses for a quick second to make eye contact, nod and say hi (and I supposed to determine if someone was actually sitting in the chair). He then sat down and immediately started dictating information into his hand-held recorder that I only assumed he pulled from Helen's notes. He mumbled so softly that I couldn't make out what he was saying...all I knew was that he wasn't speaking to me. Our interaction consisted of a series of questions from him, responses from me and more recorder-mumbling. What lasted all of 6 minutes was hardly what you'd call a *conversation.* He warned me about the dangers of cholesterol, handed me a pamphlet and a slip for a blood test. After instructing me to "stay in the room for a minute", he swiftly left. He offered no discussion of a treatment plan, did not ask if I had any questions or needed further explanation, no indication of follow up...no goodbye! Huh? I thought for sure he'd come back; that he just left to get something, but he never did. Instead, a few minutes later, Helen returned and pointed me to the discharge desk where "you can take care of your co-pay." I'll spare you their patient discharge protocol. As you might guess, my experience didn't improve.

My first thoughts as I left the office were...did this really just happen? I envisioned that for a comedian the visit would have been humorous fodder for his/her next routine. And while I felt I was pranked, I would probably have appreciated the comedic spin. However, at the moment, there was nothing amusing about this. After the way I was treated, why on earth would I ever want to come back here again?

That got me thinking...what ***do*** I expect from a professional? And what did I learn from this experience? I realized that just because one works *in a profession,* it does not automatically make them a *"professional".*

I bet if you asked a room full of people what professionalism means to them, it's likely you would hear any number of expected qualities such as altruism, ethics, compassion, knowledge, competence, respect for others, integrity, trust responsibility/accountability, image and appearance and teamwork. Individually, none of them would be wrong; however, it is all of them together that captures the true definition.

The lecture topic 'How to be More Professional' is rarely [never] on a podiatry conference schedule, and it should be! Because if you do not think professionalism plays a critical role in how your patients perceive you and whether or not they stay with you, think again. The doctor I visited may have been a GREAT clinician; he certainly had the credentials indicating he was. So what. Based on my first impressions and how I was treated, *I will never return.* And if statistics are correct, I will likely tell 10-12 other people about my bad experience. Maybe, I'll even write an article and tell the whole world!

Bottom line, it doesn't matter how many certificates or degrees you have on your walls, how much money you have in your pockets, what your status in the profession is, what kind of car you drive or what university you went to. It's about how you treat people every day and how they perceive your behavior that sets the stage for your success. In the words of John Wooden, UCLA coaching legend, ***"Ability may get you to the top, but it takes character to keep you there."***

PROFESSIONAL PROGRESS THROUGH LEADERSHIP:

The UK Experience

By Craig Hunt, B.Sc., D.Ch. PgD. MChS

I just returned from the UK's College of Podiatry's 2016 conference in Glasgow this past weekend – November 17-19th. This con-ed event was preceded by me attending two excellent conferences the CFPM national conference and the APMA national sports medicine conference. All excellent conference's for learning and interacting with our colleagues from all over the world.

The exciting and exhilarating observation of the UK national conference was the integration and teamwork that exists between the regulatory body, schools, and professional association. This teamwork amongst these three groups has forged a strong and progressive bond built on short and long-term vision and goals for podiatric medicine and surgery in the UK. The depth and knowledge of speakers was astounding. For me the academic poster section amplified the leadership in research that is taking place in UK Podiatry schools and reflected in the high impact factor of The Journal of Foot and Ankle Research. Both of these progressive changes highlight the chasm between the educational system in Ontario and polarization between the regulatory body, and school. The professional associations have been the real leaders in con ed in Ontario with a rather insipid role being played by the school. That truly is a pity, and there needs to be a better coordinated and leadership role by the school. It maybe they lack the initiative—but the days of saying can't, or will not needs to be replaced with CAN and will in areas of research and publication. Our profession is poorly served by an institution that merely serves up compressed didactic education alone without fostering research. We all realize that the government fabricated and dictated the educational model and placed the glass ceiling on the opportunities of chiropodists trained in Ontario. They fashioned the model at the time on the British model. The salient fact illuminated at the UK conference is that the UK podiatric educational model has accelerated and modernized in keeping with progressive educational systems whereas Ontario has stultified.

> "Ontario has a real opportunity to modernize and first catch up then lead in podiatric medicine."

The UK Podiatry Profession has been very much leaders in and helping facilitate growth through guidance to the largest national podiatric association in Canada- the CFPM. It was good to see CFPM CEO Stephen Hartman give a plenary lecture before the largest podiatric conference. It was equally rewarding to see many of the British podiatry leaders such as Drs. Borthwick, Bristow, Potter, and Professor Stuart Baird who have steadfastly offered educational and academic leadership to their colleagues.

Ontario has a real opportunity to modernize and first catch up then lead in podiatric medicine. It can forge and enhance the current education that will better serve Ontarians. It behooves the policy makers to push forward from last centuries model and make the bold progressive changes required for the 21st century and beyond – the UK has. It would be a real pity if Ontario out of fear or malady failed to make the changes.

CFPM Attends the UK Society of Chiropodists and Podiatrist Annual Conference in Glasgow, Scotland

Stephen Hartman, CFPM CEO recently attended the UK Society of Chiropodists and Podiatrists Annual Conference in Glasgow, Scotland, as an invited speaker. His lecture *"The Seven Stages of the Podiatric Practice Business Life Cycle"* was an opportunity to reach the U.K. podiatrists in private practice.

The UK Society of Chiropodists and Podiatrists Annual Conference is one of the largest annual podiatry conferences in the world with over 1200 delegates, 80 exhibitors and 100 speakers. The UK Conference was also an opportunity for the CFPM to continue fostering its relationship with the UK College of Podiatrists. Also in attendance were several Canadian practitioners. The 2017 UK Conference will be held in Liverpool.

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PALMO-PLANTAR PUSTULOSIS AND PSORIASIS:
The Same But Different?

Ivan Bristow, PhD, Senior Lecturer, University of Southampton *Mark Cole, MSc, Programme Lead, University of Southampton*

Abstract

Palmo-Plantar Pustulosis (PPP) is a relatively uncommon affliction of the glaborous skin of the hands and feet frequently associated with psoriasis. In recent years there has been much debate around whether the two conditions are the same or distinct clinical entities. PPP is characterised by scaly plaques with an erythemic base studded with sterile pustules and shows subtle but significant differences in its clinical presentation when compared to psoriasis. In addition, the disorder is frequently a chronic condition and is refractory to treatment. This paper reviews the current knowledge of the condition, its known associations and management.

Introduction

PPP is a relatively uncommon condition which is characterised by symmetrical, erythemic patches of scaly epidermis which is studded with minute 2-4mm pustules (figure 1). It is most commonly located on hands and feet (particularly the thenar and hypothenar eminence on the palms and the central and lateral portions of the plantar surface). The condition begins with a developing area of erythema which then goes onto erupt with minute sterile pustules, coalescing to form larger collections within the epidermis. As the condition progresses pustular lesions may darken and dry out. Flaking of the lesions reveals a thin underlying epidermis with fissures and hyperkeratosis frequently accompanying the condition.

PPP generally exhibits a chronic pattern with relapsing and remitting episodes. The patient may experience pain and discomfort whilst weight bearing. Quality of life (QOL) studies for patients suffering with this disease are sparse and general dermatological QOL measures may not be suitably sensitive for PPP [1]. Despite a small body area percentage being affected, lesions on a dominant hand or on the foot may have significant impact on ambulation and daily activities. In a study of 317 patients with palmoplantar psoriasis and psoriasis, patients with plantar and palmar involvement demonstrated more physical discomfort and disability than those without [2]. This was confirmed in a later study which demonstrated that patients with PPP were more likely to report lower QOL scores in mobility and usual activities compared to those with widespread moderate to severe psoriasis, suggesting it to be more of a problem [3].

Epidemiology

PPP is a disorder which predominantly affects women much more frequently than men with estimates suggesting a ratio of 5:1 [4]. The condition typically onsets adults in the 30-50 age group and from there may show a relapsing and remitting pattern for many decades afterwards. Studies have shown that around 20% of PPP patients with have a family history of psoriasis and evidence of psoriatic lesions elsewhere on the body [5]. Interestingly, reports of PPP progressing into psoriasis have not appeared. Of most interest, is the link between smoking and the development of PPP. The first reports emerged in the 1980's from Japan and the UK [6]. One study from Japan highlighted the elevated incidence in smokers [7] whilst other work confirmed these findings. Rosen found 94% of patients in his cohort to be smokers at the time of onset of their disease [8] whilst similar figures of 92% were discovered in a Brazilian [9] and an African study [10]. A British case-control study demonstrated over 80% of PPP patients were current smokers compared to just 36% of controls, whilst only 10% of persons with the disease had never smoked. Of those 16 patients who had stopped smoking after diagnosis, there had been no improvement in their condition [4]. Other work has suggested only slight improvement of the condition after smoking cessation but small numbers in this study were a limitation [11] suggesting the habit to be a trigger for the condition.

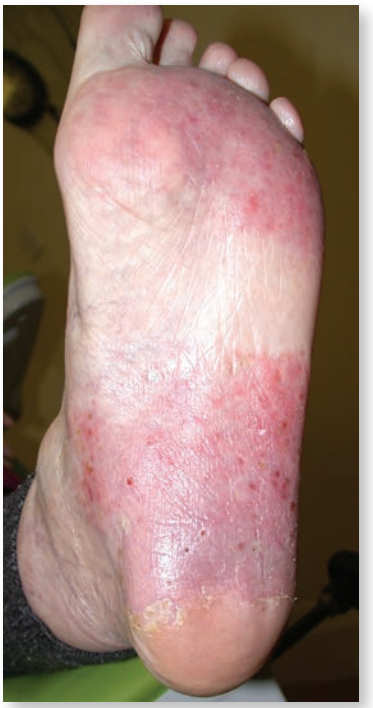

Figure 1

Aetiology

The link between smoking and the onset of PPP is not entirely clear but may suggest its aetiology. Eriksson and colleagues [12] undertook a unique histological analysis to uncover possible reasons. Using a comparison of control smokers and those with PPP, histological analysis has demonstrated destruction of the sweat duct within the epidermis with a localised pustule formation to be a key feature of the disease. Neutrophil numbers are known to be increased with the disease [13]. Examination of pustule contents has

Continued page 11

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shown them to be rich in neutrophils and eosinophils along with accumulations of high numbers of mast cells below the pustule within the dermis along with lymphocytes. Interestingly, IL-8 is a chemoattractant for both eosinophils and neutrophils which has been shown to be present within the sweat duct and within the epidermis of patients with PPP. Moreover, mast cells are known to be able to secrete IL-8 suggesting their role in the pathogenesis of the disorder [12]. More recent research has confirmed the sweat duct to be the main area of inflammation with the disease [14].

Sweat glands in the palms and soles are part of the sympathetic nervous system – sweating being activated by Acetylcholine (ACh). Levels of the neuro-transmitter are balanced by local enzymes – choline acetyltransferase (ChAT) acetylcholinesterase (AChE) regulate the ACh level by synthesizing and degrading ACh respectively. However, more recently it has been shown that keratinocytes are able to produce these enzymes themselves. There are two known types of ACh receptor – nicotinic and muscarinic. Receptor sites in different parts of the body are uniquely constructed of particular sub-units which governs their individual functions. When nicotinic receptors are exposed to nicotine, it has an ACh agonist effect but does not get degraded by AChE thus potentially having a prolonged stimulatory effect. Hagforsen [15, 16] focused attention on the sweat duct itself and discovered that the distribution of nicotinic receptors was altered in smokers hypothesizing that nicotine exposure was responsible for triggering inflammation of the sweat duct in PPP patients. His experiments indicated that inflammation and pustule formation was brought about by immune cross-reactivity against specific sub-units within the sweat duct receptors, which was up regulated in smokers, leading to the conclusion that the disorder is an auto-immune process.

Other causes of the condition have been discussed. Since the 1960's a condition has been recognised which characteristically shows osteo-articular manifestations accompanied by a pustulosis. Termed SAPHO syndrome (synovitis, acne, pustulosis, hyperostosis and osteitis), it is a rare condition occurring in children and adults [17]. Clinically, since the introduction of biological agents, a number of cases of PPP have been documented as being triggered by patients taking medicines [18] such as adalimumab, entanercept, rituximumab and infliximab [19-22] which most likely represents an adverse reaction to the drug which based on current case reports appears to be a rare finding.

PPP & other comorbidities

The hypothesis that PPP is an autoimmune (AI) disease can be strengthened when looking at patients with the disease. One feature of AI disease is that sufferers generally are at risk of having more than one AI condition [23]. Previous surveys of patients with PPP have uncovered a range of co-existing conditions. Firstly, thyroid disease has been shown to be a common co-morbidity. One study highlighted abnormalities in TSH, Thyroxine and Thyroperixoidase levels in patients with PPP (even at a sub-clinical level) [12]. In another study of 12 patients, 25% were demonstrated to have co-existing thyroid pathology [24]. Other studies have confirmed these findings [8, 25, 26]. The reasons for this association are unclear but it has been suggested that similarities in the homology of these hormones and cell function of the thyroid bears close resemblance to the keratinocyte [12] leading to cross over in its effects. Other AI disease which has been reported to co-exist includes gluten intolerance (coeliac disease) [12, 27] and disturbances in calcium homeostasis [28].

Beyond AI disease other potential co-morbidities have been proposed. In a Scottish study of 73 patients diagnosed with PPP, a survey was undertaken looking at coincidental diseases. In their data they discovered 27% had active plaque psoriasis, 2% had a family history of PPP whilst there were 24% with Ischaemic heart disease, 38% with hypertension and 49% dyslipidaemia which was higher than expected leading the authors to suggest that lipid profiles be measured in PPP patients as it is a strong risk factor for IHD. Interestingly, 29% of this group were diagnosed with depression suggesting the effect of the chronic skin disease has on patients [27]. The higher rate of depression in PPP patients had also reported in an earlier study along with a slight increase in the risk of diabetes [28].

A number of researchers have examined allergies amongst PPP sufferers as a possible aggravating pathology [29-31]. In a paper reviewing 21 patients with diagnosed PPP, patch tests were positive in 60% of patients. Typical allergens identified included nickel, formaldehyde, mercury, neomycin and balsam of Peru with the authors suggesting co-existing allergy may prolong the symptoms of PPP [32]. Other case reports have highlighted spontaneous regression of PPP following removal of metal implants suggesting a high probability of allergy behind the pustulosis [33-35].

PPP & its association with psoriasis

Psoriasis is a common disorder characterised by erythematous plaques arising on the skin with detachable silvery scales. Within its clinical spectrum exists a number of variants such as guttate, inverse or flexural psoriasis and less commonly acrodermatitis continua of Hallopeau, for example. PPP in many texts is also traditionally referred to as a localised form or "variant" of psoriasis but recently this has been challenged, and remains unresolved, although evidence of it being a separate entity is increasing.

Following on from earlier work [36], a study examining the presence of the PSORS1 gene in patients with psoriasis vulgaris, guttate psoriasis and PPP was undertaken in 2003. The results demonstrated that although the psoriasis vulgaris and guttate psoriasis showed strong associations with the gene, no such link was demonstrated with PPP [37] casting

Continued page 30

HIGHLIGHTS:

2016 CFPM Annual Conference

On Nov. 11 & 12, 2016, the CFPM Annual Conference took place at the Hilton Meadowvale in Mississauga, ON. Delegates were treated to phenomenal lectures and workshops that included Dr. Ivan Bristow from the UK and Simon Bartold from Australia. Delegates, exhibitors and speakers were entertained by comedians, Graham Chittenden and Kyle Radke. Congratulations to the winners of the CFPM Exhibitors Awards: National Shoe Specialties; Medical Mart and AMT.

Be sure to attend the 2017 CFPM Annual Conference on Nov. 10 & 11 in Mississauga, ON

Best Overall Exhibitor: ***National Shoe Specialties***

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PHILANTHROPIC WORK OF MICHENER ALUMNI:

Global Impact

Submitted by The Michener Institute

What diseases or conditions do you think have some of the highest mortality rates? Different kinds of cancers or infectious diseases might come to mind, but according to Michener alumnus Laura Lee Kozody, the answer may surprise you. Diabetic foot ulcers, a major complication related to diabetes, have higher five-year rates of mortality than breast, colon or prostate cancer, and are one of the leading causes of mortality for people with diabetes. In fact, the mortality rate for diabetic foot ulcers has been reported to be between 43 per cent and 55 per cent, and up to 74 per cent for patients with lower-limb amputations.

Laura Lee Kozody (back row, centre) with members of The Guyana Project team.

In many parts of the world, diabetes is a highly manageable disease when coupled with proper care and treatment. However, in countries where resources are limited, diabetes often goes untreated, which can lead to complications such as a diabetic foot ulcer. Without foundational knowledge of diabetes, the primary form of treatment for diabetic foot ulcer is to amputate the affected part of the lower limb. These countries would greatly benefit from the specialized care of chiropodists.

Laura Lee is a 1992 graduate from Michener's Chiropody program. In addition to working as a chiropodist at a private interprofessional practice in Mississauga, for nearly ten years she has devoted herself to philanthropic work abroad with the goal of raising awareness of preventative diabetic care and recognized best practices.

Much of her international volunteer work started after Laura Lee made her first trip to Guyana in 2008 with a group of Canadian doctors, nurses and other health care professionals who called themselves The Guyana Diabetes and Foot Care Project. She, along with other members of the team, has returned to Guyana several times since then.

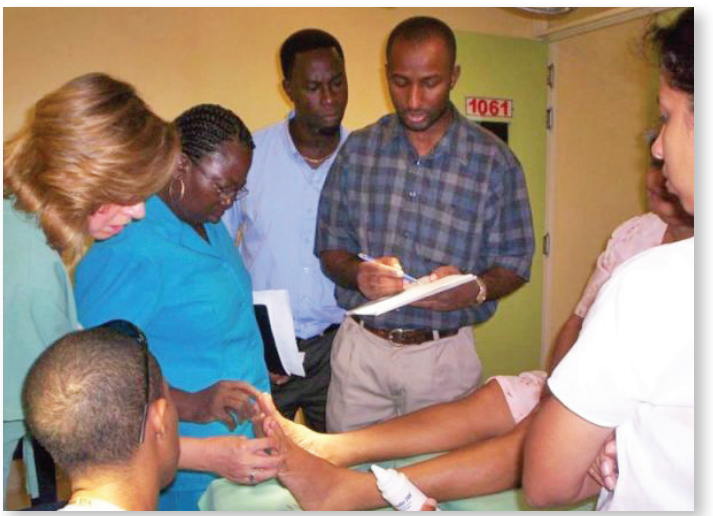
The Guyana Diabetes and Foot Care Project

Guyana, located in northern South America, is a multicultural country with people of South Asian, African, and Amerindian origins – groups that, according to the American Diabetes Association, are all at high risk of developing diabetes.

Despite access to universal health care, Guyana experiences a consistent shortage in health care professionals, with an even larger shortage of professionals in specialized areas like chiropody. When The Guyana Diabetes and Foot Care Project team arrived in 2008, diabetes was the fourth leading cause of death in Guyana.

The Guyana Project team collaborated with important decision makers in Guyana, from the doctors at Georgetown Public Hospital Corporation, to the Ministers of Health. The urgency of the issue was immediately recognized, but according to Laura Lee, it was important to take the time to come up with sustainable solutions.

"You can't just go [to Guyana] and say 'this is how to do it' and then expect the Guyanese professionals to carry it on when they don't have the appropriate resources," Laura Lee explained. "The solution must be sustainable."



Laura Lee Kozody (Left) examines the feet of a patient at the newly founded Diabetic Foot Center in the Georgetown Public Hospital in Guyana.

Continued page 16

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After careful consultation and collaboration, the Guyana Project team and Guyanese health care professionals came to tackle the issue in two phases: Phase One, which would take place from 2008 to 2010, and Phase Two, which would take place from 2010 to 2013. The goal for Phase One was to develop a Diabetic Foot Centre within the Georgetown Public Hospital, the country's largest hospital. The goal for Phase Two was to build capacity across the country by training the health care professionals in each jurisdiction and to create regional diabetic foot ulcer clinics. Training was facilitated in part by Michener's own Diabetes Educator program.

The Simplified 60 Second Foot Screening

Before the team could focus on the new Diabetic Foot Center, Phase One of the project was largely focused on educating local health care professionals on the basics of diabetic care and treatment.

"There was a need for the local health professionals to understand how to manage foot ulcers," Laura Lee explains. "And if we could succeed in that aspect, then we could shift the focus to preventative care."

Laura Lee and a few of her colleagues developed a simplified 60-second screening tool to assess the feet of patients with diabetes to identify persons with a high-risk of developing a foot ulcer. The way it worked was simple: working off of a checklist, if the assessed foot received at least one positive score, the patient would be referred to the hospital's new Diabetic Foot Centre for education and treatment.

This tactic was so successful, that according to statistics compiled by members of the Guyana Project, in the first four and a half years of the Diabetic Foot Center operations, there was a 68 per cent reduction in the average rate of major amputations.

> "The solution must be sustainable."

Laura Lee Kozody (centre) instructing health care professionals in Ethiopia on diabetic foot care.

Beyond Guyana

Thanks to such positive outcomes in Guyana, Laura Lee and her colleagues realized the potential to extend the program more broadly.

"Because the Guyana Project was so successful, the team found that it was significantly easier to receive funding [to travel to] other countries with a diabetes epidemic," she explains.

Most recently, Laura Lee traveled to Ethiopia to continue her work spreading awareness of diabetic foot care. While there, she encountered other health care volunteers affiliated with Toronto Addis Ababa Academic Collaboration (TAAAC) from the University of Toronto.

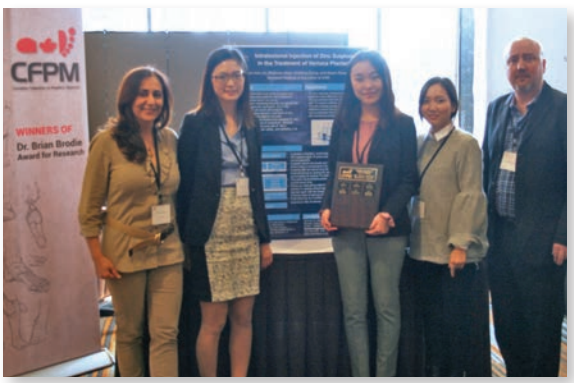
Read about TAAAC in the blog post by Dr. Brian Hodges, EVP Education at The Michener Institute

Though volunteering abroad is greatly rewarding, Laura Lee says going abroad so frequently is not always an easy decision to make.

"It's difficult because I am not earning an income in that time [abroad]" she says. "And it's sometimes hard to leave my practice for longer stretches of time."

But would Laura Lee volunteer abroad again?

"Yes, definitely. I don't have the ability to say no," she joked.



Dr. Brian Brodie Award for Research: 2016 Winners

The CFPM is pleased to announce the 2016 recipients of the Dr. Brian Brodie Memorial Award for Research. Son Hee Jin, Nasim Rezania, Shannon Youn and Weifang Zhang's research proposal entitled *Intralesional Injection of Zinc Sulphate in the Treatment of Verruca,* was selected by the faculty of the chiropody program at the Michener Institute as worthy of this prestigious award.

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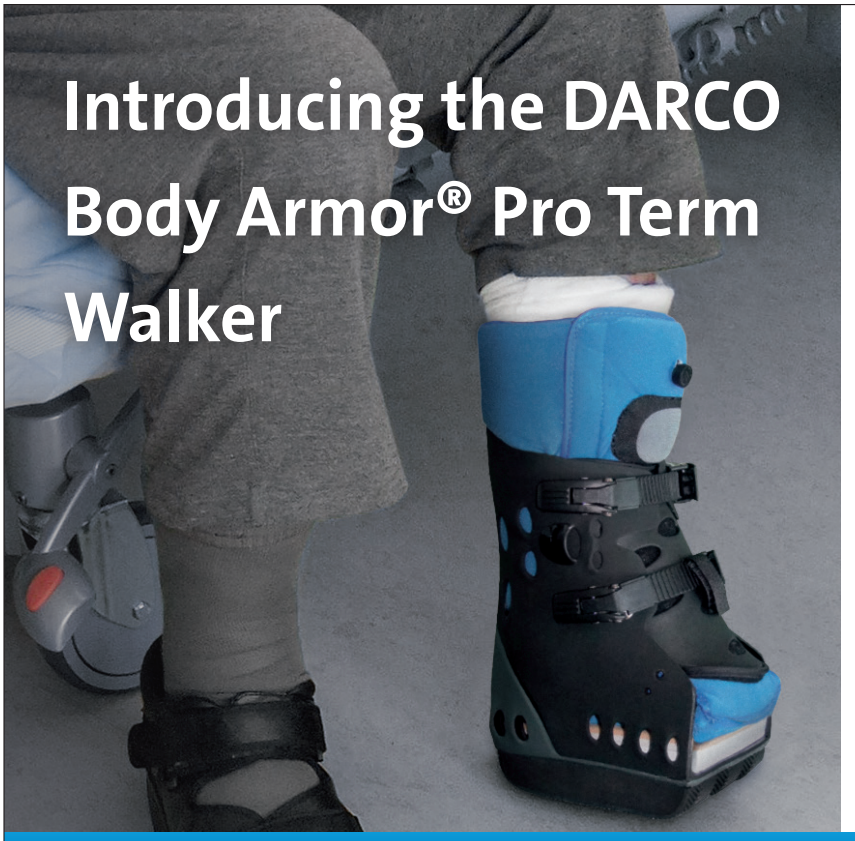

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ANATOMY OF A GOOGLE SEARCH:

Search Algorithms and How They Affect Your Practice

Submitted by Officite

Having a strong web presence is crucial to growing your practice, and being visible to search engines is key to that goal. Research by **Google & Compete** reveals that 77 percent of patients use search engines prior to scheduling a healthcare appointment, and three times as many visitors to healthcare providers' websites come from search than from non-search sources. Search engines can therefore help you market your practice, and if you aren't using techniques to improve your search engine visibility, you're missing out on potential revenue.

Search Engines and Search Algorithms Explained

The first step in improving your search engine visibility is to understand **how search engines work.** Search engines allow you to use keywords to search the internet. When you enter keywords into a search engine, programs called 'web crawlers' scour through trillions of web pages, and create an index, or list, of relevant web pages.

Search engines then rank the web pages using programs called search algorithms. Most search engines use several algorithms, and each algorithm takes **hundreds of factors.** into account when determining how to rank web pages. These factors may include domain age, server location, the date and quality of content updates, and page load speeds. Google's best-known search algorithm, PageRank, counts the quality and number of links to a web page to determine how relevant a web page is to a search, and where it should appear on a search engine results page.

Search engines present these ranked websites on a search engine results page (SERP). You have seen this page before – that familiar list of search results that you are presented with after you search for a keyword on a search engine. Each result on the page normally includes a title, a link to the web page, and a description showing where the keywords in the search query match the content on the web page.

How Search Algorithms Affect Your Practice

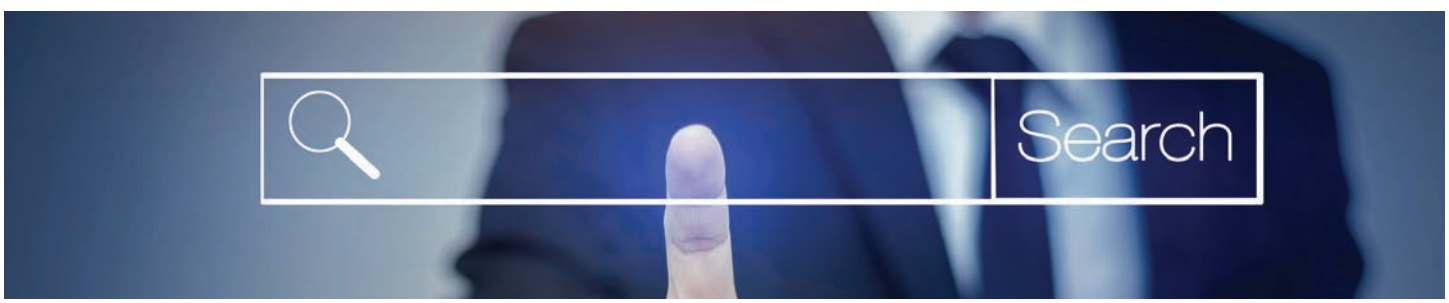
Search engines change their algorithms hundreds of times a year to fight blackhat, 'cheating' search tactics, and to improve users' search-engine experience. Most of these algorithm **changes are minor;** however, search engines occasionally roll out major updates that affect SERP rankings in significant ways.

One example is **Google's Hummingbird update.** Designed to place greater importance on whole search queries rather than individual keywords, Hummingbird affected 90 percent of all searches and was the most comprehensive update to Google's search algorithm since 2001.

Keeping abreast of search algorithm changes is key to ensuring that your website continues to rank well. One of the best ways to stay ahead of search algorithm changes and improve your SERP ranking is to optimize your website for search engines, and then measure and track your success. Below are **some search engine optimization best practices** to help improve your website's rankings:

- Update your website often with quality keyword-rich content
- Build good quality inbound and outbound links
- Include a sitemap
- Make sure your website is fast to load and optimized for mobile devices

Optimizing your website for search engines and staying ahead of search algorithm updates takes time and money. By outsourcing your digital marketing to a company that serves healthcare practices, you can ensure your practice gets the exposure and the expertise that it deserves. Want to learn more? Contact **Online Podiatry Sites** at **855-777-0548.**



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This course will teach pedorthic theory and application of footwear modifications so that practitioners can implement these skills into their day-to-day practices. The program will also have a significant hands-on, practical component so that attendees leave with both theoretical and practical competencies. Enrollment is limited to 10 delegates.

More information will be available on the CFPM website after May 1, 2017.

Faculty:

Dr. Jack Hutter, D. P.M., C. Ped.
Wisconsin, USA

Patrick Rainville, D. Ch.
Timmins, ON Canada

Your Crash Course to Website Stats

by Melody Gandy-Bohr

Building a sleek and engaging website for your practice won't mean anything if you don't pay attention to its performance. The only way to determine if your online marketing strategy is paying off is to look at your performance data. From there, you can build up what's working well and change what's not working at all. Here's everything you need to know to accurately interpret your practice website's stats, and to understand what site visitors want from your practice.

Pageviews vs Unique Pageviews

A higher volume of site visitors increases your chances of gaining new patients. However, don't confuse a high number of pageviews with unique site visitors.

Pageviews are counted every time a user loads a page on your website. A unique pageview is only counted when a new user loads a page, regardless of how many times the user loads the page. While unique pageviews give you insight into the number of site visitors you receive, the overall pageview statistic shows in broad strokes which pages on your site are most popular with users.

Why Your Bounce Rate Isn't a Big Deal

Your practice website's bounce rate is the percentage of visitors who land on your website and leave without looking at any other pages. While a high bounce rate can mean that users are not finding what they need, it could also mean that users are finding what they need, and leaving satisfied. If a user lands on your homepage looking for your phone number, finds it, and then immediately leaves without browsing to other pages, this is a good thing. Depending on your website goals, your bounce rate shouldn't be a big concern.

Regularly viewing your practice website's stats provides useful information that can help you engage users, improve conversions and focus on popular pages. Once you understand your website stats, you can provide a better online experience that converts users into patients. Contact Officite today to discuss ways to improve your practice website's performance.

Medical Emergencies in Your Office? They Do Happen!

by Julie C. Fraser, Doctor of Podiatric Medicine (Reg. Chiropodist ON)

Born and raised in Windsor, Ontario, Julie Fraser obtained her Bachelor's Degree in Science from the University of Windsor. Julie successfully obtained her Doctorate in Podiatric Medicine in 2002 in Chicago, IL. She then spent five years doing her post-graduate training in Philadelphia, at University of Pennsylvania and her 3 year surgical residency in Reconstructive Foot and Ankle Surgery. Julie worked at the Advance Center for Skin & Wound and was a Diabetic Limb Salvage Specialist in Frederick Maryland, where she was also in private practice.

Julie is now in her 5th year as owner of Solace Windsor, where she offers comprehensive podiatric footcare and orthotic services.

Are you prepared for a medical emergency in your office? As healthcare professionals, we treat patients with complex medical histories on a daily basis. Early recognition of signs and symptoms that may be indicative of an emergency situation and the basic fundamentals to respond with a set procedure is key to a successful outcome. Podiatrists and Chiropodists, along with their staff, need to be equipped with the skills and knowledge to handle a medical emergency as it may occur in their office setting.

> "…correct equipment, medications, proper training and procedures in place greatly reduces the risk…"

It has been reported that the average primary care office experiences at least one emergency situation that occurs each year. Respiratory, cardiac, CNS, and endocrine events are among the most common issues in office related emergencies. In my practice we have had the need to call emergency services 2-4 times a year since opening. Our patient volume is high but our high-risk patient volume happens to be low. The medical emergencies that have occurred in my practice have all involved the high risk patient with complicated medical histories and were over the age of 65 years. The College of Chiropodists of Ontario *(COCOO)* outlines a Risk Assessment Profile that can be used to help you determine where your individual practice level of risk and likelihood of experiencing a medical emergency. The document also references three recommendations as a framework for an effective office emergency plan:

1. A written office medical emergency response plan
2. Readily available basic emergency equipment and supplies
3. Readily available basic emergency medications

Once you determine the risk profile of your office (Low, Moderate, High), you can then arm yourself with the essentials for your Office Emergency Kit. COCOO has published a *Guideline for Dealing with Office Medical Emergencies in the Podiatry and Chiropody Office Setting* that details the recommendations, risk profile, and essentials for the office emergency kit to prepare you and your staff for handling such a situation.

Our office has a specifically marked kit and Action Plan Binder (used in annual reviews/drills) located in a clearly marked place in the office that is quick and easy to access. Annual CPR training and review of the emergency kit/supplies is a part of our office procedures. Our office built our own kit and it was tailored to our specific risk profile. There are now commercially available pre-set emergency kits with monitoring and replenishment programs that are extremely convenient and ensure your medications stay current.

Having the correct equipment, medications, proper training and procedures in place greatly reduces the risk of an unfavourable outcome in an emergency situation. Implementing a plan can improve outcomes in an emergency situation and ensure you and your staff are well prepared. Not only is an emergency action plan essential for most regulatory colleges, but your patient's life may someday depend on it!

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Drumming for Diabetes

by Amanda Birch

On November 25, I had the pleasure of going to the seventh annual Drumming for Diabetes event at the Harbourfront Centre in downtown Toronto. Organized by Anishnawbe Health Toronto, Drumming for Diabetes is a diabetes awareness event for First Nations, Metis and Inuit communities.

Before the evening started, the event coordinator smudged the room with burning sage and had everyone meet each other. The evening proceeded with many drumming songs, jingle dress dancers, traditional teachings, dancing, drawing, traditional food, educational booths and many prizes. The night was filled with laughter, dancing and embracing Aboriginal culture to the fullest. Having only some exposure to this culture, it was amazing to see the strength of their beliefs in their traditions and teachings. One of my favourite parts of the night was learning about their dances and footwork, and how it all has a story to tell. The women and men were more than excited to teach us the moves. It was interesting to learn that having constant connection with Mother Earth through the feet is very important during the dancing.

> "It was interesting to learn that having constant connection with Mother Earth through the feet is very important during the dancing."

Throughout the event different educational booths were set up to inform everyone about how to stay healthy in many different ways. Information to promote diabetes wellness with the help of chiropody, physiotherapy, chiropractic, mental health and addiction services, dietitians, diabetes education and youth groups were a few of the many booths set up. It was great to see multiple health disciplines come together as a team to promote health and wellness for diabetes. Even though each profession may play a different role in treating a patient, when we are able to work effectively as a team, we can help prevent diabetes and improve one's health in many ways.

The Indigenous peoples believe strongly in four specific aspects of health, including mental, physical, emotional and spiritual health. As chiropodists we can focus on enhancing these areas through proper foot health education and taking early preventative measures for diabetes.

Our chiropody booth had pamphlets on the Anishnawbe clinic and information on how to set up appointments. Inside were also helpful tips on how to keep your feet healthy, especially with diabetes.

Drumming for Diabetes was established to promote healthy living for individuals living with diabetes, as well as preventative measures for those without diabetes. The goal of the event was to get youth involved, promote awareness about diabetes while also taking into consideration traditions and beliefs. Moving forward when working with these communities, it is important to take into consideration beliefs about medicine and traditions, and to try to come up with a treatment plan that satisfies both.

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SECRETS OF SUCCESS:

Your Hiring Checklist

by Lynn Homisak, SOS Healthcare & Management Solutions, LLC

Having pleasant and competent staff members is one of the most valuable assets a practice can have, so the method of choosing them should not be done with minimal effort on your part. Remember, when you hire someone, your intent should be to hire for keeps because for one, frequent staff turnover is not very reassuring to your patients. *"Why is there a new staff person every time I come to this office? Is this doctor hard to work for?"* Two, it can literally turn the proficiency of the office upside down. Did you know that it takes approximately 12-18 months to get a new hire up to the same level as a productive staff member who leaves your employ? Three, it is costly! Each time you go through the hiring process; you undoubtedly face both an emotional and financial beating (via stress on doctors and existing staff due to lost time and work, recruiting, advertising, interviewing, training, correcting mistakes, etc.)

Hiring does not have to be a difficult endeavor if you follow the same protocol each time. Here is a hiring check list to help you do just that. Let it serve as a guideline.

Prepare

- ✔ Prepare a written job description for the position you want to fill in advance so that you can clearly outline to your applicant what his/her responsibilities and tasks will be upon taking this job.
- ✔ Attach a starting salary to your job description, including benefits, wage increase opportunities and salary caps, if applicable.
- ✔ Request a cover letter from your applicant so you can review these ahead of their interview. This letter gives you a peek into their enthusiasm, tone, communication abilities and sentence structure.
- ✔ Request a resume. This will allow you to look for red flags (gaps of unemployment in work history, etc.)

Do your Homework

- ✔ Check their references; letters of recommendation. While calling their references will only give you limited information, it is interesting to hear how previous employers for example, respond to your questions. Sometimes it's not what they say, but what they don't say that is revealing!
- ✔ Do background checks! Especially if their job entails handling money and finances.

Conducting the Interview

- ✔ Avoid asking any discriminatory questions. (Need a copy of what they are? Email **lynn@soshms.com** and I'll send you one.)
- ✔ Instead of just asking "How would you handle…", actually role play a scenario for example of an irritated patient who waited too long in your reception room. BE that irritated patient and as they step into the role of the new assistant, observe their behavior, reactions, facial expressions, body language, consoling words, pauses and hesitations. As a patient, how would YOU feel?
- ✔ Give quizzes. You can administer a simple on-the-spot test to determine basic math, spelling, customer service abilities as well as various types of personality, aptitude and volition tests online. Check out **www.kolbe.com** for one that tests conative strengths including what makes people tick, what instincts drive their behavior/the way they act.
- ✔ ALWAYS get input from your current staff in an attempt to reduce unwanted personality clashes.

Before Finalizing

- ✔ Schedule a second interview before offering an applicant the job. It will either confirm or refute your first impressions.
- ✔ Take an applicant that you are seriously considering to lunch. You may find that while they come prepared to put on their best show during the interview; you may see a different side to them when catching them off guard. What to look for? Manners, basic communication skills, appreciation, understanding, etc. The way they treat service people is the way they will treat your patients.

> "How would you handle…."

Ms. Homisak, President of SOS Healthcare & Management Solutions, has a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of ***Podiatry Management's*** *Lifetime Achievement Award and recently inducted into the PM Hall of Fame. Lynn is also an Editorial Advisor for* ***Podiatry Management Magazine*** *and recognized nationwide as a speaker, writer and expert in staff and human resource management.*

CFPM 2017 Annual Conference

Nov. 10 – 11, 2017

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Mississauga, ON

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Lynn Homisak, U.S.A
Back by popular demand with topics for both practitioners and assistants

Paul Harradine, UK
– Leading expert in podiatric biomechanics
– Topics include the Unified Theory of Foot Function and the Medial Oblique Shell Inclination

Tim Kilmartin, UK
– Podiatric Surgeon
– Topics include Cortisone Injection Therapy in Podiatry and Corn Cutting in the 21st Century

Joan Weir, Canada
– Director, Health and Dental Policy
– Canadian Life and Health Insurance Assocation
– "Chiropody, Podiatry and Third Party Insurance: Moving Forward"

Look for a complete program and registration in the summer of 2017.

HOPE TO SEE YOU THERE!

Foot Health Month

May 2017

Raise awareness during Foot Health Month. "Let's talk about your feet"

As a CFPM member, one of the benefits you receive is access to new and exciting Foot Health Month promotional products. During the month of May, join CFPM members and others around the world to spread the word on the beneficial services provided by chiropodists and podiatrists.

All CFPM* members will receive a Foot Health Month Promotion Package in the mail containing,

1. "Let's talk about your feet" Foot Health Month posters
2. "Let's talk about your feet" post cards to distribute
3. A form letter to send to your local government and/or mayor for proclamation

Additional posters and postcards can be ordered at no extra charge. All you do is pay for shipping.

New for 2017: Nation-Wide Radio Campaign

The CFPM has committed to a nation-wide radio campaign. Listen to your radio as the CFPM takes to the waves to promote foot health and podiatrists and chiropodists across Canada. For a list of radio stations participating in the campaign visit our website at **www.podiatryinfocanada.ca**

A letter writing campaign will be undertaken with the objective of educating the different levels of government on the role of chiropodists and podiatrists and recognising foot health month.

Returning in 2017: Comfort Socks by SIMCAN

Patterned from Canada's top selling health socks but designed to provide your patients with additional warmth and moisture absorbency.

Socks are available to purchase at 50% of cost through the CFPM to assist with promotion of Foot Health Month. Available while supplies last. The price for CFPM embers is $2.00 per pair plus HST and shipping. Please contact the CFPM via email at **cfpmexe.dir@cfpmcanada.ca** or call 1-888-706-4444. Thank you to SIMCAN for their generous sponsorship Foot Health Month and partnership with the CFPM.

Possible uses:

- hand out socks to patients during Foot Health Month
- hand out socks at a presentation or open house to promote Foot Health Month
- deliver to referral sources as a way to say "Thank you"

*Not a CFPM member? Apply for membership TODAY at **www.podiatryinfocanada.ca**. Need to renew your CFPM membership? Renew at **www.podiatryinfocanada.ca** or call **1-888-706-4444**.

Take the Foot Health Month Challenge.

Get out there and promote the profession, your clinic and yourself. Submit a photo, video and/or a summary of your Foot Health Month activities and you may win.

- **1st Place:** Free 2017 Annual Conference registration (approx.. value $525)
- **2nd Place:** One free case of priMED nitrile or vinyl gloves (approx.. value $120)
- **3rd Place:** Free book: (31 ½ Essentials for Running Your Medical Practice, value $69.95)

Whatever your plans are: community speaking; open house; special clinic activities show us your success! Submit your entries before May 31, 2017. Email your entries with your name and contact information to **cfpmexe.dir@cfpmcanada.ca**. Only CFPM members are eligible to enter.

Continued from page 11

doubt on its origins as a true psoriatic variant suggesting it to be a separate disease. Other authors have also argued it to be a co-morbidity [38] citing the lack of genetic susceptibilities but also observing how the two conditions may arise together. Additionally, PPP may arise without psoriatic lesions elsewhere and that studies have shown that psoriatic arthritis is not associated with PPP [39]. Other clinical differences with psoriasis that have been reported include the higher female preponderance, the later age of onset [40], the strong association with smoking [9]. Differences in nail symptoms have also been examined. Patients with psoriasis tend to have more pitting and a faster nail growth whilst growth rates in patients with PPP have been shown to be normal [41]. Abnormalities also seen in the nails of patients with PPP include indentations and transverse ridging [42]. Finally, it is also commonly observed that treatments normally used to treat psoriasis, fail to work on those with PPP. For example, systemic drugs, exposure to sunlight and topical treatments seldom improves the condition, which are generally effective for psoriasis. Although pustular psoriasis is reported as variant of disease affecting any part of the skin, PPP by definition is limited to the hands and feet and exhibits unique properties again demonstrating it as a separate condition.

Management of PPP

Consensus on the treatment for PPP to date has been disappointing and clinically for podiatrists there is little that may be offered to the patient in clinic using standard podiatric therapies. Urea based emollients may be of benefit with symptomatic treatment of dryness and skin fissures. There is much written on the difficulties of treating the disease as it is often refractory with frequent relapses even when it shows success. Topical treatments have generally been disappointing as affected skin is hyperkeratotic and therefore difficult for agents to penetrate. A Cochrane review in 2006 [43] concluded that the ideal treatment for PPP remained elusive and that robust studies were required to make any informed decisions on potentially effective treatments. In 2014, a further systematic review was undertaken to re-examine the evidence for therapeutic options [44] and despite a few more studies being published in the interim period, uncovered a similar lack of evidence to support formation of standard guidelines. In the absence of these, they reviewed the limited evidence and developed consensus-based recommendations for patients with PPP:

- First line – potent or very potent topical corticosteroids under occlusion (to enhance penetration).
- Second line – oral retinoid (acetretin) and phototherapy [PUVA]
- Third line – ciclosporin or methotrexate (with the latter having less evidence of effectiveness)

Although biological drugs have been known to rarely provoke PPP eruptions in patients, there therapeutic use for PPP is only emerging. Rapso & Torres [45] in looking at future therapies undertook a review of progress to date using these agents. In their paper they highlighted how many studies of the drugs in psoriasis have excluded patients with PPP but some reports of improvements in patients with PPP are emerging.

Conclusion

Palmoplantar pustulosis is an uncommon autoimmune disease characterised by sterile pustules and hyperkeratosis of the palms and soles. The condition is most likely to be a distinct entity from psoriasis, based on the clinical comparisons in published case control studies. Current work suggests the disease is an immune mediated destruction of the acrosyringium in the palmar and plantar skin. Studies to date have suggested smoking to be a significant risk factor for the development of the condition. Management to date of the condition is extremely challenging with few effective therapies being recommended based on evidence. New biological agents may offer hope to patients with the disorder but further work is required to fully establish this.

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Classified Ads

Chiropody/Podiatrist Position Available – Hamilton/St. Catharines, ON

Our Busy Foot Clinic in Hamilton/St. Catharines is looking for a passionate and motivated Chiropodist /Podiatrist to join our team (new graduates welcome). The successful candidate will have excellent clinical, interpersonal and organizational skills. They will hold a current practice license and in good standing with the College of Chiropodist of Ontario.

Please contact at: **905-537-0858**

Clinic Office Space for Rent in Kitchener, ON

Treatment rooms available for rent in multidisciplinary clinic. There is currently an established RMT with a full-time practice, and we are looking to add health professionals to build our team. Great opportunity for cross-referrals. Located on a busy intersection close to downtown, expressway, and public transit. Directly on future LRT line. Positive, friendly, and professional work environment. Available immediately.

Please contact Cristina at:
rockwaymt@gmail.com or **519-749-0123**

Chiropody Position Available – Toronto, ON

A well established multi-disciplinary clinic with 3 locations in the west end of the G.T.A offering Chiropractic, Physical & Massage Therapy, Laser & Traditional Acupuncture and complete foot care services for over 10 years.

Duties include: Complete foot care services & range of devices from gait analysis to wound care including bio-mechanical assessments, nail surgery, custom orthotics, orthopedic shoes, lymphedema garments custom bracing compression socks and shockwave therapy

Seeking an enthusiastic, self-motivated licensed Chiropodist in good standing with great interpersonal, time management & computer skills who is a team player and works well with others in a multi-disciplinary environment.

Contact Name: PhysioCare & Rehab
Monica Gonzales
Office Manager
Contact Email: **physiocare0909@gmail.com**
Contact Tel: **905-272-0909**
Salary: Competitive – To be negotiated
Start Date: ASAP
Hours: Full time
Hours of Operation: M-F 10am – 7pm

Chiropody/Podiatry Position Available – Caledon, ON

Our Busy Foot Clinic in Caledon is looking for a passionate and motivated Chiropodist/ Podiatrist to join our team (new graduates welcome). The successful candidate will have excellent clinical, interpersonal and organizational skills. They will hold a current practice license and in good standing with the College of Chiropodist of Ontario. This opportunity is starting as part-time and room for full time opportunity.

Overview:
The Chiropodist / Podiatrist will be responsible for assessing and treating foot conditions in a clinical setting. The Chiropodist / Podiatrist is expected to provide foot care in a timely manner. The Chiropodist / Podiatrist is expected to contribute and create a safe and healthy environment for patients, staff and others, working in compliance with the standard of practice expected by the College of Chiropodists of Ontario.

Job Duties:

- Performs treatments, health education/ counselling for diseases, disorders and dysfunctions of the foot and other clinical foot care activities according to the College of Chiropodists of Ontario.
- The individual should be able to have full knowledge of the scope of the Podiatric Medicine: i.e.: being able to Rx drugs within the scope of practice, perform injectable, soft tissue surgeries within the scope, biomechanical and gait analysis, and work with patients of all ages
- Ensures chiropody areas, resources, materials and equipment are maintained;
- Demonstrates competency and professionalism; consistently demonstrates knowledge and expertise following the standards of practice expected by the College of Chiropodists of Ontario;
- Demonstrates strong written and communication skills; listens for clarity and meaning, and communicates in an honest manner to make sure there is mutual understanding between patient and practitioner.

Please forward us your resume to:
info@footclinic.co

For more information on our company please visit our website at **www.footclinic.co**, or on facebook at **Foot Clinic Caledon**

Practice for Sale – Cambridge, ON

Looking to start your own practice?

Rather than start from scratch why not consider buying an existing practice and start making money right away.

- All equipment included.
- Good patient base with room for growth. (Add surgery)
- 24 years of serving Cambridge full time (Monday to Friday).
- Lease expires in November 2017. Can be renegotiated.

I'm looking to retire but, will stay on to facilitate a smooth transition.
Contact **Achillesfc@live.com**

Third podiatrist required for busy Brandon Manitoba practice

We require a self motivated podiatrist who is open to learning new skills and is willing to learn. We handle a wide range of musculoskeletal-skeletal conditions, high risk rheumatoid/diabetic and PVD, wound care and paediatric cases. We provide diabetic management and assessment including a new summit Doppler vista ABI and toe examination equipment.

This is a excellent and lucrative opportunity for the right person looking to gain invaluable experience, success and a business opportunity with view to partnership. Salary and profit sharing initially. Brandon is a clean safe city and real estate is still affordable.

Candidate must be able to obtain license with the college of Podiatrists of Manitoba. Must have drivers license and CPR/first aid certified.

Send resumé to Dr Michael Ball
Drball@wcgwave.ca

Classified Ads

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Chiropodist: At Dundas Chiropractic Centre – Oakville, ON

Opportunity for part-time (16hrs/wk to build) chiropodist in Oakville. Very solid patient base of footcare (17 years of footcare & orthotics). We are looking for someone excited to strive and grow to full-time. Your skills include:

- Excellent communication, critical thinking and interpersonal skills- effectively communicate with administration staff, management and other health professionals.
- Ability to work independently and as member of an interdisciplinary team.
- Proven flexibility and adaptability in a fast-paced environment- excellent time management, organizational and prioritizational skills as relates to patient care.
- Completing patient assessments, recommending and implementing treatment plans by utilizing the full range of chiropody practice.
- Developing strong relationships with patient by understanding their needs and developing appropriate treatment plans.
- Successfully maintaining patient retention and follow-up appointments.
- Collaborating with other disciplines to provide comprehensive patient care.
- Committed to and participating in ongoing quality improvement in the organization.

Please forward resume to
don.geisler@sympatico.ca

Podiatry Position Available: Winnipeg, Manitoba

A great opportunity exists for a Podiatrist to join a growing, well established, and friendly practice; with a client base of 25 years. The practice is located in a modern, 4 chair clinic within a professional building which includes orthopaedics and physiotherapy. This position has excellent long term prospects for the right applicant.

Minimum educational requirement is a BSc Podiatric Medicine, or equivalent, and at least two years post graduate experience.

The applicant must be motivated, enthusiastic, and reliable; with excellent standards of clinical care and interpersonal skills. He/she must be proficient in all aspects of general practice including nail surgery, biomechanics and diabetic foot-care. The applicant will need to be licensed and in good standing with the College of Podiatrists of Manitoba and, the applicant must hold a current driver's license.

Please email résumé to: **ttierney4@shaw.ca**

Seeking ENTHUSIATIC and EAGER Chiropodist to join the Advanced Foot & Orthotic Clinic team!

Are you energetic and friendly? Are you a team player that is always striving to deliver the best care? Do you want to be part of a comprehensive foot clinic?

Advanced Foot & Orthotic Clinic in Midland, Ontario is currently seeking a FULL TIME REGISTERED CHIROPODIST. All Chiropodists and Podiatrists (including new graduates and current students) are welcome to apply! Our growing clinic requires an individual that provides the highest quality of Chiropody care with the utmost attention to customer service. Our clinic will provide you with support staff, up to date equipment, and a warm and friendly work environment.

We are keen to hire a high energy candidate that would like to build a career with us! You can succeed in our practice if you are a person who gets things done and thrives on working with others.

Located just 90 minutes north of Toronto, Midland offers a tight knit community atmosphere and recreational opportunities that are unlike any other. With beaches, trails and boating in the summer, and skiing and snowmobiling in the winter, living on the shores of the Georgian Bay is like bringing your cottage home!

Advanced Foot & Orthotic Clinic offers:

- A friendly, positive and encouraging work environment
- A state of the art facility with 10 completely stocked treatment rooms
- A cohesive, well trained and efficient support staff (with Clinical Assistants, and Administrative Staff)
- Competitive, negotiable, remuneration
- Peer mentorship
- Funded educational opportunities
- State of the art equipment including: nail and verruca laser, VeriScan Podiatric Scanner, therapeutic laser, dermatoscope, orthotic lab with ability to modify orthotics, comprehensive sterilization area
- Flexible starting date (although we are hopeful to fill this position as soon as possible)

Interested candidates are asked to please e-mail your cover letter and resume (and/or curriculum vitae) to **erinfairbanks1@gmail.com**

Assistant Professor, Chiropody, Full Time – Michener Institute

Position Summary

- Teach assigned laboratory/clinical and clinical stimulation sessions
- Marks, and assesses prepared work and examinations and provides feedback to students
- Must be be committed to continuous quality improvement and demonstrate flexibility in improving methods of engage and support students
- Challenges thought processes, fosters collaboration, and develops the ability of students to engage in critical and rational thinking
- Plays a role in all aspects of course/program assessment, evaluation and improvement
- Team player who works with colleagues and the Academic Chair to ensure delivery of the best education experience

Position Qualifications

- Diploma in Chiropody (minimum requirement)
- Teaching experience an asset
- Maintains registration in good standing with the College of Chiropodists of Ontario
- Demonstrated clinical experience and currency in the field of Chiropody (3 to 5 years' experience considered an asset)
- Fluency with Microsoft Office applications
- Exhibits strong organizational, communication and leadership skills
- Health Clearance up to date including VPC
- Current membership OSC or CFPM
- Satisfactory Canadian Police Clearance document required upon hire

Qualified applicants are invited to submit a detailed resume and cover letter noting posting #17-04FTR to:

The Michener Institute
Human Resources
222 St. Patrick Street
Toronto, ON M5T 1V4
careers@michener.ca

Upcoming Events

2017

April 5 – 9, 2017
Symposium of Advance Wound Care
San Diego, CA
www.sawc.net

April 7 – 9 , 2017
Foot & Ankle Surgery
Little Rock, AR
www.podiatryinstitute.com

April 8 – 9 , 2017
PFA Conference
Toronto, ON
www.pedorthicscanada.ca

April 20 – 23, 2017
Valley of the Sun Podiatry Conference
Phoenix, AZ
www.podiatryinstitute.com

April 27 – 30, 2017
Midwest Podiatry Conference
Chicago, IL
www.midwestpodconf.org

May 4 – 7, 2017
Surgical Pearls by the Sea
Newport, RI
www.podiatryinstitute.com

May 12 – 13, 2017
Wounds Canada Spring Conference
Kamloops, BC
www.woundscanada.ca

May 19 – 21, 2017
Superbones Superwounds East
Teaneck, NJ
www.presentconferences.com

May 24 – 26, 2017
Australasian Podiatry Conference
Melbourne, AU
www.apodc.com.au

June 15 – 17, 2017
39th Annual Seattle Conference
www.internationalfootankle.org

June 22 – 25, 2017
TPMA 100th Annual Conference
July 27 – 30, 2017
Austin, TX
www.txpma.org

June 22 – 25, 2017
Footprints by the Sea
Hilton Head, SC
www.podiatryinstitute.com

June 22 – 25, 2017
The Western Podiatry Conference
Anaheim, CA
www.thewestern.org

July 13 – 17, 2017
Big Sky Conference
Big Sky, MT
www.podiatryinstitute.com

July 20 – 23, 2017
AOSSM 2017 Annual Meeting
Toronto, ON
www.sportsmed.org

July 27 – 30, 2017
The National – APMA Conference
Nashville, TN
www.apma.org

Aug. 3 – 6, 2017
Pacific Coast Conference
Portland, OR
www.podiatryinstitute.com

Aug. 6 – 12, 2017
International Association for Identification
Atlanta, GE
www.theiai.org

Aug. 19 – 28, 2017
Tuscany Adventure
(Florence & Siena)
www.internationalfootankle.org

Sept. 6 – 9, 2017
Montana Meeting
Missoula, MT
www.goldfarbfoundation.org

Sept. 15 – 17, 2017
CFPM Pedorthic Training for Chiropodists and Podiatrists
Timmins, ON
More information available on www.podiatryinfocanada.ca after May 1, 2017

Sept. 14 – 17, 2017
TPMA Southwest Foot & Ankle Conference
Frisco, TX
www.txpma.org

Sept. 15 – 17, 2017
Podiatric Residency Education Summit
Teaneck, NJ
www.presentconferences.com

Sept 28 – 30, 2017
23rd Annual Las Vegas
www.internationalfootankle.org

Oct. 5 – 8, 2017
IPED Fall Meeting
Coraopolis, PA
www.podiatricexcellence.org

Oct. 6 – 8, 2017
Mid-Atlantic Conference
College Park, MD
www.podiatryinstitute.com

Oct. 13 – 15, 2017
Advance by Podiatry Today
www.podiatrytoday.com

Oct. 14 – 21, 2017
36th Annual Hawaii Conference
www.internationalfootankle.org

Nov. 1 – 4, 2017
AAPPM Fall Conference
Atlanta, GA
www.aappm.org

Nov. 2 – 4, 2017
Superbones Superwounds West
Las Vegas, NV
www.superbonessuperwoundswest.com

Nov. 9 – 12, 2017
2017 Clinical Conference
King of Prussia, PA
www.goldfarbfoundation.org

Nov. 10 – 11, 2017
CFPM 18th Annual Conference
Mississauga, ON
www.podiatryinfocanada.ca

Nov. 16 – 19, 2017
Wounds Canada Fall Conference
Mississauga, ON
www.woundscanada.ca

Nov. 16 – 18, 2017
College of Podiatry Annual Conference
Liverpool, England
www.scpod.org

Nov. 29 – Dec. 2, 2017
2017 Desert Foot
Phoenix, AZ
www.desertfoot.org

Dec. 1 – 3, 2017
2017 Diabetic Foot Update
San Antonio, TX
www.txpma.org

Dec. 1 -3, 2017
Windy City Podiatry Conference
Chicago, IL
www.podiatryinstitute.com

2018

April 19 – 22, 2018
Midwest Podiatry Conference
Chicago, IL
www.midwestpodiatryconference.org

June 24 – 28, 2018
FPMA Symposium
Orlando, FL
www.emedevents.com

July 12 – 15, 2018
The National – APMA Conference
Washington, DC
www.apma.org

July 29 – Aug. 4, 2018
International Association for Identification
San Antonio, TX
www.theiai.org

2019

July 11 – 14, 2019
The National
Salt Lake City, UT
www.apma.org

Aug. 11 – 17, 2019
International Association for Identification
Reno, NV
www.theiai.org

2020

July 23 – 26, 2020
The National
Boston, MA
www.apma.org

Aug. 9 – 15, 2020
International Association for Identification
Orlando, FL
www.theiai.org

2021

July 22 – 25, 2021
The National
Orlando, FL
www.apma.org

Aug. 1 – 7, 2021
International Association for Identification
Nashville, TN
www.theiai.org

Atlas

CONTACT US FOR MORE INFORMATION

1-800-260-2305

csr@atlasorthoticlab.com

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