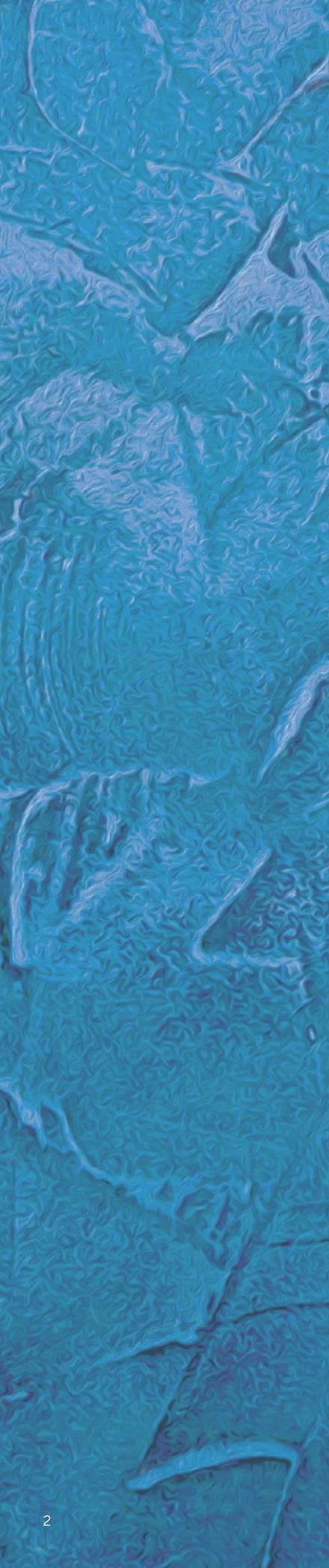


JOURNAL

4TH QUARTER | 2018



Knowledge That
Moves You
Forward!



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FROM THE PRESIDENT

Hello ASPMA members!

My name is Elizabeth Rudy, PMAC. Your current President of the ASPMA!

What a year! We have had many changes this past year- some good, and some that were not preventable. I do want to take this time to thank you all for being so patient with us while the ASPMA Board continue to work hard to make sure that the needs and wants of our members are met. We have all set some goals that we KNOW we will achieve in the year to come! We are looking forward to an even better 2019!



We do have some very exciting changes and additions that will be coming soon and we will be posting that on the website within the next few weeks, so stay tuned!

Additionally, we have open board positions that we encourage any PMAC (certified assistant) to apply! To see a list of current board positions and how to apply, please visit us at www.aspma.org. We would love to hear from you!

To serve as a reminder, please remember that any assistant who wishes to certify, may also do so online at www.aspma.org. Please visit our page if you have any questions!

Happy Holidays, members!!

Respectfully yours,

Elizabeth Rudy, PMAC

ASPMA President



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Interested in having an article published in the ASPMA Journal? ASPMA members may submit articles for publication in the ASPMA Journal. Articles should be no more than 500 words and must be submitted in electronic format. The Journal Editor reserves the right to edit or refuse any article submitted for publication.

Please send your articles to Cheryl at cherylbpmac@gmail.com.

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Please notify ASPMA Membership Chair by sending your old address and new address. Notifications should be sent ASAP as not to delay any Journal or letter mailings from ASPMA.

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NEWS & NOTES

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Qualifying and Examining Members Receiving Certification

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Amanda Wittig, PMAC
Mackenzie Cole, PMAC
Donna Julian, PMAC
Daniella Howard, PMAC
Crystal Smith, PMAC
Jason McClean, PMAC
Mindy Ford, PMAC
Diane Kulas, PMAC
Zuleyka Acosta, PMAC
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NEWS & NOTES



GOLDFARB



CONDITION OF THE QUARTER

METATARSALGIA aka

“Pain on the ball of the foot”

A large number of patients present to the podiatry office complaining of “pain on the ball of the foot”. Luckily, they have consulted with a specialist and we are always ready to treat them and their pain.

There can be many reasons for pain on the ball of the foot. Some of them are: joint pain, calluses, neuromas, strained ligaments, and tendonitis. The exact location of the pain is important in determining which condition is present.

WHAT WE CAN DO:

By the time the patient presents to a podiatry office they have most likely been in pain for a couple of weeks. We need to act quickly to address the cause of the pain so that it may be properly treated.

The DPM will thoroughly evaluate the patient and determine the location of the pain.

Diagnostics will be performed – usually in the form of an x-ray or an ultrasound – to diagnose the source of the pain.

The physician will then recommend a solution to the problem, such as immobilization, bracing, or for more serious cases, surgery.

Finally, the patient will be educated on long-term prevention. They may be advised to wear comfortable, good-fitting shoes. They may be urged to stretch, ice and elevate the foot/leg. They may be prescribed a topical cream or an anti-inflammatory medication.

All patients, regardless of foot pain, are always encouraged to wear well-fitting, supportive shoes and avoiding exercises that put too much pressure on the painful area. They are always discouraged from going barefoot!



What is a MediCure?

By Michele Bradice, PMAC
President-Elect, ASPMA

Office Manager, Carolina Foot Centers
Charleston, SC

Medicure: Medical pedicure; also known as a “MediPedi”



This procedure is performed “dry” eliminating the need for water. Soaking in a footbath is generally not part of this process, but it can be, depending on the office.

Since all disorders of the foot are addressed it makes this an excellent choice for diabetics, as well as arthritis sufferers, athletes, or professionals who are on their feet all day.

A medical pedicure is typically performed by a DPM (state laws vary and some states allow a medical pedicure to be performed by a licensed, certified nail-technician) in the medical office. This is a non-invasive treatment that addresses the foot to the highest detail.

The foot is treated in its entirety. The nails are cut, shaped and cleaned. Using sterilized surgical equipment, hard and dry skin is removed, revealing soft healthy skin. This procedure is pain-free and safe. Other conditions that are addressed during a medical pedicure are: athlete's foot, corn, calluses, cracked heels, fungus, ingrown toenails, flat warts and fissures.

All of this care and treatment eliminates the need for toenail polish and gives the nails a chance to absorb light and “breathe”.

The treatment is usually concluded with cream, lotion or essential oils to hydrate and nourish the feet.

You will leave feeling renewed, refreshed, and healthy. Your feet will thank you!



INVOICE FOR ASPMA MEMBERSHIP RENEWAL \$90.00 NOW DUE

It is time to renew your ASPMA membership dues for 2019. Payment is due December 31, 2018. Please complete this form in full. ASPMA is a related organization of APMA and our bylaws state that all memberships must be verified. Your doctor MUST be a member in good standing for you to continue your membership in ASPMA. (Forms submitted without the required information will be returned unprocessed.)

Upon receipt of your renewal form, you will be issued two stickers for 2019. Place one on your membership card and one on your name badge. If you are a PMAC, your membership will be verified before you can begin your annual recertification process.

PLEASE NOTE MAILING PREFERENCE

RENEWAL FORM (Please print legibly)

Your Name: _____

Your DPM Employer: _____

Office Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

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Home Address: _____

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If you are a PMAC, please let me know if you are CLINICAL or ADMINISTRATIVE (circle one)

Please make your check or money order for \$90.00 in US funds payable to ASPMA and mail to:

Tina Phelps, PMAC
ASPMA Membership Chair
602 Bradley Dr. Apt A
Fortville, IN 46040

You will be charged \$25.00 for checks returned by the bank for any reason

For office use only

Date _____ Check# _____ Amount _____ APMA Verified _____

PERSPECTIVES

Now that is the QUESTION?

By Crystal Cartagena PMAC

You may wonder, what question? Have you ever been asked how you got into podiatry, or if you have a foot fetish? I know I have. The most common question I am asked though, is to treat or not to treat? Now that is the question. Still wondering what I'm referring to? Here's a clue. Well, it's among us. Yes you know of it; it's the fungus.

More specifically toenail fungus or onychomycosis. Onychomycosis is a superficial fungal infection of the toenail. It can cause discoloration, thickening, flaking, and separation of the nail bed. In more severe cases patients have even complained of pain. While onychomycosis is very common and easy to catch it is difficult to treat. Self-care strategies and treatment options have left some feeling frustrated due to unrealistic expectations, hopeless, and embarrassed. At times a patient may wonder: why bother?

What treatments are available to your patients? At Allentown Family Foot Care, after careful evaluation of the nails, possible biopsy, and debridement, a treatment plan is created to best suit a patient's needs. Physician grade formulas have been produced as a topical agent for the patient to apply 1-2 times daily. The downfall to this option is it's tedious and requires full cooperation of the patient. I have suggested to my patients to document progression with photographs. Ask that a photo

be taken prior to treatment and every month or so after. This method has allowed the patient to see even the slightest of improvement or lack thereof. Other treatment options include topical nail creams, oral antifungal medications, natural remedies, and even temporary (avulsion) or permanent (matrixectomy) removal of nails.

What are the risks if left untreated? Isn't it really just a cosmetic nuisance? No! Ignoring a fungal infection will cause the nail(s) to be misshapen, producing pain and making it difficult to ambulate or wear certain shoes. The surrounding skin on the foot is at a higher risk of being infected and evolving into athlete's foot or tinea pedis. Fingernails, due to spreading, have been known to become infected. If left untreated family members or loved ones sharing personal items can come in contact with the infection. Patients with diabetes mellitus or a weakened immune system are at risk of a cellulitis infection if fungus is not properly cared for and treated.

So in conclusion if the next time you are asked, Is it really worth treating? Remember it is always best to do. For something is better than nothing. If your patient has decided on treating a fungal infection encourage them to treat footwear as well. This will reduce the risk of re-infecting healthy nails and spreading the infection.



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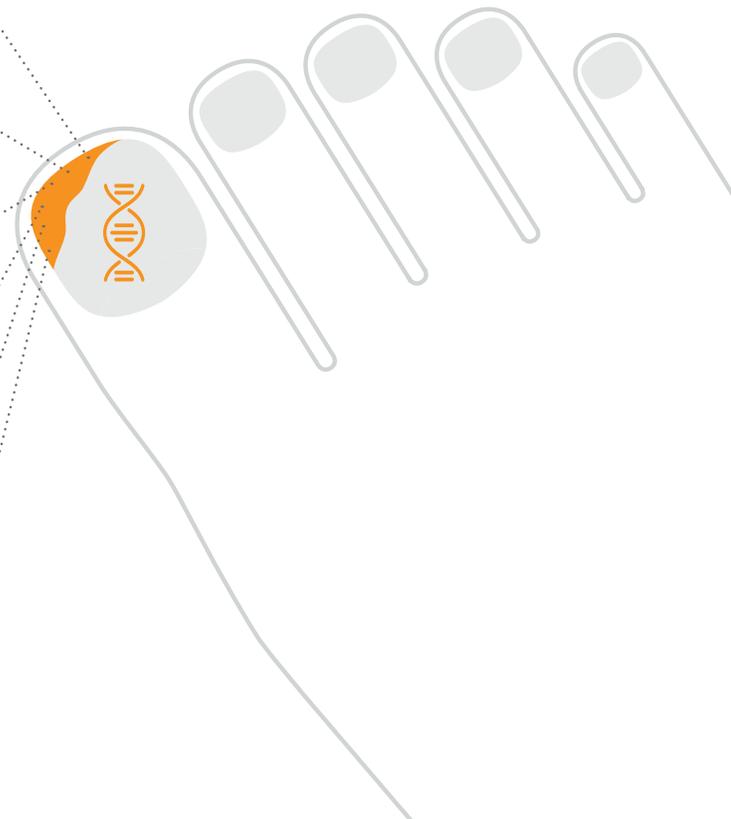
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PERSPECTIVES

Collaboration in the prevention of peripheral arterial disease (PAD)

By Sheri Tack, NP-BC
Advanced Cardiac & Vascular Amputation and Prevention Centers
Lansing and Grand Rapids, MI



Peripheral Arterial Disease (PAD) is a process where plaque builds up in arteries resulting in a lack of blood flow to the legs and feet. (6) PAD is on the rise, now affecting more than 8.5 million US adults and is the leading cause of amputation in people over the age of 50. (2) In the United States there are 1.9 million people living with limb loss with an average of 507 amputations each day. (5)

Diagnosis of PAD is made through clinical findings, ultrasound, and at times computerized tomography (CT) and magnetic resonance imaging (MRI). (1) If arterial stenosis is identified via ultrasound, an arteriogram can be performed to confirm the findings. Arteriogram is an imaging technology using dye to view plaque formation in arteries and the stenosis or blockage can be fixed at the same time. (1)

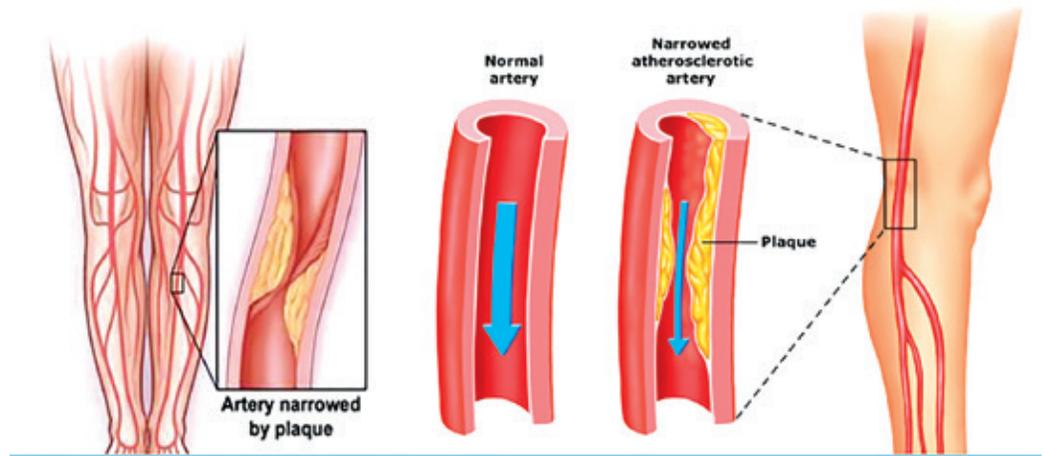
PAD can be challenging to diagnose since approximately 50% of patients are asymptomatic and unaware that they have arterial blockages. (6) Scenarios you may see in your office include the patient with a foot ulcer or the patient you already see for other reasons but now you cannot feel a pedal pulse. Signs that a patient has PAD include a slow or nonhealing wound, having to sit and rest while walking due to leg pain or leg pain at night that disrupts sleep. (4) Patients

with any of these symptoms should be referred to a vascular surgeon for an evaluation.

With advancements in medical technology, treatment options available for PAD are primarily endovascularly performed through a small incision in the groin. The procedure is outpatient, usually done in the office, takes about 1-2 hours and done under light sedation. Bypass surgery is a more invasive option that may be needed for advanced disease or when endovascular interventions have failed. (3)

Early detection is key if we are going to save our patients from the complications of PAD, such as amputation. Often, the podiatry office is the first contact a patient with a foot ulcer has with a medical provider. This puts

the podiatry team in the important role of providing prevention, education, treatment and referral for PAD patients. A team approach is vital in the care of patients with peripheral vascular disease and ulcers. Collaboration between podiatry, wound clinics, infectious disease, vascular surgery and good nursing care will lead to better patient outcomes.



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ADMINISTRATION EXAM REGISTRATION FORM/STUDY GUIDE

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Additional study material for purchase on Amazon new or used =
Saunders ~ Medical Office Management 3rd edition by Alice Anne Andress

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Please present this confirmation to the Exam Proctor on the day of the exam.

PERSPECTIVES

San-TOE Claus

is coming to town....

Common Holiday Podiatric Injuries

*By Michele Bradice, PMAC
President-Elect, ASPMA*

During the holiday season, the podiatry office sees an increase in certain conditions.

Some of these are:

GOUT: Over-eating and an abundance of seafood and alcohol during the holidays raises the risk of gout.

INJURIES: There are so many types of injuries that can happen during the holidays. Some of the ones we see are:

Cooking injuries – spending more time in the kitchen is dangerous! Dropping that 15oz. Can of pumpkin on your toe hurts, so does hot cooking grease.

Weather related injuries – slips and falls on icy surfaces
Decorating: rigging up the lights....and climbing ladders without proper shoe gear.

Travelling – Edema/swelling from long car rides and air travel. Compression socks are always a great idea!

Black Friday – as you're racing through the big box store looking for that fabulous deal look out for the crazy shopping cart drivers and wear comfortable shoes.

Grandchildren – hiding things in your shoes! 2 popular ones are batteries and legos. Neuropathic patients can NOT feel a foreign object in their shoes.

Dressing up – wearing new shoes and high heels...and blisters from dancing all night at the holiday parties!

Just when you think it's all over January rolls around and you've gained weight which makes your feet hurt and then you hit the gym to lose the weight and notice your feet still hurt!

Welcome 2019 – and plantar fasciitis!

Make sure your patients are scheduled to come see you in January!





CLINICAL EXAM REGISTRATION FORM/STUDY GUIDE

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INCLUDED: The Comprehensive Guide to Podiatric Medical Assisting

Exam Registration Fee – \$375.00 (If received within 30 days of exam date)

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EXPLORE: The 2019 Midwest Podiatry Conference

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EXPLORE: Chicago

Take in all of the sights and amazing attractions only offered in Chicago...there is something for everyone in the Windy City!

Stay Tuned for Future Announcements

Request to receive future MPC updates by emailing
meetings@midwestpodconf.org



PERSPECTIVES

Happy wife, happy life? OR.... Happy feet, happy life?

By Elizabeth Rudy, PMAC



I remember years ago (many years) back in college days, when wearing the highest possible heels was the “thing” to do. Everywhere ‘you’ went, heels or wedges were the choice shoe gear. Face it, who wants to go partying while wearing tennis shoes... or even worse.... grandma’s orthopedic shoes?! I was often asked, “Why are you wearing heels”? only to respond with something like “well, Franken-boots don’t really go well with this outfit, sir” Que 15 years later...

When I began working in Podiatry many moons ago, I got to basically wear pajama’s every day. Scrubs and tennis shoes. Tennis shoes and scrubs. The hardest choice I had to make was WHICH tennis shoes I was going to wear that day. But, my feet were HAPPY! I didn’t get off of work at the

end of a long day (standing all day) with the feeling of having to hurry and take my shoes off because my feet were killing me, or throwing the shoes off the second I got in the car and drive barefoot- just because the incredibly abnormal shape of a high heel was tearing into my normal foot structure, making my feet feel painfully awkward! Nope, I wore tennis shoes. my feet actually FIT into my shoes- and comfortably! More importantly, I didn’t have to drive barefoot anymore.

As most of you know, it is extremely important to wear proper fitting shoes at all times. When I say “proper fitting” I don’t mean wearing a size 8 heel instead of a 7 ½ (yes, ladies... we’ve all worn smaller shoe sizes to make our feet look smaller) but, by “proper fitting” I simply mean shoes for your foot type. When we wear shoes that are not made to cover the soles of a human foot, we open up the prospect of giving ourselves blisters, ulcers, pain, fractures, stares from on-lookers, and more. Wearing shoes that are too small may cause the tips of the toes to develop calluses, which could lead into more serious concerns such as deep ulcers. Also, shoes that are too small/tight may cause the

toes to abnormally bend- creating a hammer toe. This is incredibly problematic because it could potentially lead to future surgery in order to correct the deformity. It could be worse for diabetic patients due to the lack of sensation in the feet and the toes. Some patients require specific inserts to accommodate abnormal foot structures, such as flat foot (pes planus) or even an extremely high arched foot (pes cavus). These types of feet usually require custom made orthotics to help control the foot structure and prevent worsening and future problems. Other types of shoes that are labeled as “terrible” shoe gear by our dedicated professionals are “flats” or ballet shoes. These shoes offer no support for the arch and you are basically wearing a sheet of loose leaf paper on your feet. If you can bend the shoe in half with limited or no effort, you probably should not be wearing it. (Now I sound like my DPM!) I think I just heard my mom’s voice too.....

Day after day, year after year- we see patients who present to the office with complaints of foot pain. Have you ever noticed what type of shoes they wore into the office and thought “ well, gee- I wonder why... maybe because you have 9 inch heels on” ... I'd hope none of you would actually say that out loud to the patient- but the point is, the shoes that they choose can ultimately dictate their foot pain. Patient who present wearing the proper shoes, generally have less problems with their feet. This is why we fight so hard for diabetic patients to wear proper fitting shoes and

inserts, which often require special accommodations by certified professionals.

Wearing proper supportive shoes also prevent stress fractures. Your feet carry the majority of your body weight, which makes the bones in the feet very susceptible to problems like stress fractures. Most stress fractures in females (and males) occur in the 2nd metatarsal bone- which carries the brunt of the weight. Add in a high heeled shoe, cramming your foot into an already abnormal shaped shoe and BAM! Stress fracture 101!

If you are unsure if your shoes are right for you, don’t wear them! Just kidding... Ask your DPM. Most of them would rather have their office staff set an example for their patients by wearing the proper shoes.

What shoes are YOU wearing????

Happy shoe selecting!





THE NATIONAL

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SALT LAKE CITY | JULY 11-14, 2019

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PERSPECTIVES

Tis the Season For Frostbite!

By Kim Heineman, PMAC



90% of frostbite cases occur in the extremities. That means our toes and feet are some of the first to be affected by the cold! Frostbite is caused when the skin and tissue freezes. Cells contain water and the water freezes inside the cells. When water freezes it expands. This is what causes the damage to tissue.

Frostbite can happen to anyone if exposed to extreme cold. It does not take long for the process to start if temperatures are cold enough. When the body gets cold, circulation decreases to the extremities in the body's response to protecting vital organs. Other risk factors that make a person more susceptible to frostbite include diabetes, peripheral vascular disease and neuropathy. Individuals with these conditions should take extra precaution.

Signs of being on your way to frostbite, begin with feeling cold and the skin beginning to look red. The next symptoms will include stinging, burning and painful throbbing. Then numbness will set in. Any tissue that is numb for more than a few minutes can get frostbite. Once the tissue begins to freeze, it will take on a pale grayish-yellow or white appearance. It will also feel firm to the touch. If you have the signs of frostbite, you should seek medical attention and warm the area slowly and never allow the tissue to warm and refreeze.

Consequences from having frostbite can include numbness and nerve damage, infection and/or frostbite arthritis. This arthritis is caused from damage to the bones and cartilage. Other consequences can include amputation of the toes or foot. Once you have had frostbite you are at an increased risk for it again.

What are some things you can do to avoid frostbite? Plan for your time in the cold and extreme temperatures. One way of combatting frostbite is layering. Layer in loose fitting and warm clothing. Use layers of socks, but make sure socks and shoes are not too tight. If they are too tight, this can have a reverse effect by decreasing circulation and making your feet colder. Wool socks are a great option because wool is the only fabric that stays warm even if it gets wet! Protect your feet with boots that are waterproof, insulated and properly fit.

Frostbite is something that can be avoided with proper planning and footwear. Hope you stay warm out there!

Upcoming Conferences



Midwest Podiatry Conference Hyatt Regency Chicago

Clinical and Administrative Examination
April 10th – 13th



Region III Resorts Casino and Hotel Atlantic City

Clinical Exam only
Clinical Review Course Wednesday May 1
Clinical Examination
Thursday May 2



APMA 2019 Scientific Meeting

Clinical and Administrative Examination
July 11–14

Salt Palace Convention Center
Salt Lake City

FOURTH QUARTER

2018 JOURNAL QUESTIONNAIRE

The Following will apply for CME credit for the 2018-2019 recertification year. All completed answer sheets should be mailed with your recertification in April 2019. At that time attach all Journal answer sheets to your notice and mail them to the address listed by your state.

ACCESSORY NAVICULAR

UNSCRAMBLE THE WORDS

1. TRXEA _____
2. AOSECRSCY _____
3. CUAVINRLA _____
4. NOBE _____
5. YNDROSEM _____
6. CERBLOMIPTA _____
7. MRETTNTEA _____
8. NTENITEIRVNO _____
9. IRBFOSU EUSITS _____
10. TLEIRAGCA _____
11. BLOZMOIINMAIIT _____
12. TICROSNEO EIJNCONIT _____
13. AADEVTRGGA _____
14. TGLNACINOE _____
15. TOMMSYPS _____

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