# ABFAS NEWSLETTER

for Residents

**December, 2018**

## ABFAS Certification

My name is John Evans, and I was board certified by American Board of Podiatric Surgery (ABPS) in 1990. During these past 28 years, I have witnessed many changes, including my hair turning gray, and I've experienced much good fortune, especially the birth of my two grandchildren. The Board has been with me the entire way.

Working with the Board since 1994, I have followed the lead of three Executive Directors while appreciating the development of the Computer-based Patient Simulation (CBPS), the evolution of our residency programs, a name change, and the metamorphosis of Podiatry into the specialty it is today. From my perspective, the American Board of Foot and Ankle Surgery (ABFAS) has been instrumental in achieving these advancements and in defining podiatrists as the recognized experts in the care of the foot and ankle.

I have seen Podiatry grow from an ancillary specialty on the "fringe" of accepted medicine to the integrated specialty we are today. Our allopathic and osteopathic colleagues recognize us as a valuable and respected medical specialty, and the public looks to us to help them walk effectively and to save their limbs when necessary.

When I began my career, there were few hospitals where podiatrists had active membership. Today it is precisely the opposite. During my early years I spent significant time campaigning for podiatrists to gain hospital and insurance-panel privileging. The only consistent factor that each organization accepted when determining whether a DPM should be considered for membership was ABPS certification. It was the primary wedge we had for opening doors; it was readily accepted that the podiatric physician with ABPS Diplomate designation had successfully navigated the rigorous and difficult examinations process.

What was true then remains true now. Surgeons with ABFAS certification have a designation that is respected and valued throughout the medical community and among the public-at-large.

During my career, I have been involved in local and national leadership positions, and over the past few years I have had the privilege of serving as a Chair of the APMA Health Policy and Practice committee, primarily dealing with podiatric practice and reimbursement issues associated with Medicare, Medicaid, and the private insurance industry; concerns that affect every Podiatry practice. In this capacity, I work with medical directors from the insurance industry along with physician leadership representing all specialties.

Recently, newly proposed changes to physician reimbursement by Medicare threatened Podiatry by "carving out" our profession's ability to bill for medical visits, recommending that we be restricted to using "special" codes and not the E&M codes used by our allopathic and osteopathic colleagues. This would have labeled us as "different" from other professionals and we would be unable to bill for the level of care that an MD/DO physician would provide. I was quite surprised when the entire medical community (including Orthopedics) came to our defense, strongly informing CMS and Congress that Podiatric services are equally as valuable. Podiatry is no longer viewed as an ancillary specialty but as a valuable and respected partner in medicine. ABFAS-certified surgeons have been instrumental and influential in the development of this trust.

I am proud of ABFAS. I have been fortunate to have had the opportunity to work with many of the finest foot and ankle surgeons in the world, and to have been part of the history of the Board and our podiatric profession. The certification process remains challenging and continues to evolve to remain level with other ABMS specialties.

To those physicians who choose foot and ankle surgery as a specialty...welcome! We need you now more than ever. I look forward to working with you, along with the American Board of Foot and Ankle Surgery, to improve the health and welfare of our growing population.

John N. Evans, DPM, FACFAS, DABFAS, DABPM
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Member, ABFAS Communications Committee

## PRR Case Logging

Case logging is the process of logging patient encounters to ensure that residents have met the minimum activity volume and diversity set forth by the CPME 320 document. You must have the correct number of logged cases in PRR in order to graduate.

Earlier this year, the Council of Podiatric Medical Education (CPME), along with an ABFAS task force updated the surgical procedure categories and logging guidelines for PRR. Residents should already be logging under these new guidelines. Please contact your Residency Director if you have any questions around case logs and/or PRR.

Below are some common questions that residents have about logging cases in PRR.

**Do you have any examples of cases that would fit into the category 5.3 in non-elective soft tissue?**

- 5.3.1 repair of acute tendon injury (Acute tibialis anterior tendon or acute Achilles tendon rupture)
- 5.3.2 repair of acute ligament injury (isolated syndesmosis repair when there are NO fractures to the distal tibi/medial malleolus or distal fibula)
- 5.3.3 microscopic nerve/vascular repair of the midfoot, rearfoot, or ankle (tarsal tunnel release with use of microscope)
- 5.3.4 excision of soft tissue tumor/mass of the foot (with reconstructive surgery) - the KEY is reconstructive surgery i.e.: muscle flap etc. in conjunction with tumor removal
- 5.3.5 (procedure code number no longer used)
- 5.3.6 open repair of dislocation (proximal to tarsometatarsal joints) - Any dislocation of the rearfoot that requires an incision to reduce
- 5.3.7 other non-elective reconstructive rearfoot/ankle soft tissue surgery not listed above
- 5.3.8 excision of soft tissue tumor/mass of the ankle (with reconstructive surgery) - SELF explanatory- the KEY is reconstructive surgery i.e.: muscle flap etc. in conjunction with tumor removal

**I am attempting to log several arthroscopies of the 1st MPJ under the first ray procedures. As there is no arthroscopy of the 1st MPJ option, what other procedure of the 1st ray and "detail the procedure in the description box" should I select?**

- 2.3.10 other first ray procedure not listed above

**How do I log plantar plate repairs if lesser MPJ capsulotendon balancing is inappropriate?**

Use 3.7 open management of dislocation (MPJ/tarsometarsal). Anytime a plantar plate repair is done you must describe it in the procedure description space.

- 3.5 may be used in conjunction with any digital osseous surgery, however, 3.5 may not be used in conjunction with:
- 3.6 tendon repair, lengthening, or transfer involving the forefoot (i.e. digital flexor digitorum longus transfer)
- 3.7 open management of dislocation (MPJ/tarsometarsal)
- 4.2 lesser MPJ arthroplasty
- 4.5 lesser MPJ implant
- 4.6 central metatarsal osteotomy/Weil osteotomy

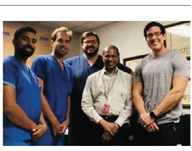
These are ABFAS' interpretation of the PRR logging guidelines. For further clarification and questions around these guidelines, residents should contact their program director and use CPME's Proper Logging Guide.

## Join Us

ABFAS will be attending more conferences in 2019 than ever before. If you are attending, we welcome you to stop by our booth.

**Florida Podiatric Medical Association Science and Management Symposium**
January 9-13, 2019
Disney's Coronado Springs Resort
Lake Buena Vista, Florida

**New York State Podiatric Medical Association/ Foundation for Podiatric Medicine**
January 18-20, 2019
New York Marriot Marquis
New York, New York



## #footfirst

**ABFAS and its DPMs are #footfirst!**
ABFAS is looking for photos of residents studying, performing cases, interacting with feet, performing on feet, or even just hanging out with other residents. Send your best photos to footfirst@abfas.org so we can share them on social media, in our magazines, and online. We will select a monthly winner with the best photo who will receive a great ABFAS prize and recognition on our Facebook page. Don't forget to share your photos using #footfirstABFAS

Since 1975, ABFAS' mission is to protect and improve the health and welfare of the public by the advancement of the art and science of foot and ankle surgery.

**ABFAS.org**