



ABFAS NEWSLETTER

for Board Qualified Candidates

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, FAFAS, DABFAS, DABPM
Chief of Podiatry, Beaumont Dearborn Hospital, Dearborn, MI
Member, ABFAS Communications Committee



Case Review: Mislogging Cases

The 2019 ABFAS Case Review registration will close Friday, December 7, 2018 at 11:59 PM Pacific Time. This is the only Case Review examination in 2019. Candidates should already be logging their cases to make sure they are eligible and to pass the hospital audit. If you pass the hospital audit, you will have until March 8, 2019, to submit your electronic case documentation.

Mislogging is one of the major reasons why candidates fail case review. Candidates must pay close attention to ensure each case is logged accurately.

Below is a list of common logging errors that resulted in candidates failing case review:

- 1) A Lisfranc fracture ORIF or arthrodesis is not considered a rearfoot procedure. A Lisfranc fracture ORIF should be logged as 4.13 (Open management of tarsometatarsal fracture/dislocation) and a Lisfranc joint arthrodesis is logged as 4.15 (tarsometatarsal fusion). Please note: "Midfoot" joint(s) refers to any joint proximal to, and not including, tarsometatarsal/Lisfranc joint.
- 2) A Lapidus bunionectomy is a first ray procedure and should only be logged as 2.1.6 (bunionectomy with first metatarsocuneiform fusion) or 2.2.5 (joint salvage with first metatarsocuneiform fusion) or 2.3.3 (metatarsocuneiform fusion, other than for hallux valgus or hallux limitus).
- 3) A Haglund's deformity where the posterior heel exostosis is shaved (without detaching and reattaching a major portion of the Achilles tendon) should be logged as 4.1 (partial ostectomy). Such cases are never used for case review. If logged incorrectly, and the case is pulled for review, a failing score will occur.
- 4) Plastic surgery does not include simple wound debridement and synthetic/biological graft application. A synthetic/biological graft application and/or simple double elliptical lesion excision does not meet the criteria for case review and if submitted will result in a failing score.
- 5) A Kidner procedure should be logged either as 5.1.6 (ligament or tendon augmentation/supplementation/restoration) or 3.1 (excision of ossicle). Removal of any ossicle such as os peroneum, os navicularis, os trigonum should only be logged as 3.1. Do not take the risk and log incorrectly as a simple ossicle removal with/without tendon debridement is not a qualified procedure for case review and will result in a failing score.
- 6) If a joint salvage procedure with cheilectomy only is logged as a joint salvage procedure with distal metatarsal osteotomy, the candidate will receive a low or failing score for that case.
- 7) Open management of fracture or metatarsophalangeal joint (MTPJ) dislocation cases must include internal or external fixation.

Reminder: **Registration for the ABFAS 2019 Case Review closes December 7, 2018, at 11:59 PM Pacific Time.** If you do not register by Friday, December 7, you will not be able to participate in the 2019 Case Review.



Uploading Images into PLS

One of the major areas of concern for candidates preparing their board certification case documentation is images. Indeed, unreadable or inappropriately uploaded images are frequently cited in the case review process. ABFAS has created information to assist you in the preparation of suitable images for uploading with your case documentation.

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



ABFAS Profile Update

ABFAS reminds you to log into your profile and confirm all contact information, including email address and mailing address is up to date. Please also confirm that all licenses are up to date. To update your license information, email your license information to licenses@abfas.org or you can fax your information at 415-553-7801.

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



AMERICAN BOARD OF
FOOT AND ANKLE SURGERY

ABFAS NEWSLETTER is an executive summary of noteworthy articles. Unless specifically stated otherwise, the content does not necessarily reflect the views of ABFAS and does not imply endorsement of any view, product or service by ABFAS.

Copyright © 2018 American Board of Foot and Ankle Surgery