

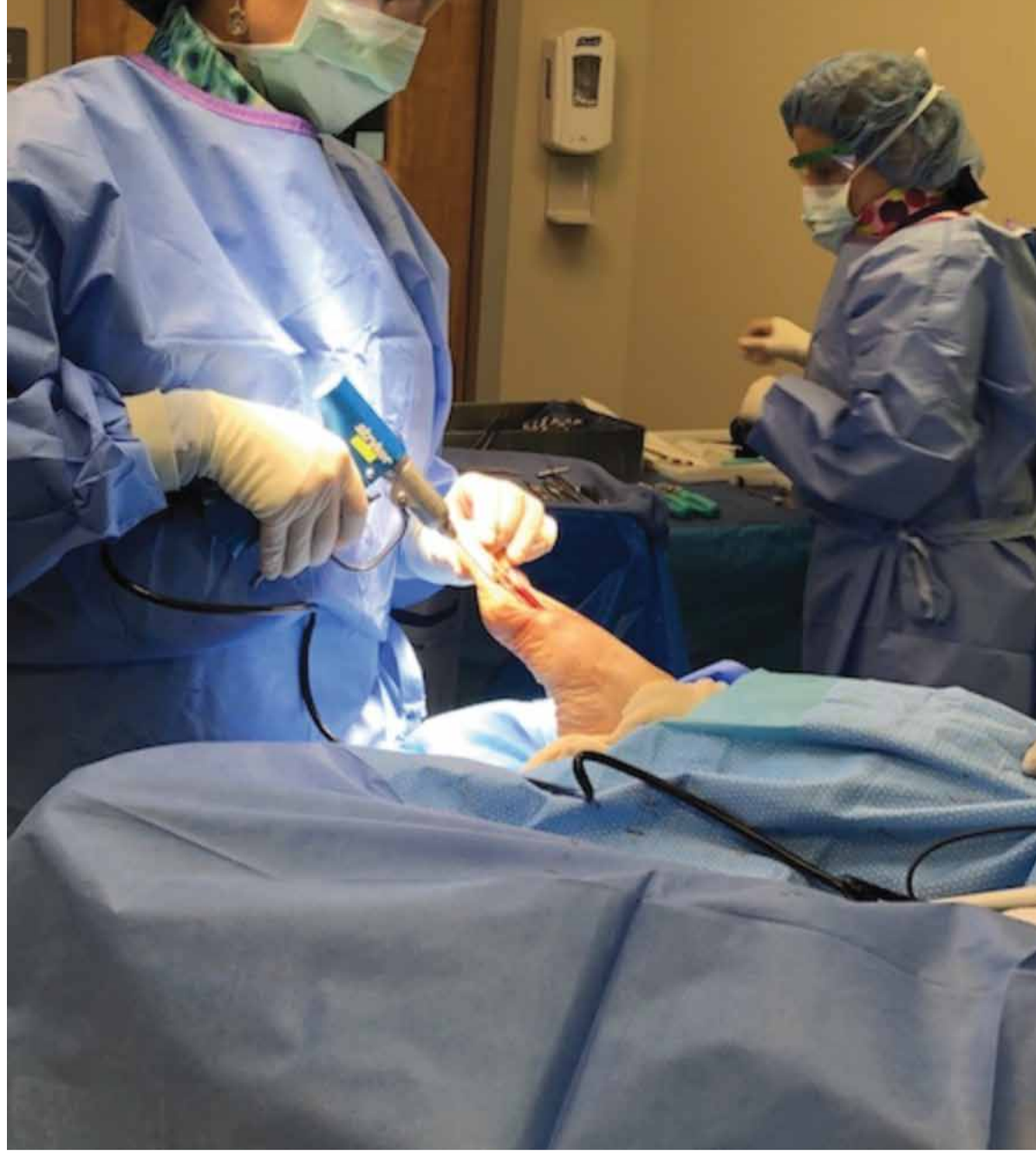
Meet ABFAS' New Secretary/Treasurer

Amberly Paradoa, DPM, has served on ABFAS' Board of Directors for the past three years. This spring, Dr. Paradoa was re-elected to a three-year term as well as elected to executive leadership as the board's Secretary/Treasurer. Dr. Paradoa has long been affiliated with ABFAS, volunteering her time on numerous committees including the Cognitive Exam Committee, CBPS Review Committee, Strategic Planning Committee, as well as the Online Study Guide Task Force and Standard Setting Task Force.

We sat down with her to discuss her education, career, volunteerism, and commitment to ABFAS and the profession of foot and ankle surgery.

What made you choose a profession as a foot and ankle surgeon?

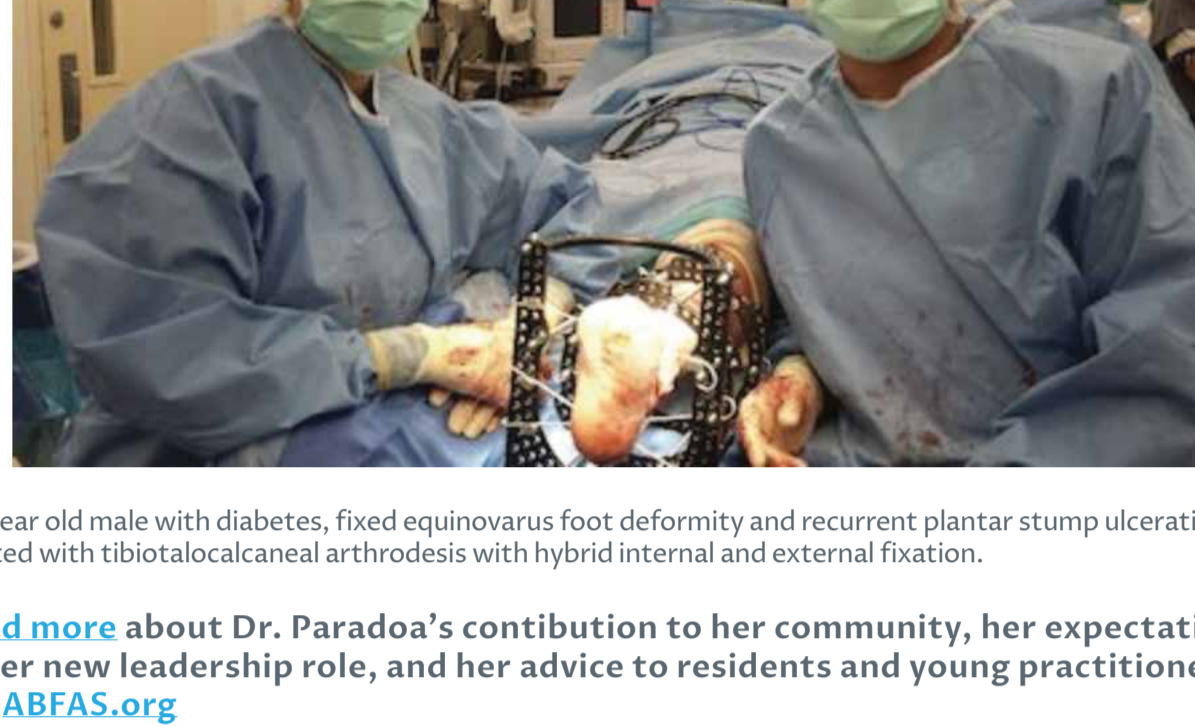
"All my life, I've always had a love of the art of medicine. I had the dream of becoming a physician, more specifically, a surgeon. Early in college, I had the great opportunity to shadow podiatric foot and ankle surgeons, and from that point on I always knew that I wanted to go to podiatry school and, ultimately, become a foot and ankle surgeon."



Dr. Paradoa performs on a 67-year old female undergoing 1st MTPJ arthrodesis for arthritic great toe joint.

How did you know you wanted to pursue ABFAS as a certification?

"I first became familiar with ABFAS in podiatry school, then more so in residency training. ABFAS surgical board certification was always an important goal of mine. Our residency program engrained in us to pursue ABFAS certification. Certification gave diplomates respect amongst podiatric surgeons, and also, peers within the medical community. The ultimate goal to be certified with ABFAS was always important to me."



68-year old male with diabetes, fixed equinovarus foot deformity and recurrent plantar stump ulcerations treated with tibiotalarcalcaneal arthrodesis with hybrid internal and external fixation.

[Read more](#) about Dr. Paradoa's contribution to her community, her expectations in her new leadership role, and her advice to residents and young practitioners on: [ABFAS.org](#)

Preparing for Case Review: Proper Logging in PLS

Registration for the 2020 Case Review opens on November 4, 2019. Make sure you're logging your cases into PLS so that you can register. If you don't meet the case diversity requirements you won't be able to register.

Use the correct logging procedure codes! Mislogging is one of the major reasons why candidates fail case review. Please ensure you are using the proper procedure codes when logging in PLS. Pay attention to ensure that each case is logging accurately.

Below is a list of common logging errors that have 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 osteotomy). 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.
- 8) Open management of any fracture or dislocation logged as ORIF must include internal or external fixation. Example: A patient suffers an inversion injury and fractures the anterior process of the calcaneus. Surgery is performed to remove the fracture fragment. This is not ORIF.

2020 Case Review Prep: Changes for 2020 Case Submission

ABFAS has made two important changes to the 2020 Case Review exam. First, we have deleted the requirement of a minimum 10 RRA Elective Osseous and minimum 2 RRA Nonelective Osseous in Appendix B. Instead, you will need to log 13 cases from any procedures listed below.

- RRA Elective Osseous**
- 5.2.4 midfoot, rearfoot, or ankle fusion
 - 5.2.5 ankle fracture, rearfoot, or tibial osteotomy
 - 5.2.9 ankle implant
 - 5.2.10 corticotomy or osteotomy with callus distraction/correction of complex deformity of the midfoot, rearfoot, ankle, or tibia

- RRA Nonelective Osseous**
- 5.4.1 open repair of adult midfoot fracture
 - 5.4.2 open repair of adult rearfoot fracture
 - 5.4.3 open repair of adult ankle fracture
 - 5.4.4 open repair of pediatric rearfoot/ankle fracture or dislocation
 - 5.4.5 management of bone tumor/neoplasm (with or without bone graft)

This change should help you qualify for RRA case review. Registration opens on November 4, so please make sure you are logging your cases in PLS to see if you qualify for the 2020 exam.

Second, when you take the exam, you will only need to upload 11 cases, not 13. This will benefit you by not reducing the number of cases remaining in your selection pool in case you need to sit for Case Review again.

Case Review Timeline

November 4, 2019 – Case Review registration opens.

December 6, 2019 – Case Review registration closes.

December 10, 2019 – ABFAS sends candidates instructions for hospital/surgery center audit.

January 10, 2020 – Deadline for hospital/surgery center audit documentation.

January 21, 2020 – List of procedures selected for Case Review available on the PLS site.

March 20, 2020 – Deadline for candidate submission of complete electronic case documentation. Candidates must submit by 11:59 pm Pacific time.

April 23-25, 2020 – Case Reviewers meet. Candidates do not attend case review.

Spring 2020 Exam Registration Opens for the May 13, 2020, Part II CBPS Exams

Mark your calendars! On November 4, 2019, ABFAS opens registration for the May 13, 2020 Part II CBPS exams. You will be able to register for the Foot Surgery CBPS and RRA Surgery CBPS exams.

- Important Dates:**
- November 4, 2019** – Registration Opens
 - April 29, 2020** – Registration Closes
 - May 6, 2020** – Last Day to Withdraw w/o Penalty
 - May 13, 2020** – Exam Date

ABFAS Thanks Marty Pressman, DPM, and Ron Ray, DPM, for Their Commitment to the Profession



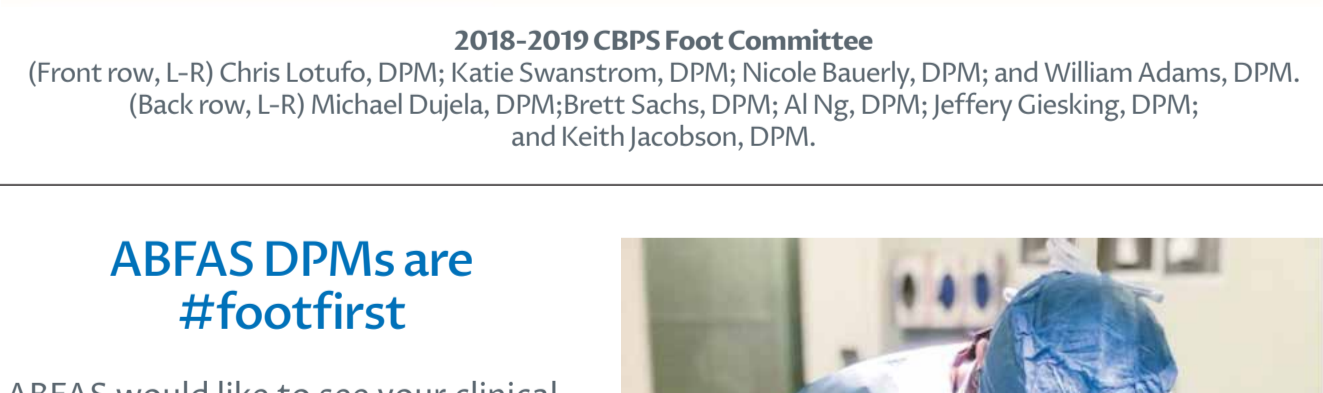
2018-2019 CBPS RRA Committee
(L-R) Gregory Webb, DPM; Eric Evans, DPM; Ronald Ray, DPM, Chair; Matthew Williams, DPM; Joseph Treadwell, DPM; Michael VanPelt, DPM; Danny Choung, DPM.

ABFAS thanks Marty Pressman, DPM, and Ron Ray, DPM, for their stellar leadership and dedication to ABFAS and the CBPS Committees.



Dr. Pressman (pictured, left), one of the developers of the CBPS exam, has chaired the overall CBPS process since its inception. Dr. Ray has led the CBPS RRA Committee for almost a decade. In his more than 35 years of service to ABFAS, Dr. Pressman has participated in every facet of the examination process. Dr. Ray, as well, has served in several capacities during his long service to ABFAS. Both Dr. Pressman and Dr. Ray were members of the Board of Directors including serving as President of ABFAS. Dr. Pressman and Dr. Ray were honored this past September at the committee meetings in Chicago.

The separate Foot and ankle committees were dissolved this past year as ABFAS formed the NEW CBPS Committee. ABFAS thanks both Dr. Pressman and Dr. Ray for their commitment to the foot and ankle surgical profession.



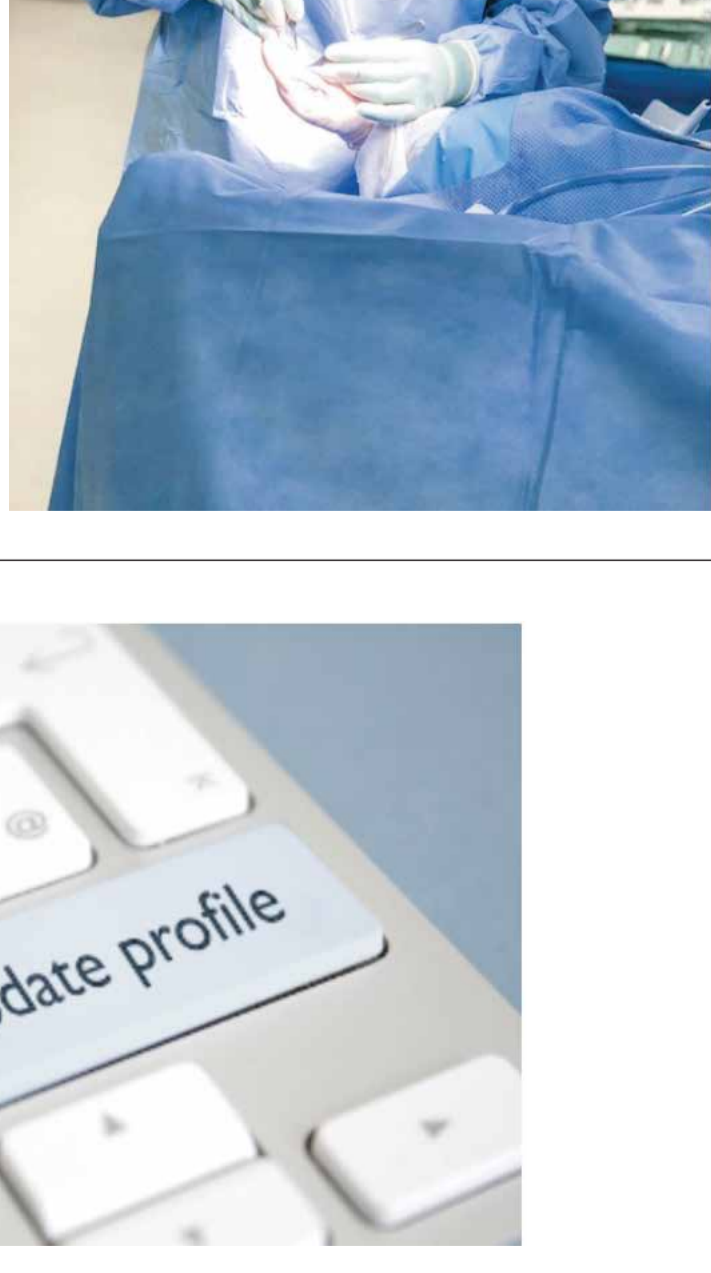
2018-2019 CBPS Foot Committee
(Front row, L-R) Chris Lotufo, DPM; Katie Swanson, DPM; Nicole Bauerly, DPM; and William Adams, DPM. (Back row, L-R) Michael Dujela, DPM; Brett Sachs, DPM; Al Ng, DPM; Jeffery Giesking, DPM; and Keith Jacobson, DPM.

ABFAS DPMs are #footfirst

ABFAS would like to see your clinical photos of DPMs studying, performing cases, interacting with feet, or performing on feet.

Send your best photos to footfirst@abfas.org so we can share them on social media, in our magazines, AND our new website! 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.

Photograph submitted by Neda Mehmandoost, DPM from Houston, TX.



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.

Safe Sender

ABFAS would like all communication to find its way to your inbox. Please add info@abfas.org, updates@abfas.org, and scheduling@abfas.org to your safe sender list to ensure that all of our emails arrive in your inbox and not in "spam".

