



Spring 2021 Newsletter



Welcome to the Spring ABMSP Newsletter for 2021. Spring brings new life and growth and we are moving forward in all ways. As the snow melts and flowers start to bloom, our commitment to our diplomates remains strong and constant.

We welcome our newly elected President Theodore Varoz and our newly elected Board member Dr. Maggie Solimeo. They are both passionate about moving our Board into the future and continuing our goal of excellence through certification with the American Board of Multiple Specialties in Podiatry.

We are looking forward to getting back to normal and seeing each other at meetings and future events. As newsletter editor, I welcome your comments and questions. Please stay safe and healthy.

Very best regards,

Caroline Tiglio, DPM
Editor

President's Message

Dear Valued Diplomates of ABMSP,

It is my honor and privilege to serve you as the newly elected President of the ABMSP this year.

Additionally, let me also announce the newest member of the ABMSP Board of Directors, Dr.

Maggie Solimeo of Hellertown, Pennsylvania. Welcome Maggie to the team, and congratulations!



As the new President, I want to assure you that I will continue to adhere to the highest standards that were established by our founder Dr. Earl "Boots"

Horowitz. He was a man that embraced openness and inclusiveness. He was often quoted as saying “let’s get everyone involved to move ABMSP forward.”

The establishment of our new House of Delegates compliments this openness and inclusiveness which will allow us to know more about the issues that matter most to our members. With more participation by the House of Delegates we can keep a good thing going and build on the concept that more participation will result in more recognition for our specialty board certifications. I hope you will join me in promoting the new strategy of innovation through participation in our House of Delegates from Maui to Maine and around the world.

Thank you,

Theodore Varoz DPM

President ABMSP

ABMSP House of Delegates Update

Stephen Permison, MD
Chair

This past year saw the birth of the ABMSP House of Delegates (the House). The concept, organization and responsibilities for the House were developed by the ABMSP Communications and Marketing Committee (CMC) which is responsible for House management and direction. A member of the ABMSP Board of Directors serves as liaison for each region and is responsible for nominating delegates to the regions that they oversee. Nominations for the House, after successful vetting by ABMSP staff (Joan Campbell, Jenna Ayala and Alexandra Brunelli) are confirmed by the CMC and forwarded by the CMC Chair to Dr. Theodore Varoz, the new President of the ABMSP Board of Directors, for appointment.

The House serves as the principal advisory body to the ABMSP Board of Directors. It consists of twelve regions. Regions I – X correspond to the ten geographic regions of the Centers for Medicare and Medicaid Services with delegates representing all U.S. states and territories. Region XI is for U.S. Government Departments and Agencies, and Region XII provides representation for our international diplomates.

I am very pleased to report that during the first few months after formation of the House, our Board of Directors (House Liaisons) successfully nominated and our Board President appointed Delegates to represent all twelve regions. Our founding Liaisons and Delegates include:

<u>Region</u>	<u>Delegate</u>
Region I	Maria Galimidi, DPM, NH
Region II	Paul Kesselman, DPM, NY
Region III	Nikki Marie Miracle, DPM, PA Gina M. Freeman, DPM, DE
Region IV	tbd
Region V	tbd
Region VI	Ryan, Tingle, DPM, NM Ashley Meusa, DPM, TX Jeffrey Lux, DPM, LA
Region VII	Charles Allison, DPM IA

Region VIII	Edward Nicholas Behen, DPM, CO Karana M. Pierre, DPM, SD
Region IX	Tim Dutra, DPM, CA Howard Liebeskind, DPM, CA
Region X	Charles Edwards, DPM, AK Timothy Black, DPM, ID
Region XI	Darren Woodruff, DPM, Canada
Region XII (Gov't)	Victor, Quijano, DPM

Drs. Victor Quijano and Mark Spal, who co-chair our board's outreach to podiatry students & residents are now developing a student/resident associate program for the House. As the ABMSP expands its certification activities, nationally and internationally, we look forward to professional support and guidance from our House Delegates. You may find pictures and short bios of our delegates on our website: www.abmsp.org If you have questions about the House or inquiries about how you may become a delegate please send me an email: stephen.permison@abmsp.org

ANSI 101 Explained

You may have noticed that on some of our materials we have a logo that says "ANSI Accredited." But have you ever wondered what it means? ANSI stands for the American National Standards Institute. They serve as part of an international alliance which sets standards for personnel accreditation programs, such as ABMSP.

The standards are a rigorous set of guidelines for "best practices" in credentialing. ABMSP has met the standards for its Primary Care, Foot and Ankle Surgery, and Diabetic Foot Wounds examinations for the last 13 years. We were recently re-accredited for 2021. In order to demonstrate adherence to the standards, ABMSP staff fills out a lengthy and detailed annual application. Over 75 documents are also supplied to substantiate that we meet or exceed each standard. The application and its attachments are reviewed by two assessors – one a management assessor and the other a psychometrician – who are knowledgeable about certification and the standards. They review the application and attachments to ensure there is proper documentation to support our adherence to each standard.

After the application and supporting documents have been reviewed, the assessors meet with the ABMSP staff. Typically this meeting is held in the ABMSP offices; this year it was held via a Zoom call. During the meeting, our processes and procedures are reviewed to once again to ensure we meet the standards. Also joining the call were employees from Professional Testing Corporation to provide verification of the way in which the examinations are developed and remain statistically and psychometrically valid and reliable.

The process of filling out the application, the review by the assessors, and the "on site" visit take approximately 5 months. Seven months later we start the process all over again. But the ABMSP Board of Directors is proud that we take the time and effort to earn and maintain this accreditation. It is proof that we strive for and have been recognized for excellence in our certification program.

Joan Campbell
Executive Director

"80 IS the new 60"

The surgical benefits of minimally invasive surgical techniques for the geriatric patient makes the octogenarians like sixty year olds.

The success of modern medicine, with the sheer numbers of baby boomers now between 57-75 years old (71.6 million in the U.S.) has created a new and important focus on the foot care needs of the aging. Geriatric Medicine and Podiatry sits at the forefront of this growing community, who

demands that life is lived actively, while as clinicians we must recognize the natural devolution and co-morbidities such as diabetes and cardio-vascular disease that occurs with each additional decade in our surgical planning and prescribing.

The role that we play as Podiatric Surgeons and Physicians is key to the success of this population. Obtaining complete medical histories, vascular studies and appropriate labs are critical, yet when conservative care no longer provides meaning outcomes, surgery is the proper course. For this growing demographic the benefits of MIS allow for the use of local anesthesia, a surgical technique with reduced tissue trauma, and generally faster return to shoe gear with quality outcomes.

To further the passion of geriatric medicine in the spirit of my beloved mentor Dr. Earl "Boots" Horowitz I am pleased to share this article with you.

Live Long and Be Well,
Beth Pearce DPM
Member, ABMSP Board of Directors

Communications and Marketing Committee (CMC)

The CMC is a core ABMSP committee charged with developing and monitoring board communication and marketing initiatives. For example, communications include oversight responsibilities for publication of our biannual newsletter, monthly *eBlasts*, social media, and website. Marketing includes maintenance of existing and development of new marketing initiatives, campaigns, and advertising. Many of these responsibilities are overseen by individual chairs, who, together with their committees are totally responsible for our many successful programs.

Our Newsletter Editor is Dr. Caroline Tiglio. *eBlasts* are edited by Joan Campbell and Jenna Ayala. Social media accounts have long been handled by Dr. John Coleman - who successfully built our Twitter following which now surpasses that of the APMA. John has just retired from this position, and we are looking for a social media volunteer (see separate note regarding this open volunteer position). Website development and maintenance is provided by WDG Interactive (www.wdginteractive.com); their president attends all CMC meetings.

The newly elected President of the ABMSP Board of Directors, Dr. Theodore Varoz, chairs our Advertising Committee. Dr. Tiglio, our Newsletter Editor, also chairs our Distinguished Authors Program that provides original, timely articles on subjects impacting podiatric practice for our publications. Dr. Kenneth Rehm chairs our Editorial Committee charged with reviewing all published articles and ABMSP advertising. Drs. Victor Quijano and Mark Spal co-chair our Student-Resident Program that provides on-campus events to stimulate student/resident interest in ABMSP board certifications and activities.

Our monthly agendas and committee notes speak for themselves regarding the accomplishments of our talented committee members. To provide more insight into committee activities and address an American National Standards Institute (ANSI)/American National Accreditation Board (ANAB) requirement of openness, we will be developing access to our agendas and minutes via a new section of our website accessible only to ABMSP Diplomates. Please look for this "members only" addition to our website in the coming months. Finally, all our committee chairs need additional support. If you are interested in serving on any of our key board committees, please email me at: stephen.permison@abmsp.org

Sports Medicine: The Science behind *BEING YOUR BEST!*

Kenneth B. Rehm, DPM,
Vice President American Board of Multiple Specialties in Podiatry
Board Certified in Podiatric Sports Medicine

Member American Academy of Podiatric Sports Medicine

As a practicing podiatrist, I realize how important it is to deal appropriately with discomfort and to understand that pain is a warning signal that something is wrong. Use this warning signal as an opportunity to prevent injury. Exercise and sports injuries, in most cases, can be prevented.

If an injury has occurred, fast effective treatment, reduction of inflammation, and increasing circulation to the injured area is the key to rapid recovery. The goal is to prevent re-injury, formation of scar tissue, permanent damage, and to re-establish full use of the injured area.

The following basic principles are critical for foot and ankle injury prevention. These principles are not hard to follow, and in my years of practice I have found them to be most effective.

1. Keep the body in a healthy condition

A healthy body has a better ability to resist harmful environmental and biomechanical influences.

2. Eliminate harmful influences

Your workout and exercise routine may not have the desired result when you add stress, unhealthy foods, and poor lifestyle choices. All these things take their toll on your body.

3. Choose Appropriate Exercises & Activities

Choose sporting activities and exercises that are compatible with your capabilities and lifestyle. For instance, if you have not trained for a marathon, you might want to wait to enter one. You must do what is best for you.

4. Choose a Training Schedule That's Organized, Consistent, Regular, Sustainable, Reproducible and Measurable

When you do your workout consistently, you immediately decrease the chance of injury, and increase the likelihood that your activity will be long term. To insure a program that is consistent and long term, don't overdo it. It is not uncommon for most people to start an exercise program with such an enthusiasm, that they tend to do more than they should at first. The best program incorporates the philosophy of not being in a hurry to lose weight or get in shape.

5. DON'T DO TOO MUCH, TOO SOON... WHAT'S THE BIG HURRY?!

The purpose of choosing the appropriate sport and exercise routine is to create a leisure activity and exercise program that will become part of a total healthy lifestyle. Choose a sport and exercise program that you enjoy and that can stay with you as part of a long-term lifestyle choice. If you enjoy it, you can do it without injury or too much discomfort. It will eventually become a habit that you enjoy so much you will not want to give it up. The sport should be fun, and the exercise you choose to support it should be made easy and convenient.

6. Be Prepared!

Keep your athletic bag stocked and ready to go. Have your exercise equipment handy and your athletic club close by. Creating variety and change to any activity makes it fun and challenging and does not decrease the benefits of the exercise or sport. You may decide to take a run on the beach while driving by. By having your gear with you, you will be ready for any spontaneous activity. If it is fun AND convenient, it will increase the chances for it to be an ongoing activity and lifestyle choice.

7. If It Hurts.... Don't Do It!

There is only some truth to the saying, "No pain...no gain." There is a comfort threshold that we could cross, but not to the point of frank pain. ***To push ourselves gradually beyond our comfort level builds conditioning but to push ourselves to the point of pain creates injury. Be aware of this threshold.*** Be conscious of the stresses you are putting on your body and what your body is telling you.

8. Choose the Appropriate Time of Day

The older we get, the colder and stiffer our muscles are in the morning. They are less elastic and this increases the chance of pain and injury. Activities performed later in the day have less potential of creating injury. If morning activity is your choice, then a pre-exercise warm-up becomes more important.

9. Incorporate “Warm Up” and “Cool Down

Before exercise, the muscles, tendons and joints are “cold,” tight, inelastic, and stiff. ***The lack of optimum flexibility and blood flow sets the stage for injury.*** During exercise or athletic activity, the body can tighten up and needs to be loosened and relaxed. Activities such as massage and stretching should always be part of an injury prevention program. This cool-down and warm up helps prevent pain and injury.

10. Use the Right Equipment

Optimum benefits and minimum risk of injury is accomplished by using the right equipment for your activity. Even the simplest of activities such as walking requires the right type of shoes and foot insert supports. Treat your activity with respect, and do the things that are right for your body. If you are a scuba diver, you wouldn't go diving without a good oxygen tank, would you?

11. Get in Shape for your Sport: Don't Use Your Sport As Your Exercise

Successful injury-free performance of your sport requires exercises to support it. Additional exercises strengthen and stretch the muscle groups and joints involved. For instance, runners, skiers and baseball players must do both stretching and strengthening exercises to avoid getting hurt. Athletes who do not train all the muscle groups involved in their sport get injured. Prevent injury by exercising for your sport!

Feel good! Feel strong! You can't go wrong!

12. Take a Day Off!

Taking a day off from exercise and sport allows the body to rest and regenerate the energy restoring properties of the body. This clears out the harmful toxic waste products and helps nourish the tissues of the body.

13. Increase your Knowledge

The more knowledge you have of how your body works, its limitations and the activity you are pursuing, the less chance there is for injury. For instance, if a runner gets shin splints, the cause may be that one leg might be longer than the other. Knowing what side of the road to run on is an important consideration. The longer leg may want to become shorter, and the shorter leg may over compensate to try to become longer. They do that by certain abnormal rolling motions of the foot, which can now be prevented by using special inserts for the shoes.

“Knowledge is the key that opens the door to prevention. Motivation is the power to push the door open.”

You can now confirm your love, interest and expertise in Podiatric sports medicine by obtaining the valued credential that is now available through The American Board of Multiple Specialties in Podiatry. Become board certified in Podiatric Sports Medicine and access the many benefits that will come your way as a certified expert in Podiatric Sports Medicine.

Go to ABMSP.org