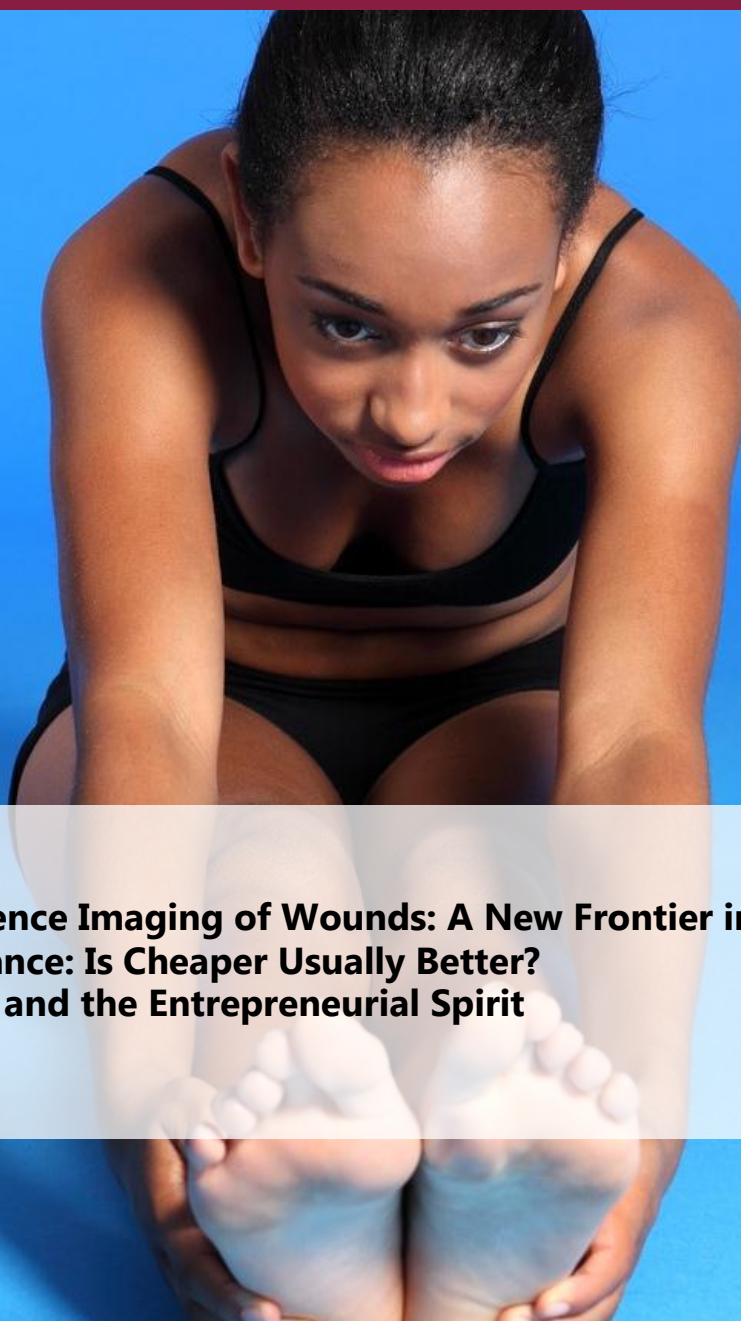


# PODIATRY

C A N A D A

CPMA  
Canadian Podiatric Medical Association  
L'association médicale podiatrique canadienne

THE LEADING EDGE PUBLICATION FOR PODIATRISTS IN CANADA | SPRING 2017



## In this issue:

- **Bacterial Fluorescence Imaging of Wounds: A New Frontier in Podiatry**
- **Malpractice Insurance: Is Cheaper Usually Better?**
- **Swiss Engineering and the Entrepreneurial Spirit**
- **Upcoming Events**



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## Welcome

Welcome to the Winter-Spring 2017 edition of the CPMA newsletter.

We are pleased to present this issue, which features articles for your practice from both a medical and a business perspective. From the cutting edge of technology to insurance information, please enjoy this edition.

## Member Portal

We would like to invite you to check out the newest additions to the member site. We have added elements such as **videos from the 2016 FIP World Congress**, in addition to the membership details and educational discounts available through *PRESENT Podiatry*.

**Our classified ads have moved online within the member site.** Do you have equipment to sell, are you selling your practice, selling your clinic? Looking for used equipment? Log in to the member portal to browse the ads. Email us if you have something you'd like to advertise!

We want to make the portal more representative of our membership, so **we would love for you to send us your photos** of yourselves and colleagues at meetings and events, as well as provincial information updates too.

Always a work in progress, we look to you for information/ideas that you want to see included.

Please send your updates or contact us if you have not received or have forgotten your log in information.

## Call for articles

Do you have information or knowledge you'd like to share with your colleagues? Write to us and submit your suggestions!

## Students

Share your perspective! Have something to say? We'd especially like to hear from you.

## Have Questions?

Contact the CPMA office at: 1-888-220-3338 or [info@podiatrycanada.org](mailto:info@podiatrycanada.org)

We are here to answer your questions.

Canadian Podiatric Medical Association ■

## BOARD CONTACT INFORMATION

**President:** Dr. Bradley SONNEMA  
bradsonn@gmail.com

**Treasurer:** Dr. Francois ALLART  
sympa43@hotmail.com

**Secretary:** Dr. Eddie YEUN  
eddieyuen@gmail.com

**Past President:** Dr. Joseph STERN  
sternfootdr@gmail.com

**Executive Director:** Mr. Joel ALLEYNE  
jalleyne@podiatrycanada.org

## PROVINCIAL BOARD REPRESENTATIVES

**Alberta:** Dr. Brad SONNEMA  
bradsonn@gmail.com

**British Columbia:** Dr. Howard GREEN  
drgreen@drhowardgreen.com

**Manitoba:** Dr. Alicia SNIDER  
ajsnider@mymts.net

**New Brunswick:** Dr. Patty PENDLETON  
pp@nb.sympatico.ca

**Nova Scotia:** Dr. Brendan BENNETT  
bennefoot@gmail.com

**Ontario:** Dr. James HILL  
drjhill@mac.com

**Quebec:** Dr. Olivier PARENT  
olparent@gmail.com



## CPMA President's Message

Before I get started I would formally like to acknowledge our immediate past president, Dr. Joseph Stern. As you know Dr. Stern served as our president for six years and during this time he accomplished many great things and made a valuable and significant impact on the CPMA. Perhaps the largest feather in Dr. Stern's hat is the very successful completion of the joint CPMA-FIP/IFP World Congress of Podiatry held in Montreal this past year. This event attracted practitioners from as far away as France and Hong Kong and was both a great academic and financial success. It is clear that he has left some very big shoes for me to fill.

Many of you may already know me, or at least know of me, by way of my role as treasurer of the CPMA for the past six years. However, for those of you who do not, allow me introduce myself. I was born and raised in Edmonton; I went to podiatric medical school in Des Moines, Iowa but returned to Edmonton in 1998 where I joined a practice. In 2003 I started my own practice and have been enjoying all that Podiatric Medicine has to offer.

In addition to my work with the CPMA I have been involved in the podiatric community, at the provincial level, as treasurer and then president of the College of Podiatric Physicians of Alberta since 2007 and at the international level as treasurer of the International Federation of Podiatrists since 2012. Being involved with podiatry at these various levels has provided me with a somewhat of a "global" aspect of many of the issues that affects podiatric medicine all over the world. Perhaps the most interesting observation is that no matter where podiatry is practiced, its practitioners face many of the same issues. Even though our scopes of practice may vary, in some cases quite significantly, we all still strive for the recognition of our abilities and the benefit podiatry can provide to our patients. A simple glance to the APMA in the United States reveals their continued quest for parity of their education and abilities in relation to physicians. However, practitioners in various European countries and other parts of the world still struggle to be recognized as a profession. It is clear that while the specific issues are unique, the struggle for recognition and acceptance is universal.

Canada is no different. Even though we live and practice in one of the best countries in the world we have our issues. In many contexts podiatry has come a long way and we have accomplished much. Since I started practice in Alberta 18

years ago, we have seen our members start to integrate into both small community hospitals and large academic hospitals, we have acquired narcotic prescription privileges and enjoy a good relationship with government. However, like our colleagues, in the United States and Europe, we struggle with full recognition from government organizations, insurance companies as well as recognition from other health care providers and the public. There is still much work to do.

Podiatric Medicine in Canada, like in many countries, is a small profession. In order to facilitate change we need a loud, consistent, articulate and uniform voice. A struggle unique to Canada is that we have many different types of podiatric providers seeking to be heard. I believe the message is getting lost in all the noise that is created as we attempt to create our own unique definition of Podiatric Medicine. As a result, we are losing the battle and both the profession and public are suffering.

*(Continued on page 6)*



Moving forward I would like to see all aspects of Podiatric Medicine in Canada start to take steps towards speaking with a unified voice. In April of this year CPMA initiated this process by developing a strategic plan that incorporates this vision. The number one goal of this plan is to establish clarity of the profession to all stakeholders. Integral to this is the development of a competency-based framework to help organize the profession in a manner that is easily understood by both the public and government. Admittedly, this is no easy task. It will take patience and understanding by all those willing to participate, but the end result will be a stronger, unified profession that will have a louder more relevant voice, be

attractive to potential new practitioners and most importantly benefit our patients.

I look forward to meeting many of you and sharing our new strategic plan in the near future

Thank you

*Bradley G. Sonnema DPM, M.Sc, MBA, FFPM RCSP (Glas)*  
*President*

*Canadian Podiatric Medical Association ■*

## Photos from the 2016 FIP World Congress of Podiatry

Here is a small selection of photos from the 2016 World Congress. You can see more photos as well as video from the event in the Members Portal on [www.podiatrycanada.org](http://www.podiatrycanada.org)!



## Executive Director's Update

2016 was an interesting and productive year. In addition to hosting the world at the International Federation of Podiatrists / Federation Internationale des Podiatres (FIP) World Congress in Montreal in May, we also forged new alliances with partners including PRESENT Podiatry, and we re-launched the member portal.



The CPMA participates in regular discussions and meetings with other National foot care organizations in an effort to speak with one voice to groups such as insurance companies.

We attended the 2016 Canadian Association of Wound Care 22nd Annual Conference in Niagara Falls, ON last November, all part of strengthening the relationships and networking with the Nurses, Diabetes, and various other associations.

The CPMA had a strong presence at the Canadian Life and Health Insurance Association (CLHIA) Annual Conference in Edmonton, AB in 2016. We are again preparing to participate in and represent our industry at the 2017 annual CLHIA conference in Montreal QC in

May. We continue to forge even stronger bonds with insurance companies.

2017 is shaping up to be even more exciting, with new milestones including the inaugural **Northern Podiatry Summit** scheduled to be held in **Vancouver, BC** on **June 9 - 11**. The Summit is a cooperative effort, bringing together resources from the British Columbia Podiatric Medical Association, APMA Region 7, *PRESENT Podiatry*, and the CPMA. The CPMA Annual General Meeting will be held during this weekend event.

We continue to work on a variety of issues, including providing letters of support for provincial initiatives; responding to queries from insurance companies, the general public, etc.; and dealing with emerging issues, both at the provincial and national level.

We'll be negotiating more membership benefits on your behalf, and further lobbying government as well as developing a comprehensive communications strategy.

Expect to see us representing the Association at various events in 2017. And when you do, please don't hesitate to come over and say, "Hello!"

*Joel Alleyne*  
*Executive Director, CPMA* ■



## CPMA Membership - what's in it for you?

Log into our membership site by visiting [www.podiatrycanada.org](http://www.podiatrycanada.org) and clicking MEMBERS then MEMBER PORTAL on the navigation bar. There you will find back issues of the newsletter along with meeting notes, CPMA communiques, and other pertinent documents.

If you cannot find your log in information, please send an email to [info@podiatrycanada.org](mailto:info@podiatrycanada.org) with your first and last names, email address, and telephone number. Be sure to check in with us regularly! ■

### NEW for You!

To enhance benefits of membership, the CPMA is continually looking for new perks and discounts.

### Looking for CME Hours?

Look no further than our member site. We have formed an alliance with PRESENT Podiatry to bring you online courses that you can complete from the comfort of your home.

We have secured a member discount with PRESENT Podiatry for online courses. CPMA members are entitled to a **10% discount** on courses offered through PRESENT Podiatry. If you are looking for CME hours find more information within the member area of our website.

### Those perks include:

- **Discounted Registration Fees for CPMA Members to ALL PRESENT Conferences.** CPMA members now receive the lowest and most preferred pricing to register and attend PRESENT Conferences. Registration for the *Superbones Superwounds East and West*, the *Residency Education Summits East and Midwest* and the *Desert Foot Conference* are all now **discounted** for CPMA members **from \$149 to \$99**.
- **\$60 Free Credit for CPMA Members for Online CME Lectures** on the PRESENT Podiatry Website.

All CPMA members are invited by PRESENT to use the new discount code CPMA60 when they make purchases on the Podiatry.com site. You will be given a one time, \$60 FREE Credit to purchase CME lectures and lecture packages on the site.

Log into the Member Portal and click the featured **Online courses for your Continuing Education Credits** link to get your CME credits without the hassle of taking time off to attend a class.

Need more information or have suggestions for membership benefits you would like the CPMA to pursue, please email your ideas to [info@podiatrycanada.org](mailto:info@podiatrycanada.org) ■





## Bacterial Fluorescence Imaging of Wounds: A New Frontier in Podiatry

Monique Y. Rennie, PhD<sup>1</sup>, Rose Raizman, NP-EC, MSc<sup>2</sup>, Catherine Theodoropoulos, PhD<sup>1</sup>, François Allart, DPM<sup>3</sup>

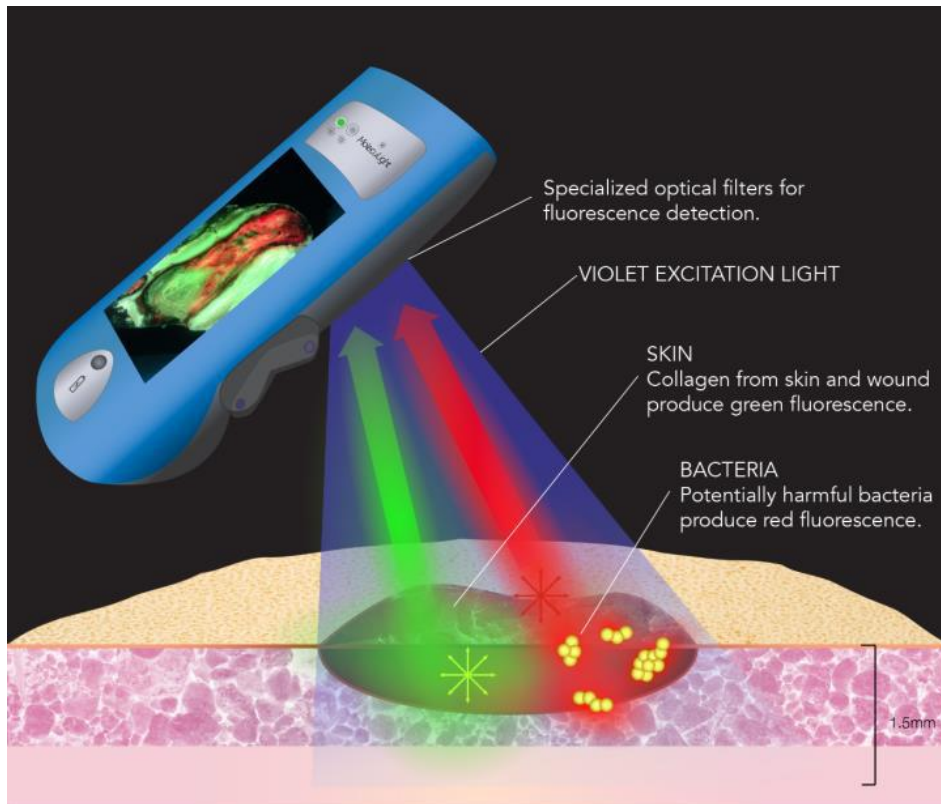
<sup>1</sup>MolecuLight, Inc., Toronto, ON, <sup>2</sup>Scarborough-Rouge Hospital, Scarborough, ON, <sup>3</sup>Quebec Clinic of Podiatric Medicine, Quebec, QC

Bacterial fluorescence imaging (MolecuLight *i:X*<sup>TM</sup> Imaging Device, Toronto, Canada) allows clinicians to visualize the presence and distribution of potentially harmful bacteria in and around wounds [1], [2] and provides quick and easy wound area measurement. The device's handheld size and intuitive user interface are designed for use across hospitals and wound care clinical settings. Real-time information on bacterial presence and distribution obtained via bacterial fluorescence imaging, in combination with best clinical practices, can guide early interventions to reduce bioburden, promote wound healing, and decrease

wound care costs associated with delayed wound healing and ineffective treatments [1], [2].

### How Does the MolecuLight *i:X* Work?

The MolecuLight *i:X* is a handheld fluorescence imaging device that provides instant visual detection and documentation of potentially harmful bacteria in wounds that would otherwise be invisible [1]. The device emits a precise wavelength (405 nm) of safe violet light. When excited by this wavelength, tissues (i.e. collagen) emit a green fluorescence and bacteria release either a red fluorescing porphyrin molecule or a cyan-fluorescing pyoverdine molecule (specific to *Pseudomonas* spp) [1]. Fluorescence signals are captured using specialized optical filters, resulting in real-time, immediate display of the fluorescent image on the screen as the clinician scans a wound [1], [2] (**Figure 1**). Fluorescing bacteria are detected at levels  $\geq 10^4$  CFU/g on a quantitative scale (qPCR) or predominantly moderate to heavy growth on a semi-quantitative scale (culture based analysis) [3].



**Figure 1:** Illustration demonstrating how MolecuLight *i:X* fluorescence imaging detects potentially harmful bacteria in wounds in real-time.

The MolecuLight *i:X* Imaging Device also allows for standard wound images to be captured and wound areas to be quickly and accurately measured and documented.

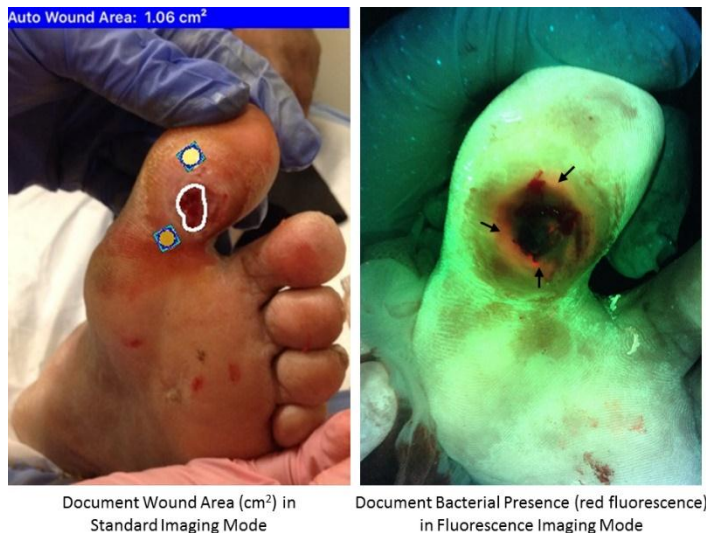
## Which Bacterial Species are Visualized with the MolecuLight *i:X*?

Pathogens detected by the MolecuLight *i:X* include the following clinically relevant bacterial species: *Staphylococcus aureus* (including methicillin-resistant *Staphylococcus aureus*), *Pseudomonas aeruginosa*, *Escherichia coli*, *Coagulase-negative Staphylococci*, *Enterococcus spp*, *Proteus spp*, *Klebsiella pneumonia*, Beta-hemolytic Streptococci (Group B), and *Enterobacter spp* [3].

## Applications in Podiatry

Applications of bacterial fluorescence imaging in podiatry range from guided sampling and debridement [1], [2] to guidance of antimicrobial stewardship practices and treatment selection [2], [4], monitoring and documentation of treatment effectiveness [1], [2], and facilitation of patient education [5]. We describe some of these applications in further detail:

1. Monitor bacterial presence, wound area, and



effectiveness of treatment selection (Figure 2).

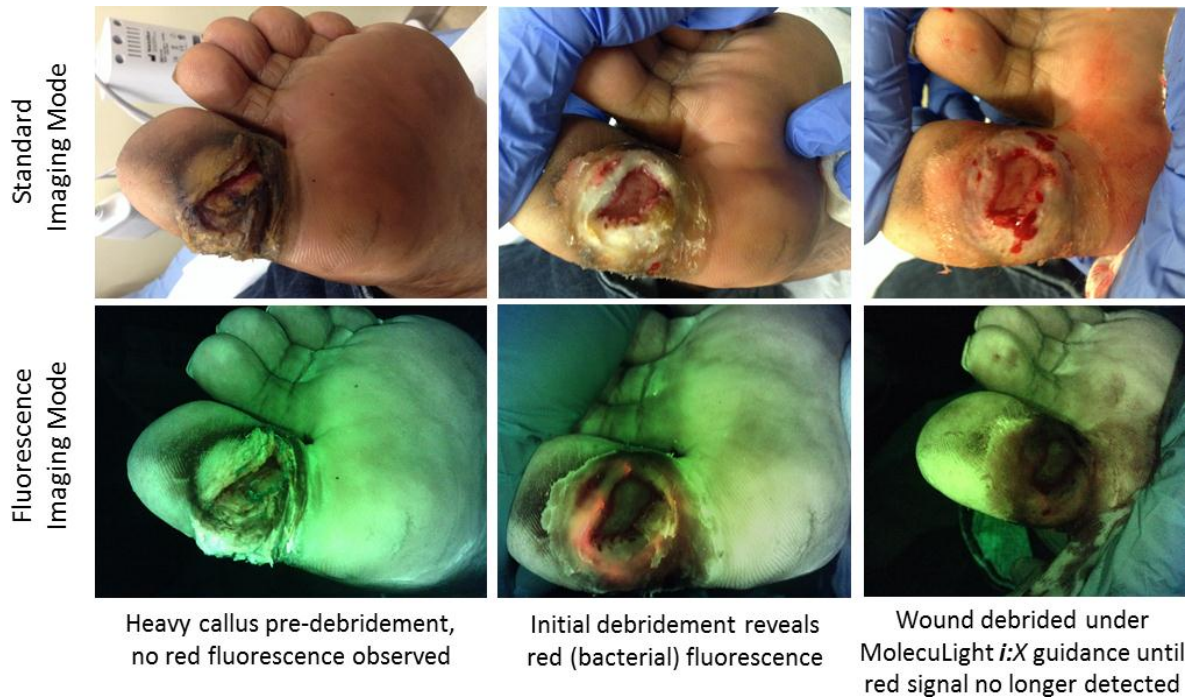
2. Bacterial fluorescence guided sampling:

A recent literature review evaluating the current sampling gold standard Levine technique revealed a positive predictive value of 0.77 [6]. Clinical trials with the MolecuLight *i:X* have demonstrated that the positive predictive value of red fluorescence for detecting the presence of bacteria is 100% [3]. Red fluorescing regions in these trials were sampled via curettage or biopsy as the MolecuLight *i:X* can detect subsurface bacterial fluorescence (< 1.5 mm deep) that swabs may miss. Thus, curettage or biopsy sampling exclusively from regions exhibiting red fluorescence can completely eliminate the risk of false negative wound sampling.

3. Bacterial fluorescence guided debridement:

Regular, local, sharp debridement that minimizes healthy tissue loss is the current gold standard for tissue management of DFUs [7]. However, targeting only contaminated and non-viable tissues is difficult under the current best debridement practices of visual inspection and clinician judgement. Whether these practices maximize removal of bioburden is unknown. Debriding under bacterial fluorescence guidance enables more aggressive debridement that is specifically targeted to regions of red fluorescence and spares healthy, non-contaminated tissue. The case presented in Figure 3 suggests that current best debridement practices do not maximize bioburden removal. Bacterial fluorescence can also help to identify patients with heavy bioburden who are in need of more frequent debridement.

**Figure 2:** The MolecuLight *i:X* enables documentation of wound area measurements over time with the use of wound measurement calibration stickers (yellow) as well as documentation of bacterial presence. Thus, the effectiveness of chosen treatments can be evaluated



**Figure 3:** 57-year-old male patient with DFU on left toe. Patient waited more than two months to seek treatment for this DFU and lacked understanding of bacteria, infections, and the pathway to amputation. Bacterial fluorescence images guided more aggressive debridement.

## Summary

Though the link between bioburden and delayed wound healing is universally accepted [8], innovations have overwhelmingly focused on methods to decrease bioburden (e.g. antimicrobials) while innovations in actual diagnosis of bioburden have lagged well behind. With the emergence of bacterial fluorescence imaging, podiatrists can finally benefit from medical imaging advances that have been sorely lacking in this field [9]. Bacterial fluorescence imaging represents a new

frontier in wound care in which bioburden can be visualized in real-time at the bedside, evidence-based treatment selections made to specifically target bioburden, treatment effectiveness evaluated in real-time, and wound care costs associated with inappropriate selection of therapies decreased.

The MolecuLight *i:X* is currently approved by Health Canada and has CE marking. It is currently pending FDA De Novo approval. ■

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## Malpractice Insurance: Is Cheaper Usually Better?

Here is a simple riddle: Is cheapest best?

Rarely in life is the cheapest product the best. It is usually the worst. It will have the poorest quality and the fewest features and be of the least quality in every way. For example, I traditionally bought very affordable dress shoes and since I wear them daily for work, I found that my shoes lasted only 5 or 6 months and the leather would be wearing down quite fast. I decided to pay more, in fact a lot more, and the new shoes I now buy last over a year and a half and the leather stays the same quality throughout. I apply this rule for all of my daily decision!

With insurance, it is sometimes hard to be able to see the differences, because it is just a stack of papers with a bunch of promises.

Our clients are all the same in this regard: they all want the best product at the best price, and within the limits of quality and value, that's what we give them.

Want to know another thing that never happens? When a claim has occurred we never hear a client say, "Hire me the cheapest lawyer and the cheapest adjuster" No, when a claim occurs we all want to have the best adjuster and the best lawyer and the insurance company most willing to deal with our loss in the fairest manner.

**So, let's all agree that cheap does not equal best, and rarely does cheap even equal good.**

We know there are other brokers out there soliciting you with cheaper products. Let's chat about what we are aware some of the differences are (there are about 15 of them):

1. One of the most important coverages you currently have is Legal Expense Coverage. Your CPMA malpractice coverage has unlimited coverage for Legal Expenses. Your policy limit is for settlements only, with legal expenses over and above that. Legal costs and insurance litigation in Canada are continuously rising. Harper Grey LLP, based in Vancouver, had 5 insurance

lawyers 9 years ago, they now have over 35 lawyers in this field. This illustrates the litigious context in Canada. Legal fees can accumulate at a rapid pace.

2. The CPMA insurer, Intact Insurance, has been insuring Podiatrists across Canada for over 20 years. They have supported the program through good and bad times. This year there are over \$1,400,000 in loss reserves. Throughout this, I was able to secure rate reductions for the CPMA members. A competing insurer without the long historical track record would rapidly increase premiums as losses mounted. Think of an insurance company who generates \$200,000 in premium each year, and that particular insurer takes a \$400,000 claim, what would they do you ask? They would cancel the program immediately and leave the CPMA members scrambling for another program to find that the rates went up from what they originally had!

3. Our limits of insurance are higher than competing plans. With ever-increasing court awards, we would never recommend a lower limit.

4. There is no deductible on the CPMA plan. Competing plans have deductibles which leave you to address and pay small losses yourself.

5. The current Westland Insurance program only has 12 exclusions, none of which are related to your practice at all (i.e. nuclear war exclusion. etc).

6. Abuse Coverage is included and not excluded under our program. Other competing programs offer a very small limit, often only \$100,000. In our program, the full limit of insurance is available. (Keep in mind under our program, the legal fees are over and above, in others, after legal expenses, you'd be left having to pay your own legal fees eventually).

With that in mind, are you comfortable risking your livelihood, your house, and putting your family at risk in the event a claim is not covered by an Insurer who claims to give you the best pricing? This is the risk you are taking by not comparing apples to apples and

looking at immediate savings versus being insured properly.

## USA Patients

Another issue we should discuss is with regards to the US Patients you may see. I think, due to the rising litigation cost in Canada and especially in the US, it is important to pay attention to the exposure that US patients may bring on to your practice.

From INTACT Insurance's perspective, it is their intention only to cover Podiatrists who are licensed to practice in Canada and perform services in Canada only. This does not restrict you from treating patients that are not residents of Canada.

If an Insured Podiatrist were to provide a service to US patient while they were in Canada, either on an emergency basis or non-emergency basis, and they in turn sued the Podiatrist in the US, the US courts would likely state that the suit is outside of their jurisdiction. We would defend the client in the US with the ultimate goal of having the jurisdiction declared as Canadian; if the US court did agree to hear the case then we would defend in the US, however this is extremely unlikely if the service was rendered by a Canadian licensed Podiatrist and the procedure took place in Canada.

The same would be true of other foreign jurisdictions. Thus, as long as the Podiatrist is only providing services in Canada and only holds a license to practice in Canada, INTACT will defend suits coming within the scope of coverage regardless of the country of suit.

If the Podiatrist has a foreign license and is practicing outside of Canada, they will need to purchase Medical Malpractice insurance in the country applicable.

Basically, the way INTACT sees it - if the Member Podiatrists of CPMA implement the usage of "Governing Law and Jurisdiction Agreement" document when treating Foreign patients, they can only see this as being extremely beneficial from a Defense costs/loss

control point of view. The usage of this form would provide us with a solid defense position if we even need to argue the proper jurisdiction should one of the members be sued in a court outside of Canada. And needless to say, history has shown that the costs/indemnity payments outside of Canada can be quite a bit higher, especially in the Medical malpractice insurance area. The form can be accessed following the link below:

[https://www.cmpa-acpm.ca/documents/10179/25091/com\\_glja\\_health\\_care\\_org-e.pdf](https://www.cmpa-acpm.ca/documents/10179/25091/com_glja_health_care_org-e.pdf)

While INTACT, as the Professional Liability insurer, will not mandate the necessity of CPMA member Podiatrists to implement the usage of this Agreement, I would strongly recommend that you do utilize a Jurisdiction Agreement form (or, if able to, the exact Jurisdiction Agreement used by CPMA) when treating foreign patients.

As all of you may already know - with any insurance risk, the proactive measures that you institute to make yourselves "a better risk" ultimately are reflective in the underwriting/rating of premiums.

Why leave it to the courts to decide? With the INTACT insurance plan, there are no grey areas and this should be very comforting.

Westland Insurance is always working to maintain the existing benefits and features and seeking ways to broaden coverage. Your board has been very supportive and helpful in this regard. Stability in a large program such as this one is crucial. The past few years have been challenging in terms of claims for the CPMA, and as such, INTACT has stated they are in for the long haul and support the CPMA.

If you have any concerns or questions with regards to the above article, please feel free to contact me at:

*Frédéric Lajeunesse*  
Westland Insurance Company ■

## Swiss Engineering and the Entrepreneurial Spirit

Running shoe designers can appear guilty of redesigning and reinventing the same old shoe year after year and simply labelling it as new and improved. Why? Because it's fast and easy, and because research costs time and money.

To their defense, many product engineers have their new concepts shelved by impatient marketing managers focused on quick turnover. A colour-update with a minor tweak is a simpler and cost effective option than some new and often unproven innovation. The entrepreneur takes a back seat once again.

Entrepreneurship itself requires vision, timing support and a commitment to product first.

Most great innovations and revolutionary designs come from individuals who are deeply committed to their craft with a burning desire to improve anything they touch. Just as entrepreneur and Nike co-founder Bill Bowerman was innovative, making use of his wife's waffle iron in an effort to improve shoe traction, we now have a young group of Swiss runners following that lead and thinking outside the box.

Using back yard garden hose and a spot of superglue, these free thinkers were able to alleviate the pain of a chronic Achilles' tendon in one of their colleagues. World Duathlon champion Olivier Bernhard.

Bernhard cut up some left-over garden hose and pasted pieces of it to the bottom of his shoe in an effort to create a mechanical outsole that would help him mimic his natural gait. This original and unique design worked in conjunction with the shoe's traditional midsole to help take a positive 'step' towards a pain free achilles.

With this entrepreneurial spirit the On footwear company began.

Yet strangely it was not On's peculiar outside design that caught my attention. I noticed that certain shoe models were surprisingly inflexible in the forefoot. This feature was part of another design collaboration aimed at gaining an efficient heel toe transition.

In an effort to create a more propulsive and energy efficient toe-off, the Swiss team decided to insert a firm plate in the midsole of the shoe thus producing a stiffer flex pattern across the metatarsal heads. The resultant stiff rockered forefoot has proven useful not only for runners but also for individuals suffering from various types of metatarsalgia including hallux limitus, neuromas and arthritis.

Combine these sole innovations with uppers made of seamless stretch elastic material and the On shoes are more than just athletic therapy. They are a Swiss inspired orthopaedic tool.



Other companies have also made use of high density plates in their running shoes.

Mizuno often extends their hytrel plastic wave plates into the forefoot. (Wave Creation, Wave Prophecy, Wave Enigma).

Trail shoes made by ASICS AND NEW BALANCE employ 'rock plates' under the foot in an effort to protect the forefoot from stones and roots.

Like the On propulsion plates, these shoes deliver a secondary benefit... effective splinting of the forefoot and a quicker transition through toe off.

Revolutions in footwear design happen once every decade or so. Only time will tell whether Bernhard's garden hose innovation will revolutionize the running shoe industry.

I am confident that the unique architecture of On footwear represents an important evolutionary moment in running shoe design.

The Swiss have indeed reenergized the entrepreneurial spirit when it comes to performance and orthopaedic footwear. It remains to be seen if other companies will take up the challenge.

Please do not hesitate to call or email me with your thoughts on innovation and functional footwear design.

*Phil Moore*  
*Owner LadySport and FitFirst Footwear,*  
*Vancouver and Burnaby, BC ■*





## Provincial Reports and Updates

### Alberta

The past year has brought many changes to the CPPA. First and foremost, we welcomed a new executive director into our organization. Colleen MacDougall came to CPPA after having worked with Alberta Veterinary Medical Association for several years. While new to Podiatric medicine she has been able to acclimatize well to the nuances of our profession.

Perhaps most significantly she led the college executive through the arduous, but very important, process of developing a new strategic plan. This plan will help us move forward by stressing unity of the membership, competency of our practitioners and accessibility of all Albertans.

Other significant happenings within the college have included the implementation of our new non-hospital surgical accreditation program. With this program the CPPA developed standards and guidelines by which all office based operating rooms must abide. Onsite inspections were held and to date, several operating rooms received accreditation.

In the spring of 2015 Alberta received a new provincial government. The CPPA enjoyed a healthy relationship with the outgoing administration and has sought to develop the same with the new government. Understandably, forming a new government is difficult and time consuming and acquiring access to the new elected officials, in order to discuss the importance of podiatric medicine, has been difficult. However, most recently, we have been granted meetings with the new associate Deputy Minister of Health to make government aware of podiatric medicine and our positive affect on the health of Albertans.

*Dr. Bradley Sonnema*  
President  
College of Podiatric Physicians of Alberta ■

### British Columbia

A quick update of the BCPMA happenings:

- Ongoing discussions with the Ministry of Health and Workers Compensation (WorkSafe BC) regarding issues with fees for Podiatrists in province. Talks are progressing very well.
- We continue to host successful journal clubs approximately every 6 weeks. BCPMA also hosted a number of journal clubs concurrently in 2 or 3 locations in the province. Past articles are available on the web site in the Members Area.
- Attended and had an exhibition booth at the Live Well with Diabetes Annual Conference.
- Approximately 85% of the DPM's registered in BC are also members of the BCPMA. We continue to encourage our colleagues who have not joined the importance of belonging to our organization.
- Dr. Green attends the Region VII Board of Directors meetings, which take place in Seattle and continues to represent BCPMA on the CPMA Board. The BCPMA held a very successful annual scientific conference on November 3 & 4, 2016. We will be hosting the inaugural Northern Podiatry Summit with Region VII, the CPMA and PRESENT Podiatry at the Hyatt Regency Hotel in Vancouver, BC on June 9 to 11, 2017. Hope to see many Canadian DPMs.
- The BCPMA will continue to assist the Shoe Renu (formerly Harbour Lights) Podiatry clinics.
- Membership perks continue to evolve and are all listed in the Members area of the BCPMA web site.

*Dr. Howard Green*  
President  
British Columbia Podiatric Medical Association ■

### Manitoba

No report.

*Dr. Alicia Snider* ■

## New Brunswick

The NBPA pushes forward with the recently approved prescription privileges that we have so hard fought for in our NB legislature. We are now in the final approval stages with the NB department of health to comply with their directives and oversight requirements. All NBPA members who are a certain number of years away from graduation are required to take an updating course for prescription writing sanction. We expect to be receiving our drug license numbers in late spring.

*Dr. Patty Pendleton ■*

## Ontario

For the last number of months, the OPMA has been totally preoccupied with getting forward movement on the quest to adapt the British Columbia and Alberta podiatry models to Ontario. The 21 month HPRAC review was completed in August, 2015. HPRAC's report has not been released, because the Ontario Minister of Health and Long-Term Care believes "it didn't go far enough". Release of the report at this time may now be redundant. We are working very hard in meetings with the College of Chiropractors of Ontario (COCOO), the Minister himself, his staff, the Deputy Minister and senior Ministry officials so that a Bill can be prepared, tabled and passed by the Legislature before it is dissolved for the election in June, 2018. The Ontario Society of Chiropractors has declared itself to be "100% supportive" of the COCOCO submission to HPRAC.

At our AGM held last November, I was honoured to be elected to the Board of Directors and then to be elected as OPMA President. One of my objectives as President is to modernize the governance of the OPMA so that we are ready to convert as seamlessly as possible to the Not-for-Profit Corporations Act (Ontario) when the time comes.

The Ontario Budget for Fiscal Year 2017-18 is expected to be tabled in early March. As we do every year as a "rite of spring", we are lobbying the government to retain OHIP coverage for podiatrists.

*Dr. James Hill  
President, Ontario Podiatric Medical Association ■*

## Quebec

For Quebec, a long-lasting project has ended in the past few weeks. The fee chart for podiatry in the province has been unanimously approved by the members of Quebec Podiatrists Association. This guide has already been submitted for copyright and the final details are on track. In Quebec, this is a revolution: for the first time, podiatrists will have a guideline to follow for setting fees. With 20 new podiatrists joining the Quebec Association each year, this helps standardize the fees they charge to their patients, which will be good for the visibility and credibility of our profession. We hope that by next September, we can have a printed copy!

Various lectures are planned in 2017: with the new 30 hours of CME per year required by the college, the Quebec Association will offer not only the congress, but also small conferences about clinic administration, medical technology, and other various subjects.

Here's to making 2017 a great year for podiatry in Canada!

*Dr. Olivier Parent  
President, Ordre des Podiatres du Quebec ■*



## Mark Your Calendar and Plan to Attend!

### 2017 Dates .....

#### May 5 - 7

##### **EWMA 2017 - European Wound Management Conference**

RAI, Amsterdam, The Netherlands

<http://ewma.org/ewma-conference/2017/registration/>

#### May 6

##### **FIP-IFP 2017 Annual General Meeting**

Tubingen, Germany

[http://www.fip-ifp.org/events/?event\\_id2=7](http://www.fip-ifp.org/events/?event_id2=7)

#### June 9 - 11



##### **Northern Podiatry Summit 2017**

**A joint event: CPMA, BCPMA, Present Podiatry, and International Region 7**

**Hyatt Regency Hotel**

**Vancouver, BC**

**[www.northernpodiatrysummit.org/](http://www.northernpodiatrysummit.org/)**

Three key players, the APMA Region 7, the British Columbia Podiatric Medical Association and the Canadian Podiatric Medical Association have strategically aligned with PRESENT e-Learning Systems to create a conference that meets the education needs of podiatrists from both the United States and Canada. The newly branded CME conference is named the Northern Podiatry Summit 2017 and will be held in beautiful and exciting downtown Vancouver, British Columbia, Canada from June 9-11, 2017 at the Hyatt Regency Hotel. This Conference will combine the best podiatrists, medical doctors and paramedical specialists from United States and Canada.

Our esteemed faculty will bring the most up to date lectures in podiatric medicine, biomechanics, foot and ankle surgery, wound healing and related topics. The Northern Podiatry Summit 2017 will allow the attendees to learn from experts, interact with colleagues new and old, and experience an in-depth immersion into the very best of North American clinical podiatric science. Those of you who have been to one of the more than 25 PRESENT Conferences they've been putting on since 2007 know that their events are collegial, exciting and cutting edge. We invite all foot and ankle clinicians and the industry that supports us to come and participate in this new nationwide industry event.

#### Aug 8 - 11

##### **Pacific Coast Conference**

Portland, Oregon

[www.podiatryinstitute.com](http://www.podiatryinstitute.com)

#### November 16 - 18

##### **UK - College of Podiatry**

ACC Liverpool

<http://www.scpod.org/conference/2017-college-of-podiatry-annual-conference/>

### **Other National Footcare Organization Events.....**

#### April 8 – 9

##### **Pedorthic Footcare Association (Canadian Chapter) Annual Conference**

*Stepping Forward with Pedorthic Education*

Toronto, ON

<http://pedorthicscanada.ca/education/educationsymposiums/>

#### April 21 & 22

##### **Pedorthic Association of Canada Annual Symposium**

London, ON

<http://www.pedorthic.ca/annual-symposium/>

## 2018 Dates .....

### July 12 - 15

#### APMA Annual Scientific Conference

Washington, D.C.

[www.apma.org](http://www.apma.org) ■

### Other Important Dates

#### June 5 - 9, 2017: Wound Care Awareness Week

The fourth annual Wound Care Awareness Week is being held from June 5 to June 9, 2017. Wound Care Awareness Week is designed to help raise awareness about the need for proper care of chronic wounds.

Find resources at: <http://woundcareawareness.com/>

#### World Foot Health Awareness Month

May is Foot Health Awareness Month, an event that is celebrated around the world.

Each year the International Federation of Podiatrists / Federation Internationale des Podologues provides materials and resources that member countries can use to promote this event in their own country. As a member of the FIP, the Canadian Podiatric Medical Association recommends that CPMA member associations use the materials provided by FIP to raise awareness about this very important issue. Visit [www.fip-ifp.org/world-foot-health-awareness-month/](http://www.fip-ifp.org/world-foot-health-awareness-month/) for information on previous years. The CPMA will provide information as it comes available.

#### May 2: World Podiatry Day

The FIP-IFP World Podiatry Day has been designated to take place on May 2nd of each year. This special day provides the entire podiatric community an opportunity to recognize and celebrate the good work that is done in providing foot and ankle care by podiatrists.

This day is done in conjunction with the World Foot Health Awareness Month. This yearly campaign wants to increase the awareness of the importance of foot health among the general public and other health professionals. [www.fip-ifp.org/world-podiatrist-day/](http://www.fip-ifp.org/world-podiatrist-day/)



#### November 14: World Diabetes Day

World Diabetes Day is the primary global awareness campaign focusing on diabetes mellitus and is held on November 14 each year. Led by the International Diabetes Federation (IDF), each World Diabetes Day focuses on a theme related to diabetes, a largely preventable and treatable non-communicable disease that is rapidly increasing in numbers worldwide. The theme for 2017 has yet to be announced.

The day itself marks the birthday of Frederick Banting who, along with Charles Best and John James Rickard Macleod, first conceived the idea which led to the discovery of insulin in 1922.. This will be of special interest to Canadians, as the team was based here. ■

