

## PRESIDENT'S PERSPECTIVE



**WILLIAM C. MCGARVEY, MD**

Dear Colleagues,

“Unprecedented times.” “New normal.” “Flattening the curve.” How many of you, like me, are tired of hearing those phrases? I’ll add one more — “maybe next year.” But these are the times we live in and this is the hand we have been dealt.

As orthopaedic surgeons we are not adept at the concepts of sitting back and waiting. We are fixers, builders, problem solvers, innovators — we are **doers**. But in the COVID-19 pandemic crisis, much of the doing is out of our wheelhouse. We are left striving to be the best leaders we can as we manage our patients, staff, families, and loved ones. All we can do is keep moving forward and being positive in the face of adversity until some sense of stability and predictability returns to our lives and practices.

I have been impressed with and truly touched by the selflessness of our members during this crisis. Despite being severely impacted by this event, both professionally and personally, a number of you generously offered your services and yourselves to uplift your communities. Surgeons are volunteering in capacities in which

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## AOFAS at Home September 10-12, 2020

The AOFAS Annual Meeting is now **AOFAS at Home**, an interactive virtual meeting featuring world-renowned speakers, the latest orthopaedic research, and compelling clinical symposia. With **nearly 50 hours** of live and on-demand content, the meeting offers an incredible value for high-quality foot and ankle education and innovation you can experience from your home or office.

“This year’s program includes just about every part of foot and ankle, from minimally invasive technologies to ankle replacement to external fixation to the research and science behind all that we do,” said Scott J. Ellis, MD, program chair. “I’m excited about the breadth of opportunities it’s going to present.”

Read on for highlights of the scientific program and register today.

**CONTINUED ON PAGE 4**

## PRESIDENT'S PERSPECTIVE, CONTINUED

they have never served or have not served in decades, without expectation of reward or recognition. And it is not limited to surgeons. So many people involved with our Society have stepped up by simply caring and being willing to do what needs to be done, regardless of their status or position.

In that spirit, I would like to recognize our AOFAS staff, led by Elaine Leighton. Elaine and her team have continued to work and be productive in these very trying times. They have gone out of their way to accept every challenge the Board of Directors and I have put in their paths and have handled them with professionalism and grace.

As resident and fellow education was being disrupted, the staff redirected to develop online, advanced education content within hours of being tasked. They created a section on the Physician Resource Center (PRC) for COVID-19 resources to ensure members had timely information in the rapidly changing environment. In a matter of days, they converted numerous face-to-face meetings to virtual in order to connect leadership and maintain the function and efficiency of the Society. And they have been nimble, innovative, and adaptive in planning the AOFAS Annual Meeting in September.

The Annual Meeting has been a moving target as the AOFAS Board and staff continuously monitored the COVID-19 statistics in Texas and worked with our convention center and hotel partners to determine the best course of action. In May, we surveyed our members, past Annual Meeting attendees, and exhibitors, and were encouraged to see that many of you were eager to attend a live meeting and connect with colleagues in person. In June, we decided to open registration for a live, in-person Annual Meeting in San Antonio.

Then, as we watched the number of COVID-19 cases climb and restrictions tighten in Texas in late June, the Board determined that it was not safe or practical to meet in person this year. Though we are disappointed, we are pleased to offer **AOFAS at Home**, an interactive virtual meeting that offers an exceptional lineup of live and on-demand educational sessions (see page 1 for details).

On a personal note, I would like to acknowledge Program Chair Scott J. Ellis, MD, Pre-meeting Chair A. Holly Johnson, MD, the AOFAS staff, our industry partners and exhibitors, and our countless volunteer members. I can't begin to describe what a truly outstanding educational and social experience we had planned for the in-person event in San Antonio. It was to be, as always, a highlight of the year.

And, while the pivot to a virtual meeting will still provide tremendous content in all areas, we all will miss the opportunity for that coveted face-to-face interaction. I will especially miss the smiles, the handshakes and hugs, and the camaraderie of sitting down over some food or a beer and just catching up. Alas, it is not to be this year, but we will prevail, and we will get to do those things that are so precious and that maybe we had taken for granted. Maybe they will be just a bit sweeter the next time around.

Everyone be safe, stay well, keep your heads up. See you in Vancouver in 2021.

Sincerely,  
William C. McGarvey, MD

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## SPECIALTY DAY ANNOUNCEMENT

### The future of Specialty Day and AOFAS Education

Amid navigating the COVID-19 pandemic and planning how to meet again in the future, a decision made in January 2020 was lost in communication updates to members. Prior to the cancellation of the 2020 AAOS Annual Meeting, the AOFAS Board of Directors voted to cancel Specialty Day 2021.

The rationale for this decision was to be presented during a member town hall at AAOS in March, along with a proposed bylaws change eliminating the interim business meeting during AAOS. Now that AAOS 2021 registration is open, we want to make sure that members and meeting attendees are aware of this change.

In their review of Specialty Day attendance, attendee evaluations, and financial reports, the AOFAS Board of Directors discovered several factors that contributed to their decision:

- Specialty Day attendance had been trending down over time.
- It was difficult to meet the education needs of both AOFAS specialists and non-foot and ankle orthopedists due to the gap in specialty knowledge.
- Many of the papers presented at Specialty Day were also presented earlier in the week at AAOS.
- Recent limitations around industry support of the meeting led to a five-figure financial loss each of the past few years.
- Audiovisual and food costs were exceeding the registration fee for the meeting.

AOFAS will continue to have a presence at the AAOS Annual Meeting through our participation in general sessions, instructional courses, AOFAS-sponsored activities such as committee meetings, and social events.

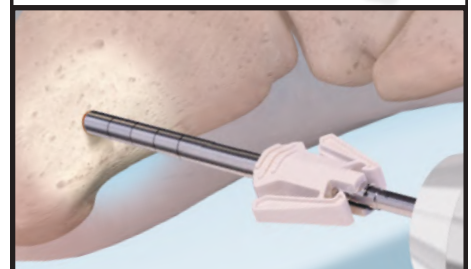
Following the cancellation of Specialty Day 2021, the AOFAS Education Committee was charged to examine how to best deliver programming to foot and ankle orthopaedic surgeons as well as to the healthcare team. Some ideas are one-day advanced topic programs as well as increased virtual meetings. COVID-19 led to a marked increase in webinar programs, some hosted by AOFAS and organized by partner organizations. The AOFAS Physician Resource Center (PRC) has added new content along with on-demand CME to earn credits from anywhere.

To that end, the Minimally Invasive Surgery (MIS) Pre-meeting Course will be offered as a one-day virtual course on October 17 (see page 7). A one-day virtual Allied Health course also is being planned for later this year; watch for more information this fall.

The AOFAS Board of Directors plans to revisit the decision for future Specialty Day programming and welcomes your feedback on this topic. Please email [president@aofas.org](mailto:president@aofas.org). There will be a bylaws vote during the September business meeting.

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## AOFAS AT HOME, CONTINUED

The AOFAS at Home Live Program will take place over three days: the afternoons of Thursday, September 10, and Friday, September 11, and the morning of Saturday, September 12.

Live symposia will cover a wide range of clinical topics, including Stage IV Flatfoot, Fractures in the Elderly, Bone Loss Deformity, and Charcot Marie Tooth. The program also includes symposia on Total Ankle Replacement Systems, Bunion Surgery, and Outcomes Measures that were originally planned for the canceled AOFAS Specialty Day in March 2020.

A timely symposium on the novel coronavirus COVID-19 will discuss the current evidence, emerging research, and progress toward an effective vaccine. Andrew D. Badley, MD, chair of the COVID-19 Research Task Force at the Mayo Clinic in Rochester, Minnesota, will serve as one of the panelists.

In addition to clinical challenges, the Live Program will address the important topic of physician burnout. The Keynote Presentation from Pamela Wible, MD, focuses on preventing physician suicide.

“Two years ago, I lost a great colleague to suicide,” Dr. Ellis said. “One of the conclusions we came to at my hospital [Hospital for Special Surgery] is that we don’t talk enough about burnout and the anxiety of our jobs. As I tried to make sense of it, I came across Dr. Pam Wible, who is an expert on this topic and has given talks around the country.”

Following the Keynote Presentation, a symposium on Preventing and Managing Burnout will discuss sources of stress for physicians and strategies to maintain work-life balance.



The AOFAS at Home program features leaders in foot and ankle surgery presenting on a wide range of clinical and research topics.

### Resident Program

On Saturday, AOFAS offers a concurrent program specially designed for orthopaedic residents. The Resident Program begins with a series of presentations on fundamental topics in foot and ankle surgery, organized by the AOFAS Young Physicians Committee. In the second part of the program, residents will take part in small group case discussions, organized by the AOFAS Postgraduate Education and Training Committee. Attendees will be grouped in “Zoom Rooms” by their PGY level, with committee members in each room to present the cases and facilitate the discussion.

### OnDemand Program

Registration for AOFAS at Home also includes access to OnDemand Sessions such as the Guest Nation Symposium from Chile, innovative research paper presentations, and special symposia on Coding and Practice Management and International Humanitarian Service. These sessions, in addition to recorded presentations from the Live Program, will be available to view and earn CME credit on your schedule through March 31, 2021.

### Exhibit Hall and Industry Symposia

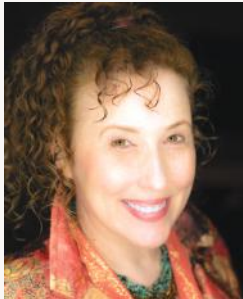
Open throughout the AOFAS at Home program, the Virtual Exhibit Hall provides opportunities to discover new industry products and services. The schedule also includes dedicated time each day to explore products and techniques at Industry Symposia. Make sure to check out these non-CME programs from the following companies (current as of July 17):

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Medartis, Inc.  
Paragon 28  
Stryker  
Trace Medical Concepts, Inc.  
Wright Medical Group N.V.  
Zimmer Biomet

Nearly 50 hours of credit are available between the Live and OnDemand Programs! To learn more and register, visit [aofas.org/at-home](https://aofas.org/at-home).

### Special presentations

In addition to clinical and research symposia, AOFAS features riveting guest speakers and special presentations.



**Keynote Speaker**  
**Pamela L. Wible, MD**  
**Thursday, September 10**  
**6:00 pm Central Time**

Dr. Wible is devoted to the prevention of physician and medical student suicide. Her extensive database from investigating nearly 1,300 doctor suicides reveals the highest-risk specialties and ways individuals and institutions can prevent these deaths.



**Research Speaker**  
**Kevin J. Bozic, MD, MBA**  
**Friday, September 11**  
**12:30 pm Central Time**

A nationally recognized leader in orthopaedic surgery and value-based healthcare, Dr. Bozic has research interests that include healthcare technology assessment, cost-effectiveness analysis, and the implementation and evaluation of value-based payment and delivery models.



**Kenneth A. Johnson International Speaker**  
**Martinus Richter, MD, PhD**  
**Friday, September 11**  
**2:30 pm Central Time**

Dr. Richter is the head of the Department of Foot and Ankle Surgery at Hospital Rummelsberg in Germany and the author of more than 800 scientific publications. His talk will kick off the Kenneth A. Johnson Symposium on Controversies in Foot and Ankle Surgery.



**PED Talk Speaker**  
**Martin J. O'Malley, MD**  
**Saturday, September 12**  
**11:30 am Central Time**

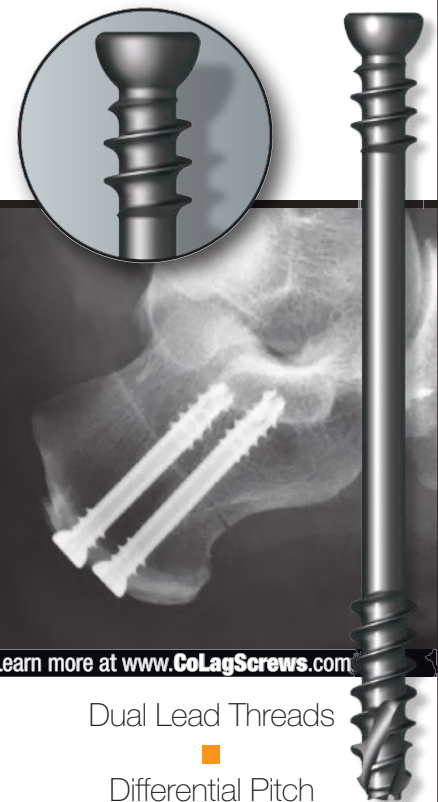
Dr. O'Malley specializes in sports medicine of the foot and ankle and is the team physician for the Brooklyn Nets, USA Basketball, and Iona College. His "PED Talk" on Saturday morning will focus on the Management of the NBA Player with Foot and Ankle Injuries.

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**Reference**

1. Tarkin IS, Mormino MA, Clare MP, Halder H, Walling AK, Sanders RW. Anterior plate supplementation increases ankle arthrodesis construct rigidity. *Foot Ankle Int.* 2007;28(2):219-223. doi:10.3113/FAI.2007.0219

## SCHEDULE AT A GLANCE

### Thursday, September 10

**2:00 – 3:00 pm CT**

Symposium: What Is the Best Bunion Surgery and Why?

**3:00 – 4:00 pm CT**

Symposium: Tackling the Stage IV Flatfoot

**4:00 – 5:00 pm CT**

Virtual Exhibit Hall/  
 OnDemand Programming

**5:00 – 6:00 pm CT**

Symposium: Charcot Marie Tooth: The Cutting Edge

**6:00 – 7:00 pm CT**

Keynote Speaker: Pamela L. Wible, MD

**7:00 – 8:00 pm CT**

Symposium: Prevention and Management of Physician Burnout

**8:00 – 9:30 pm CT**

Industry Symposia

### Friday, September 11

**12:30 – 1:00 pm CT**

Research Speaker:  
 Kevin J. Bozic, MD, MBA

**1:00 – 2:30 pm CT**

Symposium: Measuring What Matters in Orthopaedic Surgery

**2:30 – 4:00 pm CT**

Kenneth A. Johnson International Speaker: Martinus Richter, MD, PhD

Kenneth A. Johnson Symposium on Controversies in Foot and Ankle Surgery

**4:00 – 5:30 pm CT**

Industry Symposia

**5:30 – 5:55 pm CT**

Award-Winning Paper Presentations

**5:55 – 6:55 pm CT**

Presidential Remarks, Foundation Update, and Women's Leadership Award Presentations

**6:55 – 7:10 pm CT**

AOFAS Business Meeting

**7:10 – 8:10 pm CT**

Symposium: Bone Loss Deformity Arthritis: Modern Use of External Fixation

**8:10 – 9:40 pm CT**

Industry Symposia

### Saturday, September 12

**8:00 – 9:30 am CT**

Industry Symposia

**8:00 – 10:00 am CT**

Resident Program: Colloquium

**9:30 – 10:30 am CT**

Symposium: Novel Coronavirus COVID-19

**10:15 am – 12:15 pm CT**

Resident Program: Case-Based Discussions

**10:30 – 11:30 am CT**

Symposium: Optimizing Technology in

Radiology to Treat Foot and Ankle Patients

**11:30 am – noon CT**

PED Talk: Management of the NBA Player with Foot and Ankle Injuries: Martin J. O'Malley, MD

**Noon – 1:00 pm CT**

Symposium: Managing Fractures in the Elderly

**1:00 – 2:00 pm CT**

Symposium: What Is the Best Total Ankle Replacement and Why?

## MINIMALLY INVASIVE SURGERY COURSE

The Annual Meeting Pre-meeting Course is now the **Minimally Invasive Surgery (MIS) Virtual Course** taking place on Saturday, October 17, from 8:00 am to 2:15 pm Central Time. Chaired by A. Holly Johnson, MD, this course offers a comprehensive look at foot and ankle MIS, from getting started to advanced techniques.

“As a relatively recent adopter of percutaneous foot surgery and a longtime proponent of minimally invasive approaches, I have seen firsthand the significant advantages these techniques offer and the dramatic improvements in my patients,” Dr. Johnson said.

MIS is an alternative to traditional open surgery that can offer less pain, fewer soft tissue complications, and faster recovery after surgery. In this virtual course, attendees will gain insight into percutaneous lesser toe techniques, small joint arthroscopy/tendoscopy, managing complications, and more. The course faculty includes global experts and innovators in MIS.

The course also includes an OnDemand Session with research paper presentations investigating outcomes of MIS techniques. Recorded presentations from both the Live Course and OnDemand Session will be available to all course registrants until March 31, 2021.

“I truly believe that any foot and ankle orthopaedic surgeon who considers themselves an innovator or aspires to be a leader needs to understand advanced percutaneous and arthroscopic techniques,” Dr. Johnson added. “I hope to inspire further interest and increased learning for all.”

For more information and registration, visit [aofas.org/MIS](http://aofas.org/MIS).

Add the Minimally Invasive Surgery Course to your AOFAS at Home registration and get a discount on both meetings!

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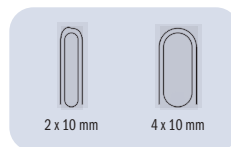
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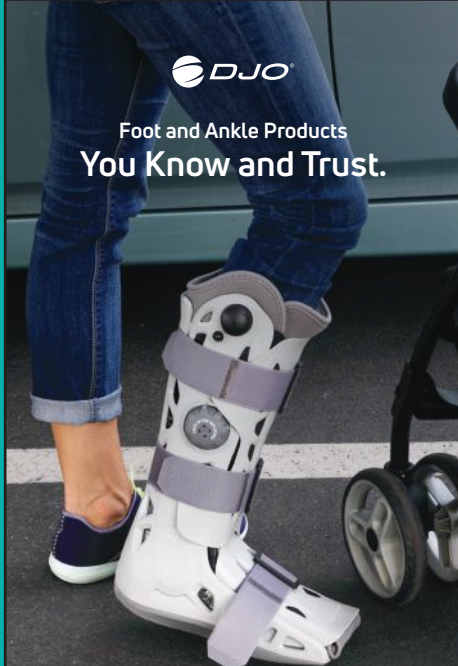
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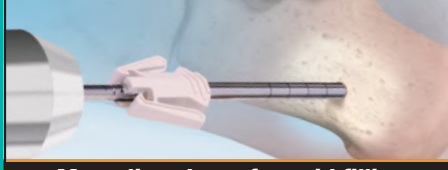
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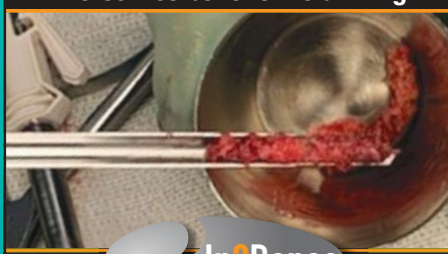
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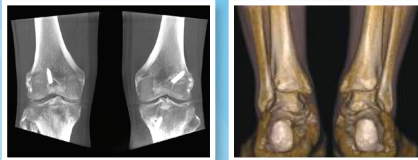
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For the full list of AOFAS at Home exhibitors and industry supporters, go to [aofas.org/at-home](http://aofas.org/at-home).

## COVID-19: The AOFAS Response

Over the last few months, shelter-in-place orders were enacted, elective surgeries were halted, and each day was described as “challenging” and “unprecedented.” In response to the devastating COVID-19 pandemic, AOFAS created new online resources for members, orthopaedic residents and fellows, the greater medical community, and the public.

### COVID-19 Resource Catalog

Housed on the AOFAS Physician Resource Center (PRC), the COVID-19 Resource Catalog serves as a central repository for all COVID-19 information, including legislative updates, surgical and telemedicine guidance, and video tutorials for making your own personal protective equipment. AOFAS members and non-members can access the catalog for free on the PRC.

### Webinars

AOFAS members quickly rose to the occasion and delivered two special webinars in late March. **Public Health Ethics During a Pandemic**, featuring faculty from the Johns Hopkins Berman Institute of Bioethics and the University of Colorado Center for Bioethics and Humanities, served as an open forum to discuss the pandemic, professional ethical obligations, and the resulting moral distress for surgeons and healthcare practitioners. **The Coronavirus and Orthopaedics: Lessons Learned from Around the World** brought foot and ankle orthopaedic surgeons from China, Korea, Singapore, Italy, Canada, and the US together to share their experiences and advice. Both webinars are available for viewing in the COVID-19 Resource Catalog on the PRC.



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### Resident and Fellow Resources

As orthopaedic residency and fellowship programs were canceling onsite training, the AOFAS Education Council developed new online educational resources to fill the void. The Resident Curriculum Catalog includes resources on a variety of foot and ankle topics curated from past AOFAS meetings and courses. The catalog is available to residents for free on the PRC. Additionally, AOFAS launched the Collaborative Fellowship Education Program, a shared calendar of conferences, journal clubs, and other existing educational programs from across the nation available to foot and ankle fellows. Special thanks to Kenneth J. Hunt, MD, and Carolyn Jones from the University of Colorado Medical School for their help coordinating the program, and to all the fellowship programs that participated.

### Public and Member Communications

COVID-19 caused uncertainty with foot and ankle patients as well as surgeries were postponed and in-office appointments canceled. To provide resources to the public, AOFAS distributed a press release with tips for preventing injuries and managing foot and ankle conditions at home. New articles were recently added to FootCareMD, the AOFAS patient education website, to answer common questions about telemedicine and safety precautions before, during, and after surgery. Beginning in late March, AOFAS also consolidated most of its communication to members into a Weekly Digest email so members have easy access to timely Society information.

AOFAS will continue to adapt to serve its members during these uncertain times. For more online resources, visit the AOFAS Physician Resource Center at [aofas.org/PRC](http://aofas.org/PRC).

## On the Front Lines

Several AOFAS members selflessly stepped up in their communities to help combat COVID-19. Ma Xin, MD, of Shanghai, China, and Federico G. Usuelli, MD, of Milan, Italy, share their lessons learned from being on the front lines of the pandemic response:

### Remember your training

In February, Dr. Ma led a team of 273 healthcare workers from the Huashan University of Shanghai Hospital to Wuhan, China, to support local physicians. He noted that his education and training as an orthopaedic surgeon came into play as he worked in multidisciplinary teams to treat COVID-19 patients. “As a young doctor, I received comprehensive medical training by rotating in various internal medicine and surgical departments,” Dr. Ma said. “Afterward I worked in different orthopaedic specialties accumulating experience in diagnosing and treating patients and performing surgery.”

### Communication is key

Dr. Usuelli used his authority as a foot and ankle orthopaedic surgeon, as well as a strong social media presence, to reassure patients during lockdown. “Never underestimate the power of your communication,” Dr. Usuelli said. “As orthopaedic surgeons we are trusted when we talk with patients, explain their situations, and compare expectations with reality.”



Ma Xin, MD, and team prepare to enter an intensive care unit at a hospital in Wuhan, China.

### Problems can be opportunities

For Dr. Usuelli, losing the ability to see patients in person led to an innovative idea. “I developed an app dedicated to foot and ankle patients that allowed me to conduct my follow-up appointments and consultations virtually. I am still using this system now.”

### You are not alone

Both doctors emphasized the importance of sharing information and collaborating with colleagues. Dr. Ma said, “In Wuhan, we found that controlling the epidemic requires the participation of the whole medical community.” Dr. Usuelli added, “Share your experiences and continue to do research. We can all learn from each other.”

## EDUCATION CALENDAR

Mark your calendar for these upcoming education events!



**September 10-12, 2020**

**AOFAS at Home Virtual Meeting**

AOFAS President: William C. McGarvey, MD  
 Program Chair: Scott J. Ellis, MD  
[aofas.org/at-home](http://aofas.org/at-home)



**October 17, 2020**

**Minimally Invasive Surgery Virtual Course**

Course Chair: A. Holly Johnson, MD  
[aofas.org/MIS](http://aofas.org/MIS)



**October 14, 2020**

**Foot and Ankle Resident Review Webinar**

Moderator: Amgad Haleem Amin, MD, PhD  
[aofas.org/webinars](http://aofas.org/webinars)



**April 29-May 1, 2021**

**International Federation of Foot & Ankle Societies (IFFAS) 7th Triennial Scientific Meeting**

[iffaschile2021.com](http://iffaschile2021.com)

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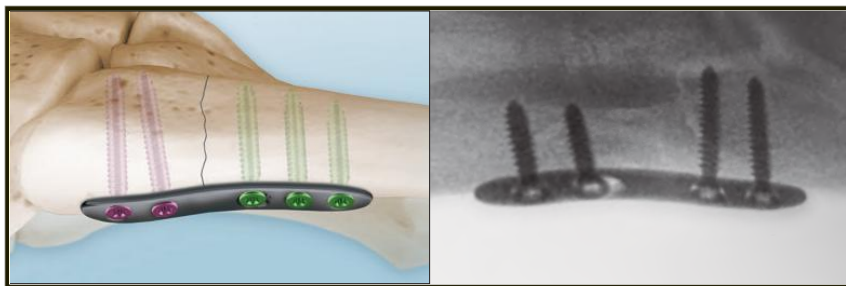
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1. Kevin E. Varner, MD, Joshua D. Harris, MD. The Proximal Fifth Metatarsal Metadiaphyseal Jones Fracture: Intramedullary Screw vs Plantar Plate. Operative Techniques in Sports Medicine, 2017; 25:2: 59-66  
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## FELLOWSHIP MATCH

### Orthopaedic Foot & Ankle Match results

The 2020 AOFAS-sponsored Orthopaedic Foot & Ankle Fellowship Match for 2021-22 positions has concluded, and the results were posted April 30 on the San Francisco Matching Services (SF Match) website.

#### Applicant pool

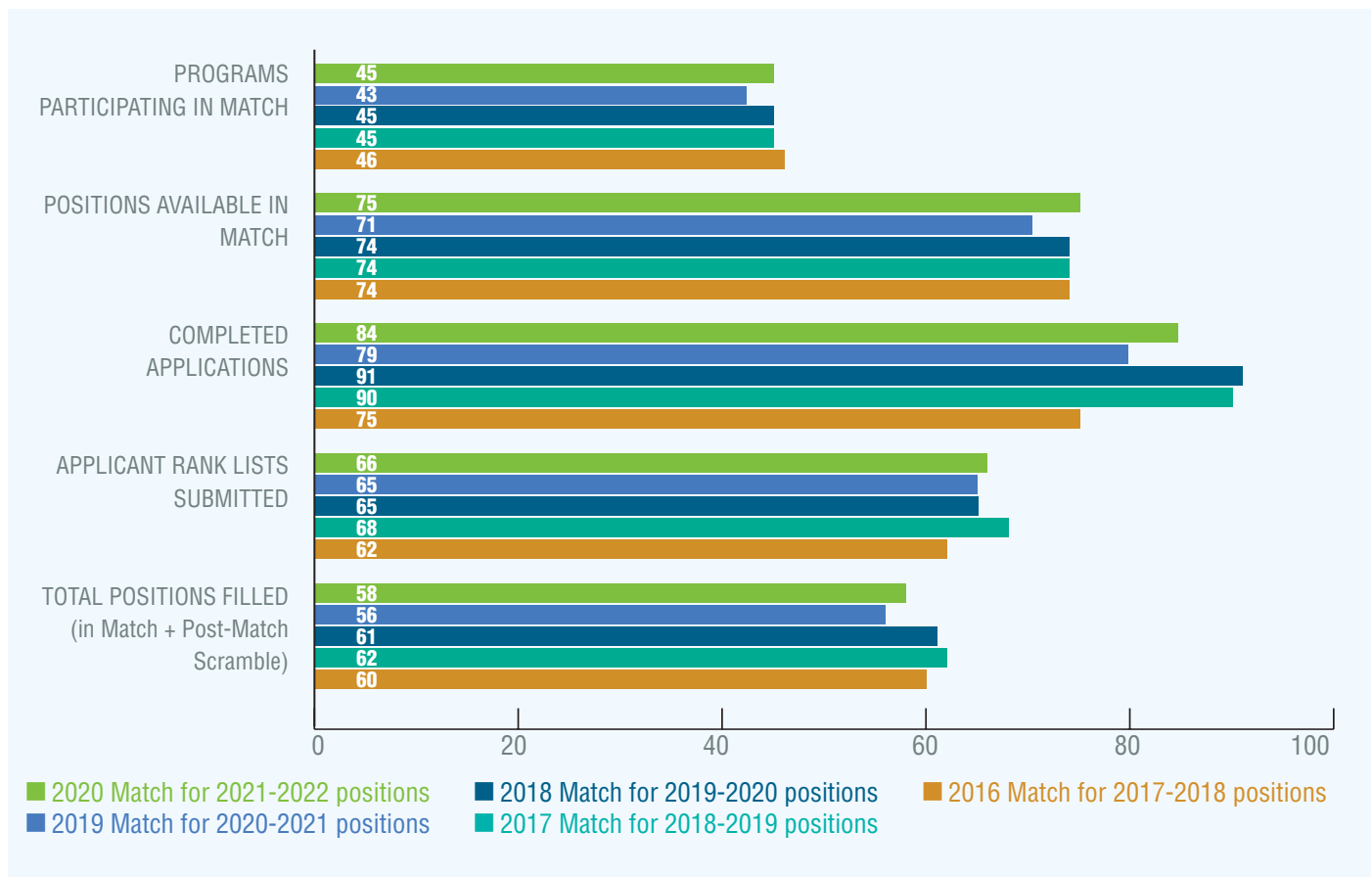
The number of applicants this year—in particular, the number of US and Canadian applicants—was somewhat lower than in recent years. The number of international applicants, however, remained the same. Of the 84 total applicants registered, 73 were US medical graduates and 11 were graduates of international medical schools. Approximately 14% of the applicants were women.

#### Match results

Of the 49 programs registered at the beginning of this year's cycle, 45 participated in the final matching process. Sixty-six out of the 84 applicants to foot and ankle programs submitted rank lists. This year, applicants could rank programs in more than one subspecialty. As a result, five applicants applied to at least one foot and ankle program but ended up matching in a different subspecialty.

In the end, 54 positions out of 75 offered (72%) filled in the match and four more filled immediately following the match, bringing the total filled positions to 58 (74%). The chart below shows a five-year comparison of match statistics.

At press time, 15 positions remained open. Interested candidates can visit [sfmatch.org/vacancies.aspx](http://sfmatch.org/vacancies.aspx) for information on available programs and can contact the fellowship programs directly to apply.



### Charles Saltzman named new *FAI/FAO* Editor-in-Chief

Following a comprehensive search process, Charles L. Saltzman, MD, was selected as the new Editor-in-Chief of *Foot & Ankle International (FAI)* and *Foot & Ankle Orthopaedics (FAO)*. He succeeds David B. Thordarson, MD, who has served as Editor-in-Chief for *FAI* for more than 12 years.

A respected researcher, educator, and visionary, Dr. Saltzman has been actively involved in AOFAS since 1991 and was president of the Society in 2009-10. His extensive leadership experience includes roles as president of the International Federation of Foot & Ankle Societies and the Association of Bone and Joint Surgeons. Currently, Dr. Saltzman serves as a director for the American Board of Orthopaedic Surgery. In addition, Dr. Saltzman is a current member of the *FAI* Editorial Board and past chair of the *FAI* Managerial Board.

"Being the Editor-in-Chief of *FAI* and *FAO* will be both a great privilege and challenge, one that I plan to embrace with steadfast focus, creativity, and humility," Dr. Saltzman said. "I look forward to working with the great team of editors, reviewers, authors, and members. Like Dr. Thordarson, I will ensure that the journals continue to elevate our specialty with excellence."

Under Dr. Thordarson's leadership, *FAI* has experienced tremendous growth, increasing in impact factor from 1.061 in 2008 to 2.292 in 2019. *FAI* currently is the number-one foot and ankle journal and ranks 31st out of 82 orthopaedic journals. Original submissions have more than doubled during his tenure, while the review time has been reduced.

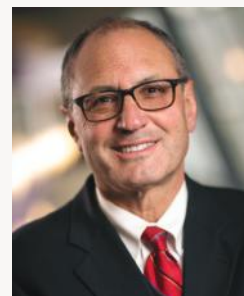
Dr. Thordarson also oversaw the addition of disclosures to published articles, the development of the journal's online archive, and the transition from DataTrace to SAGE Publishing. Following the merging of the *FAI* and *FAO* editorial processes in 2019, Dr. Thordarson became Editor-in-Chief of *FAO* as well, succeeding L. Daniel Latt, MD, PhD, who served as the inaugural *FAO* Editor-in-Chief from 2016-19.

"I can't express how excited I am to have Dr. Saltzman become the Editor-in-Chief of *FAI* and *FAO*," said AOFAS President William C. McGarvey, MD. "His scholarly experience and novel ideas will ensure that Dr. Thordarson's remarkable efforts and achievements carry forth into the next chapter of leadership. I am both eager and intrigued to see where our journals go from here."

Dr. Saltzman will begin transitioning into the role in October 2020 and will assume full responsibility for leading the journals by January 1, 2021.

"The Search Committee interviewed an exceptionally talented and dedicated group of candidates for the position of Editor-in-Chief. The selection of Dr. Saltzman reflects his superb qualifications," said Search Committee Chair James W. Brodsky, MD. "In addition to his scientific accomplishments, he has displayed outstanding commitment to the field of foot and ankle surgery, and to the orthopaedic profession."

Dr. McGarvey added, "Welcome, Charlie Saltzman. And to Dave Thordarson, it has truly been an honor to have been a part of what you have done with the journals. 'Thank you' is an understatement."



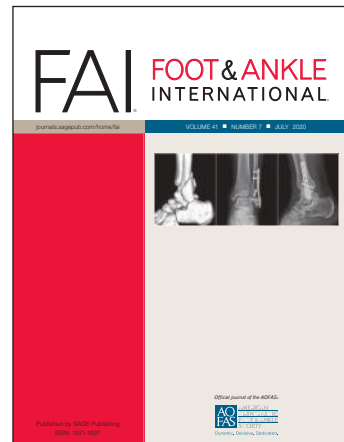
CHARLES L. SALTZMAN, MD

"Being the Editor-in-Chief of *FAI* and *FAO* will be both a great privilege and challenge, one that I plan to embrace with steadfast focus, creativity, and humility,"



## New in *FAI* and *FAO*

New foot and ankle research, resources, and educational opportunities are now available in *Foot & Ankle International (FAI)* and *Foot & Ankle Orthopaedics (FAO)*, the official scientific journals of the AOFAS.



### 2019 *FAI* CME Exam

This past spring, the 2019 *FAI* CME Exam opened on the AOFAS Physician Resource Center (PRC). Both the 2018 and 2019 exams are now accessible to AOFAS members and *FAI* subscribers.

Each *FAI* CME Exam features 100 multiple-choice questions on foot and ankle topics that are inspired by articles in the two most recent volume years of *FAI*. Unlimited retakes are allowed, with a score of 70 percent or higher required to obtain credit. Each exam costs only \$100.

The AOFAS designates this enduring material for a maximum of **10.0 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Physicians who complete the full 10 hours may also claim 10.0 scored and recorded credit hours for the American Board of Orthopaedic Surgery (ABOS) MOC SAE.

For more information, visit [aofas.org/journalCME](http://aofas.org/journalCME).

### FAO Essential Reviews

The third print volume of *FAO Essential Review Articles* will mail with the August issue of *FAI*. L. Daniel Latt, MD, PhD, and Daniel C. Farber, MD, invite you to read these featured reviews covering core topics in foot and ankle surgery. The supplement includes four articles covering the fundamental foot and ankle topics of adult acquired flatfoot, plantar fasciitis, ankle instability, and the use of braces and orthotics.

The full Essential Review series is also available on the *FAO* website (look for the starred collection at the bottom of the *FAO* homepage). The review articles are ideal for medical schools,

residency programs, and fellowship training programs, as well as a resource for exam preparation and general review.

### AOFAS at Home Abstract Highlights

Shortly after AOFAS at Home, *FAI* will highlight a selection of abstracts from the meeting, as selected by Program Chair Scott J. Ellis, MD. This supplement is currently scheduled to mail with the November issue of *FAI*. Abstracts for meeting paper, poster, and ePoster presentations will also be published and freely available at *FAO* (look for the starred collection at the bottom of the *FAO* homepage).

Abstracts selected for AOFAS Specialty Day 2020 are also available in *FAO*, along with abstracts from Annual Meeting and Specialty Day dating back to 2016.

### Foot & Ankle International

- Read *FAI* online:
  - AOFAS Members: Log in at [aofas.org](http://aofas.org) and click the “FAI” link under your name
  - Nonmember subscribers: Visit [journals.sagepub.com/home/fai](http://journals.sagepub.com/home/fai)
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### Foot & Ankle Orthopaedics

- Read *FAO* online: [journals.sagepub.com/home/fao](http://journals.sagepub.com/home/fao)
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## FOUNDATION PRESIDENT'S MESSAGE



SCOTT J. ELLIS, MD

Dear Colleagues,

The Foundation is strong in these trying times. Our communities have been hit variably, but hard, and many of us know somebody who had COVID-19 or passed away from complications related to the virus. It has affected our families, our practices, and our industry partners.

As with life, however, there are many positives we can take away from these circumstances. Personally, I have enjoyed the opportunity to catch up on research, develop telemedicine, reflect on my practice, and spend time with my family. The Foundation has been able to reflect on its mission, visit virtually with our industry colleagues in ways not previously possible, develop and participate in webinars, and catch up with colleagues.

A number of Foundation initiatives have been delayed until next year, including our humanitarian programs to Vietnam and Kenya and a scouting trip to China. With the help of the Humanitarian Services Committee, we are exploring virtual ways to train doctors in these countries, so we continue the momentum of our mission trips. The Pillar to honor James W. Brodsky, MD, is also being extended to next year to allow for more time to garner support in a sensitive manner and to honor Dr. Brodsky in the way he deserves.

However, many initiatives continue to carry out the mission of the AOFAS and Foundation with resolve and perseverance. The Women's Leadership Awards will honor Naomi N. Shields, MD, with the Career Impact Award, and Laura Dawson, DO, with the Career Development Award (see page 21 for more about these outstanding women). Research and education continue to move forward as well. This is possible in large part thanks to leadership in recent years that not only restructured the Foundation, but also invested in a corpus to carry us through potential hard times. The successful completion of Campaign 50 last fall also positioned us to face these circumstances.

I realize that the pandemic has hit various areas of the world in different ways. For those who are able to donate, we still need your support. For those who can't, we understand and ask you to think of the Foundation next year. Remember also that many methods exist to donate including multi-year pledges and pulling from retirement accounts. I would like to thank our industry colleagues who have continued to support us.

Ultimately, the goal is to remember this time not for the COVID pandemic and racial inequalities we have suffered, but how we responded to these challenges and worked toward change. I can't wait to see everybody in person once again. We will come back stronger and move as quickly and as safely as possible to return to what we do best: take care of patients, educate others, conduct research, and help our international colleagues in need. I am confident we will continue to grow the Foundation and support the overall AOFAS mission.

With gratitude,  
Scott J. Ellis, MD

We will come back  
stronger and move as  
quickly and as safely as  
possible to return to what  
we do best: take care of  
patients, educate others,  
conduct research, and  
help our international  
colleagues in need.

## HUMANITARIAN SERVICE

### Humanitarian service after COVID-19

**By J. Turner Vosseller, MD, Humanitarian Services Committee Chair,  
and Eric C. Gokcen, MD, Humanitarian Services Committee Vice Chair**

Last summer was an exciting time for the Humanitarian Services Committee. We had recently completed another strong year in Vietnam, were beginning to ask for volunteers for our first trip to Kenya, and were busy exploring options in Yunnan Province in China for further humanitarian missions. A lot can happen in a year. All of our worlds have been turned upside down, and we have been forced to drastically change our routines and practices to offset the risk generated by COVID-19.

Given the Humanitarian Services Committee's charge in the evaluation and management of the Society's humanitarian endeavors, the effects of the virus on our work is far-reaching. All humanitarian trips for 2020 have been cancelled; the safety of AOFAS members is the *sine qua non* of any AOFAS humanitarian mission.

As we work to get through this pandemic and look to tomorrow, an initial question is: where does this leave us in terms of humanitarian work? The most honest answer, at least for right now, is that we don't know. There are a variety of aspects that need to be considered.

The first issue, clearly, for all parties, is safety. Anyone would be hesitant to voluntarily go to a place in which their safety is in question. Even if the destination country were thought to be relatively safe, getting there would require passage through multiple international airports, potentially compounding risk even before entering the destination country. There is no ready answer to this right now, and it will depend significantly on the information from our colleagues abroad and, as much as anything, on what the coming months teach us.

We must also understand some trepidation on the part of our hosts. Perhaps not so much for China or Vietnam, but Kenya has barely been touched by the virus and has a health system that could be easily overrun by a rampant coronavirus. They would understandably be wary about anyone coming from the US, a country with millions of cases. Moreover, the economic ramifications of the virus echo throughout the world. In developing countries, as here in the US, the result may be that people focus on more basic needs and push the need for orthopaedic surgery to the backburner.

As we have all learned throughout our careers, the best cure for incomplete data is more and better data. As our infectious disease and epidemiology colleagues come to better understand the disease and its spread, we can perhaps come to better understand how to move forward safely.

Despite the primacy of safety, it is not the only consideration. In many parts of the developed world, and certainly in the US, normal operations for hospitals and ASCs ceased in mid-March and have either been running near zero or at reduced capacity. As a result, there are many patients in need of elective orthopaedic surgery who have been waiting; surgeons will likely be playing some measure of catch-up with this pent-up demand for some time to come. Moreover, many surgeons have lost a significant amount of income from this period of inactivity, making a volunteer trip something that is less economically feasible.

As we grapple with the heavy realities and the evolving understanding of risk, we may also do well to consider the opportunities that may be available to us in the meantime to continue our humanitarian outreach. To be sure, we are all likely more facile with virtual meetings now than at any point in the past. Perhaps we could use this tool to continue our educational mission with a recurring lecture series or case-based discussions with our partners abroad even if we cannot be there in person. It is also sadly true that we need not look far from home to find people in need. Perhaps now is the time to further explore how best to help those in our local communities.

We all look forward to the day that COVID can be put behind us, and we can resume our missions with the possibility for further expansion still on the horizon.



Humanitarian Services Committee Chair J. Turner Vosseller, MD, evaluates a patient at a clinic in rural China.

## FOUNDATION NEWS

### AOFAS Research Committee awards eight 2020 grants

The AOFAS Research Committee is pleased to announce eight grant awards for the AOFAS Research Grants 2020 cycle, selected from an outstanding group of 33 applications.

“We received a record number of proposals spanning diverse and novel topics,” said Research Committee Chair Harold B. Kitaoka, MD. “I am grateful to the remarkable Research Committee members for their work and to the AOFAS Board of Directors for their support of this important program.”

The AOFAS Research Grants Program is funded by the Orthopaedic Foot & Ankle Foundation, supported in part by Arthrex, Inc. Congratulations to the 2020 AOFAS Research Grant recipients!

#### Established Project Grants

##### Linking Structural Changes and Functional Outcomes Following Achilles Tendon Rupture

Josh Baxter; Kathryn O’Connor, MD

##### A Multifunctional Implant That Induces Bone Regeneration in Diabetics

John Femino, MD; Douglas Fredericks, BS; Aliasger Salem, PhD

#### Small Project Grants

##### Towards Consensus in Arthroscopic Management of Osteochondral Defects

Dominic Carreira, MD; Thomas Harris, MD; Kirk McCullough, MD; A. Holly Johnson, MD; Rebecca Cerrato, MD; Jorge Acevedo, MD; Eric Giza, MD

##### Immediate Weight Bearing in Diabetic Ankle Fractures with the Use of a Hindfoot Offloader Brace

Kyle Schweser, MD; Brett Crist, MD; Kyle Fiala, DPM; Benjamin Summerhays, DPM

##### Effect of Blood Flow Restriction Therapy Following Achilles Tendon Rupture and Repair

Mark Drakos, MD; Oliver Hansen, BA; Stephanie Eble, BA; Andrea Papson, DPT

#### Pilot Project Grants

##### Risk Factors for Chronic Ankle Instability After Lateral Ankle Sprain

David Porter, MD, PhD; Anand Vora, MD; Joseph Jacobson, MD; Robert Kulwin, MD

##### Does Patient-Reported Outcome Measure Use in Clinic Visits Improve Patient Satisfaction and Experience? A Randomized, Controlled Trial

Judith Baumhauer, MD, MPH; A. Samuel Flemister, MD; Benedict DiGiovanni, MD; David Bernstein, MBA, MA

##### Does Toe Curl Exercise Against Elastic Resistance Band Improves Popliteal Venous Return in Healthy Volunteers When the Leg Is Immobilized in Cast?

Kandasamy Sampathkumar, FRCS(Tr&Orth)

#### AOFAS RESEARCH GRANTS BY THE NUMBERS (SINCE 1997)

119  
grants  
awarded

\$1.6  
million  
total funding

203  
presentations  
of funded  
research

122  
published  
journal articles

\$4.2  
million in  
additional  
grants

The 2021 grants cycle opens this fall! Visit [aofas.org/researchgrants](https://aofas.org/researchgrants) for more information.

## Naomi Shields and Laura Dawson honored with Women's Leadership Awards

The Women's Leadership Initiative supports and encourages women in foot and ankle orthopaedic surgery. As part of the initiative, the Foundation honors two female leaders in foot and ankle orthopaedics annually with the **Women's Leadership Awards**.

Two awards are being presented in 2020:

- **Career Impact Award**, recognizing women who have made exceptional contributions to the field of orthopaedic foot and ankle surgery
- **Career Development Award**, supporting the professional aspirations of early- and mid-career female orthopaedic foot and ankle surgeons



NAOMI N. SHIELDS, MD

### Career Impact Award

**Naomi N. Shields, MD**, of San Antonio, Texas, is a highly regarded orthopaedic surgeon and humanitarian. Dr. Shields served in the military as a general medical officer at Rhein Main AFB in Germany. Upon her return, she was the first woman in the orthopaedic surgery residency program at Wilford Hall USAF Medical Center in Texas and went on to complete a foot and ankle orthopaedic fellowship at the Medical College of Wisconsin. Dr. Shields is a role model in the orthopaedic community and continues to give back by participating in the Orthopaedic Foot & Ankle Foundation's Overseas Outreach Project to Vietnam every year. In addition, she has served as president of the Foundation, a member-at-large on both the AOFAS and AAOS Boards of Directors, and a member of several committees.

"Dr. Shields is intelligent, diligent, and compassionate. She has been a relentless champion for the Overseas Outreach Project to Vietnam and a beacon for every mission attendee since inception."  
– Ruth L. Thomas, MD



LAURA K. DAWSON, DO

### Career Development Award

**Laura K. Dawson, DO**, exemplifies dedication, leadership, and strength. Dr. Dawson completed her orthopaedic surgery residency at Texas Tech University Health Service Center and a foot and ankle orthopaedic fellowship at the University of Rochester Medical Center. Currently, she serves as the United States Corps of Cadets Senior Medical Officer and an orthopaedic surgeon at Keller Army Community Hospital in West Point, New York. Prior to her career in the medical field, Dr. Dawson had more than 15 years of experience in the military and received five awards for exemplary service. In addition to serving on the AOFAS Research Committee, she is a member of the AAOS Limb Salvage Clinical Practice Guideline Team, the AOA Emerging Leaders Program, and the Society of Military Orthopaedic Surgeons.

"Dr. Dawson has an impressive military pedigree and is an excellent role model for all of our members who may feel, at times, like an underdog. She is well published, active within our society, and most importantly, a great surgeon."

– Thomas H. Lee, MD

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## MISSION PARTNER CONTENT

## Innovations in total ankle replacement: Where are we and where are we going?

By **Jeremy J. McCormick, MD**

We are living during a time when technological innovation is unfolding at an unprecedented speed. In the world of orthopaedics, it is an exciting time to be a surgeon. We have at our fingertips technology that can address surgical challenges and present endless opportunities to improve care. However, we also have a responsibility to balance the pace of innovation with a clear focus on the role technology can and should play in addressing the unmet needs of patients and physicians.

Innovations in medical devices cannot just be new, they must be better, and it is our job to identify areas where technology can measurably improve care. An excellent example of where we've seen such purposeful innovation is in the evolution of total ankle replacement over the last 10 years.

When I began practicing as a foot and ankle surgeon in 2009, only about 10% of the ankle procedures I performed for end-stage ankle arthritis were total ankle replacements (TAR). The rest were ankle fusions; 11 years later, those numbers have reversed. When TAR was first introduced, it was exciting because it offered patients the opportunity for similar pain reduction as a fusion surgery without losing ankle mobility; still, the transition from the historical gold standard arthrodesis procedure would take time. We continue to gather data and identify the long-term quality of life benefits TAR offers. We also have developed the ability to tailor the surgery to the patient's unique anatomy with the advent of preoperative templating for intraoperative guides. We have come a long way, but, as we learn more about patient needs, there is always room for innovation.

So, what is our goal for the next generation of TAR? Longevity. Surgeons always want to reduce the likelihood of a secondary procedure. As we begin to treat even younger patients living active lifestyles, implant longevity will become increasingly important. Implants currently on the market can be susceptible to loosening and, at times, do not attach optimally to the bone. This can result in pain and necessity for future surgical procedures. These risks are even more concerning in patients with low-quality



or less dense bone. However, these challenges are not unique to ankles. Implant longevity has been a common challenge in many areas of orthopedic surgery.

Many times, we are able to learn from the successes of our colleagues in other subspecialties. This is how we first identified porous material as an exciting technological advancement for total ankle replacement. This modification to implants has a rich background of material science that has shown proven benefits in other areas of orthopaedics such as spine and upper extremities. The first ankle implant to utilize this porous material is the new INFINITY™ with ADAPTIS system. This device uniquely uses 3D printing to build the implant — including the porous material — layer by layer as one monoblock piece rather than a traditional plasma spray coating or post-production attachment of a 3D material to the implant. For patients, we are optimistic that this will translate into better adhesion to bone, better implant stability, and, ideally, a longer-lasting implant.

So, what is our goal  
for the next generation  
of TAR? Longevity.  
Surgeons always want to  
reduce the likelihood of  
a secondary procedure.

The INFINITY™ with ADAPTIS technology was created with one goal in mind: improve patient outcomes. Regardless of how far we have come, we must be responsible and constantly re-evaluate the technologies we are using. We should not take what currently exists at face value, but rather strive for progress. It is with this philosophy that we worked to optimize an already trusted system. We believe the ADAPTIS technology is a significant step toward longer-lasting treatment.

Ultimately, we want to see a total ankle replacement device that gives a patient at least 20 years of functional success. We do not know if we are there yet, but I believe we are getting closer. If we continue to strive for improvement, work to monitor our successes and our failures, and apply new technology safely and effectively, we will continue to positively affect our patients' lives. Isn't this, after all, why we do what we do?

*The preceding article was contributed by Wright Medical Group N.V., as one of the benefits as a Diamond-level sponsor of the AOFAS/Foundation Mission Partner Program.*

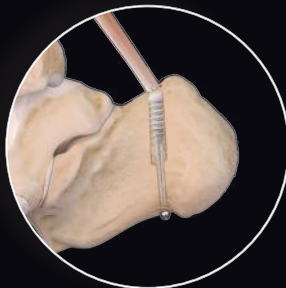
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## ADVOCACY UPDATE

### Advocacy for AOFAS members and patients

By Christopher P. Chiodo, MD, Health Policy Committee Chair

The Health Policy Committee stands ready to advocate on behalf of the AOFAS and our patients.

Over the past year, our committee has monitored and worked on several issues at the state level. In Massachusetts, Mississippi, Alabama, and New York, there are continued attempts at expanding podiatric scope of practice. In Massachusetts, the Federal Trade Commission submitted a surprise letter of support for expanding podiatric scope of practice. Working with AOFAS member Michael S. Aronow, MD, and members of the Health Policy Committee, the Massachusetts Orthopaedic Association was able to obtain and submit opposing letters from the American Medical Association (AMA), American Academy of Orthopaedic Surgeons (AAOS), and AOFAS.

The Health Policy Committee has also been closely monitoring regulatory developments in Ohio and working with the AOFAS as it advocates for local orthopedic surgeons. In this case, the State Medical Board of Ohio determined that it was permissible for podiatrists to perform two procedures — supramalleolar osteotomy and the proximal tibial bone marrow aspirate — that are outside Ohio Statute and Rules for podiatric scope of practice. The Health Policy Committee and AOFAS have been working with the Ohio Orthopaedic Society, Ohio State Medical Society, AAOS, and AMA to attempt to reverse this decision.

At the federal level, the Health Policy Committee continues to work with AAOS Office of Government Relations staff to promote the interests of AOFAS members. During COVID-19, the AAOS has been very active advocating on behalf of orthopaedic surgeons with regard to telehealth as well as procuring sufficient financial resources to endure the pandemic. The AAOS also continues to advocate on the surprise billing issue, seeking an arbitration process rather than rate setting.

Looking to the future, the Health Policy Committee is developing an education primer on advocacy that would cover topics such as federal and state advocacy and the AMA resolution process, and include AMA and AAOS resources. If you are interested in helping out and authoring a chapter, please email me at [cchiodo@bwh.harvard.edu](mailto:cchiodo@bwh.harvard.edu).

Finally, **the Health Policy Committee needs you to be vigilant and monitor issues in your state.** Advocacy at the local level can have a substantial impact on healthcare policy, and alert individuals are critical to this mission. If a legislative or regulatory issue arises that will affect your practice or the safety of your patients, please let us know at [research@aofas.org](mailto:research@aofas.org). We are here to help and assist with your local advocacy efforts.

## Help organized medicine help you and your patients

**By Michael S. Aronow, MD, AOFAS Board of Directors Secretary**

In addition to the efforts of the Health Policy Committee, the AOFAS promotes advocacy by working with larger organizations that share many of our values and interests. This collaboration allows us to amplify our voice and benefit from their extensive resources, including access to state and national legislators, regulatory agencies, and the healthcare industry. Three of these organizations are the American Academy of Orthopaedic Surgeons (AAOS), the American Medical Association (AMA), and the American College of Surgeons (ACS).

AOFAS has representation as an organization in the AAOS Board of Specialty Societies, the AMA House of Delegates, and the ACS Board of Governors and Orthopaedic Surgery Advisory Council, which allows us to influence their policy and advocacy priorities. AOFAS also has representation on committees involving CPT coding, education, research, and medical training. The Society, our members, and the patients we serve benefit from the staff and financial resources these three organizations dedicate to the analysis of complex regulatory and legislative proposals, lobbying, and patient education, as well as the legal resources of the AMA Litigation Center.

AOFAS leadership and staff understand that many of our members have suffered significant financial hardship due to the ongoing COVID-19 pandemic and the thought of paying dues to become a member of the AMA or ACS or contributing to the AAOS Orthopaedic PAC may not be appealing at this time. Nevertheless, it is still a great investment that pays for itself many times over. Your practice benefits financially from the advocacy efforts and influence of the AMA and its approximately 256,000 members, the ACS and its over 82,000 members, and the AAOS Orthopaedic PAC and Office of Government Relations.

A few examples are orthopaedic practice inclusion in The CARES Act Paycheck Protection Program, the Medicare Advanced Payment Program, recent changes in telehealth eligibility and billing, and blockage of the Cigna-Anthem and Humana-Aetna mergers that were estimated to cost physician practices more than \$500,000,000 per year.

Furthermore, when individual AOFAS members join the AMA and ACS, it ensures that the AOFAS can continue its participation in these two organizations. AOFAS was the first orthopaedic subspecialty to attain a seat in the AMA House of Delegates and it is critical that we maintain our representation.

For the benefit of your practice and patients, please consider joining or maintaining your membership in the AMA, ACS, and the Orthopaedic PAC. If you have any questions, please do not hesitate to contact me at [aronowmike@gmail.com](mailto:aronowmike@gmail.com).

### Get involved!

- Join the AMA: [ama-assn.org/amaone/membership](http://ama-assn.org/amaone/membership)
- Join the ACS: [facs.org/member-services/join/specialties/orthopaedic](http://facs.org/member-services/join/specialties/orthopaedic)
- Support the Orthopaedic PAC: [aaos.org/advocacy/pac](http://aaos.org/advocacy/pac)
- Sign up for AOFAS Advocacy Alerts: [aofas.org/advocacy](http://aofas.org/advocacy) (member login required)

# Prepare for major changes coming to E/M visits in 2021

## Part 2: Changes to CPT codes and Medical Decision Making

By R. Dale Blasier, MD, MBA, FRCS(C), Practice Management Committee

For part 1 of this article (*Changes in documentation requirements*), visit [aofas.org/codingcorner](http://aofas.org/codingcorner).

Effective January 1, 2021, the Centers for Medicare and Medicaid Services (CMS) will implement new documentation requirements for outpatient new and established E/M visits. Bullet points for documenting items of history and physical exam will no longer factor into determining the level of visit. Going forward, the level of visit will be based upon the level of Medical Decision Making (MDM). Alternatively, the level of visit may be based upon time.

### CPT changes

The AMA has created new CPT code descriptors for outpatient visits (new and established) that can be based upon the level of MDM or the time spent by the provider on the encounter.

For each code descriptor for these services in CPT, all references to level of history and physical examination are removed. Instead, it is specified that there must be a medically appropriate history and/or physical examination and a specified level of medical decision making.

As a part of the AMA initiative to revise the E/M codes, they were revalued, for the most part, upward.

### Time can be used to determine level of service

For providers who wish to bill by time, the length of time corresponding to each level of visit is specified within the CPT descriptors. Note that the current time rules for coding apply when counseling and/or coordination of care dominates (more than 50%) the encounter with the patient and/or family and includes only face-to-face time in the office on the date of the encounter. Starting in 2021, providers coding by time spent may include all activities on the day of encounter such as:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically necessary appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other healthcare professionals (when not reported separately)
- Documenting clinical information in the electronic or other health record

- Independently interpreting results (not reported separately) and communicating results to the patient/family/caregiver
- Care coordination (not reported separately)

### The new deal: MDM as the prime determinant of level of service

It is expected that the conversion to Medical Decision Making (MDM) as a basis for the level of coding will require some planning and preparation on the part of healthcare providers. MDM has always been part of the algorithm for choosing a level of E/M service, but now will be the sole determinant of level of service (unless the provider intends to bill based upon time).

MDM in 2019 depends on:

- Number of diagnoses or management options
- Amount and/or complexity of data to be reviewed
- Risk of complications and/or morbidity or mortality

MDM in 2021 depends on:

- Number and complexity of problems addressed at the encounter
- Amount and/or complexity of data to be reviewed and analyzed
- Risk of complications and/or morbidity or mortality of patient management

### Number and complexity of problems addressed at the encounter

The greater the number and complexity of problems addressed at the encounter, the higher the level of decision making that is applicable. This ranges from N/A (not applicable) for the level 1 service, going up to straightforward, low, moderate, and high.

There are several specific options available. They range from self-limited or minor problem to acute or chronic illness or injury that poses a threat to life or bodily function. There are several in between.

For many physicians, it may not be clear what constitutes a "self-limited or minor problem." For this reason, specific definitions have been developed by the AMA and CPT to limit confusion.



These will be published in CPT for 2021. They are viewable now on the AMA website. For instance:

- Minimal problem
- Self-limited or minor problem
- Stable, chronic illness
- Acute, uncomplicated illness or injury
- Chronic illness with exacerbation, progression, or side effects of treatment
- Undiagnosed new problem with uncertain prognosis
- Acute illness with systemic symptoms
- Acute, complicated injury
- Chronic illness with severe exacerbation, progression, or side effects of treatment
- Acute or chronic illness or injury that poses a threat to life or bodily function

### Amount and/or complexity of data to be reviewed and analyzed

This category attempts to quantify the amount of data, efforts to gather data, and communications utilized to evaluate the patient.

Collection of more data leads to a higher level of MDM. Levels include minimal or none, limited, moderate, and extensive. Data are divided into three categories:

- **Category 1:** Tests, documents, orders, review of prior external note(s) from each unique source or independent historian(s)—each unique test, order, or document is counted to meet a threshold number
- **Category 2:** Independent interpretation of tests not reported separately
- **Category 3:** Discussion of management or test interpretation with external physician/other QHP/appropriate source (not reported separately)

To determine amount and complexity of data, it may be helpful to read the definition of terms (e.g., test, external, or external physician or other qualified healthcare professional). The definitions are available on the AMA website.

### Risk of complications and/or morbidity or mortality of patient management

This is an assessment of the relative danger of patient management — whether from treatment or further work-up. Levels include minimal, low, moderate, and high. Some treatments are relatively risk-free such as over-the-counter medicines or dressing changes. Some are highly risky such as a decision for emergency major surgery. There is a wide range of treatments, with varying degrees of risk, in between.

**CONTINUED ON PAGE 30**

### What can you do to prepare for these changes?

1. Learn about the proposed changes by reading online and attending coding courses or webinars.
2. Determine if your EHR templates need to be changed to de-emphasize bullet points for history and exam and emphasize elements of MDM.
3. Become familiar with the definitions of problem types, risks, and other elements of services that will be needed to substantiate a level of MDM.
4. Learn to routinely document items within notes that will be used to score MDM. These include ordering tests or X-rays, interpreting tests and X-rays, requesting or reviewing outside documents, discussion with other healthcare providers, and the use of independent historians aside from the patient.
5. Test drive some notes to see how they would score using the new MDM parameters.

For more information, visit [ama-assn.org/cpt-evaluation-and-management](http://ama-assn.org/cpt-evaluation-and-management)

## CODING CORNER, CONTINUED

To estimate the risk of complications and/or morbidity or mortality, it may be helpful to become familiar with the definitions (e.g., risk, morbidity, social determinants of health, and rug therapy requiring intensive monitoring for toxicity). These definitions are available on the AMA website.

Once the level of the presenting problem, data reviewed, and risk of management are determined, the selection of overall level of MDM can be determined. To qualify for a particular level of MDM, two of the three elements for that level of decision making must be met or exceeded. That will determine the level of E/M service.

This new method of determining the level of E/M service will require major changes to physician behavior and documentation. Detailed instruction, system changes, and practice will be required.

### A few last words

These changes only apply to outpatient visits, so don't throw away note templates. The old system of documentation is still required for consultations, ER visits, and inpatient visits.

The old system relied on documenting a series of bullet points for history and physical exam to support a level of service. The new system for 2021 relies on documenting bullet points for diagnoses or treatment options, amount and complexity of data reviewed, and risk of complications.

While CMS will implement increased work values for E/M codes performed in the outpatient setting, the increases will not be applied to visits bundled into 10- and 90-day global procedure codes.

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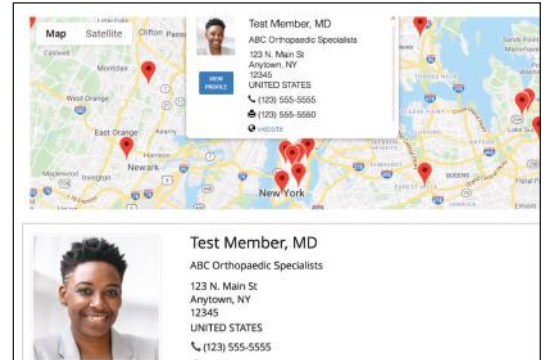
### AOFAS launches improved Find a Surgeon search

The online “Find a Surgeon” search connects prospective patients with AOFAS-member surgeons. In July, AOFAS introduced an improved “Find a Surgeon” platform with more robust search capabilities and enhanced listings for each member, making it even easier for patients to seek care from a foot and ankle orthopaedic surgeon.

New features include:

- Member photos in the search results
- Individual profile pages for each member
- Location search powered by Google Maps that accommodates misspellings and common abbreviations
- Ability to filter search results by facility, state, and/or country

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## DynaNite<sup>®</sup> PIP Hammertoe Implant

*The Only Threaded, Cannulated Nitinol Implant*

- The implant barbs are extended via insertion of a K-wire
- Cannulation allows surgeons to cross the MTP joint with the K-wire if desired
- Implants are offered in 12 mm, 14 mm, and 16 mm sizes, straight and 7° bend

DynaNite PIP Hammertoe Implant

PIP Implant With Inserter

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## MEMBERSHIP MATTERS

### AOFAS recognizes new and elevating members

The Board of Directors approved 54 new members between November 2019 and June 2020. We welcome them to the membership and thank them for their commitment to the Society and the specialty.

#### Active

Benjamin J. Lasee, MD  
George F. LeBus V, MD  
Christopher E. Marrero, MD

#### International

Yui Akiyama, MD, PhD  
Maria G. Santini Araujo, MD  
Jean G. Gómez Bonilla, MD  
Chi Chiu Dennis Chan,  
MBChB, FRCS(Orth)  
Lukas Fraissler, Dr.Med.Univ.  
Paul D. Hamilton,  
MBBS, MRCS  
Luckshmana A. Jeyaseelan,  
MBBS  
Joowon Joh, MD  
JungHo Lee, MD  
Nacime Salomão Barbachan  
Mansur, MD, PhD  
Daniel Marsland, MBChB,  
MRCS, MSc, FRCS(Tr&Orth)  
Jose Enrique Salcedo  
Oviedo, MD  
Arun Kumar Ramanathan,  
MD, MBBS, MCh(Orth),  
MRCSEd, MS(Orth)  
Maninder S. Singh, MS(Orth)

#### Candidate

Taylor R. Beahrs, MD, MS  
Gina R. Cahill, MD  
Nicholas D. Casscells, MD  
Christopher J. DeSutter, MD  
Jason A. Fogleman, MD

Jasen H. Gilley, MD  
Ajay N. Gurbani, MD  
Jet J. Liu, MD  
Stuart M. Michnick, MD

#### Surgeon in Training

Tonya W. An, MD  
Katherine C. Bartush, MD  
Bryan A. Bean, MD  
Alex T. Burton, MD  
John W. Cancian Sr., MD  
Bonnie Y. Chien, MD  
Fred T. Finney Jr., MD  
Elizabeth M. Friedmann, MD  
Olivier Gauthier-Kwan,  
MD, FRCSC  
Akshay Jain, MD, BS  
Philip B. Kaiser, MD  
Rikki M. Koehler, MD\*  
Mike M. Li, MD  
Marcus J. Mittelsteadt, MD  
William V. Probasco, MD, MS  
Alex G. Raymond, DO  
Jordan T. Shaw, MD  
Ademola I. Shofoluwe, MD  
Christopher J. Traynor, MD  
Emilie R.C. Williamson, MD  
Ian R. Wilson, MD  
*\*2019 Resident Scholar*

#### International Surgeon in Training

Angela Seidel, MD  
Anika I. Tsuchida, MD, PhD

#### MD Affiliate

Carolyn M. Sofka, MD, FACR

#### Allied Health/Associate – Basic Sciences

Albert H. Burstein, PhD  
Kristi M. Price, PA-C  
John D. Sheppard II,  
DPT, OCS  
Lauren M. Valenty, PA-C, MS

#### ELEVATING MEMBERS

Congratulations to the AOFAS members who have advanced to the next level of membership.

#### Surgeon in Training to Candidate

Christopher R. Adair, MD  
Katherine C. Bartush, MD

#### Surgeon in Training to International

Manit Arora, MD

#### Candidate to Active

John S. Bleazard, DO  
Matthew M. Brewster, DO  
Erik C. Freeland, DO  
Gregory W. Kirwan, DO  
Vu Le, MD, FRCSC, BSc  
Douglas E. Lucas, DO  
Shawn R. Morrow, DO

Christopher W. Reb, DO  
G. Alexander Simpson, DO  
B. Collier Watson, DO  
William M. Weiss,  
MD, MSc, FRCSC

#### Candidate to Active (Military)

Erik V. Nott, MD

#### International to Active

Lisa R. Wasserman, MD

Thank you to our newest Emeritus Members for their years of dedication and contributions to AOFAS.

Stacy A. Bacon, MD  
James L. Beskin, MD  
Steven B. Curtis, MD  
David J. Gandy, MD  
Alan G. Lewis, MD  
William T. McPeake, MD  
John F. Mendes, MD  
Clifford D. Merkel, MD  
John O. Missirian, MD  
Richard L. Needleman, MD  
Peter B. Salamon, MD  
Stephen W. Snow, MD  
Jacob Jozua Van Niekerk, MD  
James G. Warmbrod, MD  
Lynnford S. Wilson, MD

### Communicate and collaborate on AOFAS Connect

This private, online community offers a forum for AOFAS members to reach colleagues from around the world. Join monthly “Ask the Expert” events to get advice on your toughest cases from leaders in the field. Visit [connect.aofas.org](http://connect.aofas.org) to get started!