

**2011 ASSISTANTS PROGRAM**  
**Hyatt Regency Hotel - Indianapolis, IN**  
**October 7—8, 2011**

## Track 1

### THURSDAY – OCTOBER 14, 2010

3:00 – 6:15 p.m.                      Registration

### FRIDAY – OCTOBER 7, 2011

7:00 - 10:30 a.m.                      Registration  
7:00 - 8:00 a.m.                      Continental Breakfast

**8:00 a.m. - 5:00 p.m.                      ASSISTANTS EDUCATIONAL SESSIONS**

**8:00 – 10:00 a.m.                      JOINT SESSION WITH ASSISTANTS**

Case Presentation – From Initial Patient Contact to End Resolution with Coding Information – **Patrick A. DeHeer DPM**, Columbus IN, **Gad N. Flaumhaft DPM**, Medicare Representative and **Christopher S. Grandfield, DPM**, Merrillville IN

Dr. DeHeer’s case concerns a failed midfoot fusion and subsequent hindfoot fusion. This is designed to help the attendee see the potential complications with this type of procedure and how to attempt to treat these complications.

10:00 - 10:30 a.m.                      Coffee Break

10:30 – 11:30 a.m.                      Diabetic Shoe Documentation – **Tanya D. Popper Abell PMAC**, Indianapolis IN

This lecture will discuss the documentation needed to obtain reimbursement for diabetic shoes.

11:30 a.m. – 12:30 p.m.                      Orthotics – What the Doctor’s Office Needs to Provide and How the Orthotics Lab Processes the Order – **Mary Walls PMAC and Debbie Williams**, General Manager, Allied OSI Labs  
—Sponsored by Allied OSI Labs

We will focus on how the doctor’s office prepares to order the orthotics and how the lab manufactures and completes the order.

12:30 – 1:30 p.m.                      Lunch – Doctors and Assistants—Keynote Speaker:  
**Dr. David Helfman**, Extremity Health Care Incorporated

1:30 – 2:00 p.m.                      IPA General Business Meeting - All are welcome to attend!

2:00 – 2:45 p.m.                      The Painful Foot in Diabetes – **Andrew J. Rader DPM**, Jasper IN  
This lecture will detail foot problems found in diabetic patients.

2:45—3:30 p.m.                      Wound Care—What to Look For— **Andrew J. Rader DPM**, Jasper IN  
An outline of what the assistant should do with wound care patients will be given.

3:30 – 4:00 p.m.                      Afternoon Break

## FRIDAY – OCTOBER 7, 2011

4:00 – 5:00 p.m.                      Wound Care – Products for Prevention - **John Kasberg**, President of Genesis Medical Inc. and **Michael S. Miller DO**—Sponsored by Genesis Medical Inc.  
The lecture will emphasize the availability of a wider range of prevention products for the wound care patient.

## SATURDAY – OCTOBER 8, 2011

7:00 - 8:00 a.m.                      Continental Breakfast

### **8:00 a.m. – 4:00 p.m.                      ASSISTANTS EDUCATIONAL SESSIONS**

8:00 – 9:00 a.m.                      HELP! What Do I Do Now? – **Jane A. Koch DPM**, Evansville IN  
This lecture will contain information on how to handle in-office emergencies.

9:00 – 10:00 a.m.                      Electronic Health Records—Quips, Tips and Pearls –  
**Christopher S. Grandfield DPM**, Merrillville IN  
The changes that are necessary to comply with rules and regulations for Electronic Health Records will be covered in this lecture.

10:00 – 10:30 a.m.                      Coffee Break in Exhibit Hall

10:30 – 11:30 a.m.                      If I Can Survive an Audit – You Can Too! – **Richard A. Stanley DPM**,  
Indianapolis IN  
We will focus on the elements involved in preparing for an audit, what to do during the audit, and what happens after the audit is completed.

11:30 a.m. – 12:30 p.m.                      SHOES: the Good, the Bad, and the Ugly – **Wendy K. Kennedy DPM**,  
Terre Haute IN  
We will discuss information for patients regarding their shoe choices.

12:30 – 2:00 p.m.                      Recognition Luncheon – Keynote Speaker –  
**Patrick A. DeHeer DPM**, IPMA President-Elect

2:00 – 4:00 p.m.                      Patient Encounters Scenarios...From Check-in to Check-out...What Do **I** Do?  
– **Walter G. Warren DPM**, Seymour IN  
We will explore practice management techniques throughout the entire patient visit.

#### **CONTINUING EDUCATION APPROVAL:**

***Approved by the Commission on Accreditation of Podiatric Medical Assisting Certification***

***For 12.50 CME Credits***

# TRACK #2 – ASPMA CERTIFICATION REVIEW AND EXAMINATION

## FRIDAY – OCTOBER 7, 2011

7:00 - 10:30 a.m. Registration

7:00 - 8:00 a.m. Continental Breakfast

### **8:00 a.m. - 5:30 p.m. ASSISTANTS EDUCATIONAL SESSIONS**

8:00 a.m. – 5:30 p.m. ASPMA PMAC Certification Examination Review Course –  
**Tressea Harvey PMAC**, New Albany IN, American Society of Podiatric Medical Assistants Qualifying and Examining Committee

This eight-hour course is designed for the podiatric medical assistant who has completed at least 3 months of preparation with the exam study manual, The Comprehensive Guide to Podiatric Medical Assisting. A thorough and more extensive review of the seven exam categories will be offered, along with a written “mock” exam. A positive learning atmosphere is provided with one-on-one, as well as group, interaction. Limited hands-on learning is offered in anatomy, biomechanics and instrumentation. ***Pre-registration for the exam and course IS mandatory. There will be NO on-site registration.***

#### **Seven Exam Categories Include:**

General Information and Knowledge of the Profession – 50 questions

Anatomy/Biomechanics – 69 questions

Terminology – 50 questions

Clinical Testing and Procedures – 50 questions

Surgical Assisting and Instrumentation – 50 questions

Radiology – 80 questions

Medical Emergencies and CPR – 51 questions

10:00 – 10:30 a.m. Coffee Break

12:30 – 1:30 p.m. Lunch – Doctors and Assistants

1:30 – 2:00 p.m. | PA General Business Meeting - All are welcome to attend!

3:30 – 4:00 p.m. Afternoon Break

## SATURDAY – OCTOBER 8, 2011

7:00 - 8:00 a.m. Continental Breakfast

8:00 – 11:00 a.m. ASPMA PMAC Certification Examination

#### **CONTINUING EDUCATION APPROVAL:**

***Approved by the Commission on Accreditation of Podiatric Medical Assisting Certification***

***For 8 CME Credits***

**Indiana Podiatric Medical Association**

**ADVANCE REGISTRATION FORM**

**2011 FALL CONVENTION**

NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE : \_\_\_\_\_

OFFICE TELEPHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail : \_\_\_\_\_

OFFICE STAFF NAMES : \_\_\_\_\_

I give the Indiana Podiatric Medical Association permission to \_\_\_ fax me and/or \_\_\_ email me at the address/fax number above.

Doctors and Assistants Registration Fee includes Educational Sessions, Continental Breakfast and Breaks each day plus Friday Lunch and Saturday Recognition Lunch.

**(PLEASE CHECK CATEGORY AND AMOUNT FOR WHICH YOU ARE REGISTERING)**

| <u>REGISTRATION FEES:</u> | <u>BEFORE 9/05/11</u> | <u>AFTER 9/05/11</u> |
|---------------------------|-----------------------|----------------------|
| IPMA MEMBER               | \$425                 | \$450                |
| APMA MEMBER               | 475                   | 500                  |
| NON-MEMBER                | 1000                  | 1050                 |
| *LIFE MEMBERS             | 75                    | 100                  |
| *RESIDENTS & STUDENTS     | 00                    | 25                   |

**ASSISTANTS' GENERAL PROGRAM:**

|                             |     |     |
|-----------------------------|-----|-----|
| IPA OR ASPMA MEMBER         | 200 | 225 |
| NON-IPA OR NON-ASPMA MEMBER | 225 | 250 |

\*(Life Members and Resident categories do not include meal charges or social function charges. This fee is for scientific sessions only.)

**ASSISTANTS, REVIEW COURSE FOR THE ASPMA CLINICAL EXAMINATION:** ASPMA MEMBERS ONLY (The Registration Fee includes Educational Sessions, Continental Breakfast and Breaks each day plus Friday Lunch and Saturday Recognition Lunch)

|                 |     |     |
|-----------------|-----|-----|
| Clinical Course | 215 | n/a |
|-----------------|-----|-----|

*IN ADDITION, YOU MUST COMPLETE THE ATTACHED REGISTRATION FORM IF YOU ARE REGISTERING FOR THE EXAM*

INDIVIDUAL FOOD FUNCTION PRICES:

Pay only if you do not plan to attend any other functions. These are included in the registration fee listed above except for Life Members and Residents.

| <u>REGISTRATION FEES:</u>  | <u>BEFORE 9/05/11</u> | <u>AFTER 9/05/11</u> |
|----------------------------|-----------------------|----------------------|
| FRIDAY LUNCH               | 40                    | 50                   |
| SATURDAY RECOGNITION LUNCH | 55                    | 65                   |
| TOTAL AMOUNT ENCLOSED      | \$ _____              |                      |

NAMES OF ASSISTANTS REGISTERING FOR PMAC CLINICAL REVIEW COURSE AND EXAMINATION:

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**PAYMENT METHOD:** Payment type (check one). Registration will not be processed unless accompanied by full payment.

Check enclosed: \_\_\_\_    MasterCard: \_\_\_\_    Visa: \_\_\_\_    Discover: \_\_\_\_

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Credit Card Number (please print clearly)    plus Three Digit Card Identification Data (on back of card) & Expiration Date

---

Name on Card (please print)

Authorized Signature

Return to:        Indiana Podiatric Medical Association  
101 W. Ohio St. Suite 780  
Indianapolis IN 46204  
Fax: 317-222-3849  
e-mail: [inpma@indianapodiatric.org](mailto:inpma@indianapodiatric.org)  
Telephone: 317-222-3847

**Don't Delay! Make your Hotel room reservations today!**

**Reserve by September 6 to ensure conference rate**

[https://resweb.passkey.com/Resweb.do?mode=welcome\\_ei\\_new&eventID=1626907](https://resweb.passkey.com/Resweb.do?mode=welcome_ei_new&eventID=1626907)

**Or via phone at:**

**888-421-1442.**



## ASPMA CLINICAL EXAMINATION REGISTRATION FORM

If you are a current member of ASPMA, you are eligible to take the certification exam.  
**YOU MUST ENCLOSE A COPY OF YOUR CURRENT MEMBERSHIP CARD WITH THIS EXAM REGISTRATION FORM.**

Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Requested Exam Site Indianapolis IN

Exam Fee - \$50 (Prior to September 7, 2011)

Late Fee - \$25 (Prior to September 12, 2011)

**Have you enclosed the following? (check-off list)**

Completed Exam Registration Form (yes) \_\_\_\_\_

A check in the amount of \$50 (yes) \_\_\_\_\_

A late fee of \$25 (yes) \_\_\_\_\_

A copy of your current ASPMA

Membership Card (yes) \_\_\_\_\_

**Mail completed form, check and copy of ASPMA membership card to:**

Sue Hasenour, PMAC

4472 S Cross Street

Saint Anthony, IN 47575

Phone: (812) 326-2046 FAX: (812) 326-2659 E-mail: [suehpmac@gmail.com](mailto:suehpmac@gmail.com)

**\*\*A \$25 Fee will be charged on all Returned Checks\*\***

**PLEASE NOTE: Upon receipt of your Exam Registration Form, Fee, and Proof of Eligibility, you will be sent a "Confirmation" that MUST be presented to the Exam Proctor on the day of the exam. You must also register for the IPMA Convention at the price listed on the registration form.**

**\*VISA, Mastercard, American Express or Discover – If you wish to pay by credit card. Please circle which card you are using.**

Card # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_ Billing Zipcode \_\_\_\_\_

Signature Required \_\_\_\_\_

CVV # (3 digit number on back of card) \_\_\_\_\_