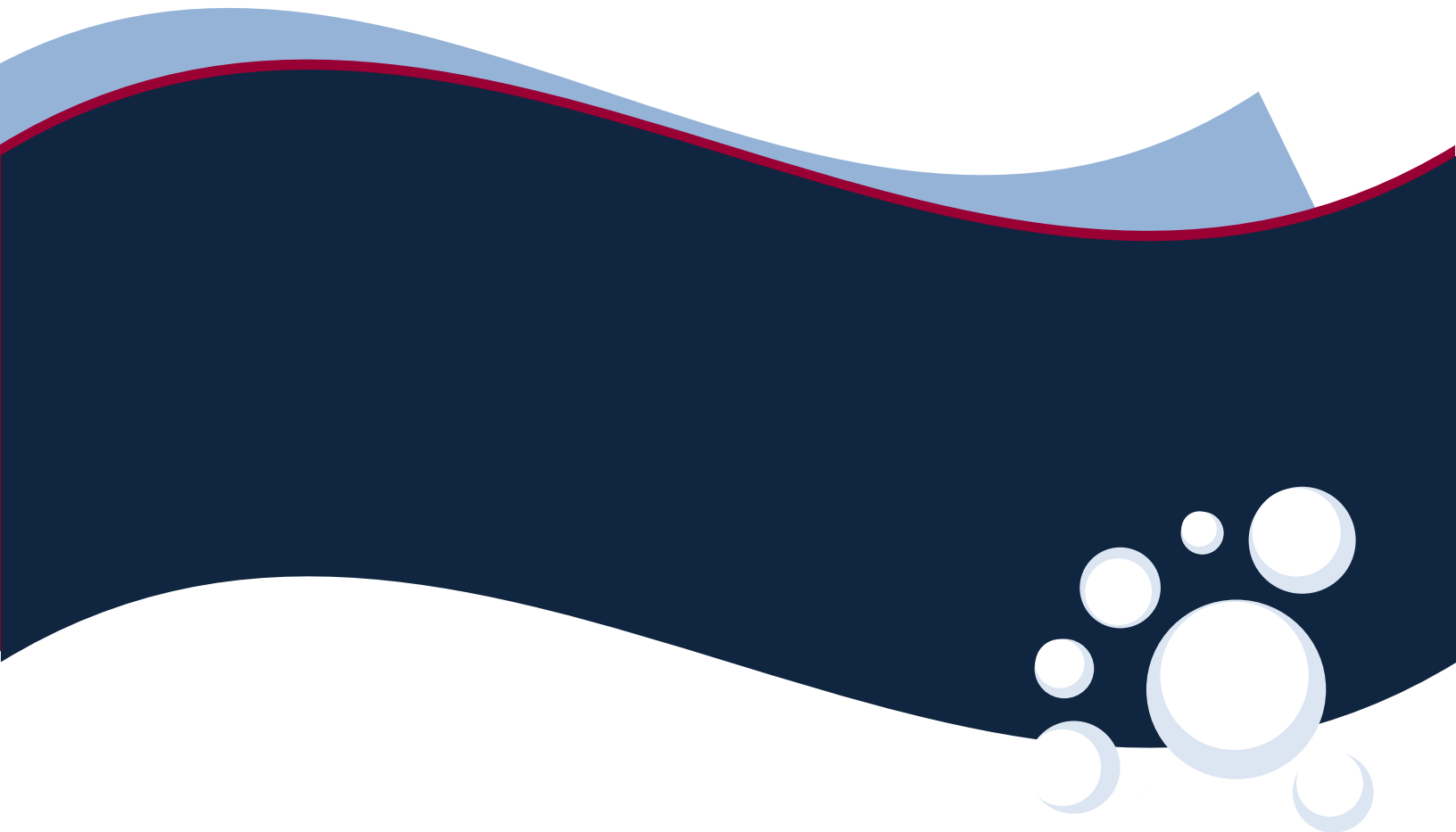


**ONTARIO PODIATRIC MEDICAL  
ASSOCIATION**

**ANNUAL REPORT**

**FOR FINANCIAL YEAR ENDING DECEMBER 31, 2014**





## EXECUTIVE COMMITTEE

Bruce Ramsden, DPM  
**President**

Sheldon Freelan, DPM  
**Vice President**

Kel Sherkin, DPM  
**Vice President**

James Hill, DPM  
**Past President**

Martin Brain, DPM  
**Secretary**

Peter Higenell, DPM  
**Treasurer**

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Neil Naftolin, DPM

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Andrew Klayman, DPM

Kel Sherkin, DPM

David Greenberg, DPM

## PAST PRESIDENTS

Bruce Ramsden, DPM  
**2010-Present**

Robert Chelin, DPM  
**1993-1995**

Tom Stevens, DPM  
**1977-1979**

James Hill, DPM  
**2008-2010**

Neil Koven, DPM  
**1991-1993**

Robert Davidson, DPM  
**1975-1977**

Martin Brain, DPM  
**2006-2008**

Anthony Zamojc, DPM  
**1989-1991**

Chris Hastings, DPM  
**1973-1975**

Kel Sherkin, DPM  
**2004-2006**

Neil Naftolin, DPM  
**1987-1989**

Thad Zarras, DPM  
**1971-1973**

Millicent Vorkapich-Hill, DPM  
**2002-2004**

Lloyd Nesbitt, DPM  
**1985-1987**

John Foote, DPM  
**1969-1971**

Peter Stavropoulos, DPM  
**1999-2002**

David Greenberg, DPM  
**1983-1985**

Robert Brain, DPM  
**1967-1969**

Bruce Ramsden, DPM  
**1997-1999**

Robert Greenberg, DPM  
**1981-1983**

Edgar Ryan, DPM  
**1965-1967**

Hartley Miltchin, DPM  
**1995-1997**

Sheldon Freelan, DPM  
**1979-1981**



## ONTARIO PODIATRIC MEDICAL ASSOCIATION 91ST ANNUAL GENERAL MEETING

International Plaza Hotel, Toronto Ontario  
October 30th, 2015

1. Call meeting to order
2. Approval of the Agenda
3. Business Arising from Minutes of the AGM 2014 Meeting:
  - Open for discussion
4. Approval of 2014 AGM Minutes
5. President's Report: Bruce Ramsden, DPM
6. Committee Reports:
  - Treasurer Peter Higenell, DPM
  - Convention Hartley Miltchin, DPM
  - Foot Health Awareness Month Kel Sherkin, DPM
  - Publications David Roth, DPM
  - Insurance Liaison Dan Berty
  - Insurance Reimbursement for Podiatry Services Bruce Ramsden, DPM
7. National & International Report FIP: Robert Chelin, DPM
8. CPMA Report: Joseph Stern, DPM
9. New Business
  - Board Elections
  - Appointment of Auditor
  - Other Business
10. Adjournment



In the Annual Report from several years ago, the President's Report began with a quotation that Winston Churchill made after the British victory at Alamein: "Now, this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning." The reference in that Annual Report was to the Minister's landmark "chiropractic and podiatry" referral to the Health Professions Regulatory Advisory Council (HPRAC) that had been made earlier that year.

I can't say where we now are in the time continuum in Churchill's quotation. HPRAC's report was submitted to the Minister of Health and Long-Term Care at the end of August, thereby marking the end of a very protracted (and we hope thorough) review. What the HPRAC report contains, we do not yet know ----- and may not know for several months. What we do know is that both the OPMA and the College have done everything possible to make a compelling public interest case for conversion to a full-scope podiatry model of footcare in Ontario.

***"A compelling public interest case for conversion to a full-scope podiatry model of footcare in Ontario has been made"***

Much work remains to be done. The Ministry must decide what it's going to do with HPRAC's recommendations. Legislation will almost certainly have to be drafted and go through the usual legislative process. Then the College and the Ministry will have to develop a host of new regulations and the College will have to develop a host of new Standards, Policies, Guidelines and By-Laws in consultation with College registrants, other Colleges and stakeholders. Whatever the new model and College look like, they probably won't be operational before 2020 or so. How quickly this gets done depends on a number of factors including the ability, capacity and will of the College to do whatever has to be done as quickly as possible. I'm hoping the College reaches out for help to the OPMA and if it does we must be ready to provide helpful and constructive assistance in whatever way and whenever the OPMA and its members can.

I want to thank those OPMA members who gave freely of their time to assist either the OPMA or the College, or both, throughout the HPRAC process. I want to thank Peter Stavropoulos, in particular, who was President of the College through this historic and very challenging time.



If Ontario moves to a full scope podiatry model as we have every reason to expect it will, there will be implications for the OPMA. As President, I believe it would be a mistake to have multiple professional associations representing what purports to be a unitary profession. Having multiple professional associations would tend only to weaken the advocacy voice of the profession in Ontario. I personally favour working towards a single professional association that speaks with a single voice on behalf of the profession ----- and I fervently believe that single association has to be the Ontario Podiatric Medical Association. But we will have to earn that privilege.

While the HPRAC review was our principal and priority focus over the past year, we didn't let any important initiatives fall by the wayside. We continued to participate in an interprofessional collaborative effort on the review of the *Healing Arts Radiation Protection Act* (HARP Act) -----and continue to do so. We continued to work with and push the College to develop a new drug list including the NCPR drugs -----and continue to do so. In that regard, we took the initiative in joining forces with the associations representing the other affected professions (Nurse Practitioners and Midwives). We continued to be a prominent participant in the Coalition of Regulated Health Professional Associations --- and continue to do so. We worked with the College on a range of matters of interest to our members such as recognizing the right of our members to use radiofrequency ablation ----- and we will continue to do so. If it was important to our members or to the podiatry profession in Ontario, we were there!

Over the last 35 years, the podiatry profession in Ontario has been seriously challenged. In the 1980s and early '90s, government policy replaced podiatry with chiropody, which was a huge setback for our profession. Since then we have been playing defence, protecting the podiatry brand, the podiatry scope of practice and funding. Since the HPRAC referral was made in 2006 we've actually had the opportunity to advance the profession and we have every reason to expect we can do so in very practical and tangible ways in the coming years. So, I'm adding another Churchillian quote that builds on the one cited above that I hope represents our future: "Before Alamein we never won a battle. After Alamein we never lost one."

Bruce Ramsden, BSC, DPM  
President



## TREASURER'S REPORT

At the time of this report we have 48 regular members, but have only 44 paid-up members and are waiting for a further four members to remit their dues.

In addition, we have two first-year members, four second-year and one third-year members. We also had two out-of-province members joining our Association this year.

Our financial status continues to remain stable. We have had some higher expenditures this year, the preparation of our presentations to the HPRAC review being the major extra expense. We also incurred some costs in setting up our new website, and have engaged a consultant to deal with third-party insurance concerns. We also made a considerable increase in our foot health month campaign.

Our current account balance as of the 10<sup>th</sup> of October is approximately \$50,000.

We have three open term deposits with the Bank of Montreal.

The balances of these accounts are: \$26,814.57  
\$30,000.00  
\$30,000.00

At the present time our financial status is very stable. We have had to make extra expenditures, but have been able to keep our bank balance stable while maintaining back-up deposits for emergencies.

Respectfully submitted,  
G. Peter Higenell, DPM  
Treasurer



There were approximately 110 practitioners, consisting of 25% podiatrists and the other half comprised of chiropractors.

There were 50 assistants and 25 exhibitors. Attendance and exhibitors were down approximately 25%. As usual, the venue was perfectly suited for our needs and the staff was wonderful and welcomed our return. I'd also like to thank my Podiatric staff for fielding the many calls from exhibitors and registrants.

According to the feedback, the exhibitors were extremely pleased by the interest and sales generated as well as the organization/hospitality extended to them. The practitioners and assistants were very pleased with the quality and content presented by the various lecturers.

Utilizing the feedback forms from registrants, I hope to continue to improve the conference in future years. Overall, I believe the 2015 conference was brought back to the familiar standard we have all become accustomed to and I would consider it a major success. The OPMA received a cheque for \$65,000 and I plan to grow that.

I encourage you to register assistants by making it a mandatory requirement. The assistants are rewarded both with gaining pertinent Podiatric knowledge, as well as camaraderie amongst their colleagues.

Respectfully submitted,  
Hartley Miltchin, DPM



# FOOT HEALTH AWARENESS MONTH

This year the OPMA made an investment in creative and media property relationships. We had a series of six professionally produced print and radio ads. We placed one of the print ads in ZOOMER magazine. We aired all six radio spots on JAZZ-FM.

JAZZ also gave us some complimentary space on their station website and digital platform to help us measure “click-thrus” to the OPMA website, etc. We had to cancel a digital media component to the ZOOMER placement due to insufficient funds. The Association paid for the placements without sponsorship as an investment in our messaging and in an effort to raise public awareness for podiatry.

Why this approach? What were the results? What’s the pay-forward?

The series of print ads focus on six conditions under the public awareness campaign banner of GOOD HEALTH | FEET FIRST. The conditions were Bunions, Corns, Fungal Nails, Hammertoes, Heel Pain and Warts.

We placed all six print ads and the radio spots on the OPMA website in April so OPMA members would be alert to the campaign.

The public awareness approach was used to also assist us in making the case for consulting podiatrists. The ads qualified as public service messages. To this end, we prepared and issued a Media Advisory making the ads as PSAs available to community newspapers across Ontario, with special focus on papers in areas where we have OPMA member practices. Placement of the print messages was at the sole discretion of the community papers as we did not pay for them.

ZOOMER magazine has one of the largest, measured, health conscious readerships with an alert demographic willing and able to pay for podiatric services. The magazine gave us a 1/2 page ad placement for the cost of a 1/3rd page as recognition of the readership interest in health care issues and in their foot care needs. The ZOOMER ads did generate phone calls and website visits with Helen fielding upwards of 75-80 phone calls and an additional 20 emails to the OPMA office for “the podiatrist nearest you” and caller direct reference to seeing the ads in the magazine.

JAZZ-FM radio gave us amazing rotation of the six spots with 164 spots during the month plus additional PSA time during off peak times. Like ZOOMER, the JAZZ listener is in a broad demographic of health conscious people with good lifestyles and the ability to pay extra for health care requirements beyond OHIP.

We can now plan for the coming years using the gorgeous artwork and going back to the relationships forged to increase coverage. I would like to see all of us reach out to community papers with the ads, maybe adding our individual clinic contact information for additional placements during the May FOOT HEALTH MONTH and other times.

The CG Group shared the OPMA public education campaign with members of the HPRAC review panel. The print and radio ads remain on the OPMA website.

Respectfully submitted,  
Kel Sherkin, DPM  
Chairman Foot Health Awareness Month





Since last year's report of brochure sales there have unfortunately been no new orders. OPMA brochures are an informative tool to educate the public about podiatrists and orthotics.

Thank you again to Langer Biomechanics for sponsoring the last printing of the OPMA brochures.

Respectfully submitted,  
David Roth, DPM

### A DOCTOR OF PODIATRIC MEDICINE – PODIATRIST:

A Doctor of Podiatric Medicine (D.P.M.) is a highly trained specialist in the care of the feet. Podiatrists are one of six primary care professions, authorized by Ontario Law to communicate their diagnosis to patients. Podiatrists are concerned with the examination, diagnosis and prevention of foot disorders by mechanical, surgical and other means of treatment. Podiatrists are often called upon by physicians and other health care professionals for consultation and treatment of foot problems which can be experienced by everyone from children to seniors. A referral from your family physician, however, is not required to see a Podiatrist. Examination of children's feet is an integral part of podiatry. Frequently, children have structural imbalances of the feet that may go unrecognized and can lead to other deformities and imbalances within the skeletal system. When detected early, these imbalances of the feet, some of which are related to the bone structure, are treated so that a sturdier foundation can be provided for the later years.

As the opposite end of the scale, care is required for many foot problems commonly seen in seniors. This can include anything from routine palliative care of unmanageable toenails and calluses to diabetic ulcers and infections. At this time in life, a podiatrist's assistance is



well as degenerative joint and skin conditions are common findings. With proper care and attention to their feet, seniors may enjoy many years of pain-free foot function.

### EDUCATION:

Most podiatrists have taken eight years of university level education before beginning to practice as a podiatrist. Most students entering a College of Podiatric Medicine hold a Bachelor of Science or higher degree in science. In addition, they must achieve the required results in the Medical Entrance Exam (MCAT) designed for medical doctors. The podiatry course required takes four years at an accredited College of Podiatric Medicine in the United States. Students study courses in all the basic medical sciences with the emphasis, in the final two years, on disorders affecting the feet and various types of treatment. These courses are coordinated with clinical training in universities and hospitals and, upon completion, graduate obtain a degree of "Doctor of Podiatric Medicine" (D.P.M.). Comprehensive Board exams as well as provincial licensing exams must then be passed before being licensed to practice.

Internship for residency, performed at both hospitals and private clinics, is chosen by many podiatrists for advanced post-graduate training. In addition, continuing education courses keep podiatrists up to date regarding new developments in podiatric medicine and foot surgery.

### SOME OF THE FOOT AILMENTS YOUR PODIATRIST WILL DIAGNOSE AND TREAT:

- GENERAL:**  
Corns, calluses, infections, Athlete's Foot, dermatitis, warts, ingrown nails, trauma, fractures, fungal and thickened toenails.
- SURGICAL:**  
Corns, ingrown nails, hammertoes, bunions, bone spurs, cysts and tumors, warts, enlarged joints, malaligned toenails, calluses and skin lesions.



### TREATMENTS:

Many podiatrists utilize both conventional and highly-specialized methods that could include both conservative and surgical techniques. X-rays and other diagnostic tests may be performed by a podiatrist. Surgery on an outpatient basis may involve the use of traditional open or closed incision surgery including endoscopic and even laser techniques. Custom orthotics may be prescribed to prevent future discomfort and to help correct

There are many unregulated, self-proclaimed "foot care specialists". One way to ensure that you obtain quality foot care is to assist on a licensed podiatrist, D.P.M. (Doctor of Podiatric Medicine).

**PODOPEDIATRICS: (FOOT CARE FOR THE ELDERLY)**  
Muscle weakness, imbalances, nail disorders, arthritis, corns, calluses, vascular related disorders, bone porosity, diabetes ulcers, poor circulation, nail problems, skin rashes, loss of sensation, weight bearing imbalance and skeletal deformities (that can have an effect on the back as well as ankles, knees and hips).

**ORTHOPAEDIC BIOMECHANICS:**  
Achilles pain, tendinitis, fallen arches, arthritis, rigid high arches, muscle cramps, neuroma (nerve tumor), flat feet, imbalances, heel pain, foot fractures, bunions and sports related disorders, related low back pain.

**PODOPEDIATRIC FOOT CARE: (CHILDREN'S FOOT CARE)**  
Flat feet, moles, Athlete's Foot, warts, growth plate inflammation, ingrown nails.

**PODIATRIC SPORTS MEDICINE:**  
Heel spurs, plantar fasciitis (arch or heel pain), Achilles tendinitis, muscle cramps, high arches (poor arch), flexible low arches (pronation), knee pain secondary to improper foot function, leg pain (shin splints), related low back pain.



The Ontario Podiatric Medical Association  
officially recognizes the sponsorship of the brochure  
by Langer Biomechanics.



Ontario Podiatric Medical Association  
39145 Sheppard Avenue East  
Toronto, Ontario M2J 3Y9  
(416) 927-9111, TOLL FREE (866) 624-6762  
www.opma.ca

## WHAT YOU SHOULD KNOW ABOUT PODIATRISTS



### Family Foot Specialists



### HOW DO I KNOW IF I NEED AN ORTHOTIC?

If you are experiencing foot discomfort that persists, the origin may be biomechanical in nature, in which case, an orthotic device would be helpful.

Many times, orthotics can help in situations of flat feet, high arched foot structure, heel pain, bunions and toenail formation. Since the foot is the foundation of the body, symptoms at the ankle, knee, hip and lower back can be related.

Since orthotic devices can work in a preventative fashion to avoid potential foot problems, they may be indicated in some cases even though you are not experiencing pain. An example of this is when the foot rolls in or flattens excessively. This may lead to disabling problems in the future. Arthritis and soft tissue damage can result due to the poor alignment of the feet. Have a podiatrist do an assessment of your feet in order to decrease the chance of potential future problems.

### WHAT ABOUT ORTHOTIC DEVICES AND CHILDREN?

Practically all foot imbalances that podiatrists see stem from childhood. Bunions, for example, thought to be caused by poor fitting shoe gear, are, in fact, primarily caused by abnormal foot mechanics and aggravated by shoes. These imbalances can be

recognized as early as the age three or four. If a child has feet that flatten or "roll in" excessively (called hyperpronation), chances are that they will experience more serious problems in later life. As the early growth structure of the foot can be repositioned to grow in proper alignment. Often, children will not complain of foot problems and so a checkup by a podiatrist is a good idea for all children.

By the age of thirty, most people likely have over 70,000 kilometers on their feet and in a lifetime, the amount is about one hundred and twenty thousand kilometers.

Remember, you can't trade them in... your feet must last a lifetime!



The Ontario Podiatric Medical Association gratefully acknowledges the sponsorship of their brochure by Langer Biomechanics.



Ontario Podiatric Medical Association  
39045 Sheppard Avenue East  
Toronto, Ontario M2J 3Y9  
(416) 927-9111, Toll Free (866) 624-6762  
www.opma.ca



### AREN'T ORTHOTIC DEVICES JUST EXPENSIVE ARCH SUPPORTS?

Obviously, if a shoe is designed to push up against the arch while standing, it is not meant for "static stance" or for "dynamic motion". This means that an arch support is not designed to control the mechanics of the foot function at all. Everyone's feet are different and because foot imbalances are so varied, a precise prescription for each patient is often required.

A neutral platform cushion is similar to buying shoes off the shelf. An exact understanding of one's feet is required in order to obtain

### HOW ARE ORTHOTIC DEVICES FABRICATED?

Podiatrists will perform a gait analysis to study the way your foot functions while walking and standing. Joint range of motion studies are done in order to determine where the foot imbalances exist. After measurements of the imbalances are done, how much correction is required can be established to a precise degree.

A neutral plaster cast or a three dimensional volumetric laser scan, is then taken of a plaster in its correct position so that the arch is molded to your foot, while maintaining while walking.

One is sent to a specialized laboratory for fabrication and after more than twenty steps, will be correctly reproduced your foot with it.

Minor adjustments may be required to fit and proper foot function.

### WHY ARE ORTHOTIC DEVICES SO EXPENSIVE?

Orthotic providers have personal, commercial and private settings so-called "orthotics" with. Sometimes these are called "over-the-counter" orthotics. These orthotics are not truly custom made. They are detrimental to the public as they are orthotics and one experiences the effects or even damage from

### WON'T A CHEAPER IMITATION WORK?

The field of foot biomechanics is a relatively new one. Years ago, doctors used "wedges" and "cookies" in the shoe to try to address foot problems. We know that this was not specific and not truly helpful. Foam inserts, padding and other types of arch supports sometimes offer temporary relief but have not proven effective in controlling foot mechanics and alleviating foot symptoms on a permanent basis. (Shunning shoes with no-cushion "foot stabilizing arch supports" are helpful but not because the bones of the feet adequately).

### WHAT ABOUT SPORTS?

If an orthotic device is required for walking, then it certainly is required for sports because of the added forces placed on the feet and legs. A podiatrist can prescribe the right orthotic depending on the amount of support required and the sport involved. Never shock absorbing materials are available and stabilizing mechanisms can be used for such side to side sports as tennis, squash, golf, basketball and others.

### WHAT ABOUT THE COSTS OF ORTHOTIC DEVICES?

Unfortunately, provincial health plans do not cover the cost of orthotic devices even when they are medically necessary. Most existing health group's insurance plans may cover orthotics partially or fully. The cost is typically a reflection of the biomechanical examination, gait analysis, casting procedure, laboratory fees and follow-up visits.

### WHAT ABOUT PROBLEMS WITH ORTHOTIC DEVICES?

Most patients find orthotics very comfortable within the first few days of wearing them. Indeed, many patients don't go without them. Occasionally, however, an orthotic device may require an adjustment if there is a small area of irritation or pressure that is uncomfortable. If problems arise from the orthotic device, it can be easily adjusted so that they are more comfortable.

Note that orthotics are not a "crutch". With an orthotic device, the muscles and tendons of the feet and lower legs will function normally, but will be prevented from being stressed beyond their limits.

By seeing your Doctor of Podiatric Medicine/Podiatrist you can be assured that following the dispensing of your prescription orthotics you will have the benefit of the attention by a health care professional adequately trained to address any concerns that may arise.

## WHAT YOU SHOULD KNOW ABOUT ORTHOTIC DEVICES



DOCTORS OF PODIATRIC MEDICINE  
Family Foot Specialists



# INSURANCE CONSULTANT REPORT

The last 12 months have been reasonably active in supporting the OPMA and its members. During this time three themes were the focus of activity.

There has been considerable emphasis through early 2015 on the OPMA's campaign (OHIP Max) to move employers (and their insurers) away from insurance plan designs that force patients to wait until their modest per visit OHIP benefits are exhausted before claiming from private insurance plans. It would be fair to say most of the larger insurers are aware of the campaign and plan design issues. A fair number of employers and unions are also aware, but there has been little movement to which we can point.

What has become fairly obvious is the OHIP max plan design is significantly more prominent in blue collar work environments and thus has strong regional flavours where blue collar workers are more likely to be patients of podiatrists. This creates a more complex challenge to deal with because the impact to podiatrists is much greater in some locales than others (e.g. Hamilton & Windsor regions versus large parts of Toronto). As we move forward it also means different strategies need to be considered over a broader, unitary one to entice insurers and employers to move away from this plan design.

The problem is even more complex because insurers clearly do not want to rock the boat with these blue collar employer groups – especially in collective bargaining environments. Looking even more broadly and being transparent, the OPMA needs to consider how successful it can reasonably be, even with significantly more investment in the cause.

Two other areas of activity have been: 1) working behind the scenes with insurers on fraud and abuse strategies; and 2) influencing their views on the value of podiatrists as credible experts who are trustworthy in the prescribing and dispensing of orthotics and custom orthopedic shoes. Numerous discussions have taken place with the CLHIA (Canadian Life and Health Insurance Association), CHCAA (Canadian Health Care Anti-Fraud Association) and with various individual insurers. While no insurer will state it outright, these discussions have been successful and will continue to be of value as the CHCAA folds itself into an arm of the CLHIA later this year.

In summary, a candid assessment suggests that our activities over the past year have met with mixed success. It would be fair to say the status of podiatrists has been elevated with insurers and there has been significantly increased awareness of the OHIP Max issue. Nevertheless, unfortunately change to allow patients to claim from first dollar when they receive OHIP benefits has been at best modest. It remains an uphill battle. While options have been suggested, due to the nature of this issue and different revenue impacts for podiatrists depending on their location, a one-size-fits-all approach is not viable. This leads to the creation of a more complex and challenging set of options that have their own risks for success.

Respectfully submitted,  
Dan Berty  
3D Analytics and Consulting



## **NURSING HOME REPORT**

There has been no material change on this topic over the past year. Nonetheless, in the context of preparing our submissions to HPRAC, we learned that long-term-care homes are experiencing growing difficulties in finding podiatrists (and chiropodists) to diagnose and treat their residents' foot ailments. The outcome is excessive reliance on the homes' nursing staff to diagnose and treat routine foot ailments; residents or their families bringing in unregulated practitioners, such as cosmetologists, unregulated "footcare specialists" and aestheticians to deal with foot problems; and an excessive reliance on hospitals' emergency departments to diagnose and treat foot problems. The OPMA has been in touch with the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) to suggest that OANHSS or its member homes contact the OPMA whenever they experience difficulty accessing a podiatrist's care.

Because of the aging population, which is projected to peak at around 2030, this access issue in long-term-care homes will become more pronounced. We can only hope that the outcome of the HPRAC review results in a greater supply of podiatrists who are both qualified and interested in providing footcare in this sector. Otherwise, podiatrists will continue to be displaced by nurses and by unregulated foot care providers in long-term-care.

Respectfully submitted,  
Karl Nizami, DPM

## **HPRAC REVIEW REPORT**

The HPRAC review of Ontario's footcare model and of the chiropody and podiatry professions officially got underway on January 1, 2014 and finished on August 28, 2015 with HPRAC's submission of its report to the Minister. As such, this review was probably the longest ever undertaken by HPRAC. At this time, the contents of HPRAC's report and its recommendations are unknown. The Ministry has indicated that it has to deal with the recommendations of the Sexual Abuse Task Force, complete the Colleges' Transparency Exercise and decide what to do with the regulation of diagnostic sonographers before it can turn its attention to HPRAC's report. Accordingly, we don't expect HPRAC's report to be released until early 2016. More information will be provided at the AGM and there'll be an opportunity for discussion and to ask questions about HPRAC's report and where we go from here.

Respectfully submitted,  
Bruce Ramsden, BSC, DPM

## HARP REPORT

The Ministry of Health and Long-Term Care has initiated a review of the HARP Act twice and both went nowhere. In August, 2015 the Ministry asked Health Quality Ontario to conduct a review of the HARP Act and also a review of all Energy-Administering Medical Devices (EAMDs). HQO set up an Expert Panel to conduct a review and contacted stakeholders, including the OPMA, asking for their advice. The OPMA prepared and transmitted a submission that is posted on the OPMA website. At this time, we don't know where HQO's review will go or how long it will take. Nevertheless, we continue to monitor developments.

Respectfully submitted,  
John Lanthier, DPM

## MEDIATION REPORT

Fortunately this Committee has been largely inactive this year. We are currently dealing with the only complaint received by the Association since my last report. The issue revolves around patients' expectations as to what podiatric services and durable medical devices would be provided to them by Social Services. The patient was disappointed that he was provided prescription orthoses as opposed to the "orthopedic shoes" that he expected. It seems that Social Services may have revised their policy on as to providing shoes. It is important that all patients be advised that it is their responsibility to know what, if anything, will be covered by a third party payer and to what extent. The practitioner should supply patients with whatever documentation is needed by a patient so they may acquire a predetermination.

I remind our members that this Committee exists to serve both patients and our members. If communication is breaking down in a practitioner/patient relationship, or even within the profession, we will intervene and attempt to work out a solution that is satisfactory to all parties concerned.

I have been honoured to be allowed to chair this Committee for many years (with a six-year break when I was on the Council of the College of Chiropodists). Even though I will be retiring from my practice in the next year, I hope to continue to serve my profession in this capacity.

I would like to thank my other Committee members, Bruce Ramsden, DPM, Cary Collis, DPM and Mr. Thomas Norris, BA. M.Ed. (who retired from the Committee this year after over 13 years!).

If any member knows of a lay person who you feel would be an asset to this Committee, please invite them to call me.

Respectfully submitted,  
Robert L. Goldberg, DPM



## SPECIAL OLYMPICS REPORT

The Ontario podiatrists were again busy during the 2015 year in their involvement with the Fit Feet Healthy Athlete Special Olympics programme.

In May, a “Healthy Athlete” screening was held in Ottawa at the Ontario Provincial Floor Hockey tournament. Over 125 athletes were screened. Dentists, optometrists, physiotherapists and OPMA Members provided the screening and evaluation to these athletes. The following members graciously gave of their time and expertise to make the Fit Feet screening session a success: Martin Brain, Lynda Cormier from Gâtineau Québec, Dave Greenberg and Kel Sherkin.

Special Olympics is a world-wide organization providing an array of both winter and summer sporting events to athletes who are intellectually challenged. These athletes also receive free screenings from most of the health professions.

Respectfully submitted,  
Kel Sherkin, DPM

## PAN AND PARAPAN AM GAMES REPORT

This past August, the city of Toronto played host to the Pan and Parapan American Games. Forty-one countries from North, Central and South America competed in 51 sports and 68 disciplines. There were over 23,000 volunteers and over 1700 medical/paramedical volunteers. These games acted as a qualifier for athletes to compete in the Rio 2016 Olympic Games.

The games lasted five weeks. As lead podiatrist, I worked closely with both the Chief Medical Officer and General Manager of the Medical Polyclinic, ensuring the clinic had the correct podiatric supplies and that there was sufficient coverage for all the podiatric concerns. Over the course of the games, the podiatrists saw 14 athletes and coaches. Some of the conditions seen were plantar fasciitis, metatarsalgia, corns, callouses, ankle sprains, ingrown nail, acute gout attack, warts, sinus tarsi, and bunion pain. The athletes and coaches came from British Virgin Island, St. Kitts, Dominican Republic, Puerto Rico, Chile, and Cuba. Treatments ranged from injections, strappings, palliation, stretching protocols and instructions about proper shoe selection.

A heartfelt thank you is extended to the following podiatrists who volunteered their time and expertise and also took time away from their private offices:

|               |               |
|---------------|---------------|
| Allen Frankel | Bruce Ramsden |
| Chris Hasting | Tej Sahota    |
| Irv Luftig    | Kel Sherkin   |
| Steve Orvitz  |               |

Respectfully submitted,  
Kel Sherkin, DPM



# FIP REPORT INTERNATIONAL & NATIONAL

The FIP started its fiscal year with its annual general meeting taking place in Athens, Greece. The meeting was well attended by the majority of member countries. Meeting highlights included 1) introduction of new Articles and By-Laws updating its governance activities 2) nomination of a new secretary general board position from Spain 3) resignation of the FIP executive director, Jayne Jeneroux 4) designation of the 2017 AGM in Berlin, 2018 AGM in Hong Kong and 2019 World Congress in Mexico and 5) reports from its various committees.

The current FIP President, Carine Haemels from Belgium, chaired this year's AGM. In her address she stressed that the focus for her second term would be her commitment for improved communication and transparency with the membership as well as activation of all inactive FIP committees.

Much of the FIP activities and energy this and next year will be directed to the 22nd FIP World Congress of Podiatry which will take place in Montréal, Canada from May 26-28, 2016. This will be the first time that the World Congress will take place on Canadian soil. The meeting will be co-hosted by both the FIP and the Canadian Podiatric Medical Association and we are expecting over 1200 participants. World Congress highlights will include three world class keynote speakers, a very special opening ceremony, three tracks of lectures and three tracks of workshops daily. Up to 24 CME hours will be available. A pre-congress surgical workshop will take place at the Université du Québec in Trois-Rivières on Wednesday May 25 and registration will be on a first come basis.

For more information on registration or on presenting an oral abstract or poster abstract submission for the 2016 FIP World Congress of Podiatry please go to [www.fipworldcongress.org](http://www.fipworldcongress.org). As well, all hotel accommodations and spousal and other social events will be posted there.

Respectfully submitted,  
Robert Chelin, DPM  
CEO, 2016 World Congress of Podiatry





I would like to thank the Ontario Podiatric Medical Association and especially Bruce Ramsden for inviting me to your annual conference.

I would like to report that CPMA is now interviewing individuals for the Executive Director position. We have had several qualified applicants and we are having final interviews this weekend.

CPMA participated in the HPRAC submission process in support of the College of Chiropractors of Ontario goal to move to a Podiatry model similar to those in British Columbia and Alberta

We have continued the CPMA strategic plan of building our organization to be recognized as the premier association for foot and ankle specialists in Canada.

One of our main focuses is working with insurance companies and the Canadian Life and Health Insurance Association (CLHIA). In doing so we have continued dialogue with the insurance companies and they call us if they have questions. As you know, our insurance consultant Dan Berty has helped us navigate this process.

I was invited to lecture at the CLHIA conference in Niagara Falls this past May. My topic was "You Do Not Always Need An Orthotic". The lecture was well attended and received. I would like to thank Mike DiLorenzo who attended the meeting and worked the booth with me. Mike also recently attended the Canadian Health Care Anti-fraud Association meeting in Niagara Falls with Dan Berty. Thank you Mike!

We continue to explore member benefits and this year we have joined up with QHR Technologies-Accuro an Electronic Medical Records company, Royal Bank of Canada and Perkopolis. We also have our weekly CPMA-ENews blast distributed every Tuesday with pertinent articles about our profession.

I look forward to the 2016 World Congress of Podiatry in Montréal, Québec, May 26-28, 2016. This is a monumental event for CPMA and its members. I hope you will plan to attend the conference and I am inviting you to submit an abstract to give a lecture in Montréal. Thank you Bob Chelin for being the conference chair and Francois Allart as the academic co-chair.

Fraternally,

Joseph Stern, B.Sc., DPM

President, Canadian Podiatric Medical Association





## THE OPMA WELCOMES NEW MEMBERS:

### Melissa Cloutier-Chatel

**Education:**

DPM completed: April 26, 2012 at Université du Québec à Trois-Rivières, QC, Canada.

**Professional Experience:** Doctor of Podiatric Medicine, DPM. Podiatrist, member of the Québec Order of Podiatrists. Member of the College of Chiropractors of Ontario.

Melissa has opened a clinic in Ottawa and runs the Orleans Dynamic Foot Clinic.

### Julie Catherine Fraser

**Education:** DPM completed: May 01, 2002 at Dr. William Scholl College of Podiatric Medicine, IL, USA. B.Sc. completed: May 01, 1998. Area of study Biological and Biomedical Sciences at University of Windsor, ON, Canada.

Julie has opened a practice in Windsor and runs the Solace Health Studio.

### Michelle Renee Gill

**Education:** Certificate completed June 01, 2003 at Surgical Residency, MI, USA. DPM completed June 01, 2001 at Temple University School of Podiatric Medicine, PA, USA. B.Sc. completed December 01, 1996 area of study Biological and Biomedical Sciences received from Syracuse University - Syracuse, NY, USA

Michelle has opened a practice in Windsor under Michelle R. Gill Chiropody Professional Corp.

### Robika Hundal

**Education:** DPM Completed: June 06, 2008 from Dr. William Scholl College of Podiatric Medicine Rosalind Franklin University of Medicine and Science North Chicago, IL, USA. B.Sc. (Hons) completed: June 04, 2004 area of study Biological and Biomedical Sciences from McMaster University, ON, Canada.

Robika practises at the Gore Road Physiotherapy and Foot Clinic in Brampton and for Bioped in Hamilton.

### Tejinder Singh Sahota

**Education:** Podiatric Surgical Residency PMSR-36 Completed 2011 from Summa Western Reserve Hospital, Cuyahoga Falls, OH, USA. DPM Completed: June 01, 2008 from: Ohio College of Podiatric Medicine OH, USA. Bachelor of Science in Human Biology Completed May 2002 from University of Toronto – Toronto, ON, Canada.

Tej practises at Markham Podiatry in Unionville.





### MEMBERS

|                              |                       |                               |
|------------------------------|-----------------------|-------------------------------|
| Martin Brain, DPM            | James Hill, DPM       | Danny Rosenthal, DPM          |
| Robert Chelin, DPM           | Robica Hundal, DPM    | David Roth, DPM               |
| Edward Chung, DPM            | Andrew Klayman, DPM   | Stuart Sackman, DPM           |
| Melissa Cloutier-Chatel, DPM | Mark Kleiman, DPM     | Tej Sahota, DPM               |
| Cary Collis, DPM             | John Lanthier, DPM    | David Shaw, DPM               |
| Pierre DuPont, DPM           | Paul Leszner, DPM     | Kel Sherkin, DPM              |
| Joanna Faloon, DPM           | Jeffrey Liebman, DPM  | Alan Silverstein, DPM         |
| Allen Frankel, DPM           | Irving Luftig, DPM    | Mark Slome, DPM               |
| Julie Fraser, DPM            | Alan Lustig, DPM      | Peter Stavropoulos, DPM       |
| Sheldon Freelan, DPM         | Arnold Marcus, DPM    | Robert Sterin, DPM            |
| Michelle Gill, DPM           | Hartley Miltchin, DPM | Stan Sweet, DPM               |
| Robert Goldberg, DPM         | Sheldon Nadal, DPM    | Millicent-Vorkapich Hill, DPM |
| Arnold Goldman, DPM          | Neil Naftolin, DPM    | Robert Warner, DPM            |
| Lee Goossens, DPM            | Lloyd Nesbitt, DPM    | Shael Weinberg, DPM           |
| David Greenberg, DPM         | Karl Nizami, DPM      | Eddie Yuen, DPM               |
| Stephen Haber, DPM           | Barry Noble, DPM      | Tony Zamojc, DPM              |
| Chris Hastings, DPM          | Stevan Orvitz, DPM    | Morris Zoladek, DPM           |
| Peter Higenell, DPM          | Bruce Ramsden, DPM    |                               |

### OUT-OF-PROVINCE MEMBERS:

**Ankur Dharia, DPM** Rochester Hills, Michigan USA

**Sarah Pope, DPM** Edison, New Jersey USA

### LIFE MEMBERS

Robert Brain, DPM





## THANK YOU BRUCE!



In this Annual Report the OPMA Membership would like to pay tribute to and to thank Bruce Ramsden for his long and exemplary service and dedication to the OPMA and to the podiatry profession in Ontario. In addition to his service on the OPMA Board of Directors, on the OPMA Executive and as OPMA President, Bruce has served on the College Council, the College Executive and as the College President. Bruce has led and steered the profession through formative and often difficult times. We are deeply grateful for his leadership and for his commitment to podiatry.



**Ontario Podiatric Medical Association**

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