

Fall 2008



FOOTNOTES

American Association for Women Podiatrists, Inc

Serving Women Podiatrists Nationwide

President's Report

Kimberly Eickmeier, DPM

AAWP what have you done for me lately?

As I sit here at my desk I'm reminded of a story of an orphaned cub bear. You see his mother was killed in a forest fire. Not long after his mother died, a kind and very large Kodiak bear took him in "under her paw". This very large Kodiak bear cared for him the same way she had cared for her own cubs. She taught him how to catch fish in the stream, what berries to eat and what berries he should not eat and how to defend himself. One day his adopted mother went to the stream to catch fish. She left the small cub at home by himself. The small cub wandered outside to look for berries not waiting for his adopted mother. Not too

long after he had wandered outside did a large mountain lion appear. The cub was scared, what should he do? He remembered what his "mother" had taught him. He rose up on his back legs; he bared his teeth and growled as loud as he could. All of a sudden, the mountain lion turned and ran away. The cub got back down on all four legs smug and very proud of what he had done. He had listened to his "mother" and had scared away his large enemy all the while not knowing that his "mother" had been right behind him on her two back legs with her teeth bared.

Just as the little cub that had his "mother" behind him, AAWP wants to be your sup-

port system. We want to be that "go to" type of organization that can help you with your needs.

AAWP has always stood for the "advancement of the educational, political, financial, social and emotional well-being of our members". How does AAWP do this?

One good example is our networking availability. Recently a member who is pregnant with her first child wrote (emailed) to us her dilemma.



Kimberly Eickmeier, DPM

2007 AAWP Board

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keickmeier@christieclinic.com

Vice President:
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AAWP Website

We are currently redesigning the AAWP website. We would like your input. What would you like to see included? Are you interested in being on the website education committee which will be posting information for both the public and for our members.

Please send your website link to aawp@cox.net, so that we can include it on our new "Find a Podiatrist" (by state) section.

Cont. d What have you done for me lately?

How can she make her maternity leave run as smoothly as possible? How much time should she take off? What should she expect of her staff while she was out on maternity leave?

These are questions that many of us have had in the past. Many of us have been through this and sur-

vived. Our mothers can't help us with these questions, unless, of course your mother is a podiatrist. So what better why to get answers to these questions than to ask podiatrists who are mothers? And what better resource than an organization that has as their members many podiatrists that are mothers. Ask for

help from the AAWP members.

AAWP wants to be the resource for you when you have unique questions or situations that our members can relate to. Not just maternity leave questions, but what ever arises where we can put our "collective heads" together to solve your problems and needs.

Aesthetic Podiatric Procedures

Suzanne M. Levine, DPM Vice President of the IAFS

"Female podiatrists, kick off your heels! Throw off your chains! Are you sick and tired of the day to day experience of being a podiatrist? Discouraged by all the mundane issues you are forced to deal with? Frustrated by dealing with insurance companies that make you spend hours on the phone on countless calls to India, then wait months and months just to get minimum payment for services? Do you need a new revenue stream so your practice can survive, and most importantly so your soul can survive?"

I have something that will make you smile! It is the introduction of aesthetics into your everyday podiatry practice. I have been practicing podiatry for 25 years. During the last ten years, I have introduced aesthetic procedures into my practice that have increased my bottom line, revolutionized my practice, and brought it to a level I had never thought possible. There are now 2,000 female podiatrists in the United States. You can't imagine the advantage that we, as females, have over male podiatrists, considering the shared interest we have with our female patients in fashion and shoes. In addition, we have more empathy for our patients. Research has demonstrated that females have a larger deep

limbic system than males. This gives females several advantages. Due to the larger deep limbic brain women have an increased ability to bond and connect to others. As podiatrists, females are able to read their patients better than males, especially their reactions to our diagnoses and treatments. Certainly regarding aesthetics, we have a leg up on most male podiatrists.

I would love to discuss how aesthetics has evolved in my practice. Some of the treatments I offer include my signature treatment Pillows for the Feet™, which I have tried myself and have performed

"Aesthetic Podiatry has increased my bottom line."

on several patients who rave about it. This treatment has garnered worldwide publicity for us. The treatment is a miracle for patients who love wearing high heels, as it alleviates the pain involved in wearing high heels. It is also great for the normal aging population. As patients age, they lose the padding on the bottom of their feet. They experience pain and burning and must restrict their activities. It is also beneficial for patients with IPK's and sesamoidal fractures. I

inject Sculptra™ (L-poly lactic acid) into the bottom of the feet, which stimulates the production of collagen, and helps restore the padding that time has taken away.

Some other procedures that I offer are Botox for hyperhidrosis, recalcitrant warts, scar prevention, plantar fasciitis; injections for scar reduction; lasers and intense pulsed light for scar reduction, decrease in pigment changes, and another of our signature treatments—the Foot Facial™, and much more. I have also developed a line of foot products which I sell solely to doctors, who then sell them to their patients. These products are extremely effective, and can definitely increase your bottom line.

I became involved in the International Aesthetic Foot Society (IAFS) several years ago. I now teach aesthetic treatments to podiatrists and MD's all over the world. Recently a board-certified dermatologist attended one of our seminars. The IAFS will teach you how to perform and market each procedure and product. You will learn how to create an aesthetic appearance for your office, your staff, and yourself.

Suzanne M. Levine practices at 885 Park Avenue, New York, NY 10075

212-535-0029 (ph)

2008 AAWP Founder's Scholarship Recipients

The following students received this years Founder's scholarship: Emily Shoaf, Christy King, Sarah Elder, Tara Shirley and Nicole Cupp.

Emily Shoaf– OCPM
As the president of the OCPM student chapter of AAWP, Emily organized a flag football tournament to raise money for a local clinic providing care to the under served community in Cleveland. Their group held a clothing drive for donation to the City Mission and she organized volunteers for the Susan G. Komen Race for the

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Christy King– CSPM
As president of the CSPM student chapter of AAWP, Christy organized a forum where Bay area women in podiatry spoke to students about their practices and experiences. She organized volunteers at the Napa Valley Marathon and Cherry Blossom Festival. Christy also coordinated a self defense workshop to teach students practical self defense techniques.

Sarah Elder– SCPM
As president of the SCPM student chapter of AAWP, Sarah organized a networking event with area female podiatrists to advise and meet students. She has also been instrumental in involving her student chapter of AAWP in the Avon Walk for Breast

Cancer in Chicago, the RFUMS Breast Cancer Walk, and the Lake County Arthritis Walk.

Tara Shirley– CPMS
As president of the student chapter of AAWP at Des Moines University, Tara scheduled guest lecturers for her club meetings. She was a member of the Faculty Forum Student Committee, acting as a liaison between her fellow students and the DMU faculty, and is currently the president of the Pi Delta National Honor Society

Nicole Cupp- Barry University, College of Podiatric Medicine
As Vice-President of the student chapter of AAWP at Barry University, Nicole coordinated a panel of female podiatrists for a forum called "The View". She also involved her group in many community service projects in the Miami area.

Treasurer's Report - Erika Schwartz, DPM

Currently, we have 292 members- 241 current with dues, 51 late and facing possible suspension of membership

Opening checking balance
7/1/07- \$26,952.52
Closing checking balance
6/30/08- \$28,317.24

Total inflows- \$18,465.58
Total outflows- \$17,100.86

Checking account- \$28,317.24
CD271- \$11,125.53
CD.....273- \$11,224.39
CD.....307- \$6,834.79
Total overall- \$57,501.95

Scholarships were given to 5 students entering their 4th year of Podiatric Medical School. Each was awarded \$1000. Our AAWP Endowed Scholarship with

APMA Educational Foundation has \$6800 left remaining on the initial \$50,000 pledge.

Congratulations, Erika

On the birth of

**Gabrielle Schwartz Orringer
born on July 6, 2008 at 6:04pm,
Weighing 7 lbs. 4 oz.**

AAWP Annual Meeting

The annual AAWP meeting was held during the APMA meeting in Honolulu on July 24, 2008.

The new slate of officers was voted in:

Kimberly Eickmeier, DPM—President
 Serrina Yozsa, DPM—Vice President
 Sheryl Strich, DPM—Secretary
 Erika Schwartz, DPM— Treasurer

Ross Taubman, DPM , APMA President spoke about the current campaign that APMA is working on for their members: 1. Advocacy, 2. Unity, 3. Vision

Advocacy: APMA worked on continuing the 1.1% Physician fee, and was critical in

saving Durable Medical Equipment.

Unity. Opportunity, Nimbleness: Take the challenge, make the opportunity and go **forward**

Vision 2015- Podiatrists will be universally recognized as physicians by 2015.

Marlene Reid, DPM , represented APMA PAC. "Please contribute to APMA Pac. At this time only 19% of woman podiatrists have contributed."

Other guests at the meeting: Glen Gastwink, DPM, APMA Executive Director, Faye Frankfort, Director of Legislative Advocacy, Brooke Bisby, DPM, Christie King, Betsy Herman.

Currently we are communicating electronically. We have our own Yahoo chat group.

Speaker, Jondelle Jenkins, DPM spoke to the group about Tendon Augmentation Grafts.

The meeting was sponsored by Pegasus Biologics.

Total APMA members: 11384

Total Male: 9368 — 82.3%

Total Female: 1988—17.5%

(28 members have not indicated their gender!)

Jane Andersen, DPM Immediate Past President

Thank you, Jane, for your many years of service for AAWP. You will be sorely missed.

Starting in 1997, Jane Andersen has served on the AAWP executive board as: Secretary, Vice President, President and Past President.

"I am ending my 11+ years of service on the Board of AAWP, Inc. I truly appreciate the opportunity to serve the organization and am grateful for the opportunities it has afforded me. I thank other board members, past and present for their help. I leave it in very good hands. I am always available for historical consultation!"

Respectfully Submitted,
 Jane Andersen, DPM
 Immediate Past President



Kathy Satterfield, DPM Past President

"I would like to thank the members of AAWP for allowing me to represent them and the interests of women for the past two years as I have gone about the business of the association. Each year I travel to the APMA House of Delegates as a board member of the American Col-



lege of Foot and Ankle Orthopedics and Medicine and I am also able to represent the AAWP at the Women's Caucus. This informal networking session during the HOD allows women leaders in the profession to discuss and develop relevant issues."

Pregnancy While in Practice

After we published the last newsletter, I received a question which I sent out by e-mail to our members. The following is the question along with all of the responses. Please feel free to respond to aaawp@cox.net with your thoughts.

I am a solo practitioner in a rural area. I have a two year old daughter and am planning to have more children. I would love some feedback from other women practitioners who are or have been in the same situation. I am wondering what to do with my practice and what is going to happen when I want/need to take a two month maternity leave."

Responses:

1. "I have been in solo practice in Arkansas for 7 years and have had two children during this time. The first time around I only took 3 weeks off totally and then 2 weeks of 2-days/week. I would not recommend this. The second time around I was lucky enough to have two other practitioners (a husband and wife) in a town about 20 minutes away cover my office two days per week free of charge. This did not bring in the normal income of course - but plenty to be able to make sure bills and staff got paid. I certainly saw a decrease in overall income that year since I took a solid 6 weeks off but it was well worth the time to be able to spend with my newborn!

Unfortunately as a female there are certain things we give up - either time with the kids or income - when you are in a solo practice. I have just decided that the money is better to give up than the family. Good luck!"

2. "Ask at the local society meeting. There were three of us who covered the two offices of one of the guys who was recovering from open heart surgery. He paid us per half or full day, and his staff scheduled new

patients, matrix., orthotics, post-op, c&c, etc into 15 minute slots (including chart notes by hand, and marking super bills). If you have a very busy office, or HMO, hire a locum tenens for two or three days a week. However, do be sure they carry their own malpractice insurance."

3. "I would recommend, if possible, working up to the last minute. I have had two pregnancies and worked until the day my water broke. This way I could maximize my time off when the baby was born. Patients being scheduled near the end were encouraged to call to make sure I was still there before coming to the office. I also booked lighter because I had less energy. It is helpful to get a locum tenum on board even before you leave so there is a smooth transition. I stayed in touch regularly to answer questions refill prescriptions that perhaps the locum tenum wasn't comfortable doing. We kept patients up to date with posted pictures of the baby. I was able to come back after 4 weeks (vaginal no c-section) and brought the baby with me as I was nursing and had a medical assistant or front office person help. I just worked about three hours around the baby's nap time. But continued with the locum tenum. This way patients felt my presence in the office and knew I was coming back to work. I do not feel that I lost patients. In fact today many patients 13 years later recall the baby in the office and this has created a special bond with many. It is definitely harder with baby number two than with baby number one. I would even recommend working Saturdays so perhaps fewer hours and more days

"The membership committee of the APMA has looked at this situation for many years and the components, the States, have resisted change. "

to cover your overhead. I had my first child in the office until about 6 months old and my second until he was nine months old. Every child's temperament is different. You have to have a back up plan in event of colic. I told my staff that if I brought the baby in the office they had to be honest and tell me when it was too much. Sure enough I was told and baby went to a home daycare already researched and decided upon before the baby was born. I used a combo of home daycare and baby in office for a awhile and pumped at the office. You would be surprised by how many patients are loyal through the whole process."

4. "I would like to respond to the question on maternity leave as I have been on both sides of that. When I had my daughter 18 years ago, I hired someone that had just come to GA to work for another doctor part-time. I paid her to work a couple days of the week for me by the day. I returned to work part-time fairly quickly as I was feeling fine and my patients wanted me and not her. It is also my belief that babies need you a whole lot less than when they get older. Once they hit school age they have other after school needs (lessons, ball games, etc.) and I wanted time for that.

Now that I am semi-retired I do locum tenums. Folks in the state of GA know I do this. Some of the jobs I have had was a 3 week job for someone that a C-5. She is going to hire me this summer to take an extended vacation. A recent two week job for a guy that had cervical surgery. I will be working for him again when he goes to China to adopt a baby. I have another 2 week vacation job in April. Most all of the jobs I get are IN ATLANTA. Cont. p. 6

Pregnancy cont.

Many are further out. Therefore, these people expect to pay a little bit more for help...and I think I'm worth it. My furthest job was Savannah...4 hours away and I spent 2 weeks, 2 summers in a row.

So put an ad in your state association newsletter asking for "Who Does Locum Tenums".

5. "First of all, congratulations on your daughter. I am wondering if you are considering staying home full time if you have more children?...I would highly recommend it. I fully intended to return to work after my first son was born, but changed my mind and ended up staying home for 12 yrs to raise our 3 sons. It required some financial "belt tightening", but it was well worth it. Our sons are now 11, 14 & 16 and are growing into fine young men, if I do say so myself. We get compliments on their behavior all the time, from wait staff at restaurants, teachers, etc. I believe that this is due in some part to the fact that I stayed home.

It was not easy, and I didn't always think that I was making the right choice. It was hard to give up a career you worked so hard to start. I used to be jealous of those who were still practicing, who still had a "real life". By the time I made the decision to return to work, those 12 yrs seemed like nothing. Now, I am back to work "full time". I leave each day in time to be home after school with the boys to help with homework, etc. I also take each summer off (without pay, of course) to be home with them. Most employers are willing to be flexible if you are. I work in a very busy Community/County hospital. I am currently the Section Chief of Foot & Ankle Surgery, in charge of the busiest clinics at our hospital. I was recently elected Secretary-Treasurer of the Medical Staff & Chairman of the Dept. of Surgery.

On top of that, our boys are all involved in the school band, and I am President of the Band Boosters. It is a lot of hard work, but very rewarding.

If you intend to stay home, I would give you this advice: get Board Certified first, if you aren't already. I was Board Eligible and due to sit for the Certification test 2 wks before my 2nd son was born...he came 3 wks early. With 2 sons under 2 yrs old, I never followed up with sitting for the

"Contact Beth Shaub, Director of Membership services at APMA, and see if she has any insight into this very real problem. Also, I would contact the component, (the State) and see if they have any thoughts.."

Harold B. Glickman, DPM, Past President, APMA

test. While I was "on leave", the ABPS changed their rules, and no longer accepted 1yr residencies as sufficient to sit for the Boards. I have since achieved Board Certification in Rear-foot Reconstruction & Ankle Surgery from the American Board of Lower Extremity Surgery, which I am proud of, but was not my original goal. If ABPS Certification is important to you, get it now. Also, keep yourself current. Even though you may be tempted to cut the expense & hassle of license renewal & CMEs, keep your license current. The CMEs, as well as attending conferences (which I highly recommend) will help you in your eventual return to practice. Keep up your Journal subscriptions and read them. But most of all, enjoy this very brief time with your children. Trust me, as a mother getting ready to visit colleges with my oldest this summer, it goes way too fast, and you can never get that time back. There are plenty of people out

there who can fix a bunion, but only you can mother your children."

6. "Almost 15 years ago I was in solo practice and having my first child. I started planning for my extended time away from the office a couple months in

advance. I lined up a podiatrist to come in and work in my office two ½ days a week, saved a lot of money in my business account so I could easily cover my accounts payable, paid one of my office staff to drive my mail, deposits, and charts to my home a couple times a weeks and hired a full time nanny to care for my son.

I feel taking two months off for maternity leave is a luxury that you may not be able to afford being in solo practice. The effects of two months off from a young practice (less than 5 years old) go way beyond the loss of income. There is the question of patient loyalty and staff retention.

I knew from the start that I would call my office everyday and get involved in the day to day office problems. So, even though my disability insurance would have started paying after 30 days I made a decision before my son was born: a vaginal delivery I would return to work in 2 weeks, C-section -3 weeks. I worked to the afternoon before my son was born and returned to work part-time 21 days later. It was not as hard as it sounds.

I know this is not what you want to hear, but taking extended time off from a solo practice whether it is for maternity leave, vacation or illness is challenging"

7. Please don't fret, there are many ways to skin a cat.... I was more like #3 and disagree totally with #5 about staying home. I have practiced for 22 years in a rural county where I was the only podiatrist. I had 3 children all while practicing. I worked til the last minute. Work made the time go by quickly and painlessly. I stayed home 4 weeks with each. I nursed for 6-8 months with each! I pumped my milk. I used a live in nanny. And guess what? My kids are also well behaved and get compliments in restaurants! Cont. p. 7

Pregnancy cont.

They are well adjusted, and doing very well in school, so no you don't have to stay home. Now here is where my take is different. My kids are 16, 14 and 9. I find the older they get, the more they need me. Not physically but emotionally. None of them remember who changed their diapers, but they all remember that I went on class field trips, hosted birthday parties, went to class performances and plays. Those are really the things that matter. My girls are in High school and there is so much going on in their lives. They will also graduate and go to college soon and I want to maximize my time with them now. They are so much fun, and amazing people. I am in a situation right now where I can sell my practice and I am doing so to spend more time with my kids NOW! This may seem reverse, of what you have heard but it is my experience. My loans have been long since paid off, and I did get my surgical boards between baby 2 and 3, very hard, but worth it. Get good reliable childcare, very important, the office will wait for you!

8. "#1: Short term physician to cover the practice is a NICE idea IF you have the right person and IF they are mature enough to handle to situa-

tion. Two very big if's. I had someone for my short maternity leave and for all of the telephone calls, office staff confusion and patient mis communications it was FAR MORE HARM than good. The covering physician treated my staff terrible and was continually expressing a bad attitude about how the staff didn't respect her the way they did me. A very, very bad environment for everyone. I almost lost good staff people over it. By the time the physician was comfortable with how the office ran I was ready to return to work.

#2: I have a 50%: 50% practice between surgery and palliative/conservative care patient's. With our specialty you can easily catch up on your routine care patients and have 10 solid weeks of time off without confusion. Advise your patients of your impending leave and underline it's (short?) duration. Frankly I have a number of people that are 4-6 weeks follow up so many of your PTx patients etc... won't miss a beat. Discontinue surgery approximately 2-weeks before your leave to ensure no major post op mis haps. All post op patients were to call my cell as a first step if there was a major concern. The few that had issues simply called the office and arrangements were made

for follow up with someone else in the few cases that arose, none of which were major. And make sure you have someone to refer surgery patient's to during your time off. Talk to some of your major PCP referrals person to person to explain that there may be a rare occasion when one of your patients has a special need and they'll get a prompt appointment. I had them see their PCP if they had anything suspicious of infection. Maybe I was lucky but it really did work out well. For my second pregnancy I was much more at ease because I knew I wasn't going to have the same chaos in the office as I did the first time around (with a fill in physician). I simply advised my patient's of my impending leave. The staff worked their vacations and other time off during that period. I kept one person in each office to cover the phones for 6 hours per day. I assigned chart archiving during that period to thin out the files and organize the office. We kept up communications with other facilities (hospitals and nursing homes) in a similar manner. Frankly I feel that if my practice did suffer a loss of patients it was during the 1st pregnancy when I introduced a lot of unnecessary confusion into my life."

Gender Earnings Gap Closing

"While male D.P.M.'s still earn more than their female counterparts, the gap is closing, according to our latest survey results. Male podiatrists reported on average net income of \$177,100. or 1.5 percent more than last year.

Female practitioners, while earning substantially less, an average of \$90,200, saw their income rise 2.4 percent. In other words, last year men earned 31 percent more than women; this year it's 30 percent more."

Marketing

Jeffrey De Santis, DPM spoke about marketing at the 2008 AAWP regional meeting held at the Western. He stressed that "You are the most Important tool." It's important for you

to get out and meet other physicians, send referral letters, and make follow up calls to patients' physicians. He suggested that members have a website, and a brochure for patients.

He urged members to not only belong, but be active in their local societies. 18% of APMA members are female. 18% of licensees nationwide are female. 18% of licensees in California are female, and 18% of enrollees to PICA are female.

Hearing Impaired Patient

Sheryl Strich, DPM

My 92 year old mother lost most of her hearing when I was six years old. Communication became even more limited for her 15 years ago when she lost her vision due to macular degeneration. Even with these difficulties, she calls her broker everyday to check the status of her portfolio, and is quite proud of living alone and using public transportation (for the disabled) to get around.

This past year she's been weakened with an unremitting case of colitis, and has had to swallow her pride and allow me to take her to doctors. Prior to any visit to a new doctor, I fax

over mom's medical history. The top of the report, reads: " **Please speak slowly and clearly, as Mrs. Suslow wears hearing aids in both ears.**"

What usually happens when we get to a medical office is that the office assistant does not speak loud enough for Mom to hear, and looks to me for help.

I usually insist that they talk to Mom. "You need to direct the questions to her," or "She can't hear you, you'll have to speak up."

Yes, it would be a lot easier if I answered everything, but Mom is really quite capa-

ble of answering questions. Although she uses a walker and is hearing and visually impaired, she knows her medical history and is quite able to answer questions as long as she can hear them.

For the hearing impaired, instruct your staff to speak slowly, in a loud, clear voice throughout the conversation. It doesn't work if only the first word of the sentence is loud, I realize it takes people out of their comfort level to speak louder than their usual speaking voice, but it's really important for effective patient communication.

Podiatric Products:

Currently I'm in a Pilates certification program at the local community college. At age 56, I'm the oldest person in the class. In fact I'm probably older than some of the students' mothers.

Although I've taken pilates for years, it has never been this intense. The instructor is a stickler and after 2

hours of exercise, my muscles are screaming out — they are so not happy.

At the APMA meeting, I discovered CryoDerm. They market it as a "pain reliever that lasts longer."

I'm always a little skeptical when I hear something like that, but I had some samples and tried it.

It certainly has helped. The aches has gone away.

They say that they use all natural pain and anti-inflammatory ingredients: MSM, Arnica, Boswella, ILEX, Menthol, Eucalyptus and Peppermint Oil.

If you're interested, here's the website: www.cryoderm.com

More Products:

HIDE FUNGUS WITH A CHIC NAIL POLISH...IT'S WHAT WOMEN WANT!

Allow us to 'paint' a scary picture: Most polishes peddled today contain ingredients so harsh and damaging, some are even banned in Europe (such as DBP: linked to infertility). Podiatrist Adam Cirlincione learned

the news when his wife was advised not to polish during her pregnancy—so he partnered with another doctor, Dr. William Spielvogel, to create Dr.'s REMEDY a nail-nourishing, enriched lacquer. It cuts out chemicals like formaldehyde, toluene and DBP, and adds healthy stuff like vitamins, wheat protein, and naturally occurring anti fungals, like tea tree

oil and garlic bulb extract. Dr.'s REMEDY™ is recommended for women suffering from onychomycosis, yellow-brittle nails, for pregnant women, for to all women looking for a healthier alternative. Email us at info@remedynails.com or call 877-323-NAIL for great deals on wholesale pricing.



QUESTIONS ABOUT JOINING?

E-MAIL OUR TREASURER, DR. ERIKA SCHWARTZ ermschwartz@comcast.net OR VISIT OUR WEBSITE: AAWPINC.COM

Letters to the editor, please e-mail Dr. Sheryl Strich aawp@cox.net

FOOTNOTES

Our Mission Statement

The American Association for Women Podiatrists, Inc. (AAWP), a related organization of the **APMA**, provides leadership in the advancement of the educational, political, financial, social, and emotional well-being of our members.

We work in cooperation with other practitioners, the colleges, businesses, groups and other individuals.

In support of this mission, we are committed to:

1. Serving as the national source for women's podiatric education and information; and.
2. Serving as a communication link and a support network for our membership to allow them to address unique needs and issues



A GOOD FRIEND TO AAWP

- Every time you use WCPL for your specimens, AAWP is given a donation of \$5.00 to our scholarship fund
- WCPL cares about the quality of the reports it provides to you and your patients.
- They contribute an average of \$900.00/month

Media Training

Many AAWP members have participated in media training with the APMA. Please contact Erin Wendel of the PR department at APMA : elwendel@apma.org if you are interested.

We are missing the e-mail addresses for the following members. Please contact aawp@cox.net, if you have any information:

Elaine Alicakos, Jackqueline Aune, Katherine Bailey, JoAnn Bevilacqua, Billie Bondar, Sara D'Amato, Judith DeRose, Mildred Dixon, Lorraine Farkas, Paula Gilchrist, Wika Gomez, Fay Halpern, Kathy Henriksen, Susan Jannon, Amy B. Katzew, Corrine Kauderer, Chau Kai Kong, Marcia Labriola, Suzette Lee, Lilian Lemell, Sandra Loving, Judith Manzi, Moira McDermott, Darcia Merritt, Justine Metcho, Bonnie Nicklas, Heather Pearman, Sandra Pensieri, Phyllis Ragley, Sherry Ransom, Lisa Reinicke, Therese Rinaldi, Roberta Rowland, Nancy Rung, Kathryn Schramm, Rene Settle-Robinson, Holly Sheets, Maureen Spinler, Debbie Thornton, Teresa Tobin, Joan Valentine, Thu Van, Eleanor Wallen, Patricia Warski, Sandra Weakland, Deborah Wehman, Helen Widick, Angela Williams.

Wanted: Associate Leading to Partnership

If you have a great smile, great attitude, are a "fashionista," and can think outside the box, then you should consider this exceptional opportunity. I am seeking a smart, residency-trained podiatrist with great surgical skills to become an associate with potential to buy into one of the top practices in the country. Hoping to find that one-in-a-million candidate who could make the most of this outstanding opportunity! Please email your CV to institutebeaute@aol.com, with "Attn: Christine Malossi" in the subject line."

Members in the News

We want your stories, and information about you and your practice. Please forward to Sheryl Strich, secretary at aawp@cox.net

Address Changes

To update us on address changes, please contact our Erika Schwartz, treasurer at aawpadmin@aawpinc.com