



International Federation of Podiatrists
Fédération Internationale des Podologues

footsteps



Special
Olympics

4



2011 Meeting
Highlights

8



The Truth about Barefoot
Running

14



fyi

Check out the podiatry
conference list on the back
cover!

President's message



Janet McInnes

In our increasingly shrinking global world, communication becomes more and more important. Whether you're talking about the corporate world, institutions of higher education or day-to-day activities of individuals, communication is almost constant.

That's true of the FIP too. Email queries and discussions are numerous, visits to the website continue to grow and new avenues of communication continue to be developed and used to share information about podiatry around the world.

All this communication is creating strong and lasting connections. For example, the dialogue that was started with Special Olympics International many years ago has recently resulted in the signing of a Memorandum of Understanding and more and more FIP members volunteering at Special Olympics events. Carine Haemels shares her perspective of a recent event in her country (pg. 4). The 2011 World Special Olympics held in Athens, Greece this summer also included podiatrists from Greece and Cyprus volunteering their time at the Fit Feet Program, helping assess and treat special athletes (see the article on page 6.)

We are also starting to see many incredible results for our increasing external communications efforts. The

outcome from the FIP's meeting with the World Health Organization (WHO) in May 2011 is evidence of this. As you may have seen through an eblast or in my blog on the website, the WHO has approached the FIP to help them help the Mauritius government deal with the growing epidemic of diabetes in their country.

Similarly, a podiatrist working in India also approached the FIP to help find other podiatrists interested in working with him in treating diabetes in that country. Interestingly, neither Mauritius or India are part of the FIP family yet, but we are pleased to be able to help out wherever we can.

From the interest expressed by these opportunities, the FIP board is already at work discussing the development of a podiatry registry, which will create a source for podiatrists seeking opportunities in other countries.

The increase in interest in the FIP speaks well for the 2013 World Congress that will take place in Rome, Italy on October 17-19. Already individuals and corporate businesses are asking for more details. In the very near future we will have a website dedicated to the 2013 World Congress, which will provide details about how to submit an abstract, secure an exhibit booth or sponsor an event. We'll also include details about

the educational tracks that will be offered and more.

Related to that, our Academy of Podiatric Medical Educators is up and running again, with Dr. Vince Hetherington taking on the Chairman's position. The Academy will be instrumental in the development of the academic component of the World Congress. In terms of connecting with others, our website continues to grow in readership and information posted on it. We've also established the quarterly magazine. This, together with our blog and eblasts, enables the FIP to provide up-to-date and detailed communication

through various avenues, and we're now working on creating a Facebook presence too.

More and more, our member associations are also including information about the FIP in information they distribute to their members.

I encourage you to continue spreading the word about the FIP. We truly are the primary source for podiatry around the world. With your help, we continue to expand and grow as an organization and in terms of benefits for our members and for the podiatry profession. 🌐



FIP Board of Directors – From left to right, back row: Heidi Corcoran, Janet McInnes, Serge Coimbra; front row: Dr. Joseph Caporusso, Dr. Robert Chelin, Diamanto Maliotou-Papasavva



International Federation of Podiatrists
Fédération Internationale des Podologues

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Special Olympics from a country perspective

The 30th Special Olympics Belgian National Games were held in Hasselt from June 1-4, 2011.



Two of the athletes at the 2011 Belgium games.

Once again there was a Healthy Athletes Program in place, including the Fit Feet component, which saw 430 screenings conducted in 2 ½ days. Students of the Belgian podiatry schools helped with the screenings as practice-based experience together with a few podiatrists, such as Paul Borgions who provide some podiatrists from his company Borginsole to help. The company also provided hats for the athletes. As well, RSscan provided a footscan platform for the dynamic analysis and Nike provided socks for each athlete.

Each year, the results of the screenings are similar. Most problems are shoe mismatching, mycosis of nails and skin and biomechanics problems with Pes Planus and overpronation.

One athlete was referred to emergency for Ulcus. He just started to complain in the same morning but it seems that this injury was there for longer. It was the result of friction of his brace. There was no doubt that this was urgent and need debrid-ing. That same day, this athlete was

treated in the hospital and another athlete with erysipelas started immediate treatment.

We also saw two severe ankle sprain injuries with ligament ruptures due to the sport. These injuries were not noticed by the coach as the athletes did not complain. The coach took charge of both athletes and transferred them for treatment.

In addition to the statistics indicated on the next page, the need for correct shoe sizes was 44%.



Helping an athlete get ready for a gait analysis.



Special Olympics athletes compete in 17 sports

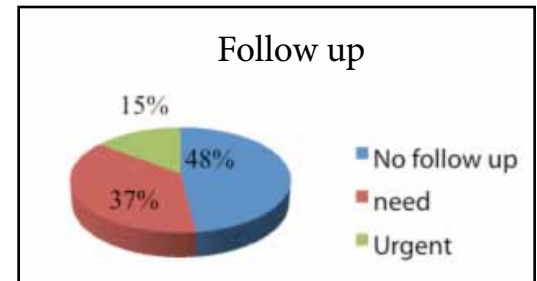
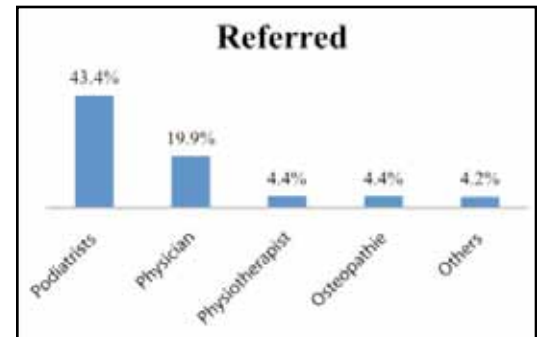
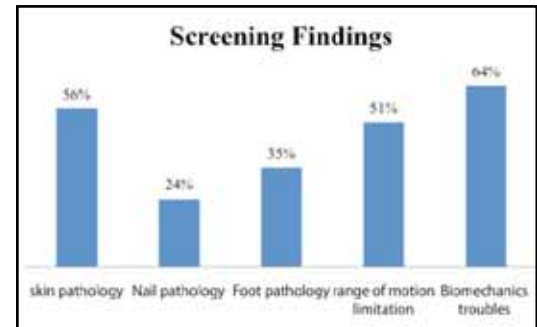
This year we developed a number of surveys – one for athletes, one for coaches, parents, one for the volunteers and students and one for the educators of the schools in order to get information to improve the program.

Results from the students and volunteers survey indicated that students find it a very valuable experience to participate but that they need more support from the school. Not enough information is delivered to them on special care. They have asked for a course, module or presentation and more related information during the

other modules. From this survey we also notice that students appreciate this practice setting. They start with fear because they do not know what to expect but by the end of the event, they are much more confident in how to approach and treat special care athletes. 🌐



One example of an athlete's foot problems.



Carine Haemels with one of her colleagues at the 2011 games in Belgium.

By all accounts, the 2011 Special Olympics World Summer Games held in June in Athens, Greece were a resounding success.

2011 Special Olympics World Summer Games

The Fit Feet Program relies on volunteers from the podiatry profession to help with screenings. If you are interested in getting involved in future events, you can either contact a Fit Feet representative where you live, or visit the FIP website (www.fipnet.org) for more information. A special thanks goes out to the FIP members who helped out with this year's Special Olympics World Summer Games as well as the events in their community.



The statistics tell one part of the story:

- 6057 athletes registered for the event, of which 3751 were screened.
- Of those, 60.2% were male and 39.8 % were female.
- Ages of the participating athletes ranged from 7 years and 7 months to 64 years and 11 months, with the mean age being 22 years and 11 months.

Under the Healthy Athletes banner, there are five healthy athletes disciplines – Healthy Hearing, Health Promotion, Opening Eyes, Special Smiles, FUNFitness and Fit Feet. A total of 13,858 screenings were conducted, of which 2097 athletes participated in the Fit Feet program. The results of the screenings are provided below:



<i>Fit Feet</i>		
Number of athletes screened	2097	
Gait abnormalities	1450	69.1%
Nail or skin abnormality	1474	70.3%
Bone deformities	642	30.6%
Molded insoles	0	0.0%
OTC insoles	131	6.2%
Education given	2097	

Coordinating efforts through FIP Diabetes Commission

We all know that Diabetes Mellitus (DM) is quickly becoming an epidemic around the world. Many organizations and many countries are trying to take steps to deal with this condition, however, most of it is piecemeal efforts within one group or country. Now with membership in 30 countries around the world, the FIP is establishing a Diabetes Commission to bring the “thinking” about DM mellitus under one umbrella to help coordinate efforts and especially to emphasize the important role that podiatrists play in diagnosing, preventing and treating the diabetic foot.

As presented at the 2011 FIP AGM in Geneva, Switzerland last May, the FIP Diabetes Commission is comprised of four key objectives. Strategies for each objective were also identified, as outlined below:

Objective #1 – Educate the public on the pedal effects of DM

Strategies include:

- creating an annual public DM campaign
- developing and providing PowerPoint presentations for member use
- offering patient/public contests

Objective #2 – Be the educational resource on DM and its pedal complications for our members

Strategies include:

- creating a DM page on the website, which includes statistics, links, meetings, and a lecture series

Objective #3 – Educate other health professionals on the podiatrists’ role in the area of treatment and prevention of the diabetic foot

Strategies include:

- FIP members participating in world conferences
- Establishing PowerPoint presentations for use
- FIP member involvement in their DM associations

Objective #4 – Develop strategic alliances with other organizations

Strategies include:

- establishing a summit on amputation rates around the world
- identifying the prominent associations
- collaborating with associations in our DM campaign
- FIP Academy setting up guidelines

A committee has already been struck for Objective #1 with Dr. Ron Jensen from the U.S.A. chairing the committee.

As action by the FIP Diabetes Commission is taken and materials are prepared, the FIP will be posting information on the website and communicating with FIP members about progress. 🌐



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2011 Meeting and Photo Highlights

The FIP Annual General Meeting held on May 7, 2011 in Geneva, Switzerland was well attended with representatives from two thirds of the FIP member countries.

Highlights of the meeting included delegate ratification of three new member country associations:

- Czech Republic Podiatry Association
- Uruguay Podiatry Association
- Australasian College of Podiatric Surgeons

As well, individual member status was approved for a podiatrist practicing in Dubai, United Arab Emirates.

The addition of these associations increases the FIP membership to 30 countries around the world.



The 2011 AGM also saw the election for two positions on the FIP Board – Treasurer and Secretary General.



Diamanto
Maliotou-
Papasavva

Diamanto Maliotou-Papasavva was re-elected to the position of *Treasurer*. She was first elected as Treasurer in May 2008. Diamanto graduated from the University of Brighton in England and practices podiatry in Cyprus. She recently stepped down as president of the Cyprus Podiatry Association, after serving in that position for eight years.



Heidi Corcoran

Heidi Corcoran was elected to the position of *Secretary General*. Heidi graduated from the Cardiff School of Podiatry in Wales, United Kingdom and worked for the National Health Service for five years before accepting a two-year contract in 1996 to help develop podiatry services in the territory of Hong Kong. She continues to reside and practice podiatry in Hong Kong.



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Cyprus Association of Podiatrists

By Anna Kostrikki,
President of Cypriot Association of Podiatrists

The Cyprus Association of Podiatrists held its 8th Annual General Meeting in Nicosia in November 2010. With almost all members attending, the meeting was successful and elections were conducted.

After eight years of working hard, Diamanto Maliotou-Papasavva stepped down as the president and wished the best for the association and the new board. She is currently serving the International Federation of Podiatrists (FIP) executive board as a treasurer. The new board was assigned with the difficult task of following her 'footsteps' that kept the association in the front line of allied health professions. During her presidentship, the association was founded and steadily grew bigger. She fought tirelessly for the legal establishment, and forwarded the proposed law for discussion to the Cypriot parliament. We all owe her great gratitude for her energy and passion and we count on her valuable support in the future.

The new executive board is called to continue the mission of regulating podiatry in Cyprus. For that matter we have been in close contact with the Cyprus Medical Association and the Ministry of Health. We are hoping for good progress in the near future, although time-consuming bureaucracy is an obstacle to overcome.

The association maintains affiliation with the Cyprus Association of Diabetics and the Cyprus League Against Rheumatism. The executive board is discussing affiliation with other associations that will help in lobbying for the profession. Foot month awareness had been a successful opportunity to promote podiatry through media this year. Furthermore, the association was well represented in the Special Olympics Athens 2011, with eight members participating in the 'fit feet' project.

The legal establishment and promotion of the profession along with the provision of continual professional development for our members are some of the challenges that the new executive board is faced with. The 'footsteps' we follow allow us to be confident. 🌐



Cyprus Association of Podiatrists board members

Czech Podiatric Association

By Miroslav Havrda,
1st Vice President of the Czech Podiatric Association

The Czech Podiatric Association celebrated its 10 year anniversary in May 2011. How appropriate that it also entered the FIP in May 2011 as the first association from the former Eastern European countries.

Best regards. 🌐



Miroslav Hvrda with FIP President Janet McInnes

Finnish Podiatry Association (SJL)

By Minna Stolt

Last May was the international Foot Health Awareness Month. In Finland, a special Foot Health Day was organized together with Finnish Podiatry Association (SJL) and podiatry school (Metropolia University of Applied Sciences, Helsinki). Podiatry students planned the contents of the Foot Health Day and implemented it on May 17, 2011. The Foot Health Day was free and open to everyone who felt interest related to foot health. The international theme this year was arthritis, but we broadened the focus to cover all aspects of foot health in general.

The Foot Health Day included five different points where students gave education related to foot health. The first point was related to foot self-care practices. Visitors were free to ask questions of their foot health and students gave responses, education and feedback on how to care for feet properly. In addition, measurements of the shoe fit were produced along with information about safe and healthy footwear.

The second point analyzed the foot prints of the visitors together with the guidance of care if needed. The third point was a workshop of foot biomechanics and posture led by one of the podiatry teachers. In the fourth point small group foot exercises were performed.

The fifth point was a 30 meter-long bare-foot walking track (see photo below). The bare-foot walking track was constructed inside in the sports hall due to cold and rainy weather at that time outside. The purpose of the bare-foot track was to lead visitors in to the world of bare-foot walking. Recent literature has found bare-foot walking to be good for foot and general health. Therefore we wanted to invite visitors to test bare-foot walking on different surfaces. There were spruce and pine tree twigs with needles, sawdust, big and small stones, wood bark, moss, cold and hot water and small logs, all kinds of material that can be found in nature. After the completion of the bare-foot track, the visitors said that the track was refreshing and their whole body enjoyed walking on different surfaces.

Overall, the Foot Health Day was successful and many new ideas for the next year were created. In addition to the Foot Health Day, all members of the Finnish Podiatry Association promoted podiatry somehow in their own practices and also a few articles about podiatry and foot health in newspapers were found during May. We are looking forward to next year and plans for next year's Foot Health Awareness Month have already begun. 🌐

The bare-foot walking track was a great success in the 2011 Finnish Foot Health Day.



FNP France

By Louis Olié, FNP President

The Federation Nationale des Podologues (FNP) requires quota for the profession!



The profession has to face an uncontrolled increase of the number of practitioners leading to a risk of impoverishment. A new school of podiatry has just opened in Paris, bringing the number of the students for the 1st year to 629. Thanks to the decentralization of the power, the regions are allowed to create new schools of podiatry within having in mind the national demography of the profession.

Whereas podiatrists meet with the same regulatory system as the other allied medical professional (nurses, physiotherapists, etc.) who are subject to "a quota", the training of the podiatrists are not submitted to the same device.

The FNP seized by recommended letter with receipt the Ministry of Health and the Ministry of Higher Education and Research so that they take a common decree fixing the maximum number of students per year which will be then divided among the different schools of podiatry.

Postponement of one year of the application of the new curriculum

On 21st June, the Ministry of Health and the Ministry of Higher Education and Research met the Chairmen and Chairwomen of the schools of podiatry and the professional organization to inform them about the postponement of the new curriculum up to September 2012 for the following reasons:

- the Ministry of Higher Education and Research asks that the Education curriculum be completed at the level of the Biologics and Medical Sciences.
- the Agreement between the Schools of Podiatry and the University is a prerequisite to the application of the new curriculum.

Israeli Podiatric Medical Association

By Richard Jaffee, DPM, FACFAS

The Israeli Podiatric Medical Association is proud to announce that the new law for Podiatry in Israel has passed its third reading in the Knesset and is now official.



Application acceptance for licensure will begin soon. The scope of license includes bone surgery for those who qualify. This has been an exciting experience for us all as we have been working on this for the past 27 years. The license provides for surgical and non-surgical podiatrists with American education and training. Provision for non-U.S. graduates has yet to be decided.

We are also happy to announce that non-U.S. podiatrists/chiropodists will be sharing our membership in FIP. This means that FIP activities will be open to everyone here.

All our best regards to our fellow members. Have a safe and happy summer.



Society of Chiropodists and Podiatrists UK

By Joanna Brown

The Society's Annual General Meeting took place on June 18, and two important decisions for the future of the organisation were taken.

Firstly, the members have been debating for the last couple of years whether our name should be changed to "The Society of Podiatrists". The reasons why members voted against the change of name are complex, but it was primarily because they felt that the title "chiropodist" is better known to the public than "podiatrist".

Secondly, members voted to create a charity within the Society's structure to carry out all our education and development activities, currently known as the College of Podiatrists. This has potential financial advantages that derive from UK charity law, but more importantly it will enable us to position our educational activities as being for the public benefit rather than for the benefit of members. This will help our public relations and hopefully give us better opportunities to obtain funds for research.

We have developed a five-year business plan for the College. Because of the legal and constitutional complexities the first year will mainly be focussed on getting the new structures in place.

Following the FIP AGM in Geneva, we are delighted that the Academy of Podiatric Medical Educators is being progressed. We are also looking forward to the European Council of Podiatrists starting its work as so many matters of direct importance to podiatrists such as the proposed standardisation of training programmes and patients' rights to cross border health care emanate from Europe.

The UK delegates to the FIP AGM would like to thank our Swiss colleagues for their hospitality, and we are looking forward to hosting the AGM in Glasgow in October 2012.



International Academy on track with new chair in place

The FIP Board is pleased to advise that Dr. Vince Hetherington accepted the position of Chair of the International Academy of Podiatric Medical Educators. One of Dr. Hetherington's first official public tasks was to provide a verbal report at the FIP Annual General Meeting concerning the Academy.

In his report, Dr. Hetherington indicated that current priorities include active development of a web presence for the Academy. The site will provide for registration of schools and faculty and development of a means of communication between institutions. A site for students will also be considered after the development of the institutional data base.

Additionally, the Academy will finalize and administer a survey pertinent to the International Model of Podiatric Practice developed by the Academy's governing members to allow institutions to self evaluate

where they are in the continuum of podiatric practice and provide direction for advancement. The Academy may provide advice and consultation to its member schools. Future activities of the academy could also include developing educational programs in conjunction with the FIP.

Dr. Hetherington also noted that he is seeking clarification of the meaning of semi-independent as it pertains to the Academy as well as an understanding of the financial relationship between the FIP and the Academy. He will also be assessing resources that are required, especially finances, staffing and organizational relationships.

The Academy is already off to a good start, verifying the accuracy of the list of educational institutions and starting a dialogue about the components of the website.

Ongoing updates about the Academy's progress will be provided in future issues of FootSteps.

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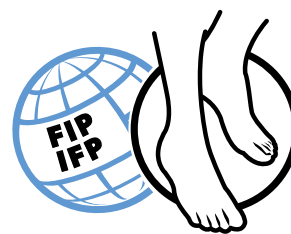
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Did you know?



**International Federation of Podiatrists
Fédération Internationale des Podologues**

The FIP recently revised its logo to better reflect the bilingual name of the association. As agreed upon at the 2010 AGM in Amsterdam, The Netherlands, the official name of the FIP is now Federation Internationale des Podologues/International Federation of Podiatrists.

The new logo (shown here) continues with the same look as the previous version, but incorporates the acronym for both the French and the English titles.

The truth about barefoot running: *It's complicated*

One side claims running shoes cause injury; the other side counters that barefoot running comes with its own risks. There are likely elements of truth on both sides. But when it comes to giving your patients advice about barefoot running, experts have more questions than answers.

For many people, barefoot running will forever be associated with the women's 3000 meter race at the 1984 Los Angeles Olympics. Coming around the backstretch, Zola Budd, the electrifying barefoot teenager from South Africa, got her legs tangled up with those of homegrown heroine Mary Decker. Decker tumbled to the infield grass, ending her career dream of an Olympic win; meanwhile Budd, mortified, faded back in the pack so she wouldn't have to face a booing crowd from the winner's podium.¹ (Broadcast video of the race is on YouTube,² for those who want a look.)

That unhappy race notwithstanding, Budd set world records in the 5K in 1984 and 1985, was the world cross-country champion in 1985 and 1986, and set the world indoor record in the 3K in 1986—all while running barefoot.

Does this mean your patients should run barefoot?

Well, are they Zola Budd?

For most folks, even weekend warriors, barefoot running has existed at the fringes, popping up occasionally in venues such as the Olympics but otherwise largely invisible in daily life. For others—think the Tarahumara people of Mexico, or Kenyan tribesmen—running long distances barefoot, or in minimal footwear, is an essential part of everyday existence.

This difference turns out to be a big one. Recently, a lively and occasionally acrimonious debate has erupted because some people believe that barefoot or “minimalist” running (e.g., in sandals, moccasins, or any of the new barefoot-style running shoes) offers a way to return to our evolutionary roots and escape injuries, whereas others see it as a falsely utopian disaster-in-waiting.

What is becoming increasingly apparent, however, is after the passing of the initial hype (and it is passing), the two sides are

approaching a commonsense consensus. A lot of factors turn out to matter at least as much as shoes, including how a runner trains and what he or she got used to growing up.

In any case, it's not an either/or situation. Zola Budd did everything barefoot as a child, as it turns out, but she did almost half her training in shoes. For that matter, in 1960, an Ethiopian named Abebe Bikila won the Olympic marathon in Rome running barefoot over all those cobblestones, but in 1964 he went to Tokyo and bested his world record—this time wearing shoes.

The ideal and the real

American ultramarathoner Scott Jurek (left) runs alongside Tarahumara runner Arnulfo Quimare. Inset photo shows in detail the footstrike differences between Jurek's running shoe and Quimare's minimalist footwear. Photo by Luis Escobar (www.reflectionsphotographystudio.com).

Last year, Christopher McDougall's book *Born to Run: A Hidden Tribe, Superathletes, and the Greatest Race the World Has Never Seen* brought Mexico's Tarahumara to the attention of mainstream readers.³ These are the Native American people who invented the ultramarathon, running two-day races through the mountains, sometimes while kicking a ball, and apparently grinning happily most of the way. McDougall made the case for minimalist running, noting that the Tarahumara run in lace-up sandals and report low injury rates. Some who read the book thought they'd like to be able to run like that, too, and sought to copy the style. Others thought those people were taking a simplistic view of a complex phenomenon and were basically nuts.

The discussion got amped up again earlier this year when Daniel Lieberman, PhD, a Harvard evolutionary biologist and

running enthusiast, published a paper in *Nature* describing the high “impact transient” associated with running in the heel-strike pattern associated with modern, padded running shoes.⁴ In the paper, Lieberman and his coauthors pointed out that people have been running barefoot for millions of years, but that the modern running shoe wasn't invented until the 1970s. The gist was that those running barefoot or in minimal footwear—and in particular those who had been habitual barefoot runners for their entire lives—were more likely to strike the ground with the forefoot or midfoot first, generating impact forces that were smaller and began later in the gait cycle than in shod rearfoot strikers.

This argument was quickly seized on as scientific justification by barefoot running enthusiasts—somewhat to the chagrin of Lieberman himself, who hastened to put a disclaimer on his website to the effect that he was just reporting his findings and was not in the advice business. The *Nature* paper does note that the modern running shoe has not been associated with any decrease in running injuries and lists several ways in which thick heeled, cushioned running shoes might actually contribute to injury. The paper concludes, however, that controlled prospective studies are needed before any conclusions about relative injury risks can be made.

Lieberman is not the least bit apologetic about his research or his views, however, and he doesn't suffer skeptics gladly.

“It's as if I'm suggesting something that's not normal,” he told LER. “Until the mid-1970s nobody wore a shoe with a cushioned heel; what we think is normal is profoundly and unquestionably abnormal. People say, ‘Well, now we run on concrete,’ but I've run on almost every continent, and the entire world has been hard for a long time. The Serengeti where I run is hard.”



There's a video on Lieberman's website showing Kalahari "persistence hunters" running down a large antelope by sheer stamina and grit. A close look at the video reveals interesting details, however. First, the main runner—the guy who sticks it out to the end and spears the animal after it has collapsed from exhaustion—is, indeed, a forefoot striker. Second, however, he's wearing shoes. Third, the ground is soft, loamy, and uneven. Fourth, all the hunters are supremely fit young men in their twenties.

So to what extent is it appropriate to extrapolate from this to the running community at large? Is there, perhaps, just a hint of Rousseauian idealism here?

Lieberman maintains that the world's best natural runners are all forefoot strikers, in fact.

"There's probably a reason for that, right? We're not saying that everyone should run barefoot, but rather that barefoot style—which is primarily a forefoot or midfoot strike—is what the foot evolved to do," he said.

The data famine

Part of the problem with having an informed discussion about the controversy is that to do so you need information, and there's relatively little of it. For example, only one study has examined foot strike patterns in a large cohort. In 2007, Japanese researchers set up a high-speed camera at the midway point of a half-marathon for elite international competitors.⁵ They found that 75% of the runners were rearfoot strikers, 24% were midfoot strikers, and only 1.4% struck with their forefeet. If they'd all been running barefoot, the pattern would likely have been different, but they were wearing shoes (and even the most die-hard barefoot advocates agree this is a good idea when running in places prone to hazards such as broken glass and dog excrement, which are bad enough alone and downright lethal in combination).

Getting reliable information about injury rates is an iffy proposition, as well. The most oft-cited paper reported that the

incidence of lower-extremity running injuries in the studies it surveyed ranged from roughly 20% to 80%, with the knee as the most common injury site, followed by the lower leg, the foot, and the upper leg.⁶

Even the lower end of that range, however, is eye-catching; in the best-case scenario, one in five runners was injured during or soon after a marathon, and most trainers say the real figure is much higher. But a central question remains: are injuries occurring because these athletes are wearing a certain kind of shoes, or because the shoes are allowing them to comfortably run greater distances than their bodies are prepared for? What's the chicken and what's the egg?

What we know

In a 2009 paper in *Footwear Science*, Benno Nigg, PhD, of the University of Calgary, summarized the research regarding biomechanical differences between barefoot and shod running.⁷ These included, for barefoot versus shod: an increased external vertical loading rate, an earlier impact peak, greater tibial acceleration, flatter foot placement at initial contact, a larger minimal knee angle, higher ankle joint stiffness and lower knee joint stiffness, and earlier maximal electromyographic (EMG) activity in the tibialis anterior.

Nigg noted that oxygen consumption is typically 4% to 5% lower in barefoot running, which is attributed to factors including moving the shoes' weight (energy demand increases about 1% for every 100g of additional mass on the foot), the bending resistance and friction of the sole, midsole energy absorption, and energy lost to metatarsophalangeal joint stiffness.

"Oxygen consumption may sometimes be higher when barefoot under certain conditions such running on a treadmill, however, for reasons not entirely clear.

Nigg also noted that there is little in the literature to support the claim that barefoot running is associated with lower injury rates, and that the few papers there are demand close scrutiny.^{8,9}

Continued next page



Runner survey finds few extremes

Some media coverage of barefoot running might have one think runners everywhere are saying goodbye to their shoes forever; other reports suggest a raft of lower extremity injuries lie in wait for those daring to go bare.

The truth, not surprisingly, appears to be somewhere in the middle, according to the results of a 234-runner survey presented in November at the annual meeting of the American Academy of Physical Medicine & Rehabilitation.

Robert P. Wilder, MD, associate professor of physical medicine and rehabilitation and medical director of the Runner's Clinic at the University of Virginia, presented the preliminary survey results during his PASSOR Legacy Award lecture at the meeting.

Some highlights:

- The most common response regarding frequency of barefoot running was less than 10% of all miles run
- Nearly two thirds (62.8%) of respondents said they use barefoot running as a training tool rather than a full-fledged alternative
- Most runners said their race times had not changed since starting barefoot running
- Asked about injuries that had abated since respondents began barefoot running, the knee was the most common pain location cited
- Only 6.5% reported lasting Achilles or foot pain since starting barefoot running.
- 40.3% said they had initially experienced some pain, but that it had since gone away

Other articles have sought to clarify the biomechanical differences between minimalist and shod running, though it's worth noting that subject populations varied in their experience with barefoot running, and such experience can affect outcomes because of the biomechanical learning curves involved.

For example, last year researchers reported that in treadmill running, barefoot athletes landed in more plantar flexion at the ankle, which reduced impact forces and led to shorter stride length and higher stride frequency.¹⁰

Scientists in France reported in 2005 that barefoot runners had lower contact and flight time, lower passive impact peak, higher braking and pushing impulses, and higher preactivation of the triceps surae.¹¹ The same researchers reported in 2008 that stride frequency, anterior-posterior impulse, vertical stiffness, leg stiffness, and mechanical work were significantly higher in barefoot running.¹²

A 2009 article in *Physical Medicine & Rehabilitation* reported that shod running was associated with significantly increased joint torques at the hip, knee, and ankle, probably due to the shoes' elevated heels and increased material under the medial aspect of the foot.¹³ Lead author Casey Kerrigan, MD, and her colleagues noted that such effects would potentially increase the work of the quadriceps, elevate strain through the patellar tendon, and raise pressure across the patellofemoral joint. The authors did not consider these findings prescriptive, however, and noted in the paper's discussion that although medial posting and arch supports could inhibit the natural compliance of the foot in transitioning from supination to pronation near midstance and back to a supinated position near toe-off, the picture was more complicated. Recent research, they pointed out, had revealed that positive clinical outcomes accompanied the prescription of custom foot orthoses designed with medial posting.

"The individual needs of a runner should ultimately dictate footwear prescription," they concluded, taking the safe route. (Kerrigan has since put her money where her mouth is: earlier this year she left academia to start her own running-shoe company.¹⁴)

Variability

"Not a single paper has ever shown that modern running shoes reduce injury rates," said Lieberman. "On a heel strike, the impact transient is a classic saw-toothed profile. If you forefoot strike, there's no collision, no spike. The hardness of the surface is irrelevant."

When asked about the importance of a surface's evenness, however—whether the problem might not lie entirely with the hardness of modern surfaces such as concrete but also their sameness—Lieberman paused.

"That's a terrific question," he said. "Any surface that's completely even will lend itself to very stereotypical loading, and we know that repetitive stress injuries occur from doing things over and over again with unvarying motion."

Nevertheless, he was quick to suggest that modern shoes might be contributing to the problem rather than alleviating it.

"Running shoes are designed to make every landing the same," he said. "One advantage of minimal shoes or barefoot running is that they don't have that flanged heel, so each landing is going to be slightly different. It's good to vary it."

Christopher MacLean, PhD, director of biomechanics at Paris Orthotics in Vancouver, BC, agreed that increased variability in movement patterns during running may be beneficial.

"In the biomechanics lab, we study variability," he said. "For example, if your patella is tracking in the femoral groove, and if you're running with less variability, it's plausible that wear and tear could be localized to specific areas, causing repetitive stress injuries. Variability in the system may be healthier because stress is distributed rather than localized."

MacLean and his colleagues suspect that running on treadmills and roads is probably less healthy than running on uneven surfaces such as trails, but he added that this is based on anecdotal evidence, not clinical data as yet.

"There may be certain style parameters that we can tweak in runners to enhance healthy technique," he noted. "Barefoot runners take shorter and faster strides,

which means less time weight bearing; these biomechanical variables can be adjusted whether you're wearing shoes or not. Running posture may also be important in improving economy."

Reed Ferber, PhD, director of the Running Injury Clinic at the University of Calgary, pointed out that shorter strides are unlikely to be a cure-all, however.

"When you shorten your stride you take more steps per kilometer," he said. "But since your mass doesn't change, that could be injury causative. My clinical opinion is that you're probably just going to trade one injury for another."

Ferber predicts that if minimalist running spreads, there will be an increase in Achilles tendinopathy and plantar fasciitis, but that the most prevalent problems will continue to be patellofemoral pain syndrome and iliotibial band syndrome.

He also agreed with Lieberman that the surface's hardness may be overrated as a factor in injury risk—though he drew a different conclusion about what to do.

"In Calgary we have bike paths with grass beside them," he said. "Our clinic collects data from every single person we see; some run on the path, some run in the grass, and it doesn't affect injury rates. People get injured because they're weak in one place, they're inflexible in another, they're in the wrong shoe, or they did too much that day. To avoid injury, people don't need to run barefoot; they need to get stronger and more flexible."

Acknowledging the trend, however, Ferber has instituted a barefoot running injury prevention program at his clinic that includes ankle-strengthening exercises.

"When people try to adopt a minimalist running style they seem to develop a lot of foot and shank problems," he said. "We've found that there's a strong correlation with weakness of the ankle stabilizer muscles. You have to get into this gradually to minimize injury risk—say, 10 percent gains on a weekly basis—and you have to have good ankle strength."

Lieberman himself advocates moderation.

"If someone is wearing modern running shoes and not getting injured, why should

they switch?" he asked. "Barefoot runners are going to get injured too. People learning to run in a more minimal style have to strengthen themselves and be careful. They should listen to their bodies, because there are costs and benefits to everything."

Injury types

Amid the general paucity of research about barefoot running and injuries, there's a lot of speculation but little documentation. A 2009 study from the University of British Columbia, for example, reported that when patients with plantar fasciitis were given an exercise regimen, those who wore minimalist shoes reduced their pain earlier than those in standard running shoes.¹⁵ Mostly, though, people are still guessing.

Many in the field are more concerned about the downside, however. Chris MacLean predicted problems similar to those noted by Ferber.

"Without a proper transition, we're going to see problems with Achilles tendinopathy due to the increased eccentric demands on the Achilles and the gastrocnemius-soleus complex," MacLean said. "There will likely be increased soft-tissue injury to the forefoot, particularly the fourth and fifth metatarsal heads and in the digits, as well as increased bony injury to the fourth and fifth metatarsals." (Runners' websites and blogs are anecdotally bearing this out, incidentally, as they're now replete with complaints about problems such as metatarsal stress fractures from runners wearing minimalist shoes.¹⁶)

According to Craig Payne, DipPod, MPH, a senior lecturer in podiatry at Latrobe University in Melbourne, Australia, runners have taken Lieberman's research to mean more than it does.

"The thrust of that study is that barefoot running reduces heel strike and the impact associated with it, but there is not one piece of evidence that links high impacts to injury," he said. "The most common running injuries—patellofemoral pain syndrome and fasciitis—have nothing to do with impact. Nor is there any evidence showing that running shoes weaken the muscles of the foot. For that matter, if



barefoot running makes the muscles stronger, they must be working harder, which is the sign of an inefficient gait."

Training

Of course, coaches have had elite runners do some of their training barefoot for decades, under controlled conditions.¹⁷ It's generally acknowledged to strengthen the feet and other muscles such as the biceps femoris and the gastrocs; the only question is how much is too much.

"We worry about athletes running barefoot on surfaces that have extreme contact forces and give repetitive stress to the tissues and joint capsules, particularly the metatarsal joints," said Donna Robertson, ATC, CPed. Robertson, now a teaching consultant for Foot Solutions Corp., spent most of her career as a trainer of elite runners and worked with the foot and ankle medical team at the 2004 Olympics in Greece.

"This can lead to overuse syndromes, repetitive joint breakdown, and osteoarthritis," she continued. "Then, when people develop symptoms, they compensate, which causes knee injuries, hip injuries, or lower back issues. So when we talk about barefoot running, I would say that there is an elite group that could do it with less injury, but that most people shouldn't."

A related issue is whether it's actually helpful in competition. Earlier this year, Joseph Hamill, PhD, a professor and director of the biomechanics lab at the University of Massachusetts, Amherst, presented a study at the World Congress of Biomechanics in Singapore concluding that changing from a rearfoot striking pattern to a forefoot pattern offered no benefits aerobically or in terms of energy use.¹⁸

Continued next page

“We found, in fact, that it might be detrimental because you have a slight change in your lower extremity coordination,” Hamill said.

Balance

“The people I know who’ve made the transition to barefoot running most easily are those who grew up walking around barefoot,” said Kevin Kirby, DPM, assistant clinical professor at the California School of Podiatric Medicine in Oakland. “Other than that, the people I’d recommend it for would not be beginners, but rather those who are already running 60 or 70 miles a week and who want to vary it, give their legs a break, go on the golf course and do some intervals barefoot.”

Few runners are better known for growing up barefoot than Zola Budd Pieterse. The former Olympian still runs, but at age 44 she lives a much quieter life with her husband and children near Myrtle Beach, S.C., where she is a volunteer track coach at Coastal Carolina University.

“For me, growing up running barefoot was a lifestyle, not an option,” Budd Pieterse told LER. “All the kids in South Africa run barefoot, even today. It’s just something natural to do.”

Budd Pieterse always had a balance between her barefoot and her shod running, in any case. She estimates that when she was competing she did about 60% of her training barefoot, the other 40% in shoes.

“I used to do all my road running in shoes, and I still do,” she said. “My feet weren’t strong enough, and I was scared of the broken glass. Most of my training I did on the grass and on the track, and that I did barefoot.”

Not surprisingly, her students want to try barefoot running.

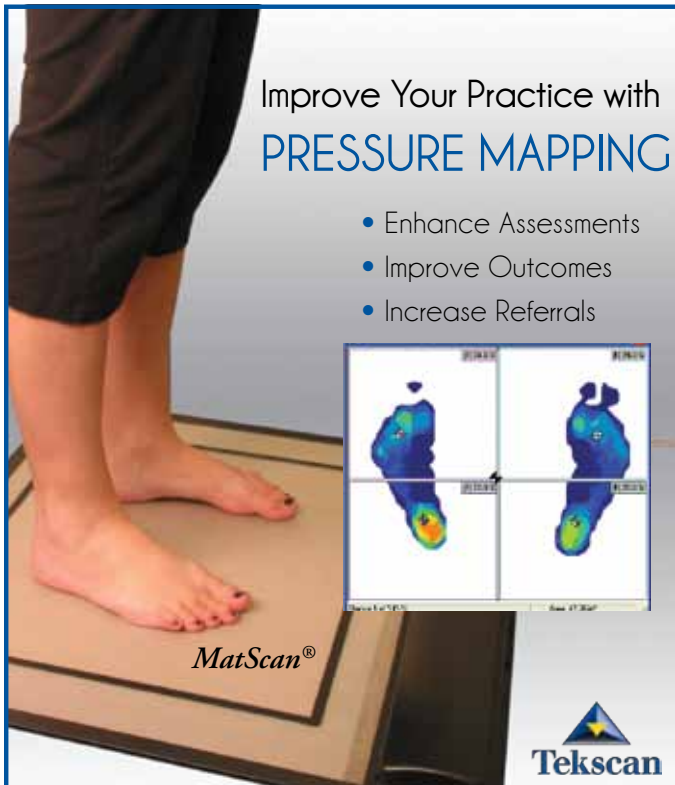
“My advice is to start out really slowly if you’re not used to it,” she said. “But I don’t know why people think it’s something new. It’s been around for eons. It always just felt so much easier running barefoot.”

Cary Groner is a freelance writer based in the San Francisco Bay Area. 🌐



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Advocating for the profession

— two perspectives

One of the highlights of the FIP's meetings in May 2011 meetings in Geneva, Switzerland was the advocacy session for FIP delegates. Two presenters, Joanna Brown, Chief Executive Officer for the Society of Chiropodists and Podiatrists of the United Kingdom (SCP) and Dr. Kathleen Stone, Past President, American Podiatric Medical Association (APMA) shared with members information about their respective organization's efforts in advocacy. Knowing that many FIP members are also involved with or wanting to pursue advocacy in their country, we share with you a summary of the two presentations made. The approach and tactics used may be of assistance to you in your efforts to advocate for your profession.

JOANNA BROWN, Chief Executive
Society of Chiropodists and Podiatrists of the United Kingdom

Advocacy in the United Kingdom

Using a PowerPoint presentation, Joanna Brown provided an overview about the political system in the United Kingdom and why advocacy is required. In addition to the House of Commons, which has 650 elected members of parliament, there are also assemblies in Wales, Scotland and Northern Ireland. There is no separate assembly for England. Another factor is the fact that the

political landscape in the UK includes a variety of political parties in power.

Add to that the European Parliament, which includes 72 British MEPs, labour laws, regulation and freedom of movement plus the European Council of Podiatrists, and it becomes a very large endeavour.

As Joanna pointed out, because there is no national standard for the provision of publicly-funded

The Society of Chiropractors and Podiatrists helps influence the objectives of advocacy, which include:

- ensuring that podiatric care is available to all those who need it
- ensuring there are enough university training places for podiatrists
- maintaining a good business environment for private practitioners
- winning support for independent prescribing

Some of the key messages used in advocacy campaigns are

- Prevention is better than a cure
- Cost effectiveness
- Outcome measures
- Quality of life

The SCP has also created affiliations with various organizations, including the

- Allied Health Professions Federation, which provides access to Government ministers and top civil servants
- Trade Union Congress, which helps influence health policy and workplace issues (e.g. pensions)
- “All together for the NHS” campaign
- “March for the Alternative” 26 March 2011

While much work has already been started, there will always be challenges. For example, effort is needed to win new allies after every election, find patient advocates and inspire and empower members to get active at the local decision-making level.

Continued next page

podiatry services, advocacy is critical. Decisions in England are currently made at the area level, soon to be local groups of GPs. Decisions in Scotland, Wales and Northern Ireland are made by their Assemblies.

There is also great variation in the provision of podiatry services across the United Kingdom. For example, podiatric surgery is available in England and Scotland, but not in Wales and Northern Ireland. As well, social nail care is free in some areas, and paid for in others.

Joanna also pointed out that it is important to provide evidence about the effectiveness of podiatry. This includes the SCP’s document “A Guide to the Benefits of Podiatry to Patient Care” SCP 2010 and the APMA Thomson Reuters study on podiatry care for patients with diabetes and foot ulcers. However, more national and international research is needed!

The approach taken in the UK is to devolve advocacy to the countries and have policy officers in each country who have access to ministers and other elected representatives.

To help with these efforts, the SCP employs a public affairs/lobbying company. Meetings are scheduled with MPs and Peers from main parties to build broad-based support. The SCP also targets key

audiences, which include Opposition health spokespersons, Health Select Committee and All Party Parliamentary Groups.

Recent advocacy events include foot health checks, round table hosted by an MP and a Parliamentary tea that was held on June 7, 2011.

Another avenue for effective advocacy is working with MPs and Peers to ask Parliamentary Questions (PQ) on behalf of the SCP. One of the benefits of this approach is that PQs have to be answered by a minister and answers are on the public record.

As an example, a recent PQ posed on April 26 by Baroness Gardner (Conservative) was:

“To ask the Government what plans they have to ensure the continuing provision of training and practice in chiropody and podiatry services under the new commissioning consortia and National Commissioning Board?”

Another useful approach is the 8-minute debate in the House of Lords, where several peers asked questions about podiatry training and services. All questions are answered by the Health Minister in the House of Lords, and all House of Lords proceedings are broadcast on radio and TV, which helps spread the word about podiatry to the general public.



KATHLEEN STONE, DPM
Past President, American Podiatric
Medical Association

Advocacy in the United States

In a full meeting room with representatives from all countries present for the FIP's AGM, I had the opportunity to speak to the issues of advocacy, discrimination and how APMA assists its members in all these areas. This led to a very spirited discussion, with a number of powerful stories from the delegates and a great beginning to the weekend meeting. This is a short summary of that information.

What does advocacy mean?

To promote, educate & speak for your cause; in our case it is for podiatric medicine. Knowing that we are the best trained in lower extremity diagnosis & treatment is the core message that we must continue to advocate for.

In the United States, the APMA structures this advocacy in the following ways. Each member of our Board of Trustees is an individual advocate as they begin their term of office. The staff of APMA works every day checking media impressions, keeping abreast of all legislation and assisting members with state issues as well. The State Advocacy Committee is made up of seven members and a Board liaison and our Center for Professional Advocacy is available to all members with a legal, legislative or scope of practice discriminatory issue. There is a yearly State Advocacy Forum where members can compare state issues and the APMA can educate and assist them.

The materials available to members are all on the member website, which includes Scope of Practice Toolkit, State Resource Center and the State Advocacy Handbook. Within the website is a tool called Capwiz which allows the APMA to bring members current legislation and have our members respond through pre-designed letters to their legislators in a very nimble fashion.

The relationships fostered through our members with state committees on health issues, unions, hospital associations and diabetes associations as well as with state legislators are encouraged, and the APMA has helped open the doors to improve these liaisons.

In the United States, we are also able to use PAC (political action

committee) donations from members to current legislators that understand our importance in the healthcare collaborative care models. These monies can lead to increased education of these politicians about podiatric medicine and the fact that we are the premier lower extremity caregivers.

The public education and media area is where our members can have the most impact. Using documents such as the Thomson-Reuters Study, APMA members can give healthcare reporters the important knowledge that the public needs to be aware of. This study shows both the financial savings of podiatric care as well as the amputation prevention in our diabetic population. News releases and letters to the editor are additional ways to get this information out. It is so important that we are the spokespersons (advocates) for the profession.

This is just a short synopsis of some of the issues that are part of the overall advocacy that needs to continue as we move forward as an integral part of the healthcare team. I urge you, as part of the FIP team, to give the members in your individual countries the tools they need to be the strongest advocates for you, your scope of practice and for podiatric medicine. I would also like to thank each of you for your stories of advocacy and hope this gives you the encouragement to get those stories out to your communities, members and countries. 🌐

Explaining The European Union, the European Council of the Podiatrists and the European Council of the Liberal Professions



By Serge Coimbra, CEP Chairman

Why are these three organizations interested in our profession in Europe ?

The will to create an economic, cultural and social environment came after the last World War between 12 countries, leading to what we today call the European Union (EU), whose organization has now become stronger with 27 European States.

The EU headquarters are in Brussels (Belgium) where the European Commission (EC) is located. The EC is a kind of European Government grouping the General Directions (DG) which are the equivalent of our Ministries, the European Parliament made up of 900 deputies elected in their respective countries and the European Economic and Social Committee (EESC), which represents the different European economic and social sectors through the professions, and particularly the healthcare ones to which the podiatrists belong.

One of the aims of the EU is to allow European citizens to freely circulate within all the countries and be able to work there with a recognition of their professional qualifications: this is the case of the European Podiatrists.

To defend the profession's interests in Europe, the Committee of Liaison of the Podiatrists of the Euro-

pean Union (CLPUE) was created in 1977. Mr. Robert Van Lith was the first chairman. Since that time, this FIP committee for Europe has been grouping all the European FIP member states. It is now called the European Council of Podiatrists (CEP). The CEP is carefully following the evolution of the European matters concerning education, the level of the degree and all questions regarding the healthcare sector in Europe.

Thus, the CEP took part in projects of the Directives, which are similar to European articles which are then applicable by the national states, concerning the recognition of the degree of the podiatrist, the set up of a European Code of Good Conduct of Podiatrists and the creation of the European Platform of Podiatrists, which permits a better appreciation of the education levels leading to the Degree of Podiatrist.

To be efficient, we are members of the European Council of the Liberal Profession (CEPLIS), which is a representative organization of all the professions of the legal, technical and healthcare sectors before the European Commission. The CEPLIS is recognized by the European Commission and takes an active part in the evolution of the economic

and social matters dealt with by the EC and discussed by the European Parliament. Podiatrists are associated in discussions to the other healthcare professions.

Today, a podiatrist is a member of the Executive Board of the CEPLIS.

It is fundamental that this European aspect of the profession is preserved within the FIP because even if the European countries must follow the globalization, process which may be an enrichment for them in the exchange with the five other continents, the particularity of the practice of the podiatrists in Europe can only be discussed with efficiency and relevance by the European practitioners themselves within this common environment which is the European Union in which Switzerland, Iceland and Norway are associated to. To date, all FIP Presidents have understood the importance of this, even if they came from the U.S.A. or Canada.

The CEP holds its general assembly each year in conjunction with the FIP Annual General meeting. All FIP member organizations are welcome to attend this meeting.

I look forward to holding the next CEP general assembly in Glasgow. I wish all of you good holidays. 🌐

PLAN TO ATTEND



2011

September 22-24

Diabetic Limb Salvage
Washington, D.C. USA
www.dlsconference.com

October 6-7

The 3rd Egyptian Diabetic
Foot conference
Cairo, Egypt
[http://www.esdf.me/ENsite/
Conference.aspx](http://www.esdf.me/ENsite/Conference.aspx)

November 24-26

SOCAP Annual Conference
and Exhibition
Harrogate, United Kingdom
[www.feetforlife.org/
podiatry-news/annual-
conference](http://www.feetforlife.org/podiatry-news/annual-conference)

2012

March 15-17

DFCon Podiatry Conference
Los Angeles, California USA

April 19-22

Midwest Podiatry
Conference
Chicago, Illinois USA
www.midwestpodconf.org

August 16-19

APMA Annual Scientific
Meeting
Washington, D.C. USA
www.apma.org

September 13-15

Biennial Conference
Auckland, New Zealand
www.podiatry2012.org.nz/

October 11-13

SOCAP Annual Conference
and Exhibition
Glasgow, Scotland
[www.feetforlife.org/
podiatry-news/annual-
conference](http://www.feetforlife.org/podiatry-news/annual-conference)

October 14, 2012

FIP Annual General Meeting
Glasgow, Scotland

2013

July 21-25

APMA Annual Scientific
Meeting
Las Vegas, Nevada USA
www.apma.org

October 17-19

FIP World Congress of
Podiatry
Rome, Italy
www.fipnet.org

2014

July 24-27

APMA Annual Scientific
Meeting
Honolulu, Hawaii USA
www.apma.org

2015

July 28-31

APMA Annual Scientific
Meeting
Orlando, Florida USA
www.apma.org

NOTE: if you know of a conference or event taking place, please send details so that we can include the information in future issues and post it in the FIP website.