



Australian Pedorthic Medical Grade Footwear Assoc.

Volume 9, Issue 2

Pedorthic Symposium 2011

June 2011

Pedorthic Symposium	1	The most important date on the calendar for medical grade footwear practitioners in Australia is fast approaching. It is the annual symposium, which this year will be held at the Watermark Hotel, Gold Coast Queensland.
From the President's Desk	2	This will be the best opportunity to see what pedorthists, foot and ankle surgeons, pedorthic suppliers and equipment manufacturers are doing to improve the foot health of Australians.
Sponsors Ahoy	3	Included in the symposium will be a trade display, sponsored by the key providers to our industry. Attendees will be welcomed to chat with each of the sponsors and discover how they can help our members improve their business and service to their customers.
Annual General Meeting	3	Key speakers at PS11 are Ashley Mahoney who has strong theories on orthotics, footwear and their use in treating pedorthic foot issues for sports, children and the elderly, and Dr Hugh Won who has been working alongside Pedorthists in treating patients at the Gold Coast.
National Diabetes Week	5	A feature of the symposium will be the Friday afternoon member workshop where members of APMGFA will be able to watch experts in pedorthics work through typical challenges of an Australian pedorthic practice. Attendees will be encouraged to ask questions and present their views on how the challenges should be met.
A sensomotoric approach to foot orthoses and	7	On the Friday night, the Annual General Meeting will be held, after the Presidents Cocktail reception. The reception is a new innovation for the symposium is will present an opportunity for members to meet with friends and associates to catch up and generally socialise with other attendees. The cost of this reception is included in the cost of attendance.
Posters at PS11	10	The Symposium Dinner will be held at the Watermark Hotel on the Saturday night and always proves to be popular with attendees.
External Polypropylene Support Strips	11	Pedorthists that have completed their training, in order to become certified will be able to present a case study to the certification panel from MGF Register providing they have submitted their application forms at least one week prior to the symposium.
What is the APMGFA	12	Everyone involved in the pedorthic industry is encouraged to attend this years symposium. Registration details can be found on the APMGFA website at www.pedorthics.org.au



**IVO conference in Sydney
Australia,
Thursday 29 - Saturday 31
March 2012.**

**“Extending the Global
Handshake”**

PS 2011

Pedorthic Symposium
*Pedorthics in the Sun
Revolving, Evolving and Solving*
Watermark Hotel and Spa
Surfers Paradise, QLD Australia
29-31 July 2011

From the President's Desk



Ernie Tye - President APMGFA

Things are getting exciting in Queensland ahead of the Pedorthic Symposium in July.

Sports Pedorthics and Paediatric Pedorthics are some of the areas being pushed at PS11 as well as getting into the psychology of a diabetic patient.

The easy decisions on location and the program have been set and the tough decisions on food and the Saturday Night Dinner location are yet to be finalised. I encourage all

members and guests to participate in this event and to also use the Watermark as your accommodation venue.

The AGM will be held on the Friday night following a President's Reception - A first for the Symposium. At the symposium we will be announcing the New Gold and Silver Sponsors for 2011-2012. I'd like to thank Comfort and Fit - Casper, for being our Gold Sponsor this year. Gadean - Howard and Dr Comfort - Craig for being the Silver sponsors of APMGFA. And Lefler and Son - Leon for Bronze.

Casper, Howard, Craig and Leon have been to many conferences over the years. We all should know them well! It is enormous encouragement to the board to have supporters such as Comfort and Fit, Dr Comfort, Gadean Footwear and Lefler and Son. Thanks again guys, we appreciate it!

I have said it before and I'll say it again - running symposiums would be a much scarier prospect without this support. Their sponsorship dollars make several things possible.

- Reduced attendance fees to Symposiums.
- Gives confidence to the board in the area of 'future planning' of training programs and involvement in larger events.

Diabetes Links

The National board recently supported a Queensland state promotion on Diabetes Impact Day. Over 200 health professionals who work in the field of diabetes management heard about APMGFA and how Pedorthists are the allied health professional that specialise in footwear and orthotic therapy..

All local members were invited to attend. Craig Kenna, Peter Lindsay, Glen Willey and I had a fascinating day explaining to Physio's, educators, doctors, all about Pedorthics and the certification process. On the very same day two board members David Sutton and Karl Schott were in Canberra presenting to the National Office of Diabetes Educators Association. All these people are happy to give practical time and expense in furthering Pedorthics in Australia. It is these type of bridge-building events that put APMGFA in the foresight of these organizations. In the long term all members gain from this sort of work.

Choose Pro-Learn Online Pedorthics

In December of 2010, I signed an agreement on behalf of APMGFA with Jerry Wilson the C.F.O. of Pro-Learn Oklahoma. Pro-learn provide Web-based Pedorthic Pre-certification Training programs as well as Hands-on courses designed for the American Certification Program. The agreement is that 10% of all registration fees from people registering for the Australian Certification program will come back to help fund APMGFA activities, including training, here in Australia. It's a wonderful course and Jerry is a great bloke. Please have a look at the website. The link is on the APMGFA website under LINKS.

Joy and Sadness

Some joy and sadness I have felt over the past few months. Joy, when seeing the Pedorthic Association of Canada (PAC) run a very successful Pedorthic Conference. It had the theme - "Stocking the Pedorthic Toolbox". A very young aged membership ensured an exciting time. Our own Karl Schott presented a paper.

It was great to hear and see how their association has grown over the past five years. Some areas I feel we can aim to reach. Other areas they need to aim at similar goals as us. All in all a very educational time and helped me see directions for APMGFA more clearly.

The sadness was felt in the news of the tragedy resulting from the earthquake off the eastern coast of Japan. Earlier this year the APMGFA had a delegation at the Japanese Pedorthic Conference. The Japanese conference was held at a medium sized fishing village named Shiogama, about 100 km north of Sendai. The Sendai Airport was the one we all saw on television receiving the full brunt of the tsunami. The travelling group passed through this airport twice on the trip. It was so sad and had an immediate personal impact.

This town including the conference centre and surrounding businesses were hit hard.

The conference organiser is safe, however his business on the ground floor has been totally demolished.

I hope somehow we can support our Japanese brothers and sisters with any needs they have since this tragedy. We will meet some at IVO World Congress in March 2012.

If there are issues you would like discussed at the Nation Meeting please feel free to contact me direct. Any issue at all.

Consider becoming a board member or a volunteer at this year's conference.

See you all in Queensland!

Ernie Tye
President APMGFA

Sponsors Ahoy

This year's AGM we will announce the new 2011-2012 APMGFA Gold, Silver and Bronze sponsors.

At this stage I would like to sincerely thank The Vasyli Australia/Dr Comfort company as the inaugural and this past years major Gold Sponsor. What a great young company this is and APMGFA really appreciated their enthusiasm for all things Pedorthics.

Two very different companies, Gadean Footwear and Lefler and Son took up the Silver sponsorship very quickly last year. These two companies have supported APMGFA for many years and Howard and Leon have been to many conferences. We all should know them well! Without solid stable supporters such as Dr Comfort, Lefler and Son and Gadean Footwear, running symposiums would be a much scarier prospect. Their sponsorship dollars make several things possible.

- Reduced attendance fees to Symposiums.
- Gives confidence to the board in the area of 'future planning' of training programs and involvement in larger events.

For the first time for many years the association is in an 'improved financial position'.

This is largely due to sponsorship dollars and the successful management of the associations activities. Awesome support and many thanks.

Annual General Meeting

The Annual General Meeting of the APMGFA will again be held as part of the annual Symposium. This year it will be on Friday 29th July, 2011 at the Watermark Hotel, Gold Coast Brisbane at 7:00 pm.

As required by the APMGFA Constitution half the board of the association will be elected.

The members stepping down this year are

- President—Ernie Tye
- Secretary—Casper Ozinga
- Treasurer—Anne Nunns
- Non-executive member—Jody Playford
- Non-executive member—Rhett Ehms

Each of these members will resign but are eligible for re-election if they are nominated and accept.

Nominations will be accepted at the AGM and Peter Reeves the non-voting/non-elected administration manager will officiate the count.

Members of APMGFA are encouraged to seek nomination to the Board or one of the non-board roles of State Representative.

All State Representative roles will be declared vacant and members will be asked to nominate or volunteer to be the State Representative.

Reports will be received from the President, Secretary and Treasurer and Karl Schott will report on the progress for the organization of the IVO conference to be held in Sydney next March.



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Attendance and voting at the AGM will be restricted to financial members of the Australian Pedorthic Medical Grades Association Inc. Light refreshments will be served at the President's Cocktail reception immediately prior to the AGM.

It is important that as many members of APMGFA attend the AGM to assist with the ongoing success of the association.

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National Diabetes Week 10-16 July 2011

Put a foot forward for diabetes this National Diabetes Week!

National Diabetes Week, 10-16 July, is the key awareness-raising activity for diabetes in Australia. In 2011, Diabetes WA will be working to raise awareness of diabetic foot complications to highlight the seriousness of diabetes.

Why feet?

Unfortunately, diabetes is the cause of 65 foot amputations every week in Australia.

By raising awareness of this alarming statistic, we hope that people at risk of diabetes will do what they can to prevent developing it, while people with diabetes will be better informed and motivated to look after their feet.

What's Going On?

Diabetes Australia will be talking to the newspapers, TV and radio news, local communities and organisations across Australia to raise awareness of diabetes and foot complications.

Resources

Diabetes Australia can provide posters, flyers and pictorial guide.

The Your Feet and Diabetes posters and flyers are designed to raise awareness of diabetes-related foot complications and the simple steps people can take to prevent them. The foot care pictorial guides are designed to be used as a tool during educational discussions with people with diabetes.

Top Statistics. Top statistics on diabetes, foot complications and information about how to access local prevalence data. To download, click here.

Top Diabetes and Feet Statistics

- There are approximately 1,027,000 Australians diagnosed with diabetes
- Diabetes is estimated to increase to 3.3 million by 2031 (in Australia)
- There are approximately 275 new diabetes cases in Australia every day
- Type 2 diabetes can be delayed or prevented by up to 60 percent by adopting a healthy and active lifestyle
- Diabetes shortens life expectancy by up to 15 years

- Approximately 85% of cases of diabetes are type 2 diabetes, while 10-15% are type 1
- In Australia, for every diagnosed case of type 2 diabetes, there is thought to be another undiagnosed
- People who are obese are up to 3.2 times more likely to develop type 2 diabetes
- Diabetes is the world's fastest growing chronic disease
- There is no cure
- Diabetes-related foot complications
- It is estimated that 65 foot amputations are caused by diabetes every week in Australia
- Amputation is about 15 times more common in people with diabetes
- Diabetes is the leading cause of non-traumatic lower extremity amputation in Australia
- Diabetic foot disease is the most common cause of hospital admission in people with diabetes in Australia
- Major amputations are 38 times more likely in Aboriginal people than in non-Aboriginal people (aged 25-49 years)
- Amputation of one limb increases the risk of loss of the second limb and is associated with a 50 percent five-year mortality
- Up to 85 percent of all diabetic foot complications are preventable with education and increased awareness of diabetes foot care.

Local Statistics

If you are interested in obtaining diabetes prevalence data for your area, you can do so by visiting the National Diabetes Services Scheme map: www.ndss.com.au/en/Australian-Diabetes-Map. Search by state, local electorate or postcode.

Above information provided by Diabetes Australia WA branch

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Foot orthoses and Pedorthics—A sensomotoric approach

Introduction followed by case studies: toe walker, child with autism and varus feet, child with pes planus

Foot orthoses are used in many countries to address various foot ailments. Historically they were made using hard and rigid material. Primarily they are used to brace or correct the foot by realigning the skeleton. Foot orthoses which embrace this theory were originally made from very rigid materials such as plastics or carbon fibres.

Rigid foot orthoses still have their place in some cases. They are no longer current for the average active sports person, neuromuscular disorders or in paediatrics essentially when the aim is to improve functionality and co-ordination of muscles through the use of proprioception.

In 1996 Lothar Jahrling OSM presented at the annual meeting of the Studiengemeinschaft Orthopaedieschuhtechnik in Hannover his paper about proprioceptive orthoses for Cerebral Palsy. Using his presentation he challenged the original view on the application of foot orthoses with their focus on the arch supports and the usage of AFO's for the treatment in Cerebral Palsy.

He introduced the concept of proprioception and sensomotorics into the field of foot orthoses initially in the treatment of cerebral palsy and other neuromuscular pathologies. Lothar Jahrling introduced the concept of proprioception to the orthotic field. He piloted the sensomotoric foot orthotic treatment concept which resulted in a brighter and larger concept of sensomotoric orthoses which were developed across a broad spectrum of usages such as running or golf or orthotic therapy for children with or without neurological disorders. He influenced practitioners across the globe in the years that followed with his concepts and innovation.

In 2001 studies by Benno Nigg have shown that foot orthoses have influence on muscle activity. (Nigg, Cl. J. Sports Med., 2001) This particular study also emphasized that the effect of the orthoses is subject specific. This suggests that successful orthotic therapy requires an individual approach.

A study by Mundermann, Stefanyshyn & Nigg in 2001 found a reduction of injury frequency of an average of 53% with soldiers using orthoses. The soldiers selected the orthoses as a comfortable appliance. This supports the notion that foot orthoses also need to be comfortable to work efficiently.

At a presentation in March 2009 in Sydney Australia Biomechanist Prof. Dr. Benno Nigg presented a number of studies and came to the conclusion that foot orthoses do not align the skeleton, but affect joint moments, affect muscle activity, specific for subjects, muscles & shoes and that comfort is an excellent indicator for the effectiveness of foot orthoses. The study series suggests a strong need for individuality for any orthotic treatment.

In orthotic therapy the Harris matt or blueprint footprint system is widely used. It is a simple system which creates a weight bearing imprint of the foot highlighting the weight

bearing areas. An outline of the foot is usually also drawn. The footprint system is commonly used by Pedorthists for decades in evaluating individual feet for many years. More recently systems are comprised of computer based scanners, plantar pressure recording platforms and plantar pressure recording in-shoe systems.

A Study by M Coughlin (International Foot and Ankle Magazine 07/2009) compared the blueprint or Harris matt "footprint" system with x-ray examinations, photographic and physical examination and validated the "footprint" system as a primary tool in quantifying the magnitude of flatfoot deformity.

Case study: Idiopathic Toe Walker

Female age 28 years, normal weight and height presented to her podiatrist as a diagnosed Idiopathic toe walker. Her toe walking had been present since childhood which resulted in a number of attempts over the years to address the issue.

Some of the tried treatments included various forms of foot orthoses, ankle braces, rigid shoes and plaster casting. None resulted in any obvious improvement.

Her feet overall present with low and almost flat arches. Active and passive range of motion of all her foot and ankle joints was within normal limit range. On weight bearing her heel is in a moderate valgus position and goes to varus upon heel lift as per normal movement patterns. Manual muscle tonus examination under resting position, while sitting in the assessment chair, did not appear to be unusual. No spasms were observed.

The problem in the orthotic treatment plan development was that there was no underlying pathology apart from the moderate pes planus which is normally not associated with toe walking. Upon further study of the video recording the key problem seemed to be a heightened level of tonus in the plantar flexors during walking. The toe walking was only present whilst walking not standing. Hence the higher muscle activity in the plantar flexors appeared to be triggered by the activity of walking.

We made the decision to use sensomotoric foot orthoses based on Lothar Jahrling. The primary aim was to construct the orthoses in such a way that the orthoses alters the starting point of the toe flexors and indirectly all plantar flexors. The orthoses were designed to provide pull on the toe plantar flexors upon weight bearing whilst walking.

The assumption was a directive for the extra pull and the altered position of the toes suggesting to the proprioceptive system a change of position and muscle tonus. Both the change of position of the toes as well as the muscle tonus indicate to the proprioceptive sensors that the patient is already actively toe walking when in fact they are not! Over time the ankle joint adapts to the new position as a normal functionality which suggests that the toe walking will be reduced or eventually dissipate completely.

When the patient initially walked with the foot orthoses

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Foot orthoses and Pedorthics—A sensomotoric approach (Continued from pg 7)

inside the shoes, there were teething problems without question. She felt insecure in her stance. Within a few steps this was overcome, and she was walking with her heels almost touching the ground. After minutes of walking a straight pattern, her gait stabilised with adequate heel contact.

Below is the left footprint of the patient. The outline of the 2 lines drawn is 90 degrees vertical while the 2nd line closer to the foot is at an angle of approximately 45 degrees. The fallen arches and pronated heel are obvious. There is a slight indication of higher pressure plantar to the 1st metatarsal head.

Included is the footprint of the right foot. The outline of the 2 lines drawn is 90 degrees vertical while the 2nd line closer to the foot is at an angle of approximately 45 degrees. The fallen arches and the pronated heel are obvious. There is a significant indication of higher pressure plantar to the 1st metatarsal head.

This picture is a still taken from the video recording showing the lack of heel contact on the right heel. It should be noted that while the picture series focuses on the right foot the same pattern was observed on the left foot.

This picture is a still taken from the video recording showing the lack of heel contact on the right foot.



This picture is a still taken from the video recording showing the heel contact of the patient in the right foot. The patient was wearing sensomotoric foot orthoses.

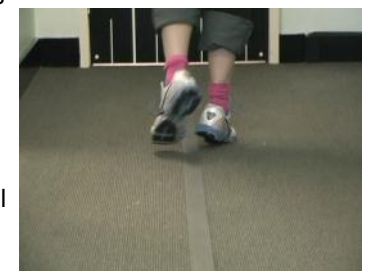
Sensomotoric orthoses are effective almost immediately in a situation where there is evidence of hyper muscular activity. In case studies and in accordance with my experience hypo tone muscles do not reflect such immediate results.

Case Study child with autism and bilateral carvovarus feet

A 6 year old boy with a carvovarus foot and ankle deformity was referred to us by an orthopaedic surgeon for orthoses and bracing. His mother reported that he also has autism, developmental delays, had a stroke and epilepsy. The boy presented with a medial rotated gait and with valgus knees. On taking the load during the gait cycle his carvovarus deformity seems to increase in particular on the left side. His mother reported that the problem is becoming worse.

The first picture below is a still taken from a video clip showing the boy walking barefoot.

The second is a still picture taken from a video clip showing the boy walking with sensomotoric foot orthoses and Pedorthic shoe modification. It is clearly visible that the foot and ankle is no longer in that strong carvovarus alignment and the feet are not as medial rotated.



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Foot orthoses and Pedorthics—A sensomotoric approach (Continued from pg 8)

Case study pes planus

Case 3 a young boy with strong pes planus. Crowded toe symptoms and medial inverted ankle are also prevalent. Whilst walking from touch down through to the mid-stance phase until the heel lift phase the foot is in pes planus.

While standing the feet present in the typical pes planus alignment. Heel raise activates the posterior tibialis muscle and the foot alignment improves significantly. It appears that the posterior tibialis muscle is fully capable of lifting the arches however they remain low apart from when lifting the heels. It suggests that the learned movement and alignment pattern influences the low activity level for the posterior tibialis muscle.



During the consultation process a finger is pressed in the area where the posterior tibialis tendon meets the sustentaculum tali. In the event of a positive response, we view this as an indication for the application of sensomotoric foot orthoses. In such cases the purpose of the sensomotoric foot orthoses is to trigger the posterior tibialis muscle into action to raise the arch sooner, as in during the mid-stance phase and not only during the lift off phase.

Consequently a new movement and postural pattern can be adapted and developed by the patient. Historically foot orthoses have followed the traditional view of lifting the arch in the middle of the arch structure, whilst ignoring the muscular activity. The Podiatric approach is essentially a rigid foot orthoses which is moulded as the foot would present in neutral, and any correction is applied through a heel and/or forefoot positioning. This method disregards the importance muscles and sensory responses play in development of posture and movement.

This picture is an example of a boy with pes planus, **too many toe** (crowded toe area) sign and the ankles tilted to medial

The second picture shows the same child with my finger pressing into the area where the posterior tibialis tendon comes into contact with the sustentaculum tali. There is an obvious positive response by the child. The foot alignment has improved.

The following footprint on the left displays pes planus of a 8 year old boy.

The second is a footprint of the same 8 year old boy 6 months after using sensomotoric foot orthoses.

There is an obvious degree of improvement.

Conclusion

Foot orthotic therapy is a cost effective health care service with many applications across a vast number of pathologies involved in foot care. Rigid foot orthoses are generally speaking outdated. The modern view of foot orthoses is focused on functional improvement, muscle involvement and foot mobility. Foot mobility and improved movement patterns through the use of foot orthoses which consider the neuromuscular pathways are the most effective way to assist people with foot related health issues.

Modern sensomotoric foot orthoses are consistent with the mobilisation efforts that therapists currently use in order to help patients with



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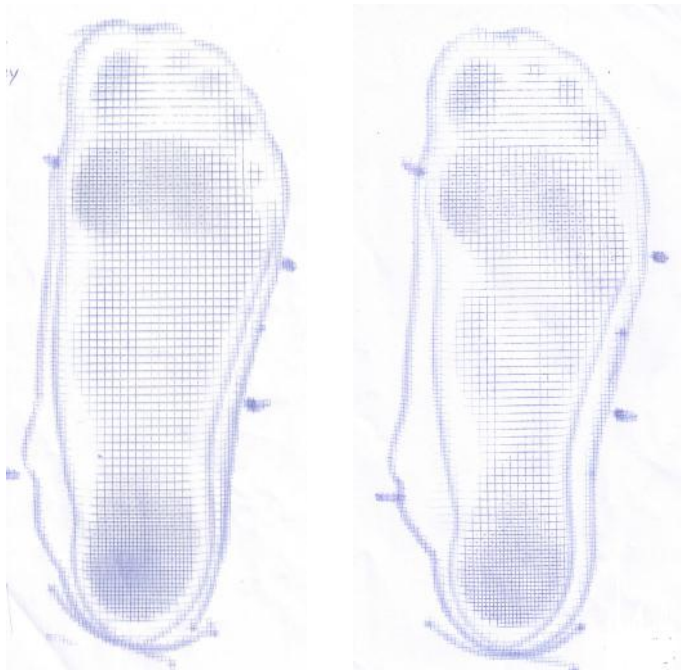
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Foot orthoses and Pedorthics—A sensomotoric approach
Continued

Posters at PS 2011



their movement and balance.

The upcoming International congress IVO2012 in Sydney Australia in 2012 suggests a strong showing of the latest research and clinical application in foot orthoses. This is heralded by the fact that European, Japanese and North American concepts will be presented together at the same congress by the most experienced and accomplished foot care experts across the globe.

Author

Karl-Heinz Schott
Certified Pedorthist C Ped CM
Orthotist Foot and Ankle
Orthopaedic Shoemaker Meister (Germany)

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Coughlin MJ, Kaz A: Correlation of Harris Mats, Physical Exam, Pictures and Radiographic Measurements in Adult Flatfoot Deformity, Foot and Ankle Int. 604-611 July 2009

Jahrling, L : **Propriozeptiv oder „klassisch“? Orthopädieschuhtechnik** 7/8/2001

Mandel, T. , Jahrling, L : Sensomotorische Einlagen für Kinder **Orthopädieschuhtechnik** 7/8/2001

Last year's poster displays at the APMGA Symposium proved to be very popular with the participants and contributors. This years forum promises to be even better.

Examples of the type of poster that are welcome at this years Symposium have been included last time and again on page 11 of this months newsletter

Specifications for the posters are available on the APMGFA website or can be sent to you by Peter Reeves in the office.

The web address for the information is: www.apmgfa.org.au/Symposium.html and click on posters.

Posters are an easy, non-confrontational way to show other members of APMGFA what you do in your pedorthic practice and are an opportunity to share advances or new ideas.

Certified Pedorthists can use the presentation of an appropriate poster as evidence of continuous professional development.

All APMGFA members are encouraged to submit a poster for the Symposium as soon as possible.

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External Polypropylene Support Strips Control


Client: >55 <70 Female > 75 <90 kg.
Female client with rheumatoid deformities - Left ankle medial collapse. - Navicular/Cuni jt exposed to ground pressure. - severe Eversion and Abduction at subtalar

Pathology:
Rheumatoid arthritis. - subsequent swelling of ankle and instep
Painful joints upon weight bearing and active for >15 minutes
Good passive In/Eversion R.O.M (i.e. 'correctable')

Photos:
Top Line: Client Specs - Weight bearing pos
2nd Line: - Comparison to Right - Heating Strip - I inserting strip
3rd Line: - Shaping strip - Orthotic - Medial Strip with tag
4th Line: - Weight bearing in summer boot - Walkline from behind

Strong External Bracing system achieved:
Bilateral Polypropylene strips fitted to external 'pockets'.
These can be shaped and reshaped as needed.
No rub points on internal surface but very strong bracing system achieved
Internal orthotic shaped to contact total internal surface and relief at Navic/cuni
How does it work:
Velcro straps bind the two supports strips which perfectly match the achievable correction. This controls the ankle position on weight bearing and swing phase

References: Kunzli Ortho



The collage includes: 1) A side view of the left foot showing medial collapse. 2) A side view of the right foot for comparison. 3) A top-down view of the foot with a heating strip being applied. 4) A top-down view of the foot with a shaped polypropylene strip. 5) A top-down view of the foot with a medial strip and tag. 6) A top-down view of the foot with a weight-bearing walkline marked. 7) A close-up of the bracing system being fitted to the boot. 8) A side view of the foot in the boot with the bracing system. 9) A side view of the foot in the boot with the bracing system. 10) A side view of the foot in the boot with the bracing system.

Prepared by: Ernie Tye C.Ped Cm Au

Sponsored by: Brisbane Footwear Services

The above poster was displayed at the Pedorthic Symposium 2010. Poster presented by Ernie Tye—Queensland

AUSTRALIAN PEDORTHIC MEDICAL
GRADE FOOTWEAR ASSOC. INC.

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Website: www.apmgfa.org.au

What is the APMGFA?

The Australian Pedorthic Medical Grade Footwear Association has recognised the need for representing those people that provide service and product to patients that have mobility difficulties due to the medical problems with their feet.

Formed over 25 years ago it is slowly growing so that it now regularly communicates with the key representatives from government and medical health funds. Through its programs, the APMGFA is encouraging its members to improve their qualifications and recognition. Programs include CPed, Quality Assurance and Competency Standards

The names and organisations of the people that earn the Certified Pedorthist and Registration will be published. The medical profession will be encouraged to recommend CPeds to their patients for the provision of expert advice and product. The other sections of the certification system recognise the specialised Retail and Footwear Modification components of our profession.

The APMGFA is also providing guidance in the Quality Management of the organisations that are represented by its members. The Generic Quality System has been specifically designed for implementation in a Medical Grade Footwear organisation. It recognises the special relationship between the provider and the patient and assures the provision of expert advice and quality product by the organisation.

APMGFA has also been a major contributor to the development of the ANTA competency requirements that will shortly be published.

The APMGFA is for members that want recognition of their competency to provide a full service in the Medical Grade Footwear industry, work in organisations that have as their key objective to provide quality advice or product and who want to support the development of the industry through contact with the people and organisations that have the greatest impact on the industry and their business.

COMMITTEE MEMBERS

President: Mr. Ernie Tye,
Secretary: Mr Casper Ozinga
Treasurer: Ms Anne Nunns
Mr Karl-Heinz Schott
Mr David Sutton
Mr Bruce Miller
Ms Lesley Fisher
Mr Rhett Ehms
Mrs Jody Playford

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Date	Course	Location	Price Non Member/ Member
June 25–26	Pre-Certification B	Sydney	\$770/\$730
Jul 15 - 17	Pedorthics Custom Making (Part 3)	Sydney	\$1320/\$1220
To be advised 2nd half 2011	Applications in Pedorthics	Sydney	TBA
To be advised 2nd half 2011	Pre-Certification A	Sydney/ Melbourne/ Brisbane	TBA

Additional training can be arranged if there is sufficient interest. In general each program requires a minimum of 8 participants, except for Applications in Pedorthics which requires a minimum of 16 participants.