DESCRIPTION OF CATEGORIES FOR CASE SUBMISSION

A. BIOMECHANICS, PATHOMECHANICS:
Cases in this category include:
- mechanically induced pathology such as plantar fasciitis/heel spur syndrome
- pathomechanically related deformity such as bunions, hammertoes, first ray pathology, structural or functional equinus, hallux limitus, pes planus, etc.
- compensatory gait abnormalities and mechanically induced dermatologic lesions such as keratoses
- superstructurally referred symptomatology from pedal and lower extremity pathology
- this category excludes sports related or acute trauma, and podopediatrics
- cases submitted must provide documentation of relevant orthometric/biomechanical data
- orthotic, pedorthic or prosthetic use should be a part of the therapeutic regime in the majority of cases

B. DIABETES, ENDOCRINE, METABOLIC:
Cases in this category include problems where management of the podiatric condition was modified by the presence of systemic disease such as:
- diabetes type 1, diabetes type 2
- thyroid disease, parathyroid disease
- hypoglycemia
- osteoporosis
- osteomalacia
- rickets, etc.

C. PODIATRIC MEDICINE:
Cases in this category should reflect commonly encountered pathology such as:
- neuroma
- non-sports medicine related conditions such as bursitis, capsulitis, periostitis, tendonitis, plantar fat pad atrophy, symptomatic exostoses
- overuse syndromes, stress fracture, uncomplicated sprains and strains, etc.

D. GENERAL MEDICINE:
Cases in this category include podiatric manifestations of systemic disease. It includes but is not limited to:
- cardiology/pulmonology
- hematology/oncology
- gastroenterology/nephrology

E. GERIATRICS:
Cases in this category include problems where management of the podiatric condition was modified as a result of clinical or sociologic factors affecting senior citizens such as:
- nutritional status
- osteoporosis
- anticoagulant therapy
- polypharmacy
- drug interaction
- dementia
- care-giver issues
- transportation
- ambulatory status
- perioperative management

F. INFECTIOUS DISEASE:
Cases in this category may include infection resulting from:
- inoculation
- trauma
- chronic wounds, or orthopedic deformity with secondary ulceration
Management of the systemic and/or local process must be documented

G. GENERAL ORTHOPEDICS:
Cases in this category may include:
- acute traumatic conditions such as sprain, fracture, or tendon rupture
- post traumatic or acquired deformity such as structural limb length inequality, fixed equinus, triple flexion contracture, deformity secondary to muscle paresis or dynamic imbalance; mechanically induced degenerative joint disease
- pedorthic, orthotic or prosthetic use may be a part of the therapeutic regime in many cases
Appropriate radiographic or other imaging studies should be included in this category.

H. NEUROLOGIC DISEASE:
Cases in this category include the podiatric manifestations of neurologic and neuromuscular disease such as:
- CMT
- CVA
- muscular dystrophy
- ALS
- neuropathic disease such as mal-perforans ulceration
Pedorthic, orthotic or prosthetic use and wound care modalities may be a part of the therapeutic regime in many cases.

I. PEDORTHICS:
Cases in this category include podiatric conditions in which management requires the prescription of:
- depth inlays
- custom molded shoes
- shoe wedges or build-ups
- assistive devices such as crutches, canes or walkers

J. PERIPHERAL VASCULAR DISEASE:
Cases in this category may include podiatric manifestations of vascular disease such as:
- venous and arterial ulcers
- arteriosclerosis
- acrocyanosis
- lymphedema
- Raynaud’s phenomenon or disease
- other vasospastic disease, frostbite, pernio, manifestations of RSDS, etc.
K. PODIATRIC DERMATOLOGY:
Cases in this category include:
- acute and chronic dermatologic conditions
- nail pathology and neoplastic disease (i.e. tinea pedis, candida, verruca, xerosis, dermatitis, nail dystrophies, melanoma, etc.
This category excludes pathomechanical, peripheral vascular or neuropathically induced lesions.

L. PODIATRIC RADIOLOGY:
Cases in this category include pathology in which diagnostic imaging is a key component to subsequent management. Identification and differentiation of such conditions as:
- occult trauma
- metabolic disease of bone
- neoplasms
- infection
Arthopathies with studies such as bone scans, arthrography, CT, and MRI, as well as plain radiographs, alone or in combination, are expected to be documented.

M. PODOPEDIATRICS:
Cases in this category include patients from infancy through adolescence, and includes pathology impacted by the developing musculoskeletal system. Conditions such as:
- torsional/rotational disorders
- epiphyseal dysplasias
- congenital deformity
Pediatric trauma and pediatric arthritidies should be documented.
Pediatric radiology should be included in this category. Cases submitted must provide documentation of relevant orthometric/biomechanical data. Cast therapy, bar or brace therapy, orthotic and pedorthic use should be a part of the therapeutic regime in many cases.

N. REHABILITATION, PHYSIOTHERAPY:
Cases in this category include long term rehabilitation following:
- trauma
- rheumatologic disease
- neurologic disease
- iatrogenic deformity (i.e. failed surgeries)
- chronic wound management, featuring appropriate therapies such as compressive or off-weight bearing modalities
Therapy should emphasize increase of function. Orthotic, pedorthic or prosthetic use may be a part of the therapeutic regime in many cases.

O. RHEUMATOLOGY:
Cases in this category include the podiatric manifestations of rheumatologic disease such as:
- rheumatoid arthritis
- Reiter's syndrome
- psoriatic arthritis
- gout
- osteoarthritis
- traumatic arthritis

Cases should emphasize rehabilitation and the management of orthopedic deformities and other patient limitations resulting from the disease entity. Orthotic, pedorthic or prosthetic use may be a part of the therapeutic regime in many cases.

**P. SPORTS MEDICINE, TRAUMA:**
Cases in this category include:
- acute soft tissue and osseous trauma of the lower extremity secondary to athletic endeavors such as overuse syndromes
- training errors that have either contributed to a problem or resulted in injury
- factors which complicate therapy, such as maintaining cardiovascular fitness in an athlete that must be non-weight bearing

Appropriate radiographic or other imaging studies should be included in this category

**Q. WOUND CARE:**
Cases in this category include:
- acute and chronic dermal ulcerations with or without osseous sequelae, (e.g. osteomyelitis), deformity and infarction

Etiology may include:
- trauma
- infection
- peripheral vascular disease
- neurologic deficiencies
- metabolic aberrations, etc.

Work up should include appropriate inter-disciplinary management of the pathogenesis, timely treatment and consultation, management of pathomechanical sequelae (e.g. orthotic, pedorthic, prosthetic and/or surgical intervention), and long-term preventative measures