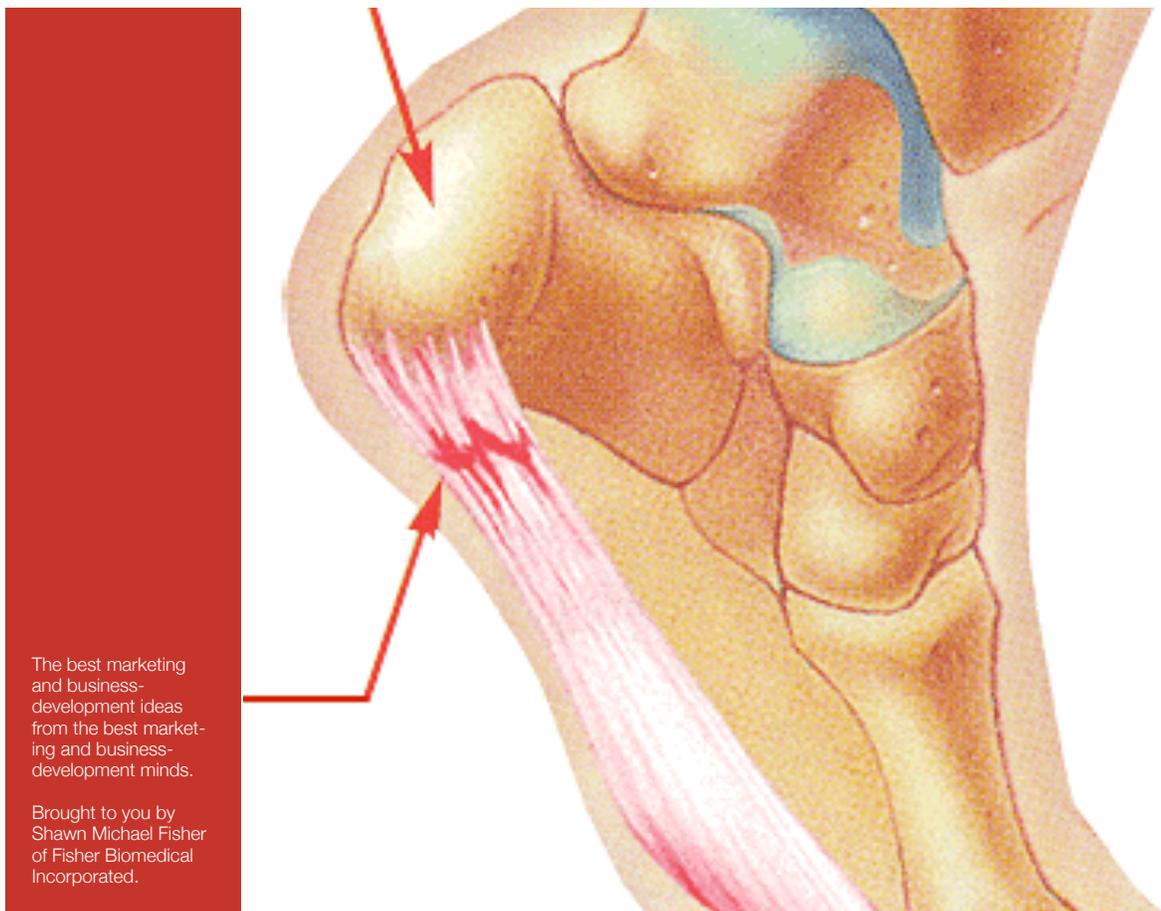


PODIATRIC ULTRASOUND



The best marketing and business-development ideas from the best marketing and business-development minds.

Brought to you by Shawn Michael Fisher of Fisher Biomedical Incorporated.

Plantar Fascia ... Your new profit center.

How often each day do you see patients and either assess their plantar fascia or give an injection?

Use ultrasound to measure the thickness of the fascia or to identify tears or ruptures, and it could be worth another **\$95 to \$125** per examination.

How often each day do you give an injection to a patient's plantar fascia?

Use ultrasound to observe the needle going in and delivering the injection, thereby increasing your precision, and it could be worth another **\$150 to \$175**.

Combine one plantar fascia exam per day using your ultrasound, and one injection per day guided with the ultrasound, and that extra ten minutes or so will be worth on average an additional **\$250** a day to your

practice, **\$1,250** a week, over **\$5,300** a month, or **over \$64,500** a year.

And that is if you are doing only *one exam* in the morning, giving *one injection* in the afternoon.

Leaving tendons and neuromas and all of the other procedures and pathologies out of it ... Do you see at least two patients a day for their plantar fascia?

Clinical Considerations

Why Ultrasound?

You use X-ray for bones, ultrasound for soft tissue. As a podiatrist, you are concerned with both, and it follows that it makes sense for you to have imaging capabilities for both.

Ultrasound can be an invaluable aid in assessing damage to the plantar fascia. How so?

1.) It allows you to make **precise measurements** of the thickness of the fascia, to fractions of a millimeter, not only in order to indicate pathologies but also as a means of tracking and observing progress as a patient heals.

2.) It allows you to actually see and measure (and monitor) **tears in the fascia**, which can affect the approach you take to treating the condition.

3.) It allows you to clearly identify **calcaneal fat pad injuries**, which are often misdiagnosed as plantar fasciitis.

4.) It allows you to identify **plantar fibromas**, which are also often clinically confused with plantar fasciitis and therefore treated improperly. With ultrasound you are able to correctly distinguish the two.

5.) It allows you to dramatically increase the **accuracy of your injections**. (The *Atlas of Musculoskeletal Ultrasound* elaborates on one aspect of this approach: “Steroid injections directly into the plantar fascia can be associated with degeneration and ultimate rupture of the plantar fascia. With ultrasound, one can guide a needle in a perifascial location, infiltrating steroid and anesthetic into the heel fat pad, as opposed to directly into the plantar fascia, thus affording symptomatic relief without the theoretic risk for plantar fascia rupture.”) What’s more, your patients love it! Maybe not the injection, but *seeing* the injection take place, and seeing the accuracy you are able to bring to the procedure.

New Tools ...

You are already good at what you do, and you have no doubt been working at it for a long time without the aid of an ultrasound.

But the technology has become so much more affordable, the training materials so much more comprehensive ... and with the reimbursements as lucrative as they are — why not add this new tool to your practice, bring greater value to your patients, and have more fun while you are at work?



How Difficult Is It To Find?

Not difficult at all.

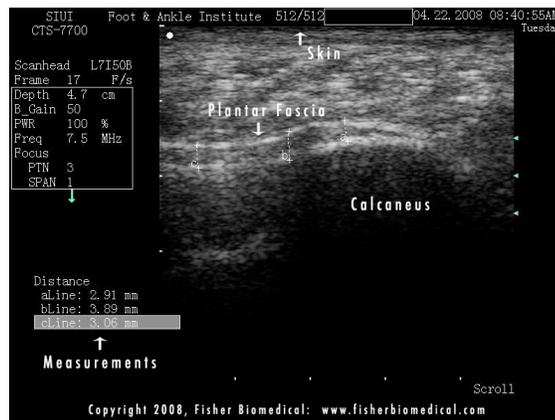
Finding and measuring the thickness of the plantar fascia will be one of the very first procedures you learn when going through our podiatry ultrasound training materials.

You will have at least four actual live examples on our proprietary DVD, where you will literally observe exactly how to hold and handle the probe, exactly how to operate the ultrasound itself, and exactly what you are looking for in the exam. You will also learn how to make proper measurements, how to properly annotate your images, how to write the correct reports, and how to bill for the procedures and get paid every time.

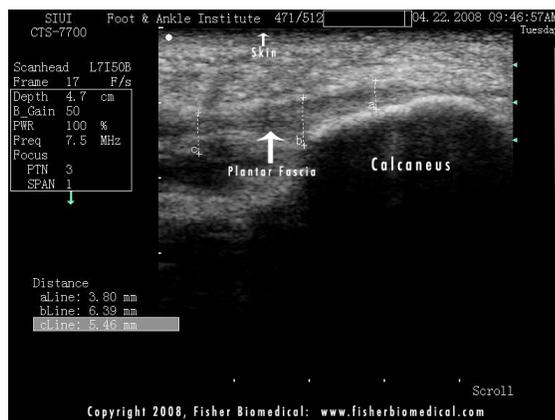
You will even be trained in the proper way to use ultrasound in giving injections. Not only the best technique for administering them under ultrasound guidance, but also the best methodology in documenting the injection and making your reports bullet-proof for the insurance companies.



You will also have a number of excellent sample images to familiarize you with exactly what you are looking for under different conditions. And when combined with the precise work flow our training provides, you will very rapidly develop solid technique, enabling you to very rapidly, very effectively and efficiently, capture clear images, make precise measurements and diagnoses, and even give perfect injections every time.



There is no reason you cannot make ultrasound an active component in your plantar fascia examinations and injections. After going through our training material (primarily the DVD, the sample images, and the over-the-phone training and notes on work flow), and after practicing finding your own plantar fascia a few times, you will be up and running — and earning a substantial amount more than before.



From *ScienceDaily*, Dec 11th 2008

“New Treatment Eliminates Heel Pain Caused By Plantar Fasciitis”

ScienceDaily (Dec. 11, 2008) — Combining an ultrasound-guided technique with steroid injection is 95 percent effective at relieving the common and painful foot problem called plantar fasciitis, according to a study presented today at the annual meeting of the Radiological Society of North America (RSNA).

"There is no widely accepted therapy or standard of care for patients when first-line treatments fail to relieve the pain of plantar fasciitis," said the study's lead author, Luca M. Sconfienza, M.D., from Italy's University of Genoa. "Our new technique is an effective, one-time outpatient procedure."

Plantar fasciitis, the most common cause of heel pain, is an inflammation of the connective tissue called the plantar fascia that runs along the bottom of the foot, from the heel to the ball of the foot. The condition accounts for 11 percent to 15 percent of all foot symptoms requiring professional care and affects one million people annually in the U.S.

Conservative treatments, which may take up to a year to be effective, include rest, exercises to stretch the fascia, night splints and arch supports.

When the condition does not respond to conservative treatments, patients may opt for shockwave therapy, in which sound waves are directed at the area of heel pain to stimulate healing. Shockwave therapy is painful, requires multiple treatments and is not always effective. Complications may include bruising, swelling, pain, numbness or tingling and rupture of the plantar fascia. In the most severe cases of plantar fasciitis, patients may undergo invasive surgery to detach the fascia from the heel bone.

For this study, Dr. Sconfienza and colleagues used a new ultrasound-guided technique, along with steroid injection, on 44 patients with plantar fasciitis that was unresponsive to conservative treatments.

After injection of a small amount of anesthesia, the anesthetic needle is used to repeatedly puncture the site where the patient feels the pain. This technique is known as dry-needling. Dry-needling creates a small amount of local bleeding that helps to heal the fasciitis. Lastly, a steroid is injected around the fascia to eliminate the inflammation and pain. The technique is performed with ultrasound guidance to improve accuracy and to avoid injecting the steroids directly into the plantar fascia, which could result in rupture.

After the 15-minute procedure, symptoms disappeared for 42 of the study's 44 patients (95 percent) within three weeks.

"This therapy is quicker, easier, less painful and less expensive than shockwave therapy," Dr. Sconfienza said. "In cases of mild plantar fasciitis, patients should first try noninvasive solutions before any other treatments. But when pain becomes annoying and affects the activities of daily living, dry-needling with steroid injection is a viable option."

Co-authors are Francesca Lacelli, M.D., Giovanni Serafini, M.D., Giacomo Garlaschi, M.D., and Enzo Silvestri, M.D.

You can find this article online at: <http://tinyurl.com/77aqht>