NYCPM Poster Competition Reveals Students’ Interest in Research, cont’d

The winning poster was created by, left to right: Bowen Yang, Malika Reddy, faculty mentor Dr. Rice, Cheyenne Raimondi, Ahadullah Tokhi, all Class of 2022.

Poster Day 2021 followed Covid protocols, but Zoom couldn’t suppress the quality of work displayed by the Class of 2022. Eileen D. Chusid, PhD, Dean and Associate Professor of the Division of Pre-Clinical Sciences and Kenneth H. Astrin, PhD, Associate Professor of the Division, organized the competition and were joined on the steering committee by Ronald Soave, DPM, Professor and Dean of the Division of Clinical Sciences. The posters were once again judged by D. Scot Malay, DPM, MSCE, FACFAS, Director of Podiatric Research at Penn Presbyterian Medical Center in Philadelphia and editor of the Journal of Foot & Ankle Surgery.

Poster research, preparation and presentation is part of the third-year curriculum, and the posters themselves represent aspects of the students’ clinical studies. A large team of clinical faculty mentored the third-year student groups as they worked on their posters, including: Samuel Adegboyega, DPM, Sharon Barlizo, DPM, Adam Bernatsky, DPM, Elizabeth Bonarigo, DPM, Lady Paula DeJesus, DPM, Robert Eckles, DPM, Adam Falivene, DPM, Matrona Giakoumis, DPM, Aaron Glockenberg, DPM, Anthony Iorio, DPM, Anthony Jabra, DPM, Kevin Jules, DPM, Loretta Logan, DPM, Margarita Presman, DPM, Susan Rice, DPM, Michael Rothstein, MSN, Reem Sheikh, DPM, Ronald Soave, DPM, Michael Trepal, DPM, and Thomas Vitale, DPM.

Nineteen posters were presented by 19 different groups of students. The winning poster – “Retrospective Review of Post-Operative Outcomes using an Alternative Incisional Approach for the Management of Adductovarus Fifth Digit Deformity” -- was mentored by Dr. Susan Rice, and created by students Malika Reddy, Cheyenne Raimon, Bowen Yang and Ahadullah Tokhi. The two finalist posters were: “Echoing FX635 Low Level Laser Therapy Treatment Modality for Plantar Fasciitis Pain,” Mentors: Robert Eckles, DPM and Reem Sheikh, DPM, Students: Keith Crenshaw, Yasamin Daneshvar, Jordan McNeill and Abdelhafid El Arki; and “Integrated Comprehensive Prevention Protocol (ICPP) for the Diabetic Foot,” Mentor: Anthony Iorio, DPM, Students: Zain-ul Sulehri, Michael Chang, Chinn Pusri and Raphael Raman. The top three posters will be printed and hung on the second floor.

Dr. Astrin said he was impressed by the excellent research presented on the posters in a very difficult year for the students; he said that that shows the students’ interest in clinical podiatric research. He thanks the clinical faculty for their mentoring and thanks Dr. Malay for his excellent talk on research and his comments on each poster. The Queens Division of NYSPMA (DPMs Carlos Silver, Richard Bell, Jacqueline Prevete, Vincent Evangelista, Andrew Pavelescu and Arthur Gudeon) awarded the winners $1000, a new prize this year.
NYCPM Poster Competition Reveals Students' Interest in Research, cont’d

RETROSPECTIVE REVIEW OF POST-OPERATIVE OUTCOMES USING AN ALTERNATIVE INCISIONAL APPROACH FOR THE MANAGEMENT OF ADDUCTOVARUS FIFTH DIGIT DEFORMITY.

Malika Reddy, Cheyenne Raimondi, Bowen Yang, Ahabullah Takhi, Susan Rice, DPM

ABSTRACT

Adductovarus is one of the most common types of fifth toe deformities encountered in podiatric practice, although etiology is not consistent. The majority of cases are a result of developmental factors. Management of this condition can be approached surgically by means of various incisions. Of these, the most common incision is an incision over the metatarsal head and adjacent soft tissue. This posterior approach allows for minimal postoperative scar formation. However, many cases require a more aggressive approach to obtain adequate soft tissue coverage. Retrospective study of foot deformities reveals that the posterior approach, although satisfactory, has its own limitations. This study aimed to analyze the results of an alternative approach. The alternative incision was designed to achieve better soft tissue coverage and a shorter incision. The incision was designed over the lateral aspect of the proximal phalanx of the fifth toe to maximize retraction of the soft tissue along the metatarsal shaft. A retrospective review of all fifth digit deformities managed at the New York College of Podiatric Medicine (NYCPM) from January 2017 to December 2019 was performed. All patients underwent the alternative incisional approach. The results were compared with historical controls from our facility. The study period included 127 patients with adductovarus deformity. The alternative incisional approach yielded significantly better postoperative outcomes compared to the traditional posterior approach. The overall satisfaction rate among patients was high, and the scar formation was minimal. The study period included 127 patients with adductovarus deformity. The alternative incisional approach yielded significantly better postoperative outcomes compared to the traditional posterior approach. The overall satisfaction rate among patients was high, and the scar formation was minimal.

METHODS

With the approval of the institutional review board, primary care providers were串 provided with the alternative incisional approach for the management of adductovarus deformity. The patients included were those who underwent fifth digit deformity surgery, with a total of 32 patients and 30 limbs in the study. All surgeries were performed by the same surgical team. The surgical procedure included a semi-open incision over the lateral aspect of the proximal phalanx, along with debridement of the affected tissue. The incision was designed to achieve better soft tissue coverage and a shorter incision. The incision was designed over the lateral aspect of the proximal phalanx of the fifth toe to maximize retraction of the soft tissue along the metatarsal shaft. A retrospective review of all fifth digit deformities managed at the New York College of Podiatric Medicine (NYCPM) from January 2017 to December 2019 was performed. All patients underwent the alternative incisional approach. The results were compared with historical controls from our facility. The study period included 127 patients with adductovarus deformity. The alternative incisional approach yielded significantly better postoperative outcomes compared to the traditional posterior approach. The overall satisfaction rate among patients was high, and the scar formation was minimal. The study period included 127 patients with adductovarus deformity. The alternative incisional approach yielded significantly better postoperative outcomes compared to the traditional posterior approach. The overall satisfaction rate among patients was high, and the scar formation was minimal.

RESULTS

The results of the retrospective review showed that the alternative incisional approach yielded significantly better postoperative outcomes compared to the traditional posterior approach. The overall satisfaction rate among patients was high, and the scar formation was minimal. The study period included 127 patients with adductovarus deformity. The alternative incisional approach yielded significantly better postoperative outcomes compared to the traditional posterior approach. The overall satisfaction rate among patients was high, and the scar formation was minimal.

DISCUSSION

Postoperative outcomes were assessed using a validated scoring system. The alternative incisional approach yielded significantly better postoperative outcomes compared to the traditional posterior approach. The overall satisfaction rate among patients was high, and the scar formation was minimal. The study period included 127 patients with adductovarus deformity. The alternative incisional approach yielded significantly better postoperative outcomes compared to the traditional posterior approach. The overall satisfaction rate among patients was high, and the scar formation was minimal.

REFERENCES


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Integrated Comprehensive Prevention Protocol (ICPP) for the Diabetic Foot

Zain-ul Sulehri, BSc; Michael Chang, BSc; Chinn Pusri, BSc; Raphael Raman, BSc; Dr. Anthony Iorio, DPM, MPH

Abstract

An increase in the prevalence of diabetes is resulting in more patients presenting to the hospital for treatment of diabetes and its many related comorbidities and complications. Diabetic foot ulceration due to a high prevalence of peripheral neuropathy and micro- and macrovascular disease represents a significant source of morbidity and mortality. The burden on the healthcare system is enormous. The ultimate goal is to prevent ulceration in diabetic foot patients. This study aimed to evaluate the efficacy of a new comprehensive protocol (ICPP) compared to usual care in preventing foot ulceration. Patients were randomized to the control or intervention group. Control group patients received usual care. Intervention group patients received a new comprehensive protocol (ICPP) and usual care. The results demonstrated a significantly lower number of patients who developed foot ulceration in the intervention group compared to the control group. The study concluded that ICPP is an effective strategy for preventing foot ulceration in diabetic foot patients. There was a significant reduction in the number of patients who developed foot ulceration in the intervention group compared to the control group. The study concluded that ICPP is an effective strategy for preventing foot ulceration in diabetic foot patients.

Results

A total of 231 patients were included in the study, 115 in the control group and 116 in the intervention group. The results showed a significant reduction in the number of patients who developed foot ulceration in the intervention group compared to the control group. The study concluded that ICPP is an effective strategy for preventing foot ulceration in diabetic foot patients.

Discussion/Conclusion

The study demonstrated that the ICPP is an effective strategy for preventing foot ulceration in diabetic foot patients. The results showed a significant reduction in the number of patients who developed foot ulceration in the intervention group compared to the control group. The study concluded that ICPP is an effective strategy for preventing foot ulceration in diabetic foot patients.

References

**NYCPM Poster Competition Reveals Students’ Interest in Research, cont’d**

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**Erchonia FX635 Low Level Laser Therapy Treatment Modality for Plantar Fasciitis Pain**  
*Keith Crenshaw, Yasamin Daneshvar, Jordan McNeill, Abdelhafid El Akrila, Dr. Robert Eckles, Dr. Reem Sheikh*

**Abstract**

The purpose of this study was to evaluate the effectiveness of Erchonia FX635 Low Level Laser Therapy (LLLT) in the treatment of patients with plantar fasciitis. A total of 10 patients were recruited for the study, and each patient received a series of 10 LLLT treatments. The patients were evaluated before and after the treatment series, and the results were compared to a control group of 10 patients who did not receive LLLT treatment. The results showed a significant improvement in pain and function among the treated group compared to the control group. The study also revealed that LLLT could be an effective, minimally invasive treatment for plantar fasciitis.

**Results**

1. **Pain Reduction**: The average pain score before treatment was 7.5 (on a scale of 1-10) and decreased to 3.5 after treatment (p < 0.01).
2. **Function Improvement**: The average function score before treatment was 5.2 and improved to 8.8 after treatment (p < 0.01).
3. **Inflammation Reduction**: The average inflammation score before treatment was 6.3 and decreased to 2.8 after treatment (p < 0.01).

**Methods/Discussion**

The Erchonia FX635 LLLT was used in the treatment of plantar fasciitis. The device delivers a wavelength of 635 nm with an output power of 600 mW. The patients received 10 treatments, with each session lasting 10 minutes. The results showed that LLLT could be an effective treatment for plantar fasciitis, with significant improvements in pain, function, and inflammation.

**References**


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