

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania



The Association of Podiatry

Opens the debates on foot care and organizes

The 3rd Congress in Podiatry

With international participation

2 days of intensive workshops
and state of the art lectures



www.podiatrie.ro



Asociația de Podiatrie

Profesioniști în îngrijirea piciorului

Pășește cu încredere!

www.podiatrie.ro

*Pentru un om cu picioarele goale, fericirea este o pereche de pantofi.
Pentru un om care poartă pantofi vechi, fericirea este o pereche de pantofi noi.
Și, desigur, omul care nu are picioare ar fi fericit să meargă desculț.
Măsoară fericirea cu ceea ce ai, nu cu ceea ce îți lipsește.*

Michael Josephson



www.podiatrie.ro

About us
Messages & Testimonials
General Informations
Program
Abstracts
Case presentations
Sponsors & Partners
Exhibition Plan
Current Events

Table of Contents



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

About Us

2019 Congress in Podiatry is an international, interdisciplinary diabetic foot congress organized in Romania by the Association of Podiatry. The congress has the intention to put together physicians from different specialties, nurses and kinesiotherapists, all of them involved in foot care, especially in diabetic foot care, for developing the multidisciplinary team so necessary for foot care. The congress has also the intention to put together all healthcare professionals for developing a real team in the benefit of the patients.

The main course of the congress is designed for the wide spectrum of generalists and specialists who diagnose and manage the diabetic foot. Didactic talks, panel discussions, Q&A sessions, specialty symposia and workshops will delve into diagnostic and interventional strategies for diabetic foot ulcers and amputation prevention. Featuring a world-renowned international faculty, 2019 Congress in Podiatry offers the opportunity to review state-of-the-art concepts and techniques.



Messages



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

Dear Participants, Dear Guests,

As the president of the Association of Podiatry, it is my great honor and pleasure to welcome you to the 3rd Congress in Podiatry with international participation organized in Bucharest, Romania.

Podiatry is still a virgin domain for Romania. We still lack the education of the medical foot care and the trained specialists. Considering this, we have reasons to be even more proud to have managed to attract the support of prestigious international organizations and foot-care specialists and to have managed to host here in Bucharest, the 3rd Congress in Podiatry.

The main objective of this event is to bring together generalists and specialists who diagnose and manage the diabetic foot, nurses and kinesiotherapists, to encourage interaction and finally to develop real multidisciplinary teams, laid in the benefit of the patients and reducing the amputations. This event will be an opportunity for healthcare professionals to meet clinicians and experimental investigators in the field of podiatry and diabetic foot from across the world, to discuss their research work and to share the most updated data on pathogenesis, assessment and management of the diabetic foot.

The "Birth Act" of the podiatrist profession in our country was signed Monday 17 December 2018 by the Ministry of Labor and Social Justice, having the COR code 226926. We, those involved in all previous steps, believe it is an important moment for the medical services that our country can offer, especially for a significant number of patients with various foot pathologies, who will benefit from the care provided by trained and accredited professionals in this field.

Our association has already started a training cycle for diabetic foot care (the most common pathology that needs podiatric care) addressed to medical assistants, physiotherapists, and even to physicians. We have also already sent the necessary documentation for the approval of the "Podiatry Master's Program" to the management of the University of Medicine and Pharmacy "Iuliu Hatieganu", and besides this we have started to take the necessary steps, although not easy to achieve, for a bachelor program as well. We want to emphasize that we have made similar offers for other medical universities in the country and we're looking forward to their response.

With an eye to the future, we wish this event to become a tradition devoted to the latest findings in the field of the medical foot care in general and in the field of the diabetic foot care in particular, with a special focus on the importance of the development of the profession of the podiatrist in Romania. We hope you will enjoy this event!

Ioan A. Veresiu, PhD
President of the Association of Podiatry, Romania

A handwritten signature in blue ink, appearing to read 'Ioan Veresiu'.



General informations

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

MEETING VENUE

Complex Ramada Plaza and
Ramada Parc Hotel, Bucharest
3-5 Poligrafiei Ave, 1st District, Bucharest, Romania
www.ramadaplazabucharest.ro

The venue is located within 10 km from the Henri Coanda International Airport and about 20 minutes away from the city center of Bucharest.

HOW TO GET TO THE CONGRESS VENUE



REGISTRATION DESK & SECRETARIAT

Desk opening hours
Thursday, 13th June, 11:00 – 19:00
Friday, 14th June, 09:00 – 18:00
Saturday, 15th June, 09:00 – 18:00

Registration includes:

- Congress materials and badge;
- Attendance of the scientific sessions;
- Access to the exhibition area;
- Lunch on Friday and Saturday;
- Dinner Thursday through Saturday;
- Coffee breaks Friday through Saturday.

SPEAKERS CORNER

Is available in the registration desk area. Please ask for assistance.

PRESS REGISTRATION

Press delegates will apply to the press registration desk.

LANGUAGE

The congress language is English. Simultaneous translation services will be provided.

INTERNET ACCESS

Unrestricted internet access is available throughout the congress venue.

EXHIBITION AREA

The exhibition area of the pharmaceutical and medical equipment industries has following opening hours:
Friday, 14th June, 09:00 – 18:00
Saturday, 15th June, 09:00 – 18:00

LUNCH, DINNER AND COFFEE BREAK

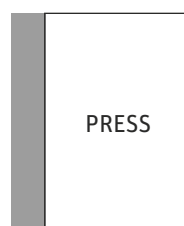
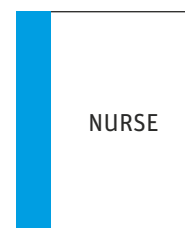
Lunch and dinner are served in the Restaurant La Parc. Please note that the access to lunch and dinner is available only for registered participants displaying a valid registration badge.

FOOD AND BEVERAGES

Food or beverage items are not permitted in the lecture halls. Please note that the access to coffee breaks, lunches and dinners is granted only with the congress badge. The venue is a smoke-free environment.

BADGES

The personalized name badges serve as an admission pass to all scientific sessions and to the exhibition area. Participants are asked to keep their name badges displayed at all times during the congress. Lost badges can be replaced in special situations for a charge of 50 euros.



EVENT MANAGEMENT

The management of the event is provided by Sănătatea Press Group.

For any organizational issues, please contact:

Cristan Bubu - Event Coordinator

Phone: +40725.580.406

Email: evenimente@sanatateapress.ro

ACCOMMODATIONS MANAGEMENT

New Star Services agency is pleased to assist you in organizing your accommodation, and to offer the sightseeing tours and other tourist information and services during your stay in Bucharest.

Your contact person:

Mr. Cătălin Ghițescu, New Star Services

M. +40 744 683 579

E. catalin.ghitescu@newstar.ro

www.newstar.ro

TRAVEL AGENCY

Aerotravel Lufthansa City Center and Wens Travel are pleased to assist you in organizing your flight and travel to Bucharest, Romania.

Your contact persons:

Radu Gaciu: radu.gaciu@aerotravel.ro

M. +40 722 666 685

www.aerotravel.ro

Radu Bichis: radu.bichis@wens.ro

M. +40 722 320 323

www.wens.ro

SECURITY

Please report immediately any suspicious or unidentified items to a staff member. Staff members can also verify the identity of the people entering the congress venue. Please keep the badges on you throughout the congress. We recommend that you leave your valuables in the safe in your hotel room.

INSURANCE

The registration does not include an insurance policy for accidents, sickness, cancellation, theft, property loss or material damages. Delegates are advised to get a travel insurance before traveling to Bucharest.

HEALTH AND SAFETY

112 is the single emergency number in Romania.

DISCLAIMER

All efforts will be made to adhere to the program as printed. However, the Association of Podiatry and the partner agencies reserve the right to alter or cancel, without prior notice and, any of the arrangements, timetables, plans or other items relating directly or indirectly to the Congress, for any case beyond their reasonable control. The Association of Podiatry and the destination management company are not liable for any other loss or inconvenience caused by such changes.

ATTENDANCE DIPLOMA

Attendance diplomas for all participants will be released starting June 17th, after completing the feedback form online. After completing the feedback form, the Attendance Diploma will be automatically received by email. The link to completing the feedback form is available at: www.podiatrie.ro.

CERTIFICATE OF ATTENDANCE

The Certificates of Attendance for nurses will be sent by post to the local branches of the General Medical Assistants, Midwives and Nurses Order, after their issue by the National School of Public Health and Management in Bucharest.

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

LOCAȚIA EVENIMENTULUI

Complex Ramada Plaza și
Ramada Parc Hotel, București
Bld. Poligrafiei nr. 3-5, sector 1, București, România
www.ramadaplazabucharest.ro

Locația evenimentului este situată la 10 km de Aeroportul Internațional Henri Coandă București și la aproximativ 20 de minute de centrul orașului.

CUM AJUNGEȚI LA LOCAȚIE



BIROU DE ÎNREGISTRARE & SECRETARIAT

Orarul biroului de înregistrări
Joi, 13 Iunie, 11:00 – 19:00
Vineri, 14 Iunie, 09:00 – 18:00
Sâmbătă, 15 Iunie, 09:00 – 18:00

Participarea include:

- Materialele congresului și ecusonul personalizat;
- Participarea la toate sesiunile programului științific;
- Accesul în zona expozițională;
- Cină și prânz de joi până sâmbătă;
- Pauzele de cafea de vineri până sâmbătă.

COLȚUL SPEAKERILOR

Este amenajat în apropierea biroului de înregistrare. Vă rugăm să vă adresați membrilor staffului pentru asistență.

ÎNREGISTRARE MEDIA/PRESĂ

Pentru acreditare, reprezentanții presei sunt rugați să se adreseze biroului de înregistrare dedicat.

LIMBA CONGRESULUI

Prezentările vor fi susținute în limba română și/sau engleză.
Se oferă servicii de interpretariat simultan.

ACCES LA INTERNET

Accesul la internet este nerestricționat în toate spațiile congresului.

EXPOZIȚIE DE SPECIALITATE

Expozanții din industria de echipamente medicale și din industria farmaceutică vor fi prezenți cu standuri în zona expozițională, zilnic, după următorul orar:

Vineri, 14 Iunie, 09:00 – 18:00
Sâmbătă, 15 Iunie, 09:00 – 18:00

PRÂNZ, CINĂ ȘI PAUZE DE CAFEA

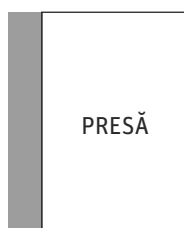
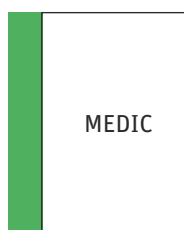
Masa de prânz și cină sunt servite în Restaurantul La Parc. Vă rugăm să rețineți că accesul la masa de prânz și cină este posibil doar pentru participanții înregistrați care prezintă un ecuson.

ALIMENTE ȘI BĂUTURI

Nu este permis accesul în sălile de curs cu alimente și băuturi. Vă rugăm să rețineți că accesul la pauza de cafea, prânz și cină este posibil numai pe baza ecusonului nominal. Fumatul este interzis în toate spațiile congresului.

ECUSOANE

Ecusoanele cu numele participanților vor servi ca o admitere la toate sesiunile științifice și în zona expozițională. Participanții sunt rugați să păstreze ecusoanele la vedere în timpul congresului. Înlocuirea ecusonului pierdut se poate face în situații speciale și va fi taxată cu 50 de euro.



MANAGEMENT EVENIMENT

Sănătatea Press Group

Pentru orice aspecte care țin de organizare, vă rugăm să vă adresați la:

Cristan Bubu - Coordonator eveniment

Tel.: +40725.580.406

E-mail: evenimente@sanatateapress.ro

ORGANIZARE CAZĂRI

Agenția New Star Services are plăcerea să vă asiste în organizarea cazărilor, dar și să vă ofere informații turistice sau excursii în timpul sejurului în București.

Contact:

DI. Cătălin Ghițescu, New Star Services

Tel.: 0744 683 579

E-mail: catalin.ghitescu@newstar.ro

www.newstar.ro

AGENȚIE DE TURISM

Aerotravel Lufthansa City Center și Wens Travel sunt onorate să vă asiste în organizarea zborului și a călătoriei Dumneavoastră.

Contact:

Radu Gaciu: radu.gaciu@aerotravel.ro

Tel.: +40 722 666 685

www.aerotravel.ro

Radu Bichis: radu.bichis@wens.ro

Tel.: +40 722 320 323

www.wens.ro

SECURITATE

Pentru siguranța dumneavoastră și pentru buna desfășurare a evenimentului vă rugăm să raportați imediat unui membru al staff-ului orice obiect sau eveniment pe care îl considerați suspect. Membrii staff-ului de organizare au dreptul de a verifica ecusoanele nominale. Pe perioada desfășurării congresului vă recomandăm să păstrați obiectele de valoare în seiful din camera dumneavoastră de hotel.

ASIGURARE

Înregistrarea nu include o asigurare a participantului la accidente, boli, furt, pierderi sau daune materiale. Din acest motiv vă recomandăm să încheiați o asigurare de călătorie înainte de sosirea la eveniment.

SĂNĂTATE ȘI SIGURANȚĂ

Numărul unic pentru apeluri de urgență este 112.

DREPTUL DE RENUNȚARE

Organizatorii vor depune toate eforturile pentru respectarea programului anunțat. Cu toate acestea, Asociația de Podiatrie și partenerii acesteia își rezervă dreptul de a modifica sau anula, fără notificare prealabilă, orarul, programul sau alte elemente ce țin de organizarea evenimentului. Președintele Asociației de Podiatrie sau ceilalți parteneri nu sunt responsabili pentru orice alte pierderi sau neplăceri cauzate ca urmare a unor astfel de modificări.

DIPLOMA DE PARTICIPARE

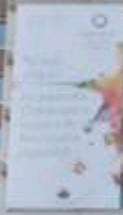
Diplomele de participare pentru toți participanții vor fi eliberate începând cu data de 17 iunie numai după completarea online a formularului de feedback. După completarea formularului de feedback, diploma de participare va fi primită automat pe email. Linkul de completare al formularului de feedback îl găsiți pe site-ul: www.podiatrie.ro.

CERTIFICAT DE PARTICIPARE

CertIFICATELE de participare pentru asistenții medicali vor fi trimise prin poștă la filialele locale ale Ordinului Asistenților Medicali Generaliști, Moașelor și Asistenților Medicali din România, după emiterea lor de către Școala Națională de Sănătate Publică, Management și Perfecționare în Domeniul Sanitar București.



 RAMADA



RAMADA



 RAMADA



Program

Congress of Podiatry - Annual Conference and Exhibition 2019

Ramada Parc Hotel, Ramada Plaza Hotel

Bucharest, Romania

13-15 June 2019

President: Ioan Vereşiu, Romania

Chairman: Frank Bowling, UK

Co-Chairman: Lee Rogers, US

Thursday 13 June 2019 - Terra Hall

	Welcome Buffet	
11:00 - 13:00	Challenges and perspectives in implementing the podiatry profession in Romania Chairs: Lee Rogers, Frank Bowling, Ioan Vereşiu, Alfred Gatt, Cynthia Formosa - Terra Hall	
13:00 - 14:00	Buffet	
14:00 - 15:45	Being a podiatrist! Session with young podiatrists from US, UK Why become a podiatrist? Why I chose to become a podiatrist? Chairs: Caroline Teugels - FIP-IFP, Alfred Gatt - ENPODHE, Cynthia Formosa, Ilaria Teobaldi - Terra Hall	
14:00 - 14:15	Bogdan Grecea, <i>US</i>	
14:15 - 14:30	Iulia Rusu, <i>UK</i>	
14:30 - 14:45	Stefan Lorinz, <i>US</i>	
14:45 - 15:00	Ilaria Teobaldi, <i>Italy</i>	
15:00 - 15:15	Andreea Reilly, <i>UK</i>	
15:15 - 15:30	Manos Arvanitakis, <i>Greece</i>	
15:30 - 15:45	Lee Rogers, <i>US</i>	
16:00 - 16:45	Industry in podiatry. Symposiums from companies in the podiatry industry Chair: Ioan Andrei Vereşiu - Terra Hall	
16:00 - 16:15	Fast Fizio Clinic Presentation	
16:15 - 16:30	Worwag Pharma GmBH&Co KG Presentation	
16:30 - 16:45	Est Invest Farma Presentation - Flamozil Hydrogel for the treatment of diabetic foot wounds	
19:00 - 20:00	Opening ceremony	
20:00	Dinner	

Friday 14 June 2019 - Terra Hall

Chairs: Vitalie Lisnic, Ian Reilly - Terra Hall		
09:00 - 09:30	Welcome speeches	Ioan Vereşiu, <i>Romania</i> Frank Bowling, <i>UK</i>
09:30 - 09:50	Neurological diseases in foot health	Bogdan Florea, <i>Romania</i>
09:50 - 10:10	Inflammatory neuropathies in diabetes - diagnosis and treatment	Vitalie Lisnic, <i>Moldova</i>
10:10 - 10:30	Diabetic neuropathy or compression neuropathy in the foot	Ian Reilly, <i>UK</i>
10:30 - 11:00	Attitude of Romanian family physicians towards diabetic neuropathy and foot problems	Ioan Vereşiu, <i>Romania</i>
11:00 - 11:15	Panel discussions	
11:15 - 11:35	Coffee break	

Congress of Podiatry - Annual Conference and Exhibition 2019

Ramada Parc Hotel, Ramada Plaza Hotel

Bucharest, Romania

13-15 June 2019

Chairs: Frank Bowling, Lee Rogers - Terra Hall		
11:35 - 12:05	FIP-IFP Global Strategy	Caroline Teugels, <i>Belgium</i>
12:05 - 12:25	Diabetic neuropathy and peripheral arterial disease - risk factors for amputation	Gabriela Radulian, <i>Romania</i>
12:25 - 12:55	Three minutes foot exam	Lee Rogers, <i>US</i>
12:55 - 13:25	The Manchester Amputation Reduction Strategy	Naseer Ahmad, <i>UK</i>
13:25 - 13:40	Panel discussions	
13:40 - 14:40	Lunch	
Chairs: Iulia Drăgoi, Cynthia Formosa - Terra Hall		
14:40 - 15:10	Orthesis in foot and gait correction	David Dunning, <i>UK</i>
15:10 - 15:40	Top 10 foot conditions managed by podiatrists. Part 1	Alfred Gatt, <i>Malta</i>
15:40 - 16:10	Top 10 foot conditions managed by podiatrists. Part 2	Cynthia Formosa, <i>Malta</i>
16:10 - 16:25	Panel discussions	
16:25 - 16:45	Coffee break	
Chairs: Lee Rogers, Alfred Gatt - Terra Hall		
16:45 - 17:15	POINT project	Pauline Wilson, <i>Ireland</i>
17:15 - 17:45	D-Foot International Global Strategy	Jose Luis Lazaro Martinez, <i>Spain</i>
17:45 - 18:15	Amputation Prevention Strategy	Frank Bowling, <i>UK</i>
18:15 - 18:45	Live session: Making SALSA: A Marriage of Team, Technology and Tenacity	Lee Rogers, <i>US</i> David Armstrong, <i>US</i>
18:45 - 19:00	Panel discussions	
19:00	Dinner	

Saturday 15 June 2019 - Terra & Europa Hall

Chairs: Frank Bowling, Mihai Ionac - Terra Hall		
09:00 - 09:20	Epidemiology of diabetes. Cost implications of foot ulcers and diabetes related to lower limb amputations in Romania	Ioan Andrei Vereşiu, <i>Romania</i>
09:20 - 09:50	Is it true that the normal function of the first ray contributes to the normal mechanics of the foot?	Manos Arvanitakis, <i>Greece</i>
09:50 - 10:10	Vascular and endovascular assessment and treatment of the diabetic foot	Mihai Ionac, <i>Romania</i>
10:10 - 10:30	Major amputation in the diabetic foot - questionable attitude	Eduard Catrina, Raluca Popescu, <i>Romania</i>
10:30 - 10:45	Panel discussions	
10:45 - 11:05	Coffee break	
Chairs: Eduard Catrina, Raluca Popescu - Terra Hall		
11:05 - 11:25	Role of the patient in the multidisciplinary team	Cristina Petruţ, <i>Romania</i>
11:25 - 11:45	Interventional pain management in diabetic foot	Ovidiu Palea, <i>Romania</i>
11:45 - 12:05	Charcot foot: diagnosis and treatment key points	Iulian-Daniel Vilcioiu, <i>Romania</i>
12:05 - 12:20	Panel discussions	
12:20 - 13:20	Lunch	

Congress of Podiatry - Annual Conference and Exhibition 2019

Ramada Parc Hotel, Ramada Plaza Hotel

Bucharest, Romania

13-15 June 2019

13:20 - 14:20	Rising stars symposium in the diabetic foot Chairs: Ioan Vereşiu, Cynthia Formosa - Europa Hall	
13:20 - 13:40	Cost-Analysis of ulceration and amputation in a subgroup of people with diabetes from a multicentric study	Diana Sima, <i>Romania</i>
13:40 - 14:00	I need a podiatrist in my professional life !	Cristian Paul Dan, <i>Romania</i>
14:00 - 14:20	The importance of the physical therapist in the diabetic foot management	Bianca Moţ, <i>Romania</i>
14:20 - 14:40	Panel discussions	
	Chairs: Pauline Wilson, Alfred Gatt - Europa Hall	
14:40 - 15:00	Patient education in the diabetic foot	Cornelia Bala, <i>Romania</i>
15:00 - 15:20	The physical therapist in foot evaluation	Iulia Drăgoi, <i>Romania</i>
15:20 - 15:35	Panel discussions	
15:35 - 16:00	Coffee break	
16:15 - 17:55	Challenges in diabetic foot management. Case Studies Chairs: Frank Bowling, Lee Rogers - Europa Hall	
16:15 - 16:35	Case Study From simple to complex: applied interventional radiology	Mihai Creţeanu, <i>Romania</i>
16:35 - 16:55	Case Study Nutrition in diabetic foot ulcers healing process - what's the connection?	Daniel Cosma, <i>Romania</i>
16:55 - 17:15	Case Study Heel infection - outpatient treatment	Eduard Catrina, <i>Romania</i> Raluca Popescu, <i>Romania</i>
17:15 - 17:35	Case Study Diabetes mellitus asociated with peripheric angiopathy - multidisciplinary approach	Tudor Marinescu, <i>Romnaia</i>
17:35 - 17:55	Case Study Sonogram makes the diagnosis and survey of the Charcot foot easier	Rodica Perciun, <i>Romania</i>
17:55 - 18:10	Panel discussions	
18:10 - 18:25	Close of congress - roundtable discussion with all chairs	



Abstracts



BOGDAN GRECEA

Bogdan Grecea was born and raised in Bucharest, Romania and is a recent graduate of the Doctorate in Podiatric Medicine program at Western University of Health Sciences in California, USA. Owing to his father's diplomatic endeavors, Bogdan first moved from Romania to Brazil at the age of 9 years old where he learned Portuguese and through medical volunteering, became interested in wound care. Bogdan further lived in 12 other countries and at the age of 16 arrived to the United States where he completed degrees in Physical Therapy and Cellular and Molecular Biology before attending Podiatric Medicine school. Starting in June 2019, Bogdan will commence his foot and ankle surgical residency at Kaiser Permanente.

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

Why become a podiatrist? Why I chose to become a podiatrist?

In order to make a decision of becoming a podiatrist, when you're not a teenager anymore but also not an adult yet, has subjective and objective factors. The subjective factors pertain to education, general knowledge, opportunities and experiences, while objective factors are determined by understanding the podiatric medicine specialty in which you have to sacrifice yourself to become a man, a professional and lastly, a doctor.

In analyzing my options thoroughly before making the decision to pursue podiatric medicine in the United States of America, friends and family members saw my decision as strange, if not risky. Fast forward 4 years later, it was perhaps one of the best decisions I could've made.

I strived to look past the scholastic, dictionary, often limited definition of podiatry in general and I believe that I not only had a revelation, but also formed the capacity of understanding podiatry from a holistic view. Podiatric medicine is complex and relies on knowledge and experience in multiple specialties within medicine. Stemming from the simple notion that mutilating the body through amputation is often detrimental given the decreased life expectancy, through limb salvage procedures done in podiatry we can achieve superior treatment for the patient.

I have faith in the field of podiatric medicine, in the complex professional probity of a podiatrist, who doesn't simply represent only a niche in the medical system...the podiatrist has to be well-rounded in all specialties involving the foot and ankle – dermatology, endocrinology, rheumatology, neurology, cardiology etc. In the field of podiatry, we work in a symbiotic professional relationship with other specialities with the end-goal to provide the best possible care for the patient.

I am proud and thankful that 4 years ago I made the decision to move to the US and become a podiatrist and I strongly believe and have hope that I will become a true doctor and surgeon specialized in podiatric medicine.



IULIA RUSU
BSc (Hons), HCPC, MCPod
Podiatrist

Iulia Rusu este Podiatru in Manchester si a absolvit Facultatea de Podiatrie Salford University in anul 2017. In momentul de fata Iulia este studenta la masterul de Chirurgie Podiatrica in cadrul University of Huddersfield. In prezent Iulia activeaza ca si podiatru in cadrul Manchester University NHS Foundation Trust.

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

Why become a podiatrist? Why I chose to become a podiatrist?

Choosing to become a podiatrist was not part of my career plan.

So why to become a podiatrist??

A podiatrist is qualified by their education and trainings to diagnose and treat conditions affecting the foot, ankle and related structures of the leg.

Podiatrists are specialists in prevention, diagnosis and treatment of lower extremity disorders, diseases and injuries.

A podiatrist works independently, utilizing X-rays and laboratory tests for diagnostic purpose, prescribe medications, order physical therapy, and as part of healthcare team a podiatrist works closely with other health professionals to treat and control disease

Podiatrists may practice a subspecialty such as sports medicine, pediatrics, dermatology, radiology, geriatrics or diabetic foot care.

The most common things a podiatrist does:

- Provide individual consultation to patients concerning continued treatment of disorders and preventive foot care
- Diagnose foot ailments such as tumors, ulcers, fractures, skin or nail disease, and congenital or acquired deformity
- Use innovative methods to treat conditions such as corns, calluses, ingrowing toenails, biomechanical problems, abscesses
- Design corrective orthotics, plaster casts and strapping to correct deformities
- Correct walking patterns and balance and promote the overall ability to move about more efficiently and comfortably
- Refer patients to other healthcare professions when symptoms observed in the feet indicate disorders such as diabetes, arthritis, heart disease or kidney disease



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

STEFAN LORINCZ MD, BSc

EDUCATION

- Doctor of Podiatric Medicine 2004
Dr. William M. Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine and Science, North Chicago, IL
- Bachelor of Science – Biology 2002
Dr. William M. Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine and Science, North Chicago, IL
- Bachelor of Science – Biochemistry 2000
University of Illinois, Chicago, IL

POST GRADUATE TRAINING

- Podiatric Medicine and Surgery (PM&S 36) 2004 - 2007
Rush University Medical Center, Chicago, IL
- Foot and Ankle Trauma Call 2004 - 2007
Rush North Shore Medical Center, Skokie, IL
- Rush North Shore Wound Care Center 2005 - 2006
Rush North Shore Medical Center, Skokie, IL

Dr. Lorincz grew up in the northern Chicago suburbs and completed his undergraduate studies at the University of Illinois in Chicago. He continued his education at the Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine and Science. Following medical school, Dr. Lorincz completed a three year surgical residency at Rush University Medical Center. Before calling Minden, Louisiana home, Dr. Lorincz practiced with Kearney Orthopedics & Sports Medicine in Kearney, Nebraska and Mayo Clinic Health System in Eau Claire, Wisconsin.

Dr. Lorincz is a fellow of the American College of Foot & Ankle Surgery and board certified in Foot Surgery and Reconstructive Rear Foot and Ankle Surgery by the American Board of Podiatric Surgery. He is also board certified by the American Board of Podiatric Medicine. Advanced procedures performed by Dr. Lorincz include ankle arthroscopy, ankle ligament repair / reconstruction, complex flatfoot reconstruction, bunion and hammertoe repair, TOPAZ microtenotomy for chronic plantar fasciitis and Achilles Tendinosis, joint replacement and Charcot reconstruction.

Why become a podiatrist? Why I chose to become a podiatrist?

I was introduced to the field of podiatry by a fellow podiatrist and family friend who encouraged me to pursue a degree in podiatric medicine after completing my undergraduate studies. With the advice I received and the information I compiled about podiatry in general, I decided to pursue a career in podiatric medicine and surgery. It is a profession that allows me to impact patients' lives in many circumstances, through clinical and surgical methods. I enjoy the relationships formed with patients through clinical visits and the ability to offer relief of pain and other symptoms through various surgical procedures. In the area of diabetes, podiatry has been crucial in preventive treatments and decreasing the rate of lower extremity amputations.



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

ILARIA TEODALBI Podiatrist

Diabetic Foot Clinic, Azienda Ospedaliera Universitaria Integrata di Verona, Italy

Diploma in Podiatry in Pisa University

Degree in Podiatry in Pisa University

Diploma in First Level Master in "Posturology" in Roma University

Diploma in First Level Master in "Wound Care Specialist" in Roma University

Diploma in "Systematic Review, Meta-analysis for the production of Guideines, Cochrane Method", in Verona University

Why become a podiatrist? Why I chose to become a podiatrist?

I chose to become a Podiatrist back in the 90s, when the Italian University set up some new first level Degrees, such as Podiatry and many others.

My colleagues and I did not even know what kind of professionals we would become. Actually Italian Podiatrists are still implementing their skills and knowledge. Being a Podiatrist in 2019 means mastering diversified and specific knowledge and skills that involve many areas of health. These include two big areas of work.

The first concerns lower limb wound care (diabetic foot or not), patient education, prevention, nail and skin care comprehensive of specific techniques and tools.

The second regards Posture and Biomechanics, building orthotics insoles, athletic rehabilitation and training, the use of specific tools like baropodometric platforms or sensors for gait analysis.

There would be and there will be a third area of work concerning surgery and drugs prescription but it is still under evaluation by the Italian government.

All these knowledge and skills make the Podiatrist a complete professional who possesses an olistic vision of the patient.

The academic studies give a complete preparation focused not only on the foot and the Podiatrist can use it and enhance it to implement both public and private activity.



ANDREEA REILLY
Podiatrist

Clinical Research Podiatrist
Northamptonshire Healthcare NHS Foundation Trust, UK

Andreea studied English and French at the University of Bucharest and graduated in 2005. She lived and worked in Budapest and Beijing from 2005 to 2009 when she moved to the UK. Andreea studied Podiatry at the University of Northampton from 2011 to 2014. Since graduating she has worked as a community and staff podiatrist, whilst actively pursuing a career in podiatric surgery. She has a keen interest in research within podiatric surgery. Andreea is currently undertaking her MSc in the Theory of Podiatric Surgery at the University of Huddersfield. Her latest and greatest achievement was becoming a mother in December 2018.

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

**Why become a podiatrist?
Why I chose to become a podiatrist?**

A Personal Journey into Podiatry

Andreea will present a personal account of why and how she became a podiatrist. Her talk will give an overview of podiatry in the UK and its scope of practice. Andreea will discuss the training process she is undergoing as well as outline some of the challenges of the profession and opportunities available to her as a podiatrist in the UK.



MANOS ARVANITAKIS

MSc, BSc (Hons) Podiatry MPS

State registered Podiatrists No. 13275

Ex. Scientific associate of Manchester United F.C.

Scientific associate of PAE AEK

Emmanuel Arvanitakis graduated from Salford University, Manchester (BSc Hons in Podiatry) (1995), and completed a Master's Degree in Podiatry (Podiatry MSc) at Queen Margaret University, Edinburgh, UK, (2004).

Certified in Sports Injuries and Therapy (Manchester Metropolitan University Certificate in Professional Studies, Sports Podiatry, Diploma in Sport Injuries and Therapy), biomechanics, pharmacology for CPMs (Northampton University-Certificate in Prescription of Medicine), sports podiatry, and health studies (The South Manchester College-BTEC, National Diploma in Health Studies).

He worked voluntarily as a general podiatrist at the renowned Manchester Foot Hospital.

Upon his return to Greece he worked at the General Hospital in Athens as a Consultant Doctor at the Diabetic Foot Clinic. In 1999, he founded the Podiatry Centre and became one of the first accredited podiatrists in Greece. A few years later, he founded two more Podiatry Clinics in Athens and Heraklion, Crete.

He is an enthusiastic leader within the profession and has served in several professional committee positions including the Hellenic Diabetes Association, the Society of Podiatrists (reg. No 13275), the International Society of Biomechanics, the Council for Professions Supplementary to Medicine and the Society of Wound Care. He is also the president of the Greek Podiatry Society.

He has organized seminars on Podiatry and as the President of the Greek Podiatrist Society he has been organizing the Hellenic Conference of Podiatry-Podology for the past three years with many participants from all over the world.

He is a pioneer in the field of Podiatry, since he has been the initiator and key figure of introducing the Faculty of Podiatry to Greece by contributing to the development of the first and only university programme in Podiatry offered in Greece. He is the Supervisor of BSc (Hons) Podiatry provided by the Metropolitan College in association with the Queen Margaret University.

He works closely with GPs, sports physicians, physiotherapists, chiropractors and more, both locally and across Greece.

He has been working at the elite level across many sporting teams in Great Britain, Greece and Cyprus, including Manchester United FC, OSFP FC, PANATHINAIKOS FC, AEK FC, GIANNENA FC, KALAMATA FC and OMONIA FC. Professional athletes such as Rivaldo, Sotiris Kyrgiakos, Kyriakos Papadopoulos, Vassilis Lakis, Nikos Sarganis, Andreas Glyniadakis, Emmanuel Karalis, Giorgos Printezis and Argiro Milaki trust his expertise and years of experience in treating athletes. He has also been the podiatrist to various Embassies in Greece such as American, English, etc for many years.

He is a firm believer in the early intervention and prevention of complications, which is the main reason for developing the Corrective Sock, an innovative product into the podiatry and foot care industry, a patent approved by the National Organisation for Medicines and certified by GMDN. This product prevents hallux valgus (bunion), reduces foot pain and instability during walking, helps post surgery rehabilitation of the bunion and reduces the risk of bunion recurrence.

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

Why become a podiatrist? Why I chose to become a podiatrist?

Podiatrists provide medical and surgical care for people with foot conditions as well as ankle, and lower leg problems. The podiatrist is involved in assessing foot ailments, treat injuries and perform advanced surgeries of the lower extremities, such as foot and ankle reconstruction. Another specialty of podiatry is that of sports medicine or pediatrics. They also treat foot and leg problems associated with diabetes and other diseases; therefore, they may as well cooperate with other physicians or health specialists, according to the health condition of the patient. Like other types of physicians and surgeons, podiatrists complete four years of study and training in podiatric medical school. Some podiatrists may also complete more specialized fellowship training that focuses on a certain area. This makes a podiatrist a specialist in foot health. Taking into consideration that the average moderately active person with the average stride living until 80 will walk a distance of around 110,000 miles, this distance is the equivalent of walking about 5 times around the Earth right on the equator. However, it has been only a couple of years that Podiatry has started developing in Greece. The BSc (Hons) Podiatry is the only university programme in Podiatry offered in Greece and students can get a BSc (Hons) Podiatry from the Metropolitan College through close partnership with the Queen Margaret University.



LEE ROGERS
DPM, MD, PhD

Chair of the subcommittee on Certification in Amputation Prevention

Past chair of the foot care council for the American Diabetes Association

Dr. Rogers serves as the medical director of the Amputation Prevention Centers of America, a division of RestorixHealth, Inc, which manages 130 specialized centers across the US in 24 states. He has personally developed and implemented several successful services lines to treat lower extremity complications of diabetes and prevent amputations in Illinois, Iowa, and California.

Dr. Rogers is an elected member of the board of directors of the American Board of Podiatric Medicine and the chair of the subcommittee on Certification in Amputation Prevention. He is the past chair of the foot care council for the American Diabetes Association. Dr. Rogers received the 2011 Rising Star Award from the American Podiatric Medical Association for outstanding national accomplishments and has been selected by Podiatry Management Magazine as one of the most influential podiatrists in America. Lee was named Educator of the Year from the California Podiatric Medical Association in 2012 and given the Master's Award from the American Professional Wound Care Association.

Dr. Rogers has published over 120 papers in the field of diabetic foot care and limb salvage, including several on establishing teams to reduce complications and the cost of diabetic foot care.

Dr. Rogers's work has been quoted in the Wall Street Journal, the Washington Post, US News & World Report and he's been a guest on ABC's The Doctors Show and featured on PBS's American Medical Journal and Al Jazeera International's The Cure.

Dr. Rogers consults for the Department of Defense on medical research. He has delivered more than 500 speeches or lectures, worldwide. He was vice-chair of the California Podiatry Political Action Committee and a director on the board of the Los Angeles County Podiatric Medical Society.

In 2012 and 2014, Rogers was a candidate for US Congress from Los Angeles California and endorsed by the LA Times and the LA Mayor, California Lt. Governor, President Pro-tem of the Senate, Speaker of the Assembly, and about 40 members of Congress.

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

**Why become a podiatrist?
Why I chose to become a podiatrist?**

I was interested in medicine and surgery. Podiatry allows you this mix. The limb salvage patient is complicated. They often have diabetes with 10+ comorbidities and we have to work closely with other medical specialists like endocrinologists, nephrologists, and cardiologists. Almost all limb salvage patients are surgical patients requiring debridement of wounds or stabilizing surgeries to maximize limb function{...}Often when I see a patient, they've been "offered" an amputation by another doctor. Patients are often depressed and desperate. Many times we are successful at salvaging the limb, which gives me great personal satisfaction and results in the most grateful patients!



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

BOGDAN FLOREA
MD

Senior Specialist in Neurology

Secretary of the Society for Diabetic Neuropathy

Founder member of the Society for Diabetic Neuropathy

Founder member of the Association of Podiatry

Secretary of the Association of Podiatry

Managing director of the "Clinica de Podiatrie", Cluj-Napoca

Neurological diseases in foot health

The present work will focus on a clinical and electrodiagnostic algorithm when approach the patient with lower limb neurological condition. Motor, sensory and autonomic signs and symptoms generate various clinical patterns. An accurate clinical examination, detailed history, doubled by paraclinical tests allow us to define specific syndromes and later on choose the appropriate therapeutical solutions. Radiculopathy, peripheral nerve entrapment, nerve demyelination, axonal degeneration, myopathy, sympathetic or parasympathetic dysfunction are milestones of a wide clinical judgment. Arguments "pro and cons" will be doubled by nerve conductions studies, needle electromyography exams for a correct and accurate diagnosis of lower limb condition. Clinical cases will be presented as clinical vignettes, such as neurologists face in their daily practical activity.



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

VITALIE LISNIC MD, PhD, FEAN

Professor of Neurology, responsible for postgraduate education of the residents at the State University of Medicine and Pharmacy „Nicolae Testemitanu”, consultant neurologist at the Institute of Neurology and Neurosurgery in Chisinau, Republic of Moldova.

Dr. Lisnic graduated with mention the Faculty of General Medicine of the Chisinau State Medical Institute in 1989. He passed internships in Neurology and Neurophysiology in Moscow, Russian Federation, 1993; Charles University, Pilsen, Czech Republic, 1994; Landesnervenklinik of Salzburg, Austria, 1999; Emory University, Atlanta, USA, 2002 - 2003, Vienna University, Austria, 2008. In 2003 obtained a clinical attachment in neuropathies at the National Institute of Neurology, Queen's Square, London, UK.

V. Lisnic defended the thesis of doctor of science on amyotrophic lateral sclerosis (1995) and the thesis of habilitat doctor of medical science on impairment of the central nervous system in demyelinating neuropathies (2006). The main fields of clinic expertise and scientific interests are peripheral nerve disorders, neuromuscular diseases. He was the Principal Investigator in some research projects in neuropathies, postherpetic neuralgia, neuropathic pain, depressive disorders.

Vitalie Lisnic is the President of the Society of Neurologists of the Republic of Moldova, Fellow of the European Academy of Neurology. He is a member of the Education Committee of the World Federation of Neurologists, member of American Academy of Neurology, European Stroke Organization, Movement Disorders Society, Romanian Society of Electrodiagnostic Neurophysiology.

Professor Vitalie Lisnic is the author of 2 monographs, more than 150 scientific publications in Moldovan and International biomedical journals. Under his guidance were defended 5 Ph.D theses.

Inflammatory neuropathies in diabetes - diagnosis and treatment

The prevalence of diabetes mellitus is estimated to be between 10 and 14% worldwide. These numbers are expected to rise in the next decades. Diabetic polyneuropathy is the most common complication of DM. Almost 50% of patients with diabetes develops polyneuropathy according to the clinical picture, almost in all the patients are established electrophysiological signs of nerve damage. Diabetes represents the most frequent cause of polyneuropathy. However, patients with diabetes may have other neuropathies, which need to be recognized.

Distal symmetric polyneuropathy (DSP) is the most common neuropathy to occur in DM. But patients may develop inflammatory neuropathies as chronic inflammatory demyelinating polyradiculoneuropathy (CIDP), diabetic radiculoplexus neuropathies and vasculitic multiple mononeuropathy.

Diagnosis of CIDP in diabetes patients may be significantly more difficult than in non-diabetics due to demyelinating changes associated with DSP. CIDP must be suspected when a predominantly motor and ataxic polyneuropathy occurs in a diabetic patient and the degree of improvement following disease modifying treatment is less favorable. These patients have more severe clinical and electrophysiological neuropathy. The nerve conduction studies showed lower amplitudes of compound muscle action potentials in DSP with CIDP, resulting from dual nerve pathologies. For confirmation of the diagnosis cerebrospinal fluid analysis, imaging and nerve biopsy are helpful.

It is crucial to raise awareness of the presence of CIDP and other inflammatory neuropathies in diabetes patients as they can be offered appropriate therapy. The treatment options for CIDP in diabetes include the same methods as for typical CIDP: corticosteroids, intravenous immunoglobulins and plasma exchange. Steroids with proven beneficial effect in CIDP are relatively contraindicated in DM. Immunosuppression with cytostatics (azathioprine, mycophenolate mofetil, methotrexate etc.) is considered to spare the side effects of corticosteroids.



IAN REILLY
MSc, FCPodS, FFPM RCPS(Glasg), DMS

Consultant Podiatric Surgeon
Northamptonshire Foundation NHS Trust and Private Practice

Fellow, College of Podiatry (Surgery)
FoPS Board of Examiners (Chair)
Independent Prescriber
Diploma in Management Studies

Mr Reilly has been qualified as a Podiatric Surgeon since 1996 and has performed over 9,000 surgical procedures. He has a particular interest in soft tissue surgery and has lectured internationally on plastic surgical procedures of the foot, bunion surgery and injection therapy.

Podiatric Surgery is well established in Northamptonshire and Mr Reilly leads the service for the local NHSTrust. Prior to this he was a Senior Lecturer at Northampton School of Podiatry. He is co-author of Foot and Ankle Injection Techniques: A Practical Guide, and has written chapters in Merrimen's Assessment of the Lower Limb and Brown's Skin and Minor Surgery. He is an invited speaker for the US based International Foot and Ankle Foundation and Associate Lecturer at Queen Margaret University, Edinburgh.

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

Diabetic neuropathy or compression neuropathy in the foot

Content: As clinicians we are familiar with diabetic peripheral neuropathy (DPN) but there are a range of nerve entrapments in the foot and ankle that also present with neurological symptoms. This session will cover basic science, presentation, diagnosis and treatment of these conditions.

Learning outcomes: By the end of the session the delegate will have a better understanding of the nerve entrapments in the foot and ankle.



IOAN A. VEREŞIU
MD, PhD

Associated Professor of Diabetes, Nutrition and Metabolic Diseases Department, "Iuliu Hațieganu" University of Medicine and Pharmacy, Cluj-Napoca, Romania

Chairman of Diabetes Department, County Emergency Hospital, Cluj-Napoca, Romania

President of the Romanian Diabetes Federation

Founder member of the Society for Diabetic Neuropathy

Former president of the Society for Diabetic Neuropathy

Founder member of the Association of Podiatry

President of the Association of Podiatry

Member of Neurodiab EASD

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

Attitude of Romanian family physicians towards diabetic neuropathy and foot problems

Background. Recently published studies have shown that the prevalence of the diabetic foot (DF) in our country (neuropathy, ulcers and amputations) can be considered a real challenge for the public health system. Taking in account the "official" data from 2011 and those from PREDDATOR study (2014) regarding the prevalence of diabetes, in adult population in our country, and the data from the Quality of Life in Diabetic Neuropathy – Romania (2012), we estimated that in that period there were between 424.842 and 1.313.578 patients with diabetic neuropathy, between 94.479 and 292.124 patients with self-reported current or past foot ulcerations and between 20.164 and 62.345 with diabetes-related lower leg amputations.

The aim of our study was to evaluate the degree of training of our family physicians (FP) to deal with these numerous group of patients.

Method. A twenty items questionnaire was sent by e-mail to 836 individual addressees of FP. The questionnaire was designed to be completed online, 15 items having 4-6 answer options and 5 items with "yes or no" answer. The estimated time to complete the questionnaire was 5-7 min. The rate of replies was rather low.

Results. We analyzed 111 replies. The majority of FP (63.9%) had more than 1500 patients on their list. 90.9% had more the 300 patient /month and 25.2% seeing more the 500 patients/month. More than 43% of the PF were seeing 20-50 patients with diabete/month. Even if 74.4% of them are asking their patients with diabetes to take of their shoos once or twice a year, half of them use no instrumental testing of sensitivity (tuning-fork or monofilament or tip-therm or pin-prick). 35% of our respondents have estimated that they are seeing onicomycosis to more than 50 patiens/month. Surprisingly high is the proportion (80.1%) of the FP who responded "yes" to the question "Are you seeing patients with diabetes and lower leg amputations in your practice?" A great majority of them (95%) have answered "yes" to the question "do you have enough time to do foot screening once a year?" 99% of our colleagues responded "yes" to the question "Are you interested to participate to a continuing medical education on diabetic foot program?" and 73.8% of them are preferring the online programs (e-learning or webinars).

Conclusions. The proportion of our colleagues who replayed to our questionnaire was discouragingly small. Even if they consider that they have the time for the annually foot screening in patients with diabetes, only a small proportion are adequately trained for doing these according to standards.



CAROLINE TEUGELS
L.LM

Executive Director, International Federation of Podiatrists-
Fédération Internationale des Podologues (FIP-IFP)

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

FIP-IFP Global Strategy

The global podiatry strategy of the International Federation of Podiatrists – past challenges future opportunities

The lecture will focus on how podiatry is looked at around the world, what are the skills and competences put forward and which terminology is used. The future opportunities in the growth of the profession will be thoroughly discussed. As well as the role of the International Federation of Podiatrists defining the standards of the profession.

By means of a presentation, an overview of podiatry around the world will be given, based on the work of the Federation during the last 70 years.

Podiatry is a branch of medicine devoted to the 'foot and ankle and associated structures', with podiatrists being able to diagnose and treat patients autonomously.

With training in podiatric medicine throughout the world being presently so diverse, it is creating significant problems and challenges, both for the practitioner and the patient. Diversity in training across countries range from a lower training (non-higher education) to a university doctoral degree. Also, the legislation regulating the profession is different in each country. In some areas there is a total lack of regulation whereas other states include the podiatrists in the health system as a fully recognised health profession. These huge diversities in training and legislation have an impact on the growth and recognition of the profession throughout the world.

Conclusion:

To advance podiatry worldwide the global podiatric community needs to set the standards of the profession and have a clear vision for the future. It is the role of the International Federation of Podiatrists to move the profession forward and speak as the global voice of podiatry.



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

GABRIELA RADULIAN MD, PhD

President of the Society for Diabetic Neuropathy

Vicepresident of the Romanian Federation of Diabetes, Nutrition
and Metabolic Diseases

Professor, University of Medicine and Pharmacy "Carol Davila",
Bucharest, Romania

Department Chief
Diabetes II
National Institute of Diabetes, Nutrition and Metabolic Diseases
"Prof. Dr. N. C. Paulescu"

Diabetic neuropathy and peripheral arterial disease - risk factors for amputation

Diabetes mellitus (DM) has a continuously increasing prevalence, that goes in parallel with the increment of the number of patients which develops diabetic complications - such as the diabetic peripheral neuropathy (DPN) and, also, with the increment in the number of cases of association of DM with peripheral arterial disease (PAD); two pathogenic associations that represents primary risk factor for development of foot disease but, more important, major causes of limb amputation.

Guidelines recommend, not only an intensive metabolic control associated with tight blood pressure control and lipid profile in targets, but, also, DPN assessment by evaluation of sensation for pain, temperature and vibration and the evaluation of ankle reflex, leading to four risk categories and PAD assessment, which requires a detailed anamnesis and a strict clinical examination followed by ankle-brachial index examination, leading to a classification with prevention and three severity grades. For diabetic ulcers, that has a prevalence of 7-8%, the three main risk factors – DPN, deformity and minor trauma the guideline recommendation for assessment includes a ten items score that results in a classification with three severity grades. Other two important and more severe risk factors that can lead – in the absence of screening and strict DM management, to limb amputation, are represented by diabetic foot infection, classified in three grades of severity and which requires assessment by clinical and microbiological examination in association with serial radiographs; and by Charcot foot - the bone inflammation in a neuropathic foot of a patient with DM.

It is well known that prevention is the cornerstone of any medical intervention, so, even if we talk about DM itself or about the complications derived from it – such as foot ulcers – which associates pain, or, worse, limb amputation, we should remember that the patient is the central element of our practice – so, we should be highly active in the screening process, preserving their ability to walk and to be mobile and active, because we should always have in mind that DM, with its frequent complication – DPN, and, also, PAD are two lifestyle related disorders, which predispose to a sedentary lifestyle, a decrease in the level of undertaken physical activity, gain weight and, finally, to a decline in the overall health.



LEE ROGERS
DPM, MD, PhD

Chair of the subcommittee on Certification in Amputation Prevention

Past chair of the foot care council for the American Diabetes Association

Dr. Rogers serves as the medical director of the Amputation Prevention Centers of America, a division of RestorixHealth, Inc, which manages 130 specialized centers across the US in 24 states. He has personally developed and implemented several successful services lines to treat lower extremity complications of diabetes and prevent amputations in Illinois, Iowa, and California.

Dr. Rogers is an elected member of the board of directors of the American Board of Podiatric Medicine and the chair of the subcommittee on Certification in Amputation Prevention. He is the past chair of the foot care council for the American Diabetes Association. Dr. Rogers received the 2011 Rising Star Award from the American Podiatric Medical Association for outstanding national accomplishments and has been selected by Podiatry Management Magazine as one of the most influential podiatrists in America. Lee was named Educator of the Year from the California Podiatric Medical Association in 2012 and given the Master's Award from the American Professional Wound Care Association.

Dr. Rogers has published over 120 papers in the field of diabetic foot care and limb salvage, including several on establishing teams to reduce complications and the cost of diabetic foot care.

Dr. Rogers's work has been quoted in the Wall Street Journal, the Washington Post, US News & World Report and he's been a guest on ABC's The Doctors Show and featured on PBS's American Medical Journal and Al Jazeera International's The Cure.

Dr. Rogers consults for the Department of Defense on medical research. He has delivered more than 500 speeches or lectures, worldwide. He was vice-chair of the California Podiatry Political Action Committee and a director on the board of the Los Angeles County Podiatric Medical Society.

In 2012 and 2014, Rogers was a candidate for US Congress from Los Angeles California and endorsed by the LA Times and the LA Mayor, California Lt. Governor, President Pro-tem of the Senate, Speaker of the Assembly, and about 40 members of Congress.

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

Three minutes foot exam

Foot ulcers and other lower-limb complications secondary to diabetes are common, complex, costly, and associated with increased morbidity and mortality.¹⁻⁶ Unfortunately, patients often have difficulty recognizing the heightened risk status that accompanies the diagnosis of diabetes, particularly the substantial risk for lower limb complications.⁷ In addition, loss of protective sensation (LOPS) can render patients unable to recognize damage to their lower extremities, thus creating a cycle of tissue damage and other foot complications. Strong evidence suggests that consistent provision of foot-care services and preventive care can reduce amputations among patients with diabetes.⁷⁻⁹ However, routine foot examination and rapid risk stratification is often difficult to incorporate into busy primary care settings. Data suggest that the diabetic foot is adequately evaluated only 12% to 20% of the time.

In response to the need for more consistent foot exams, an American Diabetes Association (ADA) task force lead by 2 of the authors of this article (AB and DA) created the Comprehensive Foot Examination and Risk Assessment.⁵ This set the standard for the detailed investigation of lower limb pathology by a specialist, but was not well suited for other practice settings, including primary care. One reason is that it would be difficult to complete the comprehensive examination during a typical 15-minute primary care office visit. In addition, certain examination parameters require the use of neurologic and vascular assessment equipment and training not available in all health care settings.

With these thoughts in mind, we set out to develop an exam that could be done by a wide range of health care providers—one that takes substantially less time to complete than a comprehensive exam and eliminates common barriers to frequent assessment. The exam, which we'll describe here, consists of 3 components: taking a patient history, performing a physical exam, and providing patient education. And best of all, it should only take 3 minutes.



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

NASEER AHMAD
BSc (Hons) MBChB FRCS MD

Consultant Vascular Surgeon - Manchester University Foundation Trust

Honorary Senior Lecturer - Faculty of Biology, Medicine and Health, University of Manchester (UoM) and Manchester Metropolitan (MMU)

Honorary Clinical Advisor - Greater Manchester and East Cheshire Strategic Clinical Network

Naseer is a vascular surgeon based at Manchester University Foundation Trust, UK. He performs the full range of vascular procedures but specialises in complex ultra-distal hybrid revascularisations of the lower limb, particularly the diabetic foot. He is part of the specialist multi-disciplinary lower limb preservation team that has reduced major amputations by 23% within three years at his institution. His award winning research is health inequalities surrounding lower limb amputations and he, for the first time, described regional, gender and ethnic inequalities across England. He also highlighted that half of all amputations performed in England are in patients who do not have diabetes. He is currently heading up the MARS project (Manchester Amputation Reduction Strategy) which is redesigning community vascular services across Greater Manchester and incorporating them with hospital, public health and social care services. He is also part of the team developing the National Ulcer Strategy for England.

The Manchester Amputation Reduction Strategy

The Manchester Amputation Reduction Strategy (The MARS Project) is a program of work currently underway in Manchester, UK. It is, in essence, a community wounds strategy that aims to reduce inequality in the service provision, delivery and outcome of foot and leg ulcers and then positively influence the flow of patients into and out of hospital. It is currently performing a deep dive service review of two large areas of the Greater Manchester conurbation and will recommend changes which are aimed at delivering population based transformation. We have already reduced the number of major amputations at our institution by 23% over 3 years and have shown that a community podiatry set up that treats foot ulcers from both the diabetic and non diabetic community does not compromise diabetes foot care. The full outcome of the work will not be known for several years, but early signs are positive.



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

DAVID N. DUNNING
DipPodM. MSc. FCPodM. FFPM RCPStGlasg.

David is a clinical podiatrist with nearly 40 years of experience in general practice and is a partner in a busy private practice. He has held a part time post in the biomechanics department at Staffordshire University and is now a visiting Research Fellow. He has been instrumental in the production of the post graduate programme most notably the MSc in Medicine of the Royal College of Physicians and Surgeons of Glasgow.

He holds a Masters Degree in Sports Injury and Therapy and has a keen interest in clinical biomechanics. His active academic and research role along with his clinical experience has led him to work with elite athletes and national and international Clinical Podiatric Biomechanics.

He is an inaugural fellow of the College of Podiatry and of the Faculty of Podiatric sports teams. He is the podiatrist to Stoke City Football Club and was part of the medical team at the Commonwealth Games in Glasgow in 2012.

He also has a clinical and research interest in footwear and the biomechanics of the at-risk foot and has worked in a variety of related clinical situations notably in association with AR hospital in Chennai, India.

He has been the Chair of the council of the Society of Chiropodists and Podiatrists and the Board of Governors of the College of Podiatry from July 2014 to July 2016.

Orthosis in foot and gait correction

The word orthosis comes from the Greek "orthos" meaning to straighten or correct. This presentation will define an orthosis. It will distinguish between other devices such as a prosthesis. It is very hard to estimate the number of foot orthoses prescribed each year, but it is in the tens if not hundreds of millions. L J Silverman said in 1941 "There is probably no single measure in medicine about which opinions differ so much as to the type of appliance to be used as in the case of treatment of the static foot defects" This presentation will help to dispel the controversy by highlighting the function of orthoses as a distinct medical device. As the vast majority of prescribed orthoses are foot orthoses this presentation will focus on the assessment, prescription and supply of these devices. By definition they are primarily used to manage foot pathology, but by their function they also affect the whole locomotor system. This will briefly be described and discussed with reference to the evidence for their use.



ALFRED GATT
PhD FFPM RCPS (Glasg.)

Alfred Gatt has been a practicing podiatrist since 1986. For twenty years, he has been Manager of Podiatry services in Malta, where he was responsible for both strategic planning and daily administration of the service across the Maltese islands. Throughout these years, he was instrumental in building the profession, from a single clinic to multi-centre facilities within all Primary Health Centres, general and specialist hospitals, geriatric hospitals and homes. He has created specialized services including a Biomechanical Gait Analysis Service, Diabetes Foot Clinics, a Rheumatology Clinic and a Podopediatric Clinic within the National Health Service.

In 2003 Alfred obtained a Master's Degree in Podiatry from University of Brighton and a PhD in Clinical Biomechanics from Staffordshire University in 2012. His main work centres around ankle joint biomechanics, gait analysis and thermography. Since 2010 he has devoted his work full-time to academia, where he teaches mainly Podiatric Biomechanics. He leads a Master's programme in Clinical Biomechanics and supervises research at undergraduate, Masters and PhD levels.

He is founding President of the Association of Podiatrists of Malta, the Diabetes Foot Research Group at the University of Malta and Maltese Health Professionals in Rheumatology. Presently he is President of ENPODHE – the European Network of Podiatry in Higher Education.

Throughout his career, he has maintained patient contact by running his own private clinic which specializes in podiatric biomechanics and provision of custom foot orthoses utilizing the latest technologies, ranging from 3d scanning to CAD/CAM and 3d printed orthoses.

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

Top 10 foot condition managed by podiatrists. Part 1

The feet take a lot of daily abuse from walking, running, jumping, and climbing, making them susceptible to many different types of pathologies. Through activities of living, the feet can change structurally over time, causing a reshaping of the feet. This can give rise to a number of medical conditions and deformities. In addition, the feet are susceptible to infections—including bacterial, fungal, and viral infections. Systemic illnesses can also affect and change the feet, which can limit daily activity and quality of life.

From injuries to inflammation, several different types of damage and malfunctions can lead to foot problems. Improper footwear, diabetes, and aging are some of the chief contributors to foot problems. These 2 papers highlight some of the most common foot concerns, their causes, treatment and advice given by the podiatrist. Some of the conditions presented will include musculoskeletal conditions of the foot such as plantar fasciitis, Morton's Neuroma, hallux valgus amongst others. Ingrown toenail surgery will also be discussed together with vascular and neurological conditions affecting the foot.



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

CYNTHIA FORMOSA

PhD FFPM RCPS (Glasg)

Senior Lecturer/ Head Podiatry Department
University of Malta

Dr. Cynthia Formosa qualified as a State Registered Podiatrist from the Department of Health, Malta in February 1989. She worked as a Senior Podiatrist with this department from 1989 to 1994. She then left the Health Department to set up a private practice in Podiatry until 2009.

Cynthia Formosa was awarded the Masters of Science in Podiatry in April 2003 from the University of Brighton, United Kingdom with research entitled 'The Relationship between the level of diabetes-related knowledge and the incidence of peripheral neuropathy in patients suffering from chronic type-2 diabetes mellitus in Malta'. She was later awarded the PhD in Podiatry in October 2009 from the same university. Her research was entitled 'Culture and the management of Diabetes in Malta'.

Cynthia Formosa is currently working on full-time basis with the University of Malta as a Senior Lecturer and Head of Podiatry Department inside the Faculty of Health Sciences. A post which she has occupied for the past ten years. She was also President of the Association of Podiatrists, Malta for two years and is currently helping the Association with all the educational activities it organises.

She is currently a member of the International Federation of Podiatrists and a member of the Clinical Biomechanics and Human Performance Research Team at the Faculty of Health, Staffordshire University. She is also a founder member of the Diabetes Foot Research Group, University of Malta. Dr Cynthia Formosa has just completed her first Post-Doctoral research focusing on the Prevalence Rate of Diabetes Foot Risk Factors and Complications in the Maltese Diabetic Complications. She is currently working on another research focusing on National Diabetes Foot Screening Guidelines.

She was also appointed as a Visiting Fellow on the 1st September 2011 at the Centre for Sport, Health and Exercise Research, Faculty of Health, Staffordshire University. She is also Fellow of the Faculty of Podiatric Medicine at the Royal College of Physicians and Surgeons, Glasgow.

Top 10 foot condition managed by podiatrists. Part 2

The feet take a lot of daily abuse from walking, running, jumping, and climbing, making them susceptible to many different types of pathologies. Through activities of living, the feet can change structurally over time, causing a reshaping of the feet. This can give rise to a number of medical conditions and deformities. In addition, the feet are susceptible to infections—including bacterial, fungal, and viral infections. Systemic illnesses can also affect and change the feet, which can limit daily activity and quality of life.

From injuries to inflammation, several different types of damage and malfunctions can lead to foot problems. Improper footwear, diabetes, and aging are some of the chief contributors to foot problems. These 2 papers highlight some of the most common foot concerns, their causes, treatment and advice given by the podiatrist. Some of the conditions presented will include musculoskeletal conditions of the foot such as plantar fasciitis, Morton's Neuroma, hallux valgus amongst others. Ingrown toenail surgery will also be discussed together with vascular and neurological conditions affecting the foot.



PAULINE WILSON Podiatrist

Pauline Wilson is a clinical specialist podiatrist who co-ordinates a multidisciplinary foot team which serves a large population based in Dublin, Ireland.

She is the current Irish delegate to D-Foot international as well as a member of the POINT working group for both D-Foot and FIP-IFP. Additionally she is the current chairman of the International Academy of Podiatric Medical Educators for FIP-IFP.

She has represented podiatry on a number of local, regional and national committees and is currently an honorary lecturer for the RCSI and visiting lecturer at Trinity College in Dublin.

She has presented widely at international conferences on a variety of topics in relation to the management of diabetic foot disease.

She has a keen interest in clinical based research with over 20 publications in the last 2 years.

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

POINT project

POINT – Podiatric Skills for International Diabetic Foot Teams

The POINT (podiatry for international diabetic foot teams) project is a collaboration between D-Foot International and The International Federation of Podiatrists (FIP-IFP).

The aims and objectives of this collaboration were to:

- facilitate the introduction of a staged podiatry competency training framework in countries where diabetes foot care infrastructures currently exist.
- In relation to the above to try to provide a standardised staged competency based framework for podiatry training on a regional /international levels.
- To utilise the D-Foot initiated foot care as an access point for development of podiatry in countries where podiatry does not formerly exist.
- To explore definitions regarding differing levels of podiatry/ diabetic foot care and to align the skill levels associated with each level.

The POINT document is a result of this collaboration which defines practice at 4 skill levels across 13 domains of practice. The purpose of this document is tri-fold

- As a benchmarking tool for existing teams to critically reflect upon their practice and identify where quality improvements can be made.
- As a tool for clinicians who wish to establish a diabetic foot team to highlight the skills needed in order to provide care across the breadth of diabetic foot practice highlighting the specific roles in which podiatrists can help.
- For national and local decision makers, to identify which skills can be provided by podiatrists to promote the development of the profession.

The presentation will consider the 3 aims of the document and how they may be implemented in a variety of situations.

Additionally the session will briefly introduce the work from the point team on the global inventory of podiatric skills and enable delegates to understand what skills to develop and how the POINT document can assist in developing services for improved patient outcomes.



JOSE LUIS LAZARO MARTINEZ
MD, PhD, MSc

Professor at the University of the Complutense
University of Madrid (UCM), Spain

Head of Diabetic Foot Unit
Teaching Podiatric Clinic,
Institute of Health Investigation of the
Hospital Clínico San Carlos at Madrid, Spain

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

D-Foot International Global Strategy

18 months ago, we launched the D-Foot online profile, more or less simultaneously with the legal incorporation of the association. Since then, we have developed a number of activities, working together with key opinion leaders and volunteers from around the world. Without their commitment and guidance, D-Foot would not be where it is today. So..... Thank You! We've focused our efforts in setting up a solid central structure and governance, and extending our network to like-minded and complementary international organisations. Our rationale for these actions is to strengthen our collective global impact to try to make a real difference for people with and at risk of diabetic foot.

Footnote, the D-Foot electronic newsletter, has increased its readership base to more than 2500 foot specialists around the world. Our first "special issue" focusing upon debridement will close D-Foot International activity this year.

To date, D-Foot is represented by 189 National Representatives/Full Members from more than 150 countries. In collaboration with the International Federation of Podiatrists (FIP-IFP), D-Foot developed The POINT Project, a competency framework for podiatry, to boost podiatry care at a global level and hopefully facilitate podiatry training where there is none. We joined forces with leading stakeholder organisations: American Diabetes Association (ADA), International Committee of the Red Cross (ICRC), International Society of Prosthetics and Orthotics (ISPO), IWGDF Guidance, International Diabetes Foot Care Group (IDFCG), "Undefeated" and Université Numérique Mondiale Francophone (UNMF).

We are grateful for the support of an increasing number of corporate partners, without whose help it would be impossible to deliver our mission.



FRANK BOWLING,
Dr, DSc, MSc, DPM, PhD, FFPM, RCPS

University of Manchester,
Faculty of Medical & Human Sciences, UK

Manchester Royal Infirmary,
Depts. Vascular Surgery & Diabetes, UK

“Nicolae Testemițanu” State University of Medicine &
Pharmacy, Chișinău, Moldova

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

Amputation Prevention Strategy

The effective management of diabetic foot complications relies on achieving stability across multiple aspects of diabetes mellitus care. Glycaemic control, kidney function, visual system, blood pressure and intact cognition are aspects of the disease that considerably influence prognosis. Comprehensive and effective management can only be achieved through multidisciplinary care, across many different care providers.

Patients who require a treatment from a specialist diabetes foot care team need a structured management plan to contend with the multiple comorbidities and complications associated with diabetes mellitus. A specialist foot care team for patients with diabetes mellitus should include a diabetologist, podiatrist, specialist nurse and a surgeon with a thorough understanding of foot function (who can be a Podiatric, Orthopaedic, Vascular or General surgeon).

Identification of infection in diabetic foot lesions is essential as the alternative can result in complicated medical and/or surgical interventions. The aim should be the differentiation between colonization and infection to avoid premature initiation of antimicrobial therapy. Diabetic foot ulcers provide a suitable environment for a diversity of microorganisms to first contaminate then subsequently colonize the wound. Infection can occur when a pathogenic factor produced by one or more microorganisms exceeds the capacity of the host immune system causing tissue damage and triggering both local and systemic inflammatory responses. The progression from wound colonization to infection is influenced by various factors including type and depth of the wound, blood supply, immune status of the patient. The quantity of microbial flora and pathogenicity expressed by the microorganisms involved will also have an effect.

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania



LEE ROGERS DPM, MD, PhD

Chair of the subcommittee on Certification in Amputation Prevention
Past chair of the foot care council for the American Diabetes Association
Dr. Rogers serves as the medical director of the Amputation Prevention Centers of America, a division of RestorixHealth, Inc, which manages 130 specialized centers across the US in 24 states. He has personally developed and implemented several successful services lines to treat lower extremity complications of diabetes and prevent amputations in Illinois, Iowa, and California.

Dr. Rogers is an elected member of the board of directors of the American Board of Podiatric Medicine and the chair of the subcommittee on Certification in Amputation Prevention. He is the past chair of the foot care council for the American Diabetes Association. Dr. Rogers received the 2011 Rising Star Award from the American Podiatric Medical Association for outstanding national accomplishments and has been selected by Podiatry Management Magazine as one of the most influential podiatrists in America. Lee was named Educator of the Year from the California Podiatric Medical Association in 2012 and given the Master's Award from the American Professional Wound Care Association. Dr. Rogers has published over 120 papers in the field of diabetic foot care and limb salvage, including several on establishing teams to reduce complications and the cost of diabetic foot care.

Dr. Rogers's work has been quoted in the Wall Street Journal, the Washington Post, US News & World Report and he's been a guest on ABC's The Doctors Show and featured on PBS's American Medical Journal and Al Jazeera International's The Cure.

Dr. Rogers consults for the Department of Defense on medical research. He has delivered more than 500 speeches or lectures, worldwide. He was vice-chair of the California Podiatry Political Action Committee and a director on the board of the Los Angeles County Podiatric Medical Society. In 2012 and 2014, Rogers was a candidate for US Congress from Los Angeles California and endorsed by the LA Times and the LA Mayor, California Lt. Governor, President Pro-tem of the Senate, Speaker of the Assembly, and about 40 members of Congress.



DAVID G. ARMSTRONG, DPM, MD, PhD

Professor of Surgery and Director Southern Arizona Limb Salvage Alliance (SALSA), University of Arizona College of Medicine, USA
Deputy Director of the Arizona Center for Accelerated Biomedical Innovation (ACABI), USA

David Armstrong was raised a schoolteacher, in Santa Maria, California. His father, Leo N. Armstrong, was a noted podiatrist in California and figures large in many of Armstrong's anecdotes, lectures, and writings. As a child, he traveled worldwide with his family and a core group of physicians, mostly podiatrists. This influenced his later career as an ambassador for diabetic foot care and Podiatry.

Live session: Making SALSA: A Marriage of Team, Technology and Tenacity

David Armstrong, responding to his love of the Desert Southwest, the rampant diabetic epidemic there, and his long-standing friendship with renowned vascular surgeon Professor Joseph Mills, was recruited again to Tucson and the University of Arizona. It was there he founded, with Mills, the Southern Arizona Limb Salvage Alliance (SALSA). This program serves as a model for interdisciplinary care, worldwide. It was also here that Armstrong and Mills coined the term the "Toe and Flow" team. This implies the "irreducible minimum" requirements for a foot specialist and a vascular specialist in order to run a successful amputation prevention service. As with Rosalind Franklin University, at the University of Arizona, he became the first ever podiatrist to be appointed as a tenured professor. It was also here that his interests in a merger between consumer electronics and health care began to flourish. He and Mills became the first surgeons to document a real-time surgical consultation via iPhone's FaceTime with their colleague (and Armstrong's former fellow), Lee C. Rogers. The SALSA vision for merging man and machine was further outlined in his UA College of Science Lecture "Repair, Regeneration and Replacement Revisited".



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

IOAN A. VEREŞIU
MD, PhD

Associated Professor of Diabetes, Nutrition and Metabolic Diseases Department, "Iuliu Hațieganu" University of Medicine and Pharmacy, Cluj-Napoca, Romania

Chairman of Diabetes Department, County Emergency Hospital, Cluj-Napoca, Romania

President of the Romanian Diabetes Federation

Founder member of the Society for Diabetic Neuropathy

Former president of the Society for Diabetic Neuropathy

Founder member of the Association of Podiatry

President of the Association of Podiatry

Member of Neurodiab EASD

Epidemiology of diabetes. Cost implications of foot ulcers and diabetes related to lower limb amputations in Romania

Background. Diabetic foot complications, mainly feet ulcerations and lower limb amputations, are recognized as a real burden for the public health systems. Epidemiological data and costs estimation are major prerequisites for any patients care improvement strategies. In our literature there are only two studies at national level on this topic, "Quality of Life in Patients with Diabetic Neuropathy in Romania" (Journal of Diabetes and its Complications, 2015) and "Trends in lower extremity amputations in Romania – A five years (2006-2010) nationwide study" (Diabetes Research and Clinical Practice, 2015) and a study on epidemiology of diabetes "PREDATORR Study" (Journal of Diabetes, 2016). There are no data on costs estimation of these complications.

Aim and method. Our intention was to estimate the trends in the epidemiology of foot ulcerations and amputations in patients with diabetes in the next five years and their costs, taking in account also some of the amputations risk factors as peripheral arterial disease (PAD) and infection. We have used Markov modeling, the data from above mentioned studies and the data from Eurodiale Study (Diabetologia, 2007). We considered this last study as a source of data regarding the efficacy of a standardized approach to the diabetic foot ulcerations and amputations, which included also for costs estimations. Due to the lack of data regarding ulcers and PAD incidence in our country, we have used data from other studies, proposing the "best" and the "worst" scenario for our country. All the data were included in the Microsoft Excel 2010 soft.

Results. The results of our modeling are showing that in the next five years the number of ulcerations and amputations in patients with diabetes will be double, both in the "best" and "worst" scenario. The number of major amputations in patients with foot ulcers and PAD will increase in the five years period from 2000 to 4000 per year. The costs for the patients with an unhealed ulcer after the first year will increase with aprox 65.7 mil EUR/year, meaning 0.66% from the total health budget for 2019. If we apply the standards of care from the "old" Eurodiale study the number of major amputations can be decreased with 1208, 1720 and 2078 in the first, second and third year and the total costs with 39, 75 and 79 mil EUR.

Conclusions. Our data are showing that diabetic foot complications are on an increasing curve and that the costs generated are high and increasing also. Standardizing the process of care at national level is cost-saving.



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

MANOS ARVANITAKIS

MSc, BSc (Hons) Podiatry MPS

State registered Podiatrists No. 13275

Ex. Scientific associate of Manchester United F.C.

Scientific associate of PAE AEK

Emmanuel Arvanitakis graduated from Salford University, Manchester (BSc Hons in Podiatry) (1995), and completed a Master's Degree in Podiatry (Podiatry MSc) at Queen Margaret University, Edinburgh, UK, (2004).

Certified in Sports Injuries and Therapy (Manchester Metropolitan University Certificate in Professional Studies, Sports Podiatry, Diploma in Sport Injuries and Therapy), biomechanics, pharmacology for CPMs (Northampton University-Certificate in Prescription of Medicine), sports podiatry, and health studies (The South Manchester College-BTEC, National Diploma in Health Studies).

He worked voluntarily as a general podiatrist at the renowned Manchester Foot Hospital.

Upon his return to Greece he worked at the General Hospital in Athens as a Consultant Doctor at the Diabetic Foot Clinic. In 1999, he founded the Podiatry Centre and became one of the first accredited podiatrists in Greece. A few years later, he founded two more Podiatry Clinics in Athens and Heraklion, Crete.

He is an enthusiastic leader within the profession and has served in several professional committee positions including the Hellenic Diabetes Association, the Society of Podiatrists (reg. No 13275), the International Society of Biomechanics, the Council for Professions Supplementary to Medicine and the Society of Wound Care. He is also the president of the Greek Podiatry Society.

He has organized seminars on Podiatry and as the President of the Greek Podiatrist Society he has been organizing the Hellenic Conference of Podiatry-Podology for the past three years with many participants from all over the world.

He is a pioneer in the field of Podiatry, since he has been the initiator and key figure of introducing the Faculty of Podiatry to Greece by contributing to the development of the first and only university programme in Podiatry offered in Greece. He is the Supervisor of BSc (Hons) Podiatry provided by the Metropolitan College in association with the Queen Margaret University.

He works closely with GPs, sports physicians, physiotherapists, chiropractors and more, both locally and across Greece.

He has been working at the elite level across many sporting teams in Great Britain, Greece and Cyprus, including Manchester United FC, OSFP FC, PANATHINAIKOS FC, AEK FC, GIANNENA FC, KALAMATA FC and OMONIA FC. Professional athletes such as Rivaldo, Sotiris Kyrgiakos, Kyriakos Papadopoulos, Vassilis Lakis, Nikos Sarganis, Andreas Glyniadakis, Emmanuel Karalis, Giorgos Printezis and Argiro Milaki trust his expertise and years of experience in treating athletes. He has also been the podiatrist to various Embassies in Greece such as American, English, etc for many years.

He is a firm believer in the early intervention and prevention of complications, which is the main reason for developing the Corrective Sock, an innovative product into the podiatry and foot care industry, a patent approved by the National Organisation for Medicines and certified by GMDN. This product prevents hallux valgus (bunion), reduces foot pain and instability during walking, helps post surgery rehabilitation of the bunion and reduces the risk of bunion recurrence.

Is it true that the normal function of the first ray contributes to the normal mechanics of the foot?

About two-third of the body weight is transferred through the first ray during gait. Nearly 90 years ago, Morton proposed that hypermobility of the first ray was a problem for normal mechanics of the foot. Excessive dorsal excursion of the first metatarsal was considered to roll the foot inward, the result of which was that the second metatarsal bears an abnormal load due to the instability of the first ray. Described as "first ray insufficiency," this foot structure has been associated with pathologic conditions, such as hallux valgus. Therefore, assessment of first ray hypermobility is an integral part of the physical exam of the foot. The first ray is a single foot segment consisting of the first metatarsal and first cuneiform bones. Pronation of the subtalar joint lowers the first ray to the ground in early stance and dissipates the shock of heel impact. As body weight moves forward, the mechanics of supination stabilize the medial arch, preparing the foot for the propulsive phase of gait. Truss-and-beam mechanics of the foot depend on the first ray to function as the pillar for the medial arch. The first ray, therefore, plays a key role in controlling the structural integrity of the foot.



MIHAI IONAC
MD, PhD, Professor

Victor Babes University of Medicine and Pharmacy, Timișoara

Clinic of Vascular Surgery, „Pius Brinzeu” Emergency County Hospital, Timișoara

Mihai Ionac is professor of surgery at the Victor Babes University of Medicine and Pharmacy from Timisoara and head of the Clinic for Vascular Surgery and Reconstructive Microsurgery.

He is board certified in vascular and plastic surgery and he coordinates the first team of vascular surgeons that perform endovascular surgery in Romania (introducing for the first time in the country arterial and venous CDT, venous stenting, iliac endografts). He formed a multidisciplinary team integrating vascular (both open and endovascular) and plastic surgery techniques for the salvaging of lower limbs with ischemic tissue loss and for the management of the DFU.

Dr. Ionac founded 1994 the Pius Branzeu Center, an experimental facility for training in microsurgery, flap surgery and vascular surgery (www.pius-branzeu-center). Following a training period in Germany he started 1998 an international training program in microsurgery and flap surgery on living tissue, that has been visited by more than 1000 surgeons from all over the world and is integrated in the European School of Reconstructive Microsurgery (www.rmes.es).

Dr. Ionac was one of the founders of the Romanian Society for Vascular Surgery, (currently serves as secretary general) and had a substantial contribution in implementing a curriculum for training in vascular surgery that is harmonized with the programme proposed by UEMS Section and Board of Vascular Surgery (SBVS). Dr. Ionac is also chairman of the Committee of Registry of UEMS SBVS.

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

Vascular and endovascular assessment and treatment of the diabetic foot

Introduction: Diabetes is the most common underlying cause of foot ulcers, infection, and ischemia, which are among the most serious and costly complications of diabetes. Despite advances in the management of diabetes, the rising disease prevalence has resulted in an increased incidence of lower limb amputation due to diabetes. People with diabetes often have both vascular disease and neuropathy. Peripheral artery disease has been shown to be present in 20% to 58% of patients with diabetes. Therefore, assessment of the vascular supply is crucial. Clinical symptoms are often not helpful in the diagnosis of ischemia in patients with diabetes.

The complexity of diabetic foot ulcers necessitates in depth knowledge of the underlying pathophysiology and a multifactorial approach in which aggressive management of ischaemia and infection is of major importance. Metabolic control also plays an important role in comprehensive treatment. Blood glucose control may be difficult because of infection. On the other hand, high blood glucose worsens infection and is associated with poorer operative results, morbidity and mortality. Antibiotic therapy is necessary for virtually all infected wounds, but it is not beneficial for non-infected ulcers and is insufficient without appropriate wound care. Broad spectrum empirical therapy is not routinely required but is indicated for moderate to severe infections. Antibiotic therapy is continued until there is evidence that the infection has been resolved but not necessarily until the wound has healed. The crucial issue is to decide whether revascularisation is needed for a certain lesion in a certain patient. Although non-invasive evaluation is helpful, the decision to intervene is made according to the symptoms and clinical findings. If both an endovascular and a bypass procedure are possible with an equal outcome to be expected, endovascular treatments should be preferred. Endovascular therapy for infrapopliteal arterial disease is gaining acceptance as a first-line revascularisation method to improve ulcer healing and limb salvage. Foot surgery to offload pressure areas may be beneficial to prevent ulcer recurrence after revascularization for neuroischaemic diabetic foot ulcers. Indications for an amputation include the removal of infected or gangrenous tissue, controlling infection and creating a functional foot or stump that can accommodate footwear or a prosthesis.

Conclusions: As incidence of diabetes is increasing, diabetic foot ulcers continue to be a growing challenge for healthcare as well as for vascular services. A diabetic foot ulcer should always be considered to have vascular impairment unless otherwise proven. Bypass surgery and endovascular interventions are therefore complementary techniques for revascularisation in diabetic patients with non-healing ulcers. The podiatric and vascular surgeon must frequently cooperate in the case of complicated lower extremity tissue loss due to diabetes. Understanding each provider's role will streamline care.



EDUARD CATRINA
MD, PhD

Senior General Surgeon, Department of General Surgery,
I. Cantacuzino Hospital, Bucharest, Romania

Senior Lecturer in General Surgery Department, University of
Medicine and Pharmacy "Carol Davila", Bucharest, Romania

Founder member of Society for Diabetic Neuropathy

Member of the Directory Council of Society for
Diabetic Neuropathy

Member of Association of Podiatry

Trainer in the field of Podiatry, Diabetic Foot Care

Trainer for Foot Trainers



RALUCA POPESCU
M.D., Ph.D.

"Grigore T. Popa" University of Medicine and Pharmacy, Iasi,
Romania

Dr. med., senior specialist in Diabetes, Nutrition and Metabolic
Diseases

Lecturer in Diabetes, Nutrition and Metabolic Diseases
Department, University of Medicine and Pharmacy, Iasi,
Romania

Treasurer of Society for Diabetic Neuropathy

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

**Major amputation in the diabetic foot -
questionable attitude**

Nowadays, diabetic foot is one of the most frequent and most severe complications of the diabetes patient. Its pathogeny is complex, implied in different proportion, both vasculopathy and neuropathy, along with biomechanics problems, regarded or not of deformation. The infection, when appear, is for diabetic patient, the main cause of seeing a doctor. In severe cases, all the efforts are done in order to preserve the affected limb, either anatomically and functionally, and, not the least, in order to save the life of the patients.

Although when a diabetic foot is amputated is a marker of failure of the entire process of the diabetic foot management, sometimes, the amputation must be seen as the only possibility to save the patient life. More than that, the amputation must be performed through an accurate technique, in order to provide, in various percents, the mobility of the patient along with familial and social reintegrations. The level of the major amputations, below or above knee, is determined by the proximal level of infection, by the grade of vascularisation, by any severe co-morbidities, along with general biological status and, finally, by the preferences of the patient himself.

There are situations when, trying to rescue the affected foot, the suffering of the patient is prolonged, and sometimes, in severe infections, seriated surgical interventions, that are insufficiently at the time, can lead to lost of the patient's life. The amputation as a procedure could be done by different surgical specialists - orthopedists, vascular surgeons, general surgeons, even plastic surgeons - but the indication of this rescue treatment may be done into multidisciplinary team before to be accepted by the patient.

The paper summarises the indication of the major amputations, its benefit comparing with some other minor amputations, but nonfunctional. In the some time, we want to emphasise the difficulty of making decisions in using this ultimately therapeutic method.



CRISTINA PETRUȚ Clinician Psychologist, Psychotherapist

Board Member IDF Europe

Cristina Maria Petrut is a clinical psychologist, psychotherapist and trainer that has shown an interest in exploring the psychological aspects related to diabetes care due to being diagnosed with type 1 diabetes at the age of 11.

She is an active advocate for improving the lives of people with diabetes on a national level by being the vice president of the Romanian Federation of Diabetes Associations and also on an international level by being a board member of the International Diabetes Federation – European Region and a certified “Young Leader in Diabetes” (IDF Global program).

She has written several publications and articles about diabetes such as “Obesity, Diabetes and Depression” (Mocan., A., Petrut., C.), an IDFE Position Paper on Mobile Applications in Diabetes, the Romanian version of IDFE booklet “Manage care – living with diabetes I can do it”, “Diabetes Burnout and Depression”, “Importance of psychology in diabetes care”, “The relationship between illness perception, treatment satisfaction, diabetes burnout, depression, irrational beliefs and management on people with type 1 diabetes – a comparison between multiple daily injections and insulin pump users”. As well she has a long standing collaboration with a Czech diabetes publication writing about different topics of interest.

She has attended different national congresses as well as Europeans such as EASD, ATTD, IDFE meetings and World Diabetes congress with different interventions and has coordinated different sessions, projects and activities for people living with diabetes.

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

Role of the patient in the multidisciplinary team

Diabetes is a chronic medical condition and it is a very complex one due to its daily management which consist in self administration and adjustment of medical treatment in correlation with different factors, healthy food choices, physical activity and also due to its comorbidities. Because of these, it is well known the importance of a multidisciplinary team around the person living with this condition. This team should be formed by health care providers such as: diabetologist, nutritionist/dietician, educator, diabetes nurse, podiatrist, psychologist, cardiologist, neurologist, ophthalmologist and any other specialties of interest, as also a patient organization.

Each part of the team plays a very essential role but when talking about patients, their main role would be first to acknowledge the fact that they are in charge of their management and results 24 hours/ day for the rest of their life and they are the 100% consistent members of their health care team. Moreover, the patients should be the ones setting their objectives and goals, keeping logs, paying attention to any physical and emotional symptoms, checking their feet and any modification of their vision, preparing questions for their consults with any part of the team. They should be engaged in shared decision making about their own health and also be proactive and understand the various treatment options, express preferences in their therapeutic plan, ask for help whenever is needed. The baseline of all these behaviors is a very good education and understanding of the complexity of diabetes which should be provided by the multidisciplinary team members.

There are a lot of barriers when trying to obtain a good collaboration between the patient and the medical team. Some of them are related to the patient such as: personality traits, lack of engagement due to psychological issues (eg. depression, anxiety, low self confidence in its own abilities to manage such a complex medical condition), other illnesses, age and culture, patient inertia and so on. In these cases, the role of the multidisciplinary team would be to break the barriers and guide the patient into a position where he/she can overcome their problems and become the center of the team.

On the international level, among the people living with diabetes, there is a movement under the motto “nothing about us, without us”. This ideology brings into attention the fact that the patients play the main role in their medical condition and they are the experts of their diabetes. The multidisciplinary team brings into the therapeutic act the knowledge, the protocols and the empathy towards challenges but the real synergy happens only when the patient takes an active role in the team by sharing their symptoms, thoughts, fears, capacity and desire for collaboration.



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

OVIDIU PALEA MD

Ovidiu Nicolae Palea was born in Blaj, a small town in the heart of Transylvania, and was raised in Bucharest, Romania. He graduated from the Carol Davila University of Medicine and Pharmacy in 1989 and continued on graduating from his residency program in Anesthesiology at George Washington University Hospital, Washington DC, USA in 2003.

After graduating from an Intensive Care fellowship from the same University Hospital a year later, he continued to work at Washington University Hospital until the end of 2007 when he returned to Romania.

He started his pain management practice in 2011, being the first Romanian to be accredited in Pain Management by the World Institute of Pain in August 2017. In 2018, his practice became the only Medical training facility in Eastern and Central Europe to be approved as a training facility by the European Society of Regional Anesthesia and Pain Therapy.

He holds regular workshops in minimal invasive pain management procedures across the world, and has been included in the list of approved examiners by the World Institute of Pain.

Interventional pain management in diabetic foot

Pain management is a relatively new field, which brings significant added value to the therapeutic support of the diabetic patient both from the point of view of the diagnosis as well as that of treatment. The latter can be based on prescription medication, but when this fails, or the adverse reactions become intolerable, interventional pain management brings about a complex spectrum of medical procedures which can help change significantly the quality of life as well as the prognosis for the diabetes patients.



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

IULIAN-DANIEL VILCIOIU
MD, PhD Orthopaedic and Traumatology

ORTHOPEDECS AND TRAUMATOLOGY, PhD

Specialist in Wrist and Hand Surgery

Specialist Diploma, Orthopedics and Traumatology (2016)

Graduate Diploma issued by "Carol Davila" University of
Medicine and Pharmacy (Bucharest, Romania, 2011)

Resident at the Clinic of Orthopedics and Traumatology of the
Emergency Clinical Hospital Bucharest (2012-2016)

Colaborator of Orthopedics and Traumatology Guards at the
Bucharest Emergency Clinical Hospital (2012-2019)

Colentina Clinical Hospital (2019- present)

AO trauma faculty

Member of FESSH, EWAS, RSSH, SOROT

Charcot foot: diagnosis and treatment key points

Charcot arthropathy is a chronic condition that affects the ankle and the feet of patients with diabetic neuropathy. Any patient with neuropathy and the appearance of swelling and erythema in the leg must be suspected by Charcot. The natural evolution is towards ulceration, infection, amputation, with an important effect on the mortality of these patients. Early diagnosis is important, but there are solutions for each stage of the disease.



DIANA SIMA
MD, PhD Student

Medical doctor
Emergency Clinical County Hospital Cluj-Napoca

PhD student
"Iuliu Hatieganu" University of Medicine and Pharmacy, Cluj-Napoca

Bachelor's degree in medicine
"Iuliu Hatieganu" University of Medicine and Pharmacy, Cluj-Napoca

Member of the Romanian Society of Diabetic Neuropathy

Member of the European Association for the Study of Diabetes

Member of the Romanian Federation of Diabetes, Nutrition and Metabolic Diseases

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

Rising stars symposium in the diabetic foot
Cost-Analysis of ulceration and amputation in a subgroup of people with diabetes from a multicentric study

Background and aims: Diabetes mellitus continue being the pathology with an increased prevalence in the general population, therefore comorbidities that undergo from it grow in number as well. Diabetic foot ulcerations, are responsible for the economic burden in this field. The majority of patients have periferic arterial disease as well, which contributes to the development of ulcerations and in time to amputation.

Diabetes mellitus is one of the main challenges for public health systems due to its epidemiological features and to its high and increasing direct and indirect costs. Recently done studies in our country are showing that prevalence of diabetes is one of the highest in Europe¹, the number of diabetes-related amputations is high and on an increasing trend² and peripheral neuropathy is present in more than two thirds of the patients with diabetes³. With these challenges in mind, the proposed study was designed in order to evaluate the accuracy of overall cost of various diabetic foot ulcers and consecutive amputations in patients with type 1 and 2 diabetes, admitted in hospital and establish a pattern of these patients.

Material and Methods: The subgroup of the study included 337 patients who were assessed retrospectively. The assessment included the following: name, environment, sex, number of days of admission, age, type of diabetes, weight, height, abdominal circumference, body mass index, duration of diabetes, A1C, treatment of diabetes, presence of peripheral arterial disease, neuropathy, retinopathy, nephropaty, chronic kidney disease, associated diseases and regarding the costs: the ones with hospitalization, food, medication, sanitary materials, exams and the total cost of an admission.

Results: After the statistical analysis, the study showed a good correlation between the duration of hospitalization and the overall costs. A total of 10% of the population studied had more than 10 days of hospitalization with a total cost of more than 6000 ron. The mean cost, for this population, for each day of hospitalization was more than 1000 ron.

Conclusions: In the studied population there were some cases that did not fit in the average, with higher costs, but which were not excluded due to their importance in the final analysis. The costs increased proportional with the duration of the hospitalization. Further studies are to be done, to observe a pattern of the patients with diabetes, designed to help physicians to prevent the development of ulcerations and amputations.

Key words: diabetic foot, neuropathy, cost of diabetic foot complications.



CRISTIAN PAUL DAN MD

Graduate of the Faculty of Medicine and Pharmacy "Iuliu Hațieganu" Cluj-Napoca.

Assistant professor at the department of orthopedics and traumatology "Iuliu Hațieganu" University of Medicine and Pharmacy, Cluj-Napoca, Romania

President of the Young Doctor Organisation (OTM)

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

Rising stars symposium in the diabetic foot I need a podiatrist in my professional life !

Take care of your feet and they will take care of you! People tend to neglect pain in the legs, ankles, or anywhere in the lower leg. Home remedies may sometimes alleviate the pain for a while, but when the toes tingle and burn or when the ankle twists too often, something is majorly wrong and it's time to visit a podiatrist. A podiatrist is specialized in treatment of all foot and ankle disorders. Be it a toenail problem or a deformity from birth, this professional is very qualified to diagnose and treat a feet problem.

For great results we as orthopedic surgeons need a perfect collaboration with podiatrist, because the result will not be the same without the preoperative preparation and postoperative care.

Everything that works in 21 century starts with a magic word . . . TEAM. We all agree that the surgeon is a very important part in feet problem treatment but there will be nothing magic without TEAM.



BIANCA MOT
Physiotherapist

Certified physiotherapist at the University of Medicine and Pharmacy "Iuliu Hatieganu" Cluj Napoca, Romania

Biomechanics of foot practitioner and methods of treatment with orthotic functions

CEO
Physiotherapeutic association of students and Graduates from Cluj (ASAFC)

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

Rising stars symposium in the diabetic foot

The importance of the physical therapist in the diabetic foot management

Multidisciplinary diabetes care is a team approach to providing diabetes support, education and care. Multidisciplinary diabetes care demonstrates shared leadership, accountability and responsibility for individualised planning of services and support to improve the quality of life for the person with diabetes.

The literature reviews suggest "the management of DFU should be done immediately with a multidisciplinary team as diabetes is a multi-organ systemic disease, and all co-morbidities must be managed". A dedicated team that focuses on preventative care can decrease risks associated with DFU including amputations by 50-80%. The physiotherapeutic therapist has his own well-defined role in education, in choosing the footwear, in rehabilitation, by offering assistance with management of foot ulcers/Charcot by enabling effective "offloading" e.g. with appropriate walking aids, footwear and resting positions.

The importance of the physiotherapeutic therapist comes with the needs of the patient with diabetes. In many cases, clinical evaluation will indicate the need for psychological or physiotherapy assistance in addition to standard pharmacological treatment.

The physiotherapeutic therapist will help maintain functionality and avoid the early installation of leg stiffening in patients with diabetes

In the podiatric area, it evaluates and treats biomechanical disorders that for patients with diabetes are often the consequence of diabetic neuropathy and lead to inadequately distributed plantar pressure.

At people with diabetes, pressure and friction forces at the plantar level have been shown to be the main causal factors in planting, injuries and ulcers.

Planting ulcers are caused by mechanical stress

it is necessary to reduce planting pressure to provide an ideal contact environment for the diabetic foot with ulceration risk. It has been clinically demonstrated that reducing the friction forces reduce plant ulceration and possibly amputation

In the case of a plantar pressure ulcer, it will heal only if the mechanical load is removed by functional orthoses or suitable shoes.



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

CORNELIA BALA

Associate Professor

Lecturer Faculty of Medicine Department of Diabetes, Nutrition, Metabolic Diseases "Iuliu Hațieganu" University of Medicine and Pharmacy Cluj-Napoca, Romania

ACADEMIC POSITIONS

since 2017: Associate Professor, Department of Diabetes, Nutrition, Metabolic Diseases, Faculty of Medicine and Faculty of Licensed Nurses, "Iuliu Hațieganu" University of Medicine and Pharmacy Cluj-Napoca, Romania

2008-2017: Lecturer, Department of Diabetes, Nutrition, Metabolic Diseases, Faculty of Medicine and Faculty of Licensed Nurses, "Iuliu Hațieganu" University of Medicine and Pharmacy Cluj-Napoca, Romania

2004-2008: Assistant professor, Department of Diabetes, Nutrition, Metabolic Diseases, Faculty of Medicine, "Iuliu Hațieganu" University of Medicine and Pharmacy Cluj-Napoca, Romania

HOSPITAL POSITIONS

Since 2005: Senior physician Diabetes, Nutrition and Metabolic Diseases, Diabetes Center, Emergency Clinical County Hospital Cluj, Cluj-Napoca, Romania

2001-2005: Specialist physician Diabetes, Nutrition and Metabolic Diseases, Emergency Clinical County Hospital Cluj, Cluj-Napoca, Romania

1996-2000: Resident physician Diabetes, Nutrition and Metabolic Diseases, Emergency Clinical County Hospital Cluj, Cluj-Napoca, Romania

PROFESSIONAL MEMBERSHIPS

- President of the Romanian Association for Diabetes Education
- Romanian Society of Diabetes, Nutrition and Metabolic Disease
- Romanian Association for the Study of Obesity
- Romanian Association for Atherosclerosis and Lipidology
- Romanian Society of Hypertension

Member of the Executive Committee

- Romanian Society of Diabetes, Nutrition, Metabolic Diseases
- Romanian Association for the Study of Obesity
- Romanian Association for Diabetes Education- president
- Romanian Society of Hypertension

GOVERNMENTAL/ADMINISTRATIVE APPOINTMENTS

- Member of the Commission for Diabetes, Nutrition and Metabolic Diseases of the Ministry of Health, February 2017

Patient education in the diabetic foot

According to a definition from the World Health Organisation in 1998, therapeutic patient education (TPE) is education managed by health care providers trained in the education of patients, and designed to enable a patient (or a group of patients and families) to manage the treatment of their condition and prevent avoidable complications, while maintaining or improving quality of life. Its principal purpose is to produce a therapeutic effect additional to that of all other interventions (pharmacological, physical therapy etc.).

Diabetic neuropathy is the most frequent specific complication of diabetes and diabetic foot is associated with high burden and costs as well as high risk of amputation with decreased quality of life. The pathogenesis of diabetic foot complications includes hyperglycemia and atherosclerosis but also poor foot care.

Education can be one of the most efficient interventions in the prevention of diabetic foot. It requires a structured programme delivered by trained health care providers or other persons involved in TPE. The content of a session on diabetic foot should include topics like alert symptoms of diabetic neuropathy and need to present for diagnosis in a specialized facility (diabetes clinic, neurology clinic, diabetic foot clinic); risk factors for diabetes neuropathy and diabetic foot; available treatments for diabetic foot; need for regular check-up; rules to follow for self-care of foot to prevent ulcerations and amputation.

In the most recent review published 2014 in the Cochrane Database Systematic Reviews, it was shown that there is insufficient robust evidence that limited patient education alone is effective in achieving clinically relevant reductions in ulcer and amputation incidence but this was due mainly to lack of well-designed and powered clinical studies in this field of interest. Nevertheless, most of the studies demonstrated that foot care knowledge and self reported patient behaviour were positively influenced by education, at least in the short term.

Therefore, continuous efforts should be done by both clinicians and researchers to practice and demonstrate that TPE is indeed an important non-pharmacological intervention in the prevention of diabetic foot complications.



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

IULIA DRĂGOI

Certified physiotherapist in the University of Medicine and Pharmacy Victor Babes, Timisoara, Romania

1 st level Master in Assessment and Treatment of Musculoskeletal Disorders, University of Medicine Genova, Italy

Master in Implants, Prosthetics and Biomechanical Assessment, Mechanical Faculty, University of Polytechnical Sciences, Timisoara, Romania

Certified Physiotherapist in Sport Rehabilitation, Curtin University, Perth, Australia

PhD student under the supervision of Vascular Surgery Department, University of Medicine and Pharmacy, Timisoara, Romania and assistance of Manchester University, Manchester, UK

Speaker and trainer for Foot Biomechanics for Romania for Vasyli Medical International, group of research and developer of foot functional orthotics

Trainer in biomechanics of foot for the Romanian Association of Podiatry

The physical therapist in foot evaluation

Physiotherapists are practitioners from medical field, part of multidisciplinary team around all patients with orthopedic, traumatic, sport related problems, neurological and chronic pathologies.

Diabetic patients can benefit from physical therapy interventions when neuropathy is diagnosed. Our main goal is to maintain normal gait, reduce fall incidence, prevent muscle atrophy, increase joint flexibility, prevent from an ulcer to occur. Physical therapy intervention can reduce the number of amputations in diabetic patients with neuropathy by influencing risk factors as muscle weakness, limited joint mobility, high peak plantar pressures and foot deformities.

Physiotherapist who work with foot related problems should be aware of neuropathy, be able to recognize it, asses foot deformity and morphology foot type, test for muscle weakness and altered joint range of motion, understand normal gait parameters and how neuropathy can influence gait. IDF risk classification should be respected by physiotherapist and appropriated offloading techniques should follow the diagnostic classification in patients at risk to develop an ulcer or at risk for amputation.

Biomechanics should be part of a physiotherapists learning path when treating diabetic patients and orthotic and footwear prescription should be well understood.

Understanding how modern tools and technology can help to asses for risk factors is also applicable to physiotherapy field.



Case presentations



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

MIHAI CREȚEANU JR. MD

Professional Experience

January 2013 - present: radiologist, County Emergency Hospital "Sf. Ioan cel Nou" Suceava

September 2016 - present: interventional radiologist, Medlife Hospital, Bucharest, Romania

May 2014 - present: interventional radiologist, Arcadia Hospital, Iasi, Romania

April 2014 - July 2016: interventional radiologist, International Hospital Medpark, Chisinau, Republic of Moldova

July 2011 - July 2016: interventional radiologist, Med New Life Suceava

January 2008 - December 2012: resident in training Radiology, Interventional Radiology department, University Emergency Hospital Bucharest

January 2011 - June 2011: Besancon, France, Neuroradiology and Interventional Radiology Department, CHU Besancon, Prof. Alessandra Biondi

October 2009 - December 2009: Toulouse, France, Interventional Neuroradiology in Purpan Hospital, Prof. Christophe Cognard

4 August - 4 September 2004: Summer practice at Stafford University Hospital, Staffordshire, United Kingdom.

12 - 27 July 2003: Summer practice University Hospital Freiburg im Breisgau, Germany

October 2002 - February 2003: Erasmus student at Salamanca University, Medical Faculty, Spain

16 August - 16 September 2001: Summer practice at Sanger Clinic, Charlotte, North Carolina, USA.

Grants

CIRSE Foundation Fellowship Grant 2009 - Interventional Neuroradiology; Toulouse, France, Prof. Christophe Cognard

Membership

European Society of Emergency Radiology (ESER)

European Society of Radiology (ESR)

Radiological Society of North America (RSNA)

Cardiovascular and Interventional Radiological Society of Europe (CIRSE) Romanian Society of Neuroradiology and Interventional Radiology (RSNIR)

From simple to complex: applied interventional radiology

Interventional radiology procedures are modern, effective and with immediate results. Modern techniques allow for fast percutaneous revascularization in diabetic patients with critical limb ischemia.

We present the case of a 51-year-old patient, who was treated in our center for obliterating arteriopathy, inferior stage III patients. The standard procedure, angioplasty with balloon for critical stenosis, superficial femoral artery, was postoperatively accompanied by an unforeseen evolution.

Collaboration of the multidisciplinary team is essential in managing complex cases that benefit from minimally invasive procedures.



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

DANIEL-TUDOR COSMA MD

Diabetes, Nutrition and Metabolic diseases
Romania Diabetes Futsal Team physician (2013 – present)

EDUCATION

2012 - Medical Doctor (MD)
"Iuliu Hatieganu" University of Medicine and Pharmacy, Cluj-
Napoca

MEMBER OF SCIENTIFIC SOCIETIES

2013 - Romanian Society for Diabetes, Nutrition and Metabolic
diseases
2013 - Romanian Federation for Diabetes, Nutrition and
Metabolic diseases
2014 - European Association for the Study of Diabetes (EASD)
2014 - Society for Diabetic Neuropathy (NeuroDiab)
2016 - Exercise and Physical activity Study Group (ExPAS – EASD)
2018 - EASD Young Academy

SUBJECTS OF INTEREST

Diabetic neuropathy and diabetic foot
Physical activity and diabetes
Therapeutic education in diabetes
Insulinoma and nesidioblastosis
Polyglandular autoimmune syndromes

Nutrition in diabetic foot ulcers healing process - what's the connection?

The DFU is a severe chronic condition and is among the most costly complications of diabetes. Aside from neuropathy and peripheral artery disease (PAD), the increased catabolism and reduced anabolism makes DFU a distinct entity.

The previous studies showed that people with DFUs have a lower total energy and protein intake and their nutritional status deteriorates as the severity of DFU increases. The main objective of nutrition therapy in DFU is to control the catabolic state by: ensuring a proper energy and protein intake, avoiding replacement of lost lean mass with fat gain and taking into consideration the use of exogenous anabolic hormones to increase net protein synthesis.

Regarding the use of different supplements, the results are inconsistent. Some studies have shown benefits of amino acid supplementation, especially in patients with DFUs and PAD. Also, higher doses of vitamin D and magnesium supplementation led to a statistical significant reduction of the ulcer area.

The lack of an international standardized definition of malnutrition or protein-energy malnutrition for DFU, the small number of RCTs performed and the substantial heterogeneity in the patient population and in the medical/surgical treatment represents some of the challenges that must be addressed before establishing the role of nutrition therapy in DFU healing process.



EDUARD CATRINA
MD, PhD

Senior General Surgeon, Department of General Surgery,
I. Cantacuzino Hospital, Bucharest, Romania

Senior Lecturer in General Surgery Department, University of
Medicine and Pharmacy "Carol Davila", Bucharest, Romania

Founder member of Society for Diabetic Neuropathy

Member of the Directory Council of Society for
Diabetic Neuropathy

Member of Association of Podiatry

Trainer in the field of Podiatry, Diabetic Foot Care

Trainer for Foot Trainers



RALUCA POPESCU
M.D., Ph.D.

"Grigore T. Popa" University of Medicine and Pharmacy, Iasi,
Romania

Dr. med., senior specialist in Diabetes, Nutrition and Metabolic
Diseases

Lecturer in Diabetes, Nutrition and Metabolic Diseases
Department, University of Medicine and Pharmacy, Iasi,
Romania

Treasurer of Society for Diabetic Neuropathy

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

Heel infection - outpatient treatment

Diabetic foot infection is the main cause of hospitalization of diabetic patients, consuming the funds and the main cause of amputation among these patients. Diabetic foot infections may be mild, moderate or severe, the latter being that which require hospitalization for parenteral antibiotics, surgical interventions, and the use of various postoperative wound care methods. The severity of infections depends on many different factors, among which we can distinguish the number and the type of bacteria inflicted, the antibiotics sensitivity of the responsible germs, but also on the biological status of the patient, the region where the infection develops, its depth (the types of affected tissues) or its extension..

We present the case of a diabetic male patient with a severe infection located in rear-foot, in the calcanean region in contact with the bone. Since the patient refused admission for personal reasons, all treatment was must to be done in outpatient regimen. The repeated debridement, the use of special dressings, impregnated with silver and alginate, finally led to healing.

The presented case supports the idea that in some situations, the complex management of the infection can be successfully done even in ambulatory conditions.



TUDOR MARINESCU MD PhD

General Surgery Specialist Doctor
Assistant Professor at „Carol Davila” University of Medicine and
Pharmacy, Bucharest
Clinica de Podiatrie Bucuresti
Centrul de Diagnostic si Tratament „Dr. Victor Babes” Bucuresti
Medlife

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

Diabetes mellitus asociated with peripheric angiopathy - multidisciplinary approach

Recent studies show that a major amputation due to diabetes mellitus complications occurs each hour in Romania.

We present the case of a female patient aged 57 with diabetes mellitus with a history of more than 10 years and atherosclerosis, miocardial infarction treated with a stent, hypertension.

She presented to our Clinic after more than a month of treatment and in a County Hospital for a plantar ulceration corresponding to right metatarsal head and two dorsal incisions corresponding to right 3rd finger. Active silver bandages were applied along with orthopaedic shoes. The plantar ulcerus closed after three weeks of treatment.

An angio-CT of lower limb was performed that revealed just a functional peroneal artery and occlusion of both anterior and posterior tibial arteries with no possibility of placing a stent.

Two weeks after angio-CT pus was emerging from one of the dorsal incisions. Culture and selective antibiotic was administrated along with cardiology evaluation for Prostaglandin iv administration for 20 consecutive days, with an improvement of the foot.

Evaluation a month after prostaglandin administration revealed a normal foot but damage of 3rd metatarsal head.



13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania

RODICA PERCIUN MD, PhD

Senior physician trained in Diabetes and Metabolic Diseases since 1981.

Between 1981 -1991 and 2001 to the present I am in charge at National Institute of Diabetes and Metabolic Diseases Prof. "N. C Paulescu" Bucharest and "Prof. I.Pavel" Center of Diabetes.

Between 1991-2001- "N. Malaxa " Hospital, Clinic of Diabetes and Metabolic Diseases Bucharest.

Fellowship Internal Medicine 1976-1979 (Hospitals of University of Medicine "C. Davila" –Bucharest).

MD – 1977. University of Medicine "C. Davila" Bucharest.

Certificates

General Ultrasound since 2003

Vascular Ultrasound since 2005 – Institute of Cardiovascular Diseases "Prof. C.C. Iliescu" and Cluj- Clinic of Radiology – " Prof. I.Hatieganu" – University of Medicine.

Academic experience

1. Teaching-medical students, subspecialists, GPs and care staff.
2. Research: Doctoral thesis: 1992- experimental subject of the Isolation and culture of beta cells in order to their transplantation. At present my activity as diabetologist and educator (outpatients, subspecialists, caretakers) is fulfilled by ultrasound investigation of diabetic vasculature, insulinic local tissue dystrophies, diabetic foot disabilities, endocrinopathies.

3. Papers published.

Oral and poster presentations at internal and external meetings; Articles in romanian and international medical journals (diabetes, ultrasound, internal medicine and biology specialties).

Booklets for patients education and caretakers.

Co-author

4. Membership:

Romanian Society of Diabetes and Metabolic Diseases since 1981;

European Society of Study of Diabetes since 1988;

American Diabetes Association 2005, 2008; 2016- 2019.

Romanian and European Society for Ultrasound in medicine and biology

Sonogram makes the diagnosis and survey of the Charcot foot easier

This case study presents a 62-year-old obese patient with a long standing type 2DM, insulin-treated for two years. His last evaluation as inpatient has revealed a large panel of microvascular complications as: advanced sensorimotor and autonomic neuropathy, renal disease, retinopathy and limited joint mobility. As outpatient he was searching reasons for his inflammatory-edematous, slightly deformed, nonulcerated and mild painful right foot. He is an active farmworker paying also great attention to his nonautonomous wife.

Based on patient's history, physical examination and the imaging findings (plain X-rays, Ultrasound, and whenever become possible MRI), the Charcot neuro-arthropathy was found. The feet were also US scanned for macrovasculopathy, which was confirmed, disregarding the distal arterial pulsatility. Reinforcing the specific educational issues, rising up his family interest also avoiding weight-bearing of the diseased foot were considered mandatory. After ten days, a medial peri-malleolar superficial skin lesion has appeared, as a consequence of multiple causative factors. The most important factor is considered to be his daily exertional schedule. Giving up to his offloading device, a careful clinical and US follow up has been started. Within a few weeks, the apparently good resolution was confirmed by the intact skin over the ulcer. However, it masked actually the deeper subcutis restant damage.

The repetitive sonograms contemplate the specific Charcot damages: periosteal erosions and hyperemia, fissures, excess of vascularity, synovial hypertrophy, inflammatory pannus, soft tissues hyperemia and abscesses, potential osteitis, cystic osseous lesions, tendinitis, periarticular fluids. The activity of the Charcot foot is rapidly established on these anatomohistologic like criteria, besides the clinical and cutaneous thermometry findings.

However, corroborating all these data with medical team agreement, the offloading has been reapplied under strict survey.

Extensive sonography interrogation of distal joints in arthropathies, whatever their etiology, has a real value, in real time, in the preclinical, active and remission stadialization.



Sponsors & Partners

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania



Wörwag Pharma GmbH&Co.KG


The modern treatment of diabetes employs a holistic approach that also includes the treatment of its concomitant diseases. Thus, the treatment area of diabetic polyneuropathies, the leading cause of diabetic foot syndrome and diabetes related amputations, has emerged as an area of interest over the last several years. Within the last 40 years, Wörwag Pharma has developed its international competence and reputation in the treatment area of diabetes and its sequelae – it has developed a specialized portfolio of micronutrients, called biofactors that covers both the pathogenetic and the symptomatic treatment of diabetic neuropathies.

From now on, Wörwag Pharma wants to take the opportunity to support and to continue as a partner of all the activities concerning the diabetic neuropathies and diabetic foot, in the benefit of all the people involved in this pathology: patients, nurses, doctors.

Renowned international Key Opinion Leaders will present findings from local scientific projects and will share their expertise and its connection to your daily work with you. We appreciate this opportunity to share these results with you and hope you will find them useful as well.

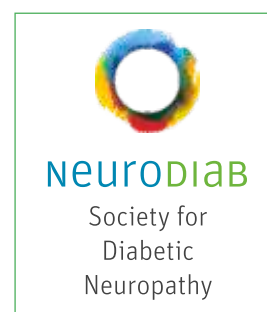
We would like to invite you to visit Wörwag Pharma Exhibition in all scientific and marketing events where we will meet.

www.woerwagpharma.ro

 /woerwagpharma.ro

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania



Society for Diabetic Neuropathy

The Society for Diabetic Neuropathy (NEURODIAB) was established in August 2012 by a national and international group of clinicians and basic researchers, in order to promote a strong collaboration platform for interdisciplinary medicine and to strengthen the knowledge flow from the academic community towards practitioners.

NEURODIAB is a scientific organization that focuses on basic and clinical research creating a discussion platform to contribute to a better understanding of endogenous basic biological processes and, consequently, to the development of pharmacological and non-pharmacological strategies against the complications of Diabetes Mellitus, especially against diabetic neuropathy and diabetic foot.

In order to provide an accurate framework for the future and to accomplish the goals of our Society, annually, the 3rd week of October is dedicated to diabetic neuropathy, and it is called Diabetic Neuropathy Week. With this opportunity, we organize round tables with general practitioners and patients, which are led by specialists in diabetes, neurology, and also surgeons. In the last days of the 3rd week of October we organize an international conference to open the stage for debates and updated theories in the discussed field. Once every year, in the 3rd week of July, we organize the Summer School for Diabetic Neuropathy and Diabetic Foot. This event is relying on the top opinion leaders and it is dedicated to young doctors who specialize in diabetes, neurology, internal medicine, and orthopedy, being structured as an interactive academic forum for them.

NEURODIAB is also involved in post-graduate educational projects that aim to create bridges between the academic community, researchers, and practitioners.

Young doctors can benefit from scholarships while basic and clinical researchers can benefit from grants. NEURODIAB can also provide other complex communication approaches.

The Society for Diabetic Neuropathy is an association recognized by the Romanian College of Physicians as a provider of continuous medical education.

If you have a question about something you read on this presentation, or you are interested in starting a collaboration, please feel free to contact us by email at secretariat@neurodiab.org

www.neurodiab.org

 /neurodiab



Nu ești singur! Împreună putem face diferența!

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania



Your communication expert in the health domain

Sănătatea Press Group is a company which offers ideas, consultancy and strategies applied in services of communication, event organizing and video productions for the health/medical domain.

Our clients' success is our business card. We want to provide comprehensive and complete services so we developed the following divisions:



The values of Sănătatea Press Group are founded on three principles: force, beauty and wisdom. We apply in all our projects originality, creativity, efficiency, enthusiasm and most importantly the involvement of a young motivated team!

Sănătatea PRESS GROUP



Expertul tău în comunicare pe domeniul medical



Ro Health Review
Strategies, Economics & More

ComunicateMedicale.ro

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania



Est Invest Farma is a pharmaceutical company operating on the Romanian market since 2012, specialized in the import and distribution of pharmaceutical products. Est Invest Farma is the sole authorized representative for Romania of some renowned companies both within and outside the EU. Products are imported directly, under an exclusive contract, signed with the manufacturers.

Est Invest Farma's portfolio is constantly growing and consists of a line of products covering various therapeutic areas such as diabetic wounds, dermatology, oncology and surgery.

www.estinvestfarma.ro

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania



The Romanian Association for Education in Diabetes (ARED)

The Romanian Association for Education in Diabetes (ARED) was established in 2001 as a non-governmental organization that supports the development and promotion of the professional role of educators in diabetes in Romania and, at the same time, aims to raise awareness of the importance of specialized care for people with diabetes.

The ARED members are:

- Nurses specially trained in diabetes, nutrition and metabolic diseases, dietetics nurses;
- Doctors with competence in diabetes, nutrition and metabolic diseases;
- Chiropodists, psychologists with competence in diabetes, nutrition and metabolic diseases;
- Nurses or doctors in other specialties who support the association in achieving its purpose and attributions.

The activities carried out by the Romanian Association for Education in Diabetes aim to increase the level of medical education among the nurses involved in the care of people with diabetes and the diabetes educators; Optimizing the care of people with diabetes by informing the medical staff on the latest methods, techniques and treatments for people with diabetes.

The Romanian Association for Education in Diabetes has been involved in information and education campaigns for the general public about the importance of diabetes prevention, effective diabetes control and of lifestyle improvement for people affected by this disease. Also, the Association has conducted courses dedicated to educators in diabetes.

Considering that the education of people with diabetes represents a challenge in achieving an effective management of diabetes in Romania, the Romanian Association for Education in Diabetes has developed the guide "Control your Diabetes" - which is one of the most important sources of education for people with diabetes in Romania, with information from authorized medical sources.

For more information about ARED: www.educatie-diabet.ro



/AsociatiaRomanaEducatieDiabet

13-15 June 2019

Ramada Parc Hotel, Ramada Plaza Hotel
Bucharest, Romania



Fast Fizio Clinic

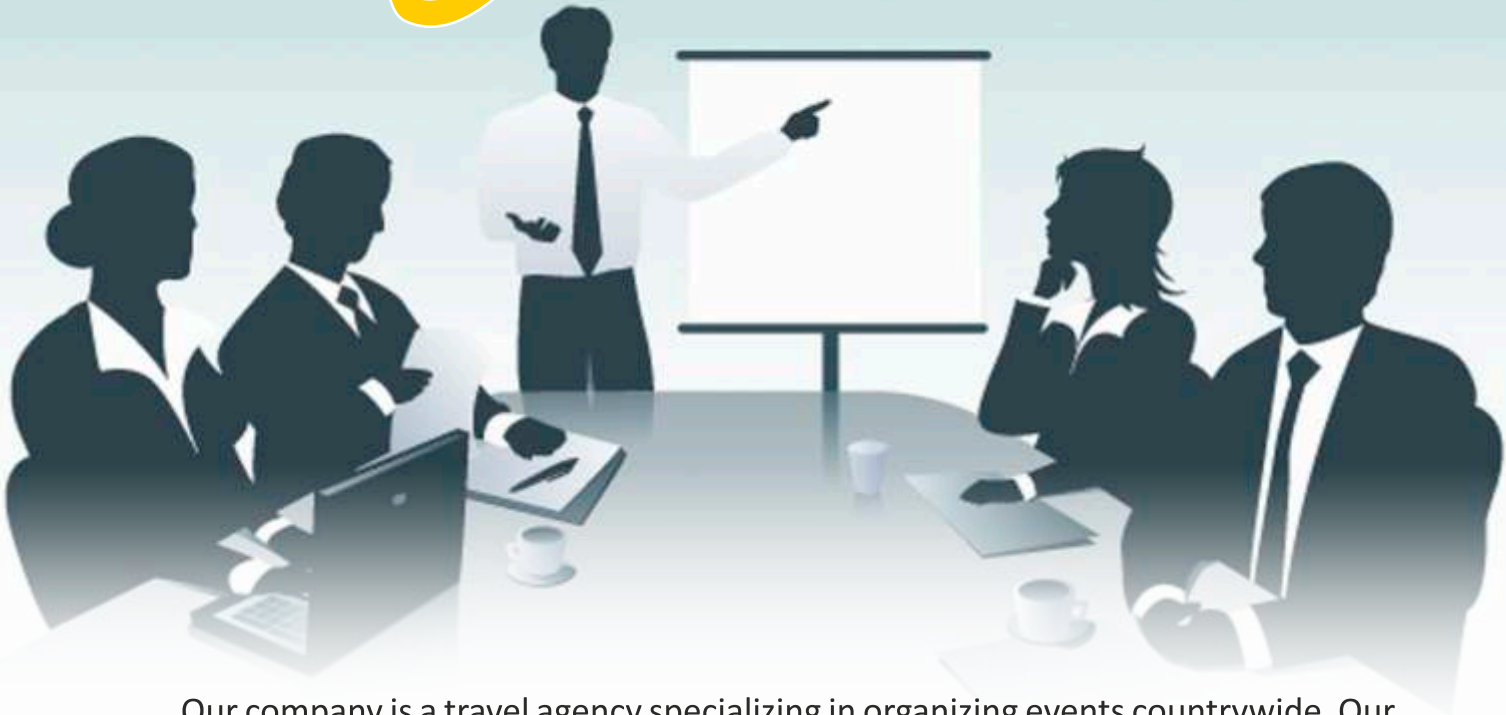
Centru de fizioterapie si ortezare specializat in patologia de natura biomecanica a piciorului si afectiunile ortopedice specifice sportului.

Clinica de picior diabetic, screening, evaluare biomecanica si baropodometrica, analiza presiunilor in incaltaminte, diagnostic biomecanic si "orthotic fitting".

Partenerii nostri sunt lideri in ortezarea functionala a piciorului cu solutii prefabricate sau custom-made prin proiectare CAD- CAM, incaltaminte medicala si orteze de glezna / picior pentru tratamentul afectiunilor ortopedice ale piciorului, preventia aparitiei riscului de ulceratie ale piciorului diabetic, tratamentul ulcerului activ, picior Charcot si asistenta postoperatorie dupa amputatii minore si alungire de tendon Achilian.

Fast Fizio Clinic respecta regulile IDF in abordarea pacientului cu neuropatie diabetica si lupta impotriva amputatiilor prin aplicarea programului Wound Care Algorithm.

NEW STAR Services



Our company is a travel agency specializing in organizing events countrywide. Our mission is to have satisfied clients and this is why during the twelve years of activity, we continuously improved our services so that we can deliver services that exceed expectations in every way.

The company's success is due to the honest relationship we have with our clients, the anticipation of their needs and the delivery of services that ensure successful events. New Star Services plans and manages all types of events, taking care of every organizational detail, so you don't have to worry about anything. You can count on us for efficiency and professionalism.

For over 15 years, we redefine quality in business, focusing on our clients' satisfaction. We constantly try to understand and anticipate their needs, in order to offer them the best solutions available, while helping them save time and money. No effort is too much when it comes to our clients' happiness.

**Events organization • Hotel reservations • Transportation
Special events • Catering services**









Aleea Baraj Lotru, nr. 8, bl. N9, sc. B, ap. 40, sect. 3, 032748, BUCUREȘTI, ROMÂNIA

Tel/fax: 021 340 31 00, 021 340 33 85, 031 409 91 86

Mobile: 0744 604 606, 0744 683 579, 0740 179 670

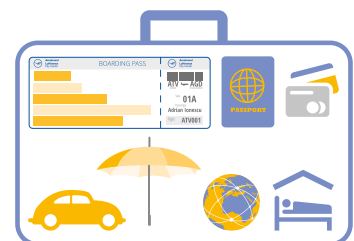
contact@newstar.ro, www.newstar.ro

Soluții complete pentru business travel

-  Travel Management
-  Smart Ticketing
-  MICE
-  Cazări interne & externe
-  Rent-a-car
-  Asigurări de călătorie
-  Suport obținere vize
-  Acces evenimente de top

Beneficii

Acoperire națională & globală
Standarde superioare de calitate
O experiență desăvârșită





The beginning
of a beautiful
friendtrip

www.wens.ro

 /wenstravelagency

*Alături de voi
din 1992...*



VITRINA
ADVERTISING

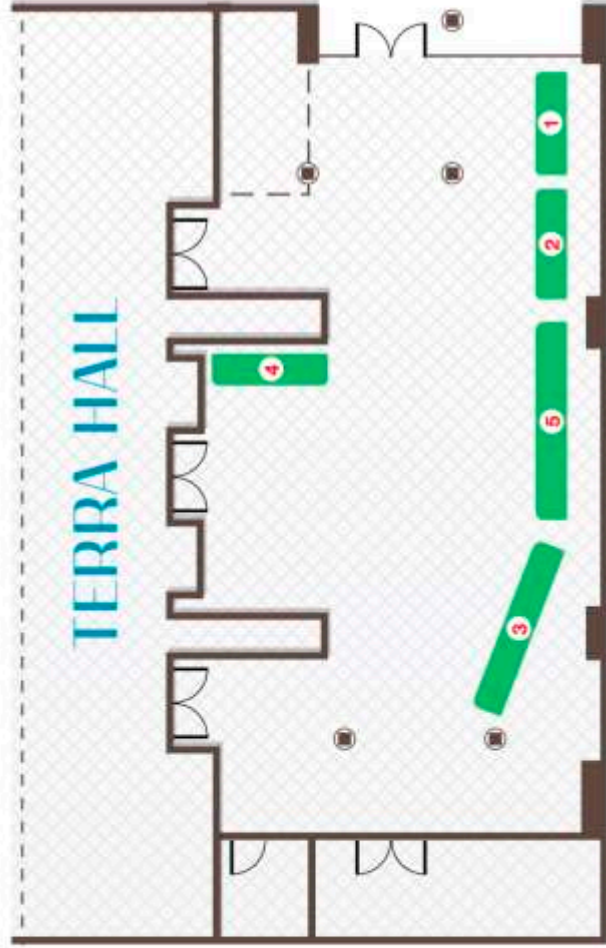


Exhibition Plan

The 3rd Congress in Podiatry

With international participation

EXHIBITION AREA



EXHIBITORS:	BOOTH
THE ASSOCIATION OF PODIATRY	1
EST INVEST FARMA	2
FAST FIZIO CLINIC	3
NEURODIAB	4
WORWAG PHARMA	5

LOBBY





Current Events

17th - 21st JULY 2019
International Hotel, Sinaia



NEURODIAB

Society for
Diabetic
Neuropathy

SUMMER SCHOOL

Stop amputation! Act now! Your contribution to diabetic foot care!

ORGANIZED BY

Neurodiab - Society for Diabetic Neuropathy

www.neurodiab.org



The Association of Podiatry
Organizes

Podiatry Summer School 2019



- Biomechanical notions of the foot
- Wound care
- Examination of the diabetic foot
- Shoe recommendation
- Gait analysis
- Diabetic neuropathy

Subscriptions to
www.podiatrie.ro

18th -21st of July 2019
International Hotel, Sinaia

Scientific partners:



10th - 12th OCTOBER 2019 / BUCHAREST
RAMADA PARC HOTEL



NeuroDiab

Society for
Diabetic
Neuropathy

7th NATIONAL CONGRESS OF

Diabetic Neuropathy and Diabetic Foot

WITH INTERNATIONAL PARTICIPATION

www.neurodiab.org





Neurodiab

Societatea de
Neuropatie
Diabetică

Premiul Neurodiab EASD 2019 Barcelona

CONDIȚII DE PARTICIPARE

Premiul se adresează tinerilor medici rezidenți și specialiști, având activități sau lucrări în domeniul neuropatiei diabetice sau al piciorului diabetic. Pentru înscriere, vă rugăm să trimiteți lucrarea in extenso însoțită de un CV și o scrisoare de recomandare la adresa secretariat@neurodiab.org până la data de 31 mai 2019.

PREMIUL

Constă în sponsorizarea participării la EASD 16-20 septembrie 2019, Barcelona, Spania.

Premiul este sponsorizat de Wörwag Pharma.





Association of Podiatry

Many thanks to all who helped us organize the 3rd Congress in Podiatry

EVENT MANAGEMENT



SCIENTIFIC PARTNERS



SPONSORS



TOURISTIC OPERATORS



ADVERTISING AGENCIES



STRATEGIC MEDIA PARTNERS



PROFESSIONAL MEDIA PARTNER



MEDIA PARTNERS

