

Learning Objectives

Tennessee Foot & Ankle Conference, September 24-26, 2026, Franklin Marriott Cool Springs

Activity-level objectives

Upon completion of the 2026 Tennessee Foot & Ankle Conference, participants will be able to:

1. Compare operative and nonoperative management across the cases presented, including resident case presentations, and select foot, hindfoot, and ankle reconstructive approaches appropriate to specific patient presentations.
2. Apply current clinical guidelines to the evaluation and management of the threatened lower extremity, including diabetic foot infection, osteomyelitis, and peripheral arterial disease.
3. Differentiate common dermatologic, infectious, and neoplastic conditions of the foot, apply current evidence to their management, and identify presentations warranting biopsy or specialist referral.
4. Evaluate current evidence on pediatric and adult orthotic therapy and apply biomechanical principles to orthotic prescription.
5. Apply current evidence to the management of athletic foot and ankle injuries and to return-to-activity decisions.
6. Describe current federal and Tennessee requirements governing controlled substance prescribing and apply them to podiatric practice.
7. Identify documentation, coding, and risk management practices that reduce professional liability exposure and support accurate representation of the care delivered.
8. Implement infection control and airborne exposure precautions during routine foot care.
9. Describe current and emerging applications of artificial intelligence in podiatric practice and identify their accuracy, privacy, and liability limitations.
10. Identify strategies that sustain physician well-being and resilience in clinical practice.

Session-level objectives

Thursday, September 24

Foot & Ankle Surgery: Cases, Controversies & Techniques

Becky Cerrato, MD; Amgad Haleem, MD; Alan Catanzarrini, DPM

1. Compare operative and nonoperative management for the cases presented and identify the patient factors that drive the decision.
2. Describe current areas of controversy in foot and ankle surgical technique and the evidence supporting each position.
3. Select fixation and reconstruction strategies appropriate to specific deformity and trauma presentations.

4. Anticipate the common complications associated with each technique discussed and describe strategies to reduce them.

The Non-Surgical Toolbox

Vitals for Routine Foot Care Survival: What Every Podiatrist Needs to Know About Safety, Dust Exposure & New Techniques *(Robert Spalding, DPM)*

1. Identify the airborne and particulate exposure hazards generated during nail and callus debridement.
2. Apply engineering controls and personal protective equipment that reduce operator and patient exposure during routine foot care.
3. Describe current instrument reprocessing and infection control requirements applicable to podiatric practice.

Orthotic Management for Heel Pain *(Samantha Landau, DPM)*

1. Evaluate the current evidence supporting orthotic therapy in plantar heel pain.
2. Specify orthotic design parameters appropriate to specific heel pain presentations.
3. Determine when orthotic therapy should be combined with or replaced by other conservative modalities.

Pediatric Orthoses: Re-Evaluation of the Current Literature and Attendant Statistics *(Samantha Landau, DPM)*

1. Appraise the current literature and outcome statistics on pediatric orthotic therapy.
2. Determine, based on that evidence, when pediatric orthotic intervention is indicated.
3. Explain the evidence base for pediatric orthotic recommendations to parents and referring providers.

Artificial Intelligence in Podiatry: Current Applications & Future Directions

Andrew Lundquist, DPM

1. Describe current applications of artificial intelligence in podiatric imaging, clinical documentation, and practice operations.
2. Identify the accuracy, patient privacy, and liability limitations that constrain AI use in patient care.
3. Evaluate an AI tool against the documentation and record-retention obligations that apply to the practice.

Evidence-Based Management of Common Foot & Ankle Sports Injuries

Brian Fullem, DPM

1. Apply current evidence to the diagnosis and management of common athletic foot and ankle injuries.
2. Determine return-to-activity criteria for those injuries.
3. Identify training and biomechanical factors that contribute to recurrent injury in athletes.

Friday, September 25

Modern Strategies in Limb Preservation & Advanced Wound Care

Daniel Hall, DPM

1. Apply current guidelines to risk stratification of the threatened lower extremity.
2. Select advanced wound care modalities based on wound etiology, infection status, and perfusion.
3. Identify the thresholds at which multidisciplinary referral is indicated.

Vascular Foundations of Limb Salvage

Jonathan Braun, MD

1. Interpret noninvasive vascular studies in patients with suspected peripheral arterial disease.
2. Determine when vascular consultation or revascularization is indicated before podiatric intervention.
3. Describe how perfusion status affects the timing and extent of surgical debridement.

Advanced Concepts in Hindfoot & Ankle Care

Jeffrey Loveland, DPM; Ben Potter, DPM

1. Compare reconstructive options for hindfoot and ankle deformity and arthritis.
2. Identify the indications and contraindications for ankle arthrodesis versus total ankle replacement.
3. Describe the perioperative factors that influence outcomes in hindfoot and ankle reconstruction.

Common Podiatric Misdiagnoses Resulting in Malignancies

William Scherer, DPM

1. Differentiate benign podiatric presentations from lesions warranting biopsy.
2. Describe a diagnostic pathway for suspicious lesions, including biopsy technique and referral timing.
3. Identify the clinical features most frequently missed in delayed malignancy diagnoses of the foot.

Code with Confidence: Coding & Compliance Updates

Danielle Butto, DPM

1. Apply current CPT and ICD-10 changes to podiatric clinical documentation.
2. Identify documentation deficiencies that create compliance risk in podiatric records.
3. Describe the documentation required to support medical necessity for common podiatric services.

Reducing Risk, Improving Outcomes

Aimee Lipkis, JD

1. Identify the documentation and communication practices most frequently implicated in podiatric malpractice claims.
2. Apply informed consent practices that satisfy Tennessee requirements.
3. Describe the steps to take following an adverse clinical outcome.

New Data in the Management of Osteomyelitis

Martin McNally, MD

1. Appraise new data on the diagnosis and classification of osteomyelitis.
2. Apply current evidence to the selection of antimicrobial route and duration in bone infection.
3. Compare surgical strategies for dead space management and their reported outcomes.

Finding Joy in Practice: Humor, Resilience & Well-Being

Ben Debelak, MD

1. Identify the principal drivers of burnout in clinical practice.
2. Apply at least two evidence-informed strategies to sustain resilience and well-being.
3. Describe the effect of clinician well-being on patient safety and quality of care.

Saturday, September 26

Emerging Voices in Podiatric Medicine: TN Residency Program Case Presentations

Andrew Flaherty, DPM, PGY-3; Jacob Paul, DPM, PGY-2; Kayla Wand, DPM, PGY-1

1. Analyze the diagnostic reasoning and management decisions presented in each resident case.
2. Identify alternative management approaches supported by current evidence.

Updates in Foot & Ankle Dermatology

Tracey Vlahovic, DPM

1. Differentiate common inflammatory, infectious, and neoplastic dermatoses of the foot.
2. Apply current evidence to the selection of therapy for onychomycosis and other common podiatric dermatoses.
3. Identify dermatologic presentations that warrant biopsy or dermatology referral.

Controlled Substance Prescribing: Current Requirements & Best Practices

Susan Blank, MD

1. Describe current federal and Tennessee requirements governing controlled substance prescribing, including controlled substance monitoring database query obligations.
2. Apply risk stratification and screening tools before initiating or continuing opioid therapy.
3. Identify the documentation required to support continued prescribing and to withstand regulatory review.
4. Describe non-opioid and multimodal alternatives for perioperative and chronic podiatric pain.