



The Academy of Minimally Invasive Foot & Ankle Surgery

FELLOWSHIP APPLICATION FORM

Application Fee \$125.00

See other fees listed on Page 3

Name: _____

Office Address: _____

City: _____ **State:** _____

Zip Code: _____ **Date of Birth:** _____

Telephone: _____ **Fax:** _____

Email Address: _____

Degree: _____

State License: _____

Pre-Medical Education

College or University: _____

No. Of Years Attended: _____

Degree: _____

Date of Graduation: _____

Medical Education

College: _____

No. Of Years Attended: _____

Degree: _____

Date of Graduation: _____

Post-Graduate Surgical Training including Minimal Invasive, Preceptorships, Internships, & Residency

Location: _____

Dates: _____

Length of Time: _____

Surgical Experience in Minimal Invasive Surgical Procedures

State Licenses and Numbers

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____



I agree to abide by The Academy of Minimally Invasive Foot & Ankle Surgery's Mission Statement, Preferred Practice Guidelines

Signed: _____

Date: _____

Signature of Applicant

Please include a clear copy of a photo ID. Example: Driver's License, Passport

INSTRUCTIONS FOR CASE HISTORIES TOWARDS FELLOWSHIP

1. Please keep a copy of your case history packet for your records. Note: all files must be submitted as PDF documents or jpeg image files.

2. Documentation of performed procedure being reported via copies of:

- ✓ • Pre and Post Op Radiographs.
- ✓ • All procedures must be Ambulatory.
- ✓ • Osseous procedures to be performed by Minimal Invasive Surgery.
- ✓ • E.M.O.B for undocumented procedures.
- ✓ • Pre & Post Op labeled photograph of reported procedure.
- Pathology report (Osseous & Soft Tissue). *only if necessary for Dx (eg osteomyelitis)*

3. Post-op progress notes should be a summary of the healing process of the patient by date; include when patient was able to return to a normal daily routine. *Not every postop note*

4. Required to:

- Present 5 Osseous Procedures (via Minimal Invasive Surgery).
- Present 3 Soft Tissue Procedures.
- Participate in 2 Surgical Cadaver Seminars on Minimal Invasive Surgery.
- Upon completion, there will be an oral and practical demonstration at a Cadaver Seminar.

5. Send your completed application via email or mail a flash drive to the address below:

AMIFAS
c/o Ann Dosen
1249 Chapin Rd., Unit 1083 Chapin, SC 29036
Toll Free: 1-800-479-4936 Direct Phone: 509-624-1452
Text or WhatsApp: 727-422-3996
Fax: 509-624-1128

6. Complete your payment information for the processing fee in the amount of \$125.00:

Credit card number: _____

Exp. Date: _____ CW: _____

Billing Address: _____

Name on card: _____

FELLOWSHIP

Please be advised that acceptance as a fellow in the Academy is conditional upon the following:

- Satisfactory proof of performance of 3 soft tissue cases and 5 bone surgery cases of ambulatory foot surgery, on an out-patient basis. You should submit these 8 case history reports to the National Office, at which time they will become the property of the Academy.
- A personal interview as desired by the Membership Committee. An oral and practical exam will be given concerning MIS instrumentation, goals of AMIFAS, general and specific criteria for MIS procedures and understanding of Preferred Practice Guidelines. Additionally, you must have attended at least two in-person AMIFAS seminars.
- Approval of the AMIFAS Board.

FEES

The annual dues are \$495.00 per year for all Members including Fellowship members. To be considered for a fellow you must be current on your annual dues. There is a one-time new Fellow application fee of \$125.00.

The Academy is contributing in a significant manner to the development of improved techniques and the enhancement of the image of foot surgery in the eyes of the public. We hope that you will become a Fellow and assist us in the attainment of our goals.

PATIENT INFORMATION SHEET

LIST CASE HISTORY REPORTS THAT OCCURRED WITHIN THE
LAST TWO YEARS





PATIENT NAME:**SURGERY PERFORMED:**

1. Patient #1 Bone Sx 1 REVISION SURGERY/DORSAL MEDIAL/
CHEILECTOMY 1ST METATARSAL RIGHT
FOOT
2. Patient #2 Soft Tissue Sx 1 PLANTAR PLATE RELEASE/
CAPSULOTOMY 4TH MPJ RIGHT FOOT
3. Patient #3 Bone Sx 2 REVERDIN/ISHAM BUNIONECTOMY
RIGHT FOOT
4. Patient #4 Soft Tissue Sx 2 EXTENSOR TENOTOMY/CAPSULOTOMY
3RD DIGIT RIGHT FOOT
5. Patient #5 Bone Sx 3 CHEILECTOMY 1ST METATARSAL
RIGHT FOOT
6. Patient #6 Bone Sx 4 AUSTIN/AKIN BUNIONECTOMY LEFT FOOT
7. Patient #7 Soft tissue Sx 3 FLEXOR TENOTOMY/CAPSULOTOMY
3RD MPJ RIGHT FOOT
8. Patient #8 Bone Sx 5 TAILORS BUNIONECTOMY/
EXOSTECTOMY LEFT FOOT

THIS FORM IS TO BE INCLUDED WITH THE CASE HISTORY REPORTS.

Example
Setup of

Cases
Submitted
page 1
of same

-  Case History Report #1 -
-  Case History Report #2 -
-  Case History Report #3 -
-  Case History Report #4 -
-  Case History Report #5 -
-  Case History Report #6 -
-  Case History Report #7 -
-  Case History Report #8 -
-  Fellowship Application.

Post-Op Notes Report #1



Case History Report #1



Medical Clearance.pdf



Operative Report.pdf



Pathology Report.pdf



Pre-op Pic - 5.24.22 copy.pdf



Pre-op Pic - 5.24.22 .pdf



Pre-op Pic - 5.24.22.pdf



Pre-op Xray - 5.4.22 .pdf



Pre-op Xray - 5.4.22.pdf



Pre-op Xray - 8.2.22.pdf



Pre-op Xray - 8.2.22.pdf



Pre-op Xray - 8.2.22.pdf

Example
of what
MAY be in
Case History Report #1

from
previous
PAGE.

Example₂

CASE HISTORY REPORT

REPORT #: 1

PATIENT NAME: _____

AGE: 74

RACE: Hispanic

SEX: Female

SURGERY: Revision Surgery/Dorsal Medial/Cheilectomy 1st Metatarsal Right Foot

SURGICAL FACILITY: Should be your own facility, i.e. office, surgical center, hospital

CHIEF COMPLAINT: Patient has painful bunion right foot in which previous surgery was done 15 years ago. Patient has difficulty walking in any shoe and cannot perform her daily activities without extreme pain.

HISTORY AND PHYSICAL: PMHx: HTN, asthma, hyperlipidemia controlled. Vascular status normal pulses 2/4 B/L. Allergies: verapamil, valium. Dorsiflexion Right Hallux 20 degrees. Medical exam and labs attached.

PREVIOUS TREATMENTS: Bunion Surgery 15 years ago, same site. Patient has tried arch supports, orthopedic shoes and cortisone injections 1st MPJ.

DURATION OF CONDITION: 15 years

COMPLETE OBJECTIVE PICTURE OF PATIENT'S SURGICAL PROBLEMS: Patient had prior bunion surgery 15 years ago which failed and now has a severe arthritic joint. Currently patient is starting to have a severe limp and cannot perform her daily activities. Patient has constant pain and swelling upon ambulation. Patient was offered joint implant 1st MPJ but refused and doesn't want further shortening of her hallux. Patient expressed that she does not want any type of implant in her foot. Patient has an active lifestyle and would like surgical intervention with a short recovery. Patient does not want any procedures that will

Example

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further shorten her toe.

PRE-OPERATIVE DIAGNOSIS: Hallux Rigidus Right Foot

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PRE-OPERATIVE MEDICATIONS: if necessary, e.g. osteomyelitis, DM

POST OPERATIVE DIAGNOSIS: Hallux Rigidus Right Foot

POST OPERATIVE MEDICATIONS: Meloxicam 7.5 mg, Tylenol 500 mg

OPERATIONS PERFORMED (LIST ALL PROCEDURES): 1. Cheilectomy/Revision Surgery; 2. Exostectomy base distal phalanx; 3. Exostectomy medial aspect Hallux

LABORATORY REPORTS (PATHOLOGY, TISSUE, BLOOD, URINE, etc.): If appropriate

X-RAY FINDINGS: Severe dorsal medial prominence 1st metatarsal head. Severe joint space narrowing. Exostosis medial aspect of distal phalanx with lateral deviation of hallux.