



The Podiatric Physician's Guide to Human Trafficking

Here's how to recognize and respond to this global issue.

BY ROBERT G. SMITH, DPM, RPH, CPED

Learning Objectives

Completion of this article will better enable the participant to do the following things:

- 1) Describe the types and venues of human trafficking in the United States.
- 2) Recognize how to identify the victims of human trafficking in healthcare settings.
- 3) Explain the resources for reporting suspected victims of human trafficking.

Welcome to Podiatry Management's CME Instructional program. Podiatry Management Magazine is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. Podiatry Management Magazine has approved this activity for a maximum of 1.5 continuing education contact hours. This CME activity is free from commercial bias and is under the overall management of Podiatry Management Magazine.

You may enroll: 1) on a per issue basis (at \$29.00 per topic) or 2) per year, for the special rate of \$249 (you save \$41). You may submit the answer sheet, along with the other information requested, via mail, fax, or phone. You can also take this and other exams on the Internet at www.podiatrym.com/cme.

If you correctly answer seventy (70%) of the questions correctly, you will receive a certificate attesting to your earned credits. You will also receive a record of any incorrectly answered questions. If you score less than 70%, you can retake the test at no additional cost. A list of states currently honoring CPME approved credits is listed on pg. 8. Other than those entities currently accepting CPME-approved credit, Podiatry Management cannot guarantee that these CME credits will be acceptable by any state licensing agency, hospital, managed care organization or other entity. PM will, however, use its best efforts to ensure the widest acceptance of this program possible.

This instructional CME program is designed to supplement, NOT replace, existing CME seminars. The goal of this program is to advance the knowledge of practicing podiatrists. We will endeavor to publish high quality manuscripts by noted authors and researchers. If you have any questions or comments about this program, you can write or call us at: **Program Management Services, P.O. Box 490, East Islip, NY 11730, (631) 563-1604 or e-mail us at bblock@podiatrym.com.**

Following this article, an answer sheet and full set of instructions are provided (pg. 8).—Editor

The purpose of this article is to provide podiatric physicians with the strategies for identifying, assessing and responding to patients who may be current or past victims of human trafficking.

Introduction

Human trafficking is a severe human rights violation and its roots are multifaceted. It is not a new healthcare problem and has a rich history (it was once referred to as white slavery). Human trafficking is a pressing public health concern that has the potential to affect all races,

social classes, and genders. Further, it has begun to receive increased attention through awareness and outreach efforts.

The United States Department of Health and Human Services has published that the data and methodologies for estimating the prevalence

of human trafficking globally and nationally are not well developed. Therefore, the estimates have varied widely and continue to change significantly at any given time.¹ The current global estimate is that between 21 to 30 million adults and

Continued on page 2

The current global estimate is that between 21 to 30 million adults and children are labor trafficked or sex-trafficked through force, fraud, or coercion.

Trafficking (from page 1)

children are labor trafficked or sex trafficked through force, fraud, or coercion.²

Forty-four states have laws allowing survivors to seek a court order to vacate, expunge or seal criminal convictions entered against them that resulted from unlawful acts traffickers compelled them to commit, and at least 34 states now have “safe harbor” laws, which are meant to prevent child sex trafficking victims from being prosecuted for commercial sex.³

Human trafficking has occurred consistently in high-population areas that serve as hubs for international travel and that have large immigrant populations. Thus, higher numbers of reported cases were found in California, New York, Texas, and Florida.³ Given the notable dangerous consequences of human trafficking, some states now require healthcare professions to complete continuing education (CE) programs centered on human trafficking as part of their licensing renewal procedure.

of human trafficking, clinically treat illnesses and injuries from human trafficking within their podiatric scope of practice, and understand and use the resources for reporting suspected victims of human traffick-

restaurants, hotels, sweatshops, and areas with high immigrant populations.⁶ The individuals who are at the highest risk of becoming ensnared in human trafficking are those in extreme poverty and who

**In a study of 98 sex trafficking survivors,
88% had at least one encounter with a healthcare
provider while they were being trafficked.**

ing. This article will further provide podiatric physicians with the strategies for identifying, assessing and responding to patients who may be current or past victims of human trafficking.

Definitions

Human trafficking is defined as “the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a posi-

have minimal education, a history of abuse or instability in their family, or some other vulnerability—a disability or belonging to a marginalized or stigmatized gender, ethnicity, or cultural group.⁷

Victims and Survivors

The terms “victim” and “survivor” can both be used to refer to individuals who were trafficked. The term “victim” has legal implications within the criminal justice process and generally means an individual who suffered harm as a result of criminal conduct.⁷ Victims of human trafficking have life situations that are almost always complicated, regardless of whether they are under a trafficker’s control, trying to leave, or are already out of a trafficking environment. Further, they may not even identify themselves as being victims of human trafficking.⁷

“Survivor” is a term used by many in the health services field to recognize the strength it takes to continue on a journey toward healing in the aftermath of a traumatic experience.⁷ Human traffickers use various techniques to control their victims and keep them enslaved. Some traffickers hold their victims under lock and key. More subtle techniques are also used such as isolation from the public by limiting contact with outsiders and making sure that any contact is monitored or superficial in nature. The traffickers may confiscate their passports or other identification documents.

Also, traffickers might use debt bondage through enormous, unde-

Continued on page 3

**The terms “victim” and “survivor”
can both be used to refer to individuals who
were trafficked.**

The Florida Department of Health has launched an informational website providing basic information pertaining to the Human Trafficking Bill, CS/CS/HB 851. This bill addresses human trafficking by requiring continuing education (CE) on human trafficking for healthcare professionals, including podiatrists. Each healthcare provider licensed by one of their boards named by the state of Florida must complete one hour of a CE course on human trafficking that has been specifically approved by their board for this purpose.

The purpose of this manuscript is to provide information on human trafficking as well as to empower podiatric physicians with knowledge they may use to identify the victims

tion of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.”⁶ Some victims of human trafficking are forced to work in prostitution, but trafficking also occurs as labor exploitation in urban, suburban, and rural areas.

Many victims are lured with false promises of well-paying jobs or manipulated by people they trust.⁶ They are forced or coerced into prostitution, domestic servitude, or other types of forced labor (e.g., agriculture, construction, fisheries, and mining industries). Victims of labor trafficking tend to be near farms, fisheries, factories, nail salons, massage parlors,

Trafficking (from page 2)

financed financial obligations or increase the victim's debt to control them. Further, traffickers may take control of the victim's money and make threats of violence toward them or their family members. Moreover, traffickers use shaming techniques over their victims by exposing their humiliating circumstances to their families. Finally, they may tell their victims that they will be imprisoned or deported for immigration violations if they contact the authorities.⁷

The Podiatric Physician's Role

Healthcare professionals are uniquely positioned to identify and intervene on behalf of trafficking victims. Outside of law enforcement, healthcare settings are among the few places where the lives of human trafficking victims may intersect with the rest of society, if only for brief periods.⁸ In a study of 98 sex trafficking survivors, 88% had at least one encounter with a healthcare provider while they were being trafficked, with 63% of these encounters happening in an emergency department.⁹

One study noted that human trafficking victims in the U.S. may interact with a range of healthcare personnel, including providers of primary care, sexual and reproductive healthcare, dental care, and traditional or alternative remedies.⁷

Trafficking victims may even be found working within healthcare facilities. Unfortunately, studies have demonstrated that medical care providers are often unprepared to identify trafficking victims.^{10,11}

Patient Behaviors

Certain patient behaviors and/or accompanying trafficker behaviors can alert healthcare professionals to a potential human trafficking case.^{7,12,13} One common clue is the presence of a person who seems to control both the patient and the situation. The survivors report that their traffickers completed health-related paperwork for them and communicated with the clinical staff and healthcare providers on their behalf.⁷

The physical proximity of the traffickers perpetuated their coercion and control over the victims, preventing them from communicating with the healthcare personnel directly.⁷ The presence of an overbearing or controlling companion should trigger concern, and most recommendations suggest that in order to allow patients the opportunity to speak for themselves, clinical or hospital staff should attempt to interview and assess all patients privately. This may require the use of an independent interpreter, since many survivors have limited English proficiency.⁷

Currently, no evidence-based recommendation guide for assessment and evaluation in the context of known or suspected human trafficking exists. However, literature and practice-based evidence has been used to generate recommendations for screening and inquiry in these situations.¹³ Survivors of trauma report that disclosure may be more likely if healthcare providers are perceived to be knowledgeable about abuse and violence, non-judgmental, respectful, supportive, and use a trauma sensitive approach to evaluation and

Continued on page 4

FIGURE 1: Red Flags of Human Trafficking¹⁶

- No local dialects
- New arrival in the country
- Lack of documentation/documents controlled by someone else
- Debt bondage
- Child accompanied by an unrelated adult
- Submissive/signs of fear/depression/extreme nervousness
- Lack of freedom to move
- Watched 24/7 or living with employer
- Poor living conditions
- Answers appear scripted or rehearsed
- Give a vague/inconsistent explanation of where they live and work
- Appears to move location frequently
- Unpaid or paid very little
- Stockholm Syndrome
- Under 18 and in prostitution/providing commercial sex acts
- Serious injuries left untreated and vague or reluctant to explain
- Evidence of long-term multiple injuries
- Signs of physical abuse or general physical neglect
- Branding tattoos
- Indications of mental, physical or sexual trauma
- Sexually transmitted infections
- Pregnant/previous abortions
- Drug addiction
- Disordered eating or poor nutrition
- Evidence of self-harm
- Dental pain
- Fatigue
- Non-specific symptoms of Post Traumatic Syndrome Disorder
- Symptoms of psychiatric and psychological distress
- Back or stomach pain, skin problems, headaches and dizzy spells

Adapted from Red Flags of Human Trafficking—HopeRisen
<https://www.hoperisen.org/red-flags-human-trafficking> accessed July 25, 2019.

Trafficking (from page 3)

treatment.¹³ A detailed work history and social history taken by podiatric physicians when they encounter potential victims of trafficking will assist in the identification of the red flags of human trafficking (Figure 1).

A human trafficking victim may develop a mindset of fear, distrust, denial, and conflicting loyalties. Foreign victims of trafficking are often fearful of being deported or jailed and, thus, they may distrust authority figures, particularly law enforcement and government officials. Many victims of both sex and labor trafficking fear that if they escape their servitude and initiate investigations against their trafficker, the trafficker or their associates will harm the victim, the victim's family, or others.^{7,13}

Prominent issues that may be considered as red flags include paying cash and having no health insurance, lack of control of identification documents like ID or passport, having few or no personal possessions, or the patient is reticent about additional testing or services due to large debt. Another major red flag is the inability of the victim to

a time and place to speak with the patient privately.

Always take time to build rapport with potential victims or, if you do not have the time yourself, find someone else on the staff who can

develop a good rapport with the patient. Figure 2 presents the questions a podiatric physician should ask if human trafficking is suspected.

Not all victims of trafficking have physical indicators that aid identification. Many victims suffer from serious health issues, which may include addiction to drugs and/or alcohol as a way to cope with or "escape" their situation or as a method of control used by their traffickers; symptoms of post-traumatic stress disorders—phobias, panic attacks, anxiety, and depression, sleep or eating disorders or untreated chronic illnesses such as diabetes or cardiovascular disease.

FIGURE 2: Suggested Screening Questions That Should Be Asked of Human Trafficking¹⁷

- Can you leave your job or situation if you want?
- Can you come and go as you please?
- Have you been threatened if you try to leave?
- Have you been physically harmed in any way?
- What are your working or living conditions like?
- Where do you sleep and eat?
- Do you sleep in a bed, on a cot or on the floor?
- Have you ever been deprived of food, water, sleep or medical care?
- Do you have to ask permission to eat, sleep or go to the bathroom?
- Are there locks on your doors and windows so you cannot get out?
- Has anyone threatened your family?
- Has your identification or documentation been taken from you?
- Is anyone forcing you to do anything that you do not want to do?

Physical Examination

A physical examination should be performed carefully and sensitively, guided by the clinical presentation and by the information gleaned from the patient's history. In cases involving sexual violence and other forms of trauma, forensic evaluation and evidence collection should be offered when appropriate.¹³ During the podiatric physical examination, signs of physical abuse such as bruises, broken bones, burns, and scarring, and issues such as chronic back pain, and visual, or hearing problems from working in agriculture, construction, or manufacturing industries may be present.

Also, skin or respiratory problems caused by exposure to agricultural or other chemicals may be present. Moreover, infectious diseases such as tuberculosis and hepatitis, which are spread in overcrowded, unsanitary environments with limited ventilation, may be identified.

Finally, reproductive health problems may be discovered, including sexually transmitted diseases, urinary tract infections, pelvic pain, and injuries from sexual assault or forced abortions. Abuse and vio-

Continued on page 5

“Have you been threatened for trying to leave?” should be asked to a suspected human trafficking victim.

leave their home or place of work, speak about themselves, or share their own information.

The patient may display feelings of helplessness, shame, guilt, self-blame, humiliation, and a loss of sense of time or space—they may be unaware of which city or state they are in. Podiatric physicians should allow the patient to decide if he or she would feel more comfortable speaking with a male or female practitioner. The patient may require interpretation; make sure you always use professional interpreters who are unrelated to the patient or situation. When the patient is accompanied by others, attempt to find

Trafficking (from page 4)

lence, including that resulting from human trafficking, should be suspected when any of these physical

findings are noted: bilateral or multiple injuries; evidence consistent with rape or sexual assault; evidence of acute or chronic trauma, especially to the face, torso, breasts, or

genitals; pregnant women with any injuries, particularly to the abdomen or breasts, vaginal bleeding, or decreased fetal movement; body tattoos that are the mark of a pimp or trafficker, and occupational injuries not linked clearly to legitimate employment.¹³

While many of these human trafficking patients may present themselves with vague, minor, and non-specific complaints, there are common secondary complaints of which podiatric practitioners should be aware that are presented in Figure 3.

Fundamental Principles

Four fundamental principles have been recommended for healthcare professionals who expect to come into contact with people who have been or are being trafficked.¹³

1) Use a trauma-informed, resilience-oriented, human rights-focused, and culturally sensitive approach to care for all the patients. The Substance Abuse and Mental Health Services Administration (SAMHSA)¹⁴ defines trauma-informed care as a program that: (a) realizes the widespread impact of trauma and understands the potential paths for recovery, (b) recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system, (c) responds by fully integrating knowledge about trauma into policies, procedures, and practices, and (d) seeks to actively resist re-traumatization.

2) Collaborate with and seek advice from colleagues who have been engaged in anti-trafficking or other violence prevention work.

3) Partner with advocates, social service providers, case managers, and others from outside the health sector to improve the referral services and achieve a more effective overall response to human trafficking.

4) Play an active role in self-directed education and training on human trafficking.

Documentation

The podiatric physician following the standard of care should carefully and accurately document all the findings in the human trafficking victim's

Continued on page 6

FIGURE 3:

Secondary Complaints Regarding Human Trafficking¹⁸

Trauma/Musculoskeletal Pain: A very high number of trafficking survivors report physical injuries caused by weapons or instruments, and nearly all report either sexual assault or physical violence. Physical abuse and torture resulting in fractures, contusions, and burns are common and may be self-inflicted. Wounds or burns caused by tools of myriad kinds leaving a pattern, injuries of varying ages.

Gynecologic: Gynecologic complaints, including genital pain, vaginal bleeding, and complications of pregnancy, are common among victims of sex trafficking. Sexually transmitted infections (STIs) are also common, presenting as vaginal discharge and pelvic pain. HIV, in particular, has been linked to trafficking victims, both globally and domestically.

Psychologic: Poor mental health is widely reported among all trafficking victims. Anxiety disorder, depression, suicidal ideation, and posttraumatic stress disorder (PTSD) have all been described in these patients. Symptoms of hostility, paranoia, and hopelessness are common.

Substance Abuse: Substance use and addiction make victims vulnerable to traffickers, and can be negative coping strategies during a stressful experience. Forced or coerced use of drugs and alcohol can also be used to isolate a victim and integrate them into their exploitation.

Dental: Victims may present with dental trauma and loss of teeth from violent acts. Injuries to the face and mouth area are common in abuse cases, and the potential for tooth involvement is high.

Skin: Bruises and contusions in potential victims of human trafficking should not be dismissed as minor injuries. Bruising in areas that are unusual for accidental injury include the cheek, neck, trunk, and buttocks. Any repeated symmetrical injuries, patterns that may have been made with tools, and linear or circular burns are cause to investigate abusive injury. Multiple ecchymoses of varying ages, scarring, and signs of poorly cared for previous wounds should raise the concern for repeated inflicted injury.

Adapted from Mukherji, Pinaki. "Recognizing Human Trafficking Victims in the Emergency Department." AHC Media, March 8, 2015.

Trafficking (from page 5)

medical record because such data may be valuable if the patient seeks legal remedies. The patient's medical history, physical findings, and oral disclosures should be documented

ed to review emergency plans periodically and 911 should be pre-programmed into all the phones. After-hours access to the office should be restricted, the lighting at the entrances and parking areas should be improved, and security cameras, mir-

Podiatrists should build relationships with the local police or security personnel.

in writing in an unbiased manner using direct, unaltered quotes from the patient to the extent possible. Photographic documentation of physical findings may be recorded with the patient's permission. The images should contain the patient's face and the injury or lesion measured with a ruler or other common proportional objects. Secondly, photographs can document close up views of each relevant injury or lesion. Remember that patients should be informed that they have a right to refuse or restrict photographic evidences. Lastly, the words "suspected human trafficking" as a finding, diagnosis, or problem should be included in the chart, where appropriate.¹³

At the time when an event of trafficking has been disclosed by the patient, the podiatrist can help by having the patient assess their own personal risk. Also, they can make an independent judgment about the risk and communicate this opinion to the patient. Most importantly, they can discuss safety planning with the patient. Finally, they can make referrals to appropriate case management services for more detailed safety planning and case management.

It must be acknowledged that traffickers may be involved in various criminal enterprises, so protecting the healthcare workers is essential. The following suggestions include general safety measures as well as those specifically applicable to the healthcare workers who may help the victims of human trafficking¹⁴:

Podiatrists should build relationships with the local police or security personnel.

Staff meetings should be conduct-

ed to review emergency plans periodically and 911 should be pre-programmed into all the phones. After-hours access to the office should be restricted, the lighting at the entrances and parking areas should be improved, and security cameras, mir-

Conclusion

Healthcare professionals, including podiatric physicians, may be the

first point of contact for a human trafficking victim and have the power to make a difference for these patients' lives. Human trafficking poses many health risks including physical injury, long-lasting psychological damage, and even death. In the absence of a uniform evidence-based valid accepted tool to screen for victims of human trafficking, clinicians may need to educate themselves for considering the implementation of universal methods and policies to create a safe environment for these patients. Podiatric physicians who encounter a trafficked person or other exploited individuals have a unique opportunity to provide essential medical care and vital referral options that may be an individual's first step toward safety and recovery. **PM**

References

- Clawson HJ, Dutch N, Solomon A, et al. Human Trafficking into and within the United States: a literature review. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. <http://aspe.hhs.gov/hsp/07/HumanTrafficking/> accessed July 25, 2019.
- Human Trafficking <http://flhealthsource.gov/humantrafficking/#home> accessed July 25, 2019.
- 2019 Trafficking in Persons: United States June 20, 2019. Department of State. <https://www.state.gov/reports/2019-trafficking-in-persons-report-2/united-states> accessed July 25, 2019.
- Mcdowell CP. Presidential Medal for Combatting Human Trafficking (ed) Fischer R, Planchett Press. 2013;15(2):58.
- National Human Trafficking Resource Center. Identifying Victims of Human Trafficking: what to look for in a healthcare setting, 2016. <http://www.acf.hhs.gov/endtrafficking/resource/fact-sheet-identifying-victims-of-human-trafficking> accessed July 25, 2019.
- Baldwin SB, Eisenman DP, Sayles JN, Ryan G, Chuang KS. Identification

The words "suspected human trafficking" as a finding, diagnosis, or problem should be included in the chart, where appropriate.

of Human Trafficking Victims in Health Care Settings. Health Human Rights. 2011;13(1):E36-49.

⁷ Trossman S. The Costly Business of Human Trafficking. American Nurse Today. 2008;3(12).online <https://www.americannursetoday.com/the-costly-business-of-human-trafficking/> accessed July 26, 2019.

⁸ Lederer LJ, Wetzel CA. The Health Consequences of Sex Trafficking and their Implications for Identifying Victims in Healthcare Facilities. Annals of Health Law. 2014;23 (1):61-91.

⁹ Wong JC, Hong J, Leung P, Yin P, Stewart DE. Human Trafficking: an evaluation of canadian medical students' awareness and attitudes. Educ Health (Abingdon). 2011;24(1):501.

¹⁰ Chisolm-Straker M, Richardson L. Assessment of Emergency Department (ED) Provider Knowledge about Human

Continued on page 7

Trafficking (from page 6)

Trafficking Victims in the ED (Abstract). Academic Emergency Medicine. 2007;14(5S):S134.

¹¹ Dovydaitis T. Human Trafficking: the role of the health care provider. J Midwifery Womens Health. 2010;55(5):462-467.

¹² Alpert EJ, Ahn R, Albright E, et al. Human Trafficking: guidebook on identification, assessment, and response in the health care setting. Boston MA: MGH Human Trafficking Initiative, Division of Global Health and Human Rights, Department of Emergency Medicine, Massachusetts General Hospital;2014.

¹³ Substance Abuse and Mental Health Services Administration. Trauma Informed Care, April 20, 2016. www.bharp.org/.../Trauma-Informed-Approach-and-Trauma-Specific-Interventions-_SAMHSA.pdf accessed July 25, 2019.

¹⁴ SOAR to Health and Wellness Training-acf.hhs.gov. https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training accessed July 25, 2019.

¹⁵ The following Red Flags can be used to help identify potential Human Trafficking cases. Red Flags of Human Trafficking—HopeRisen https://www.hoperisen.org/red-flags-human-trafficking accessed July 25, 2019.

¹⁶ Resources: Screening Tools for Victims of Human Trafficking. https://www.acf.hhs.gov/sites/default/files/orr/screening_questions_to_assess_whether accessed July 25, 2019.

¹⁷ Mukherji, Pina-ki. Recognizing Human Trafficking Victims in the Emergency Department. AHC Media, March 8, 2015. https://www.ahcmedia.com/articles/134799-recognizing-human-trafficking-victims-in-the-emergency-department accessed July 25, 2019.



Dr. Smith is in private practice in Edgewater, FL.

CME EXAMINATION

SEE ANSWER SHEET ON PAGE 9.

1) The current global estimate is that between _____ adults and children are labor trafficked or sex-trafficked through force, fraud, or coercion.

- A) 1 to 5 million
- B) 10 to 15 million
- C) 3 to 18 million
- D) 21 to 30 million

2) Human trafficking occurred consistently in high-population areas that served as hubs for international travel, thus higher numbers of reported cases were found in all the states below except one. Which was the exception?

- A) California
- B) North Dakota
- C) New York
- D) Florida

3) Human trafficking is defined as the _____ of persons.

- A) recruitment
- B) transportation
- C) transfer
- D) All of the above answers are correct

4) In a study of 98 sex trafficking survivors, ____% had at least one encounter with a healthcare provider while they were being trafficked.

- A) 98
- B) 50
- C) 88
- D) 75

5) Select a red flag of human trafficking.

- A) Lack of freedom to move
- B) Signs of physical abuse or general physical neglect
- C) Watched 24/7 or living with employer
- D) All the above answers are correct

6) Identify the suggested screening questions that should be asked to a suspected human trafficking victim?

- A) Do you take blood pressure Pills?
- B) Have you been threatened for trying to leave?
- C) Do you exercise every day?
- D) Do you have siblings?

Continued on page 7

- 7) Secondary complaints regarding human trafficking can include which of the following?
- A) Injuries caused by weapons or instruments
 - B) Dental trauma and loss of teeth from violent acts
 - C) Sexually transmitted infections (STIs), pelvic pain, and HIV
 - D) All of the above answers are correct.
- 8) Which of the following suggestions include general safety measures as well as those specifically applicable to the healthcare workers who may help the victims of human trafficking?
- A) Build relationships with the local police or security personnel
 - B) Pre-program 999 into all the phones.
 - C) Allow open access to all doors.
 - D) Emergency plans should only be in the possession of the government.
- 9) Which of these letters and corresponding meanings can be attributed to the acronym SOAR—the training program specific to human trafficking?
- A) “R”---Resource
 - B) “S”---Smoking
 - C) “A”---Ask
 - D) “O”---Opioids
- 10) In the documentation, the words “_____” as a finding, diagnosis or problem should be included in the chart wherever appropriate.
- A) poor patient historian
 - B) psychotic disorientated patient
 - C) older hysterical foreigner
 - D) suspected human trafficking

SEE ANSWER SHEET ON PAGE 9.

The author(s) certify that they have NO affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest), or non-financial interest (such as personal or professional relationships, affiliations, knowledge, or beliefs) in the subject matter or materials discussed in this manuscript.

PM's CME Program

Welcome to the innovative Continuing Education Program brought to you by *Podiatry Management Magazine*. Our journal has been approved as a sponsor of Continuing Medical Education by the Council on Podiatric Medical Education.

Now it's even easier and more convenient to enroll in PM's CE program!

You can now enroll at any time during the year and submit eligible exams at any time during your enrollment period.

CME articles and examination questions from past issues of *Podiatry Management* can be found on the Internet at <http://www.podiatrym.com/cme>. Each lesson is approved for 1.5 hours continuing education contact hours. Please read the testing, grading and payment instructions to decide which method of participation is best for you.

Please call (631) 563-1604 if you have any questions. A personal operator will be happy to assist you.

Each of the 10 lessons will count as 1.5 credits; thus a maximum of 15 CME credits may be earned during any 12-month period. You may select any 10 in a 24-month period.

The Podiatry Management Magazine CME program is approved by the Council on Podiatric Education in all states where credits in instructional media are accepted. This article is approved for 1.5 Continuing Education Contact Hours (or 0.15 CEU's) for each examination successfully completed.

PM's privacy policy can be found at <http://podiatrym.com/privacy.cfm>.

This CME is valid for CPME-approved credits for three (3) years from the date of publication.

Enrollment/Testing Information and Answer Sheet

Note: If you are mailing your answer sheet, you must complete all info. on the front and back of this page and mail with your credit card information to: **Program Management Services, P.O. Box 490, East Islip, NY 11730.**

TESTING, GRADING AND PAYMENT INSTRUCTIONS

(1) Each participant achieving a passing grade of 70% or higher on any examination will receive an official computer form stating the number of CE credits earned. This form should be safeguarded and may be used as documentation of credits earned.

(2) Participants receiving a failing grade on any exam will be notified and permitted to take one re-examination at no extra cost.

(3) All answers should be recorded on the answer form below. For each question, decide which choice is the best answer, and circle the letter representing your choice.

(4) Complete all other information on the front and back of this page.

(5) Choose one out of the 3 options for testgrading: mail-in, fax, or phone. To select the type of service that best suits your needs, please read the following section, "Test Grading Options".

TEST GRADING OPTIONS

Mail-In Grading

To receive your CME certificate, complete all information and mail with your credit card information to: **Program Management Services, P.O. Box 490, East Islip, NY 11730. PLEASE DO NOT SEND WITH SIGNATURE REQUIRED, AS THESE WILL NOT BE ACCEPTED.**

There is **no charge** for the mail-in service if you have already enrolled in the annual exam CME program, and we receive this exam during your current enrollment period. If you are not enrolled, please send \$29.00 per exam, or \$249 to cover all 10 exams (thus saving \$41 over the cost of 10 individual exam fees).

Facsimile Grading

To receive your CME certificate, complete all information and fax 24 hours a day to 1631-532-1964. Your CME certificate will be dated and mailed within 48 hours. This service is available for \$2.95 per exam if you are currently enrolled in the annual 10-exam CME program (and this exam falls within your enrollment period), and can be charged to your Visa, MasterCard, or American Express.

If you are *not* enrolled in the annual 10-exam CME program, the fee is \$29 per exam.

Phone-In Grading

You may also complete your exam by using the toll-free service. Call 1-800-232-4422 from 10 a.m. to 5 p.m. EST, Monday through Friday. Your CME certificate will be dated the same day you call and mailed within 48 hours. There is a \$2.95 charge for this service if you are currently enrolled in the annual 10-exam CME program (and this exam falls within your enrollment period), and this fee can be charged to your Visa, Mastercard, American Express, or Discover. If you are not currently enrolled, the fee is \$29 per exam. When you call, please have ready:

1. Program number (Month and Year)
2. The answers to the test
3. Credit card information

In the event you require additional CME information, please contact PMS, Inc., at **1-631-563-1604.**

ENROLLMENT FORM & ANSWER SHEET

Please print clearly...Certificate will be issued from information below.

Name _____ Email Address _____

Please Print: FIRST MI LAST

Address _____

City _____ State _____ Zip _____

Charge to: Visa MasterCard American Express

Card # _____ Exp. Date _____ Zip for credit card _____

Note: Credit card is the only method of payment. Checks are no longer accepted.

Signature _____ Email Address _____ Daytime Phone _____

State License(s) _____ Is this a new address? Yes No

Check one: I am currently enrolled. (If faxing or phoning in your answer form please note that \$2.95 will be charged to your credit card.)

I am not enrolled. Enclosed is my credit card information. Please charge my credit card \$29.00 for each exam submitted. (plus \$2.95 for each exam if submitting by fax or phone).

I am not enrolled and I wish to enroll for 10 courses at \$249.00 (thus saving me \$41 over the cost of 10 individual exam fees). I understand there will be an additional fee of \$2.95 for any exam I wish to submit via fax or phone.

Over, please

EXAM #1/21
The Podiatric Physician's Guide to
Human Trafficking
(Smith)

Circle:

- | | |
|------------|-------------|
| 1. A B C D | 6. A B C D |
| 2. A B C D | 7. A B C D |
| 3. A B C D | 8. A B C D |
| 4. A B C D | 9. A B C D |
| 5. A B C D | 10. A B C D |

Medical Education Lesson Evaluation

Strongly agree [5]	Agree [4]	Neutral [3]	Disagree [2]	Strongly disagree [1]
--------------------------	--------------	----------------	-----------------	-----------------------------

- 1) This CME lesson was helpful to my practice ____
- 2) The educational objectives were accomplished ____
- 3) I will apply the knowledge I learned from this lesson ____
- 4) I will makes changes in my practice behavior based on this lesson ____
- 5) This lesson presented quality information with adequate current references ____
- 6) What overall grade would you assign this lesson?
A B C D
- 7) This activity was balanced and free of commercial bias.
Yes ____ No ____
- 8) What overall grade would you assign to the overall management of this activity?
A B C D

How long did it take you to complete this lesson?

____ hour ____ minutes

What topics would you like to see in future CME lessons?
Please list :
