



OASIS 2025

Orpyx Analytics and Scientific Insights Summit



September 25-27, 2025 | Calgary and Banff, Alberta, Canada

Distinguished Guests,

It is my great pleasure to welcome you to the OASIS program.

Diabetes-related foot disease remains one of the most devastating and costly complications of diabetes. For too many people, what begins as a small wound can progress to infection, amputation, and the profound loss of mobility and independence. Beyond the personal toll, the economic burden is staggering — one in every three dollars spent on the direct costs of diabetes goes to the management of foot complications. This reality underscores both the urgency of the problem and the scale of the opportunity before us.

At Orpyx, we believe there is a better future. A future where innovative technologies, clinical expertise, and bold ideas converge to prevent wounds before they occur, preserve mobility, and dramatically improve quality of life for those living with diabetes. But that future cannot be built in isolation. It depends on partnership with dedicated clinicians and innovators — like each of you — who bring deep expertise, creativity, and compassion to this shared mission.

OASIS was designed to create a space where partnerships grounded in shared mission, collaboration, passion, education, and research can flourish. Together, we can reimagine diabetic foot care, accelerate progress, and change outcomes for people living with diabetes-related foot disease worldwide.

Thank you for joining us on this journey. Your voice, insights, and collaboration are essential to shaping a new standard of care — one where the cycle of wounds and amputations is broken, and mobility is preserved for millions.

My very best,



Breanne Everett, MD, MBA
CEO, Orpyx Medical Technologies Inc.

Message From the OASIS 2025 Scientific Committee

Dear Delegates,

It is our great honor to welcome you to Orpyx Analytics and Scientific Insights Summit (OASIS) 2025.

This meeting is more than a conference — it is a convergence of inquiry and innovation. Each of us arrives here carrying a story: a patient whose course reminds us why prevention matters, a dataset that reveals a previously hidden signal, an experiment that challenged convention, a technology that offers a glimpse into what is possible. When these stories come together, we can transform disparate observations into knowledge, knowledge into practice, and practice into measurable impact. It is what allows us to see not only the parts — the patients, the datasets, the experiments, the technologies — but also the system they form, the patterns they reveal, and the outcomes they can shape.

At OASIS, these stories become the nidus for the next generation of evidence. They take form as clinical insights, peer-reviewed knowledge, and shared expertise. They remind us that the science of limb preservation is not only about preserving function, but about extending healthspan, independence, and dignity.

This year's program has been carefully designed to reflect both the art and the rigor of science:

- **Advancing scientific understanding of digital monitoring technologies** — examining mechanisms of action, predictive modeling, and the translation of real-world data into clinical decision pathways.
- **Deepening interdisciplinary expertise through interactive training** that unites clinicians, engineers, data scientists, and policymakers around practical methods of integrating digital health into complex care ecosystems.
- **Addressing system-level barriers by examining policy, equity, and implementation issues** that shape how — and for whom — innovation is adopted.

We believe OASIS 2025 will be a crucible for both intellectual exchange and personal inspiration. Over the coming days, we invite you to participate as scholars, as practitioners, and as storytellers — bringing your science, your questions, and your lived experiences into the dialogue. The future of preventative digital health and limb preservation is not yet written; together, we have the opportunity to author it.

With deep respect and anticipation,

The OASIS 2025 Scientific Committee



Emily Matijevich, PhD
Scientific Committee Co-Chair
Senior Director of Clinical and Applied Research
Orpyx Medical Technologies Inc.



Evan Minty, MD, MSc
Scientific Committee Co-Chair
Medical Director
Orpyx Medical Technologies Inc.



Daniel T. Ferreras, DPM, FAPWCA, AAFC
Abstract Reviewer
Chief of Podiatry,
Certified Wound Specialist
Carl Vinson VA Medical Center



Maryam Hajizadeh, PhD
Abstract Reviewer
Biomechanist
Orpyx Medical Technologies Inc.

Program Schedule: Thursday, September 25 - Calgary

Pre-Conference Activities (Optional)



Breaks



Shuttle transportation

Time (MST)	Activity	Location	Facilitators/Participants
8:00 – 9:00	Morning walk/run	Meet in Alt Hotel lobby, 635 Confluence Way SE, T2G 0G1	Emily Matijevich, PhD Breanne Everett, MD, MBA
9:00	Coffee meetup	Good Earth Coffeehouse, 602 7 Avenue SE, T2G 0H3	Karen Smith
13:00 – 14:30	Hands on gait monitoring demo	Cuboid boardroom, Orpyx office, Suite 205, 1240 20 Ave SE, T2G 1M8	Emily Matijevich, PhD Maryam Hajizadeh, PhD Benno Nigg, PhD Sandro Nigg Jared Fletcher, PhD Maahika Mehta

Conference Transportation

Time (MST)	Activity	Location	Facilitators/Participants
14:15 – 14:30	Meet for shuttle to Orpyx, departs at 14:30	Alt Hotel lobby, 635 Confluence Way SE, T2G 0G1	Delegates

Conference Activities

Location: Orpyx Office, Suite 205, 1240 20 Ave SE, Calgary, AB T2G 1M8

Wi-Fi Access: Network: Orpyx Guest | Password: OASIS2025 (case sensitive)

Time (MST)	Activity	Location	Facilitators/Participants
14:45 – 15:15	Registration	Calcaneus boardroom, Orpyx office	Delegates
15:15 – 15:30	Introductions	Suite 117, Orpyx office	Delegates
15:30 – 17:15	Company overview and tour		Breanne Everett, MD, MBA
17:15 – 17:30	Group photo	Orpyx office	Delegates
17:30 – 18:30	Welcome dinner	Suite 117, Orpyx office	Delegates
18:30 – 19:00	Keynote Address: Remote Patient Pedal Monitoring in VHA	Suite 117, Orpyx office	Lindsay R. James Riegler, PhD
19:00 – 20:00	Distinguished Plenary Address: Four Lessons for Surviving and Thriving in the Department of Veterans Affairs		The Honorable David J. Shulkin, MD
20:00 – 20:45	Closing Remarks		Breanne Everett, MD, MBA
21:00 – 21:15	Shuttle to Alt Hotel, departs at 21:15	Front of Orpyx office	Delegates

Conference Transportation

Time (MST)	Activity	Location	Facilitators/Participants
6:10 – 6:30	Meet for shuttle to Banff, departs at 6:30	Alt Hotel lobby, 635 Confluence Way SE, T2G 0G1	Delegates

Conference Activities

Location: Banff Centre for Arts and Creativity, 107 Tunnel Mountain Dr, Banff, AB T1L 1H5

Wi-Fi Access: Visit banffcentre.ca, a password is not required.

Time (MST)	Activity	Location	Facilitators/Participants
8:15 – 8:30	Drop off and luggage storage	Professional Development Centre 104, Banff Centre	Delegates
8:30 – 9:15	Breakfast buffet	Sally Borden Building, Vistas Dining Room, Banff Centre	Delegates
9:15 – 9:30	Group walk to Kinnear Centre	Kinnear Centre 301, Banff Centre	Delegates
9:30 – 9:45	Opening Remarks		Breanne Everett, MD, MBA
9:45 – 10:15	Opening Keynote: Breaking Barriers in Diabetic Foot Care: Digital Solutions for Early Detection, Prevention, and Personalized Treatment		Bijan Najafi, PhD, MSc
10:15 – 10:30	Coffee and networking break	Kinnear Centre 301, Banff Centre	Delegates
10:30 – 10:45	Remote Patient Pedal Monitoring: Patient Selection, Enrollment, and Successful Implementation in Practice	Kinnear Centre 301, Banff Centre	James Chadburn, DPM, CWSP, FACPM
10:45 – 11:00	Enabling Between-Visit Care		Emily Bray, BSc, MBA Erin Barrett, RN, MSChQ
11:00 – 12:00	Orpyx Program Hands On Training		Emily Bray, BSc, MBA Erin Barrett, RN, MSChQ
12:00 – 13:30	Lunch buffet	Sally Borden Building, Vistas Dining Room, Banff Centre	Delegates
13:30 – 14:30	On-the-move discussion	Meet at Kinnear Centre 301, Banff Centre	Emily Matijevich, PhD
14:30 – 14:45	Remote Patient Pedal Monitoring: A Fundamental Tool with a Long History and Even Longer Future for Personalized Diabetes Care	Kinnear Centre 301, Banff Centre	Vincent Giacalone, DPM Maryam Hajizadeh, PhD
14:45 – 15:00	From the Phone Call to 4D Approach for Diabetic Foot Limb Salvage with Team Approach.		Sunghwan Byun, DPM Yvette Mazon, BSN, RN-WTA

Program Schedule: Friday, September 26 - Banff

Conference Activities

Location: Banff Centre for Arts and Creativity, 107 Tunnel Mountain Dr, Banff, AB T1L 1H5

Wi-Fi Access: Visit banffcentre.ca, a password is not required.

Time (MST)	Activity	Location	Facilitators/Participants
15:00 – 15:30	Coffee and networking break	Kinnear Centre 301, Banff Centre	Delegates
15:30 – 15:45	WIREDUP: Wearable Insoles for Recurrent Diabetic Ulcer Prevention: a randomized controlled trial	Kinnear Centre 301, Banff Centre	Emily Bray, BSc, MBA
15:45 – 16:00	From Steps to Signals: Scaling Personalized Care with Remote Monitoring		Emily Matijevich, PhD
16:00 – 16:30	Closing Keynote: Lessons Learned and Future Opportunities in Preventing Lower Limb Amputation: A Systems-Based Approach		Jeffrey T. Heckman, DO
16:30 – 16:45	Closing Remarks		Breanne Everett, MD, MBA

Post-Conference Activities and Transportation

Time (MST)	Activity	Location	Facilitators/Participants
17:00 – 19:00	Free time	On Your Own	Delegates
19:00 – 19:15	Shuttle to the Town of Banff (or walk), departs at 19:15	Meet in Professional Development Centre lobby, Banff Centre	Delegates
19:30 – 21:15	Dinner	Elk and Oarsman Restaurant & Bar, 119 Banff Ave	Delegates
21:45 – 22:00	Shuttle to Banff Centre, departs at 22:00	Outside Elk and Oarsman Restaurant & Bar	Delegates
22:15 – 1:00	Optional networking opportunity	Maclab Bistro, Banff Centre	Delegates

Travel Day: Saturday, September 27 - Banff

Time (MST)	Activity	Location	Facilitators/Participants
7:00 – 9:30	Breakfast buffet. Conference delegates will receive a breakfast voucher	Vistas Dining Hall with reserved seating, Banff Centre	Delegates
Morning	There are no scheduled or reimbursed activities during this period. Feel free to relax or explore the local area. See your personalized agenda for scheduled departure time to Calgary International Airport (YYC).		Delegates

Remote Patient Pedal Monitoring in VHA

Thursday, September 25, 2025, 18:30 – 19:00



Lindsay R. James Riegler, PhD

Director, Digital and Remote Health Center for Innovation
Veterans Health Administration
U.S. Department of Veterans Affairs

Discussion: The Veterans Health Administration (VHA) Digital and Remote Health Center for Innovation (DRHCI) aims to function as a national sandbox for rapid pilots in digital and remote health, making it easier and faster for clinicians to test and evaluate new technologies. Remote patient monitoring is a major focus for the Center, particularly for diabetes care. According to VHA data, there are 1,625,386 Veterans receiving care in VA with diabetes. In fiscal year (FY) 2024, VHA treated 49,096 of diabetic foot ulcers (DFUs). Of those who develop an ulcer, 15% will require amputation. Preventive measures are crucial and can save VHA roughly \$50,000 in direct medical costs per prevented amputation.

The use of daily monitoring is designed to prevent DFUs. In 2019, VHA began using remote temperature monitoring SmartMat to measure foot temperature to detect early signs of DFUs. As of May 15, 2025, there were 16,000+ active enrollments in the SmartMat at 327 ordering sites, including VA Medical Centers, Health Care Centers and Community Based Outpatient Clinics.

VHA has expanded the program to remote patient pedal monitoring, incorporating devices that measure pressure in addition to temperature and better meet Veterans’ needs and lifestyles. To date, VHA has 59 active enrollments in Smart Socks at 5 ordering sites (March 2025); 22 active enrollments in Orpyx Insoles at 10 ordering sites (March 2025); and 15 active enrollments using a thermovisual foot scanner at 1 ordering site (April 2025).

DRHCI is forging relationships across VA to address administrative barriers and challenges associated with governance, policy, funding, and procurement that impact the ability to implement solutions and reduce burden on clinicians. Opportunities to further operationalize this program include measuring productivity targets, streamlining processes for sites to place orders, and performing studies to assess return on investment across solutions.



Scan the QR code to view the full delegate list and bios.

Four Lessons for Surviving and Thriving in the Department of Veterans Affairs

Thursday, September 25, 2025, 19:00 – 20:00



The Honorable David J. Shulkin, MD

Ninth Secretary, US Department of Veterans Affairs

Discussion: The Department of Veterans Affairs (VA) is one of the largest integrated health systems in the world, uniquely positioned to both improve the lives of Veterans and serve as a national model for delivering high-quality, coordinated care. While the system faces well-documented challenges, it also holds remarkable strengths that, when leveraged effectively, can transform care for millions of Veterans and provide lessons for the broader U.S. healthcare system.

This session will explore four key lessons essential for surviving and thriving within the VA. These strategies focus on creating meaningful and measurable improvements in patient care, with special attention to some of the most pressing clinical challenges. A particular emphasis will be placed on Veterans at high risk for diabetic foot complications, ulcers, and amputations—conditions that not only affect quality of life but also drive significant morbidity, mortality, and costs.

Participants will hear examples of how these strategies have already been successfully applied to improve outcomes in diabetic foot care and in addressing other critical health issues such as chronic disease management, access to care, and preventive health initiatives. The session will also demonstrate how technology, when thoughtfully implemented, can be used to extend the reach of clinical teams, improve monitoring of high-risk patients, and deliver more personalized and efficient care.

In addition, attendees will gain practical insights into strengthening collaborative care models that engage multidisciplinary teams and community partners. The discussion will highlight how best practices can be adopted, adapted, and disseminated across the VA system to achieve meaningful, system-wide improvements.

By the end of the session, participants will not only understand the four lessons for success but also leave with actionable ideas for applying them in their own work to better serve Veterans and improve health outcomes at scale.

Breaking Barriers in Diabetic Foot Care: Digital Solutions for Early Detection, Prevention, and Personalized Treatment

Friday, September 26, 2025, 9:45 – 10:15



Bijan Najafi, PhD, MSc

Professor, Research Director, Center for Advanced Surgical & Interventional Technology (CASIT), University of California Los Angeles (UCLA)

Discussion: Diabetic foot ulcers (DFUs) represent one of the most serious and costly complications of diabetes, contributing to infection, hospitalization, and lower-limb amputation. Traditional care models often remain reactive, addressing ulcers after they occur rather than preventing them. To reduce this burden, a paradigm shift toward proactive, technology-enabled prevention is urgently needed.

This lecture will explore how digital health innovations are transforming DFU management by enabling earlier risk detection, empowering patients in preventive self-care, and personalizing treatment through continuous monitoring. Key topics will include the use of predictive analytics and triage tools to identify individuals at highest risk, strategies to engage patients through interactive education and behavior-change interventions, and remote patient monitoring systems that reinforce adherence, detect early warning signs, and trigger timely interventions. The integration of AI-driven decision support, smart offloading devices, and real-time adherence tracking will be highlighted as essential components of a new model of care that bridges the gap between clinic and home, reduces disparities, and prevents avoidable amputations.

Learning Objectives

- 1. Shifting from Reactive to Proactive Care:** Learn how digital health tools and predictive analytics enable earlier risk detection and proactive interventions, transforming diabetic foot care from crisis management to prevention.
- 2. Empowering Patients in Preventive Care:** Explore strategies to engage and empower patients through interactive education, foot self-care guidance, and behavior-change interventions that promote early detection and prevention.
- 3. Remote Patient Monitoring & Personalized Interventions:** Examine how remote patient monitoring, smart offloading devices, and AI-driven feedback loops can reinforce adherence, detect early warning signs, and enable data-driven, personalized interventions to reduce ulcer recurrence and amputation risk.

Remote Patient Pedal Monitoring Patient Selection, Enrollment, and Successful Implementation in Practice

Friday, September 26, 2025, 10:30 – 10:45



James Chadburn, DPM, CWSP, FACPM

Podiatrist, VA Texas Valley Coastal Bend Healthcare System

Clinical Assistant Professor, Department of Surgery, University of Texas Rio Grande Valley

Discussion: Screening for diabetes complications in older adults should be individualized and periodically revisited, as the results of screening tests may impact treatment goals and therapeutic approaches. These same principles apply when considering whether a remote patient pedal monitoring (RPPM) program aligns with a patient's care objectives. This talk will focus on two key considerations for integrating RPPM into patient care.

First, patient selection plays a vital role in the success of (RPPM) programs designed for diabetic foot ulcer (DFU) risk reduction. While clinical risk, such as those outlined by Prevention of Amputation in Veterans Everywhere (PAVE) guidelines, remains a key criterion, taking a holistic view of an individual's unique needs, goals, and circumstances can further enhance adherence and improve outcomes for both patients and care teams. Assessing a patient's interest in managing their health, comfort with technology, and daily routines helps ensure that the program feels intuitive and supportive. Because implementation success is multifactorial, patient education and engagement are paramount; each potential friction point represents an opportunity to improve usability and strengthen participation.

Second, billing guidelines ensure RPPM programs are not just a technology add-on, but rather an integrated part of quality clinical care. By defining billing codes, documentation requirements, and eligible populations, CMS guidelines establish clear expectations for how data should be collected, interpreted, and applied to enhance between-visit care.

Together, thoughtful patient selection and a clear understanding of billing guidelines provide a foundation for maximizing the value of RPPM programs in supporting individualized diabetes care.

Enabling Between-Visit Care: Integrating Multimodal Sensory Insole Data and Remote Patient Pedal Monitoring for High-Risk Foot Health Management

Friday, September 26, 2025, 10:45 – 11:00



Emily Bray, BSc, MBA
Director, Clinical Affairs
Orpyx Medical Technologies Inc.



Erin Barrett, RN, BA, BScN, MScHQ
Director, Nursing
Orpyx Medical Technologies Inc.

Discussion: Individuals at risk of developing diabetic foot ulcers (DFU) can face a range of complications that require vigilant, continuous care. Proactive identification and timely intervention are critical, yet routine clinic visits may be challenging to schedule and attend due to transportation barriers, mobility limitations, and competing health priorities. Between-visit care can supplement the gaps in traditional episodic healthcare by providing continuous monitoring and intervention for high-risk patients. The Orpyx Sensory Insole program enables between-visit care to proactively manage foot health, reduce complications and improve outcomes.

The Orpyx Sensory Insole program combines continuous, multimodal data collection and remote monitoring services by credentialed nurses to deliver personalized, between-visit services for high-risk individuals. Candidates are identified through clinical screening, guided through onboarding and setup, and provided with ongoing education in preventative foot health practices. Remote nurses build trusted relationships with patients, empowering them to actively participate in their own care, adopt sustained behavior changes, and align interventions with personal health goals and lifestyle needs.

Continuous, multimodal data and remote monitoring enables clinicians to proactively adapt treatment plans, address early signs of tissue injury, and reduce ulceration risk. Engagement is grounded in shared decision-making, with co-created care plans and feedback loops to support patients and providers over time. Between visit care enables timely interventions while minimizing burden on patients and providers, streamlining workflows, and facilitating coordinated communication across the care team.

Integrating RPPM technologies into standard care pathways offers a scalable approach to closing gaps in DFU management and prevention. Providing actionable, individualized insights between traditional clinical visits can enhance clinical insights and decision making, improve patient engagement, and support improved outcomes, extending the reach of clinical care beyond the walls of the clinic.

Remote Patient Pedal Monitoring: A Fundamental Tool With a Long History and Even Longer Future for Personalized Diabetes Care

Friday, September 26, 2025, 14:30 – 14:45



Vincent Giacalone, DPM

Co-Founder and Director of Research and Clinical Trials, Curalta Clinical Trials
Podiatrist, Hackensack University Medical Center, Pascack Valley Medical Center,
Pascack Valley Wound Care Center and Surgicare of Oradell



Maryam Hajizadeh, PhD

Biomechanist
Orpyx Medical Technologies Inc.

Discussion: Diabetic foot ulcers (DFUs) are a devastating complication of diabetes. Efforts to understand and prevent DFU development have spanned decades. This work reviews the history of research and technological advancements aimed at detecting local hot spots as early indicators of foot inflammation prior to ulcer development and preventing DFUs through the management of mechanical factors such as prolonged and high pressure and activity levels.

Pioneering surgeon Dr. Brand’s work on leprosy-induced neuropathy (1946-1966) laid the foundation for modern diabetic foot care. Their methods for managing leprosy ulcers proved equally relevant for insensitive diabetic foot. Subsequent research at Carville (1966-1986) demonstrated that temperature monitoring could act as a “pain substitute”, detecting excessive stress in areas at risk of breakdown, and emphasized its value in prevention. Therefore, foot skin temperature monitoring has been used as a preventative strategy for DFU management in clinical and home settings since 1980s.

Remote patient pedal monitoring has emerged as a promising approach to enhance diabetic foot care practices. Current international guidelines recommend once-daily temperature monitoring to detect early inflammation. However, this approach has shown high false-positive and false-negative rates. To address these limitations, digital health solutions have evolved. Multimodal sensing, integrating pressure and temperature, can detect warning signs at different stages of DFU development, offer redundancy when certain signals are confounded by comorbidities, and better capture the dynamic nature of DFU pathogenesis. Additionally, personalizing concerning temperature threshold could complement the current fixed asymmetry threshold (2.2°C) to indicate health status change and account for inter-individual variations in disease progression. Finally, continuous temperature monitoring, inspired by continuous glucose monitoring, can reveal intra-day temperature variations potentially driven by foot deformities, activity levels, and environmental factors.

Ongoing advancements in sensor technology and data analytics are driving diabetes care toward seamless, real-time monitoring that empowers patients, enables timely interventions, and improves outcomes.

From the Phone Call to 4D Approach for Diabetic Foot Limb Salvage With Team Approach

Friday, September 26, 2025, 14:45 – 15:00



Sunghwan (Sung) Byun, DPM

Fellow, American College of Foot and Ankle Surgeon
Diplomate, American Board of Podiatric Medicine CAQ Amputation Prevention
Department of Podiatric Surgery and Medicine at Operative Care Division
Portland VA Medical Center



Yvette Mazon, BSN, RN-WTA

Nurse Care Coordinator
Department of Veteran's Affairs, Portland Oregon

Discussion: Currently, due to diabetes, a limb is amputated every 20 to 30 seconds worldwide. Sadly, approximately 15–25% of people with diabetes will experience a diabetic foot ulcer in their lifetime. Especially in the wake of the COVID-19 pandemic, we have come to recognize the critical importance of effective in-person care.

Diabetic foot complications remain one of the leading causes of morbidity, hospitalization, and lower-limb amputation worldwide. Early identification and prevention through systematic foot surveillance is essential in mitigating risks and improving outcomes for diabetic patients. This presentation explores the pivotal role of nursing coordination in implementing effective foot care practices and fostering interdisciplinary collaboration.

We will discuss evidence-based strategies for routine foot assessments, risk classification, and timely referral, highlighting the nurse's role as a frontline advocate in diabetic foot prevention. Emphasis will be placed on structured care pathways, patient education, and coordinated communication between primary care, podiatry, endocrinology, and wound care services.

Through this presentation, the team approach for limb salvage with proper communication will be discussed. Strengthening nursing coordination in diabetic foot care not only enhances patient safety but also significantly reduces healthcare burdens associated with preventable complications. And, as a result, the foot and ankle specialist will look into further detail for limb salvage based on clinical finding and biomechanics.

As a specialist in diabetic foot care, we must consider how we can prevent amputations when patients are connected in person—starting with the use of the WiFi Score as a foundation. Furthermore, we must explore how to help patients regain ambulation, and how to prevent recurrent ulcers both non-surgically, through sensory insoles, and surgically, by addressing the underlying causes of re-ulceration.

WIREDUP: Wearable Insoles for Recurrent Diabetic Ulcer Prevention: a randomized controlled trial

Friday, September 26, 2025, 15:30 – 15:45



Emily Bray, BSc, MBA
Director, Clinical Affairs
Orpyx Medical Technologies Inc.

Discussion: This session will provide an overview of a study led by Dr. Caitlin Hicks of Johns Hopkins University, alongside co-investigator Dr. David Armstrong of the University of Southern California Keck School of Medicine. The study is funded in part by a National Institute of Health R01 grant and patient enrollment is anticipated to start in Q4 2025.

This prospective, open label randomized controlled trial (RCT) will be the largest study conducted to date on the digital management of the diabetic foot. The primary objective is to demonstrate the clinical advantages of using a sensory insole system as an adjunct to standard of care, as compared to standard of care alone, in reducing plantar ulceration in high-risk individuals. The secondary aims of this study include participant quality of life, engagement, and economic impact.

400 participants will be monitored for 12 months. Intervention group participants will receive the Orpyx Sensory Insole system, app-based biofeedback, and access to remote patient monitoring (RPM). Control group participants will receive standard diabetic foot care: foot self-care education, footwear per standard of care, and custom sensory insoles. Control group participants will not receive any app-based biofeedback or RPM services.

From Steps to Signals: Scaling Personalized Care with Remote Monitoring

Friday, September 26, 2025, 15:45 – 16:00



Emily Matijevich, PhD
Senior Director of Clinical and Applied Research
Orpyx Medical Technologies Inc.

Discussion: What if every step a patient took outside the clinic could become a real-time signal for prediction, prevention, and personalized care? Remote patient pedal monitoring programs are redefining proactive care for people managing diabetic foot disease. Sensor-enabled technologies, patient-directed biofeedback, and integrated remote monitoring services are overcoming many limitations of episodic, office-based care. Yet, extraordinary opportunities remain, not only to advance diabetic foot ulcer (DFU) risk assessment, but to extend these care frameworks into broader healthspan extension applications.

Continuous, passive monitoring with digital health solutions such as wearables and sensor-enabled technologies enables the unobtrusive capture of naturalistic movement and behavior in real-world settings. Multi-modal analytics and machine learning approaches can identify complex, nonlinear patterns in high-dimensional sensor data, helping to isolate clinically meaningful features or digital biomarkers.

These digital biomarkers unlock new care paradigms. They can be translated into context-aware patient nudges that shape daily habits, reinforce positive behavior change, and strengthen patient self-management. Real-time dashboards give care teams data-driven insights to deliver and evaluate targeted interventions. Integrated ecosystems support coordinated triage when patients are managing multiple comorbidities, enabling flexible care models that adapt dynamically as health needs evolve.

This talk moves beyond what is possible today, and I look towards holistic care ecosystems that leverage continuous monitoring to empower patients, extend healthspan, and deliver data-driven outcomes.

Lessons Learned and Future Opportunities in Preventing Lower Limb Amputation: A Systems-Based Approach

Friday, September 26, 2025, 16:00 – 16:30



Jeffrey T. Heckman, DO

Staff Physician, James A. Haley Veterans' Hospital & Clinics, Tampa, FL, USA
Medical Director, Regional Amputation Center, US Department of Veterans Affairs
Collaborative Associate Professor, Department of Neurology,
USF Health Morsani College of Medicine

Discussion: Lower limb amputation continues to pose a significant health challenge worldwide, with conditions such as diabetes mellitus and peripheral vascular disease contributing to a rising incidence. This presentation aims to take a comprehensive view of the lessons learned from existing healthcare programs focused on the prevention of lower limb amputation and explore opportunities for improvement. By examining systems-based practices across various healthcare settings, we seek to identify effective strategies and potential areas for enhancement.

The presentation will begin with a detailed analysis of current programs targeting amputation prevention, highlighting case studies and success stories from diverse healthcare systems. We will review multidisciplinary approaches, including the integration of primary care, endocrinology, vascular surgery, podiatry, and wound care services, which have shown promise in managing at-risk populations. The importance of early detection, continuous monitoring, and timely intervention in preventing complications that can lead to amputation will be emphasized.

Key lessons learned will be discussed, focusing on the critical role of patient education and engagement in self-care practices, such as proper foot hygiene, glycemic control, and lifestyle modifications. We will also explore the impact of community outreach programs and telehealth services in enhancing access to preventive care and reducing barriers to treatment.

The presentation will further examine systems-based practices that have been implemented to address the predicted rise in individuals living with amputation. This includes evaluating the efficacy of coordinated care models, health information technology systems for data sharing and patient tracking, and policy initiatives aimed at improving healthcare delivery and outcomes.

Opportunities for improvement will be identified, including the potential for leveraging advanced technologies such as artificial intelligence, machine learning, and wearable devices for early risk stratification and proactive management. Additionally, we will discuss the need for standardized protocols and best practice guidelines to ensure consistency and quality of care across different healthcare settings.

By providing a comprehensive view of the current state of amputation prevention programs and identifying areas for future growth, this presentation aims to equip healthcare professionals with actionable insights and strategies to enhance patient outcomes and reduce the burden of lower limb amputation.

Program at a Glance

Thursday, September 25, 2025, Calgary		
Time	Pre-Conference Optional Activities	Location
8:00 – 10:00	Morning walk/run 8:00 Coffee meetup 9:00	Meet Alt Hotel lobby, 635 Confluence Way SE Good Earth Coffeehouse, 602 7 Avenue SE
13:00 – 14:30	Optional: Gait monitoring demo	Orpyx office, Suite 205, 1240 20 Ave SE
Time	Conference Activity	Location
14:15	Shuttle to Orpyx, departs at 14:30	Meet Alt Hotel lobby, 635 Confluence Way SE
14:45 – 17:30	Conference sessions	Orpyx office, Suite 205, 1240 20 Ave SE
17:30 – 18:30	Welcome dinner	
18:30 – 20:45	Conference sessions	
21:00	Shuttle to Alt Hotel, departs at 21:15	Meet Orpyx office entrance, Suite 205, 1240 20 Ave SE

Friday, September 26, 2025, Banff		
Location: Banff Centre for Arts and Creativity, 107 Tunnel Mountain Dr, Banff, AB T1L 1H5		
Time	Conference Activity	Location
6:10 – 8:15	Travel to Banff, departs at 6:30	Meet Alt Hotel lobby, 635 Confluence Way SE, Calgary
8:30 – 9:15	Breakfast	Sally Borden Building, Vistas Dining Room, Banff Centre
9:30 – 12:00	Conference sessions, break at 10:15	Kinnear Centre 301, Banff Centre
12:15 – 13:30	Lunch	Sally Borden Building, Vistas Dining Room, Banff Centre
13:30 – 17:00	Conference sessions, break at 15:00	Kinnear Centre 301, Banff Centre
17:00 – 19:00	Break	On Your Own
19:00 – 19:15	Shuttle to the Town of Banff (or walk), departs at 19:15	Meet in Professional Development Centre lobby, Banff Centre
19:30 – 22:00	Dinner	Elk and Oarsman Restaurant & Bar, 119 Banff Ave
21:45 – 22:00	Shuttle to Banff Centre, departs at 22:00	Outside Elk and Oarsman Restaurant & Bar
22:00 – 1:00	Optional networking event	Maclab Bistro, Banff Centre

Saturday, September 27, 2025, Banff		
Time	Activity	Location
7:00 – 9:30	Breakfast	Sally Borden Building, Vistas Dining Room, Banff Centre
<p>Before you head back to the airport, feel free to relax or explore the local area, as there are no planned or reimbursed activities on Saturday. See your individual itinerary for your specific travel arrangements.</p>		