

# Podiatrist



## Career Description

The human foot is a complex structure. It contains 26 bones—plus muscles, nerves, ligaments, and blood vessels—and is designed for balance and mobility. The 52 bones in the feet make up about one fourth of all the bones in the human body. Podiatrists, also known as doctors of podiatric medicine (DPMs), diagnose and treat disorders, diseases, and injuries of the foot and lower leg.

Podiatrists treat corns, calluses, ingrown toenails, bunions, heel spurs, and arch problems; ankle and foot injuries, deformities, and infections; and foot complaints associated with diseases such as diabetes. To treat these problems, podiatrists prescribe drugs, order physical therapy, set fractures, and perform surgery. They also fit corrective inserts called orthotics, design plaster casts and strappings to correct deformities, and design custom-made shoes. Podiatrists may use a force plate or scanner to help design the orthotics: Patients walk across a plate connected to a computer that “reads” their feet, picking up pressure points and weight distribution. From the computer readout, podiatrists order the correct design or recommend another kind of treatment.

To diagnose a foot problem, podiatrists also order x rays and laboratory tests. The foot may be the first area to show signs of serious conditions such as arthritis, diabetes, and heart disease. For example, patients with diabetes are prone to foot ulcers and infections due to poor circulation. Podiatrists consult with and refer patients to other health practitioners when they detect symptoms of these disorders.



## Employment Characteristics

Most podiatrists have a solo practice, although more are forming group practices with other podiatrists or health practitioners. Some specialize in surgery, orthopedics, primary care, or public health. Besides these board-certified specialties, podiatrists may practice other specialties, such as sports medicine, pediatrics, dermatology, radiology, geriatrics, or diabetic foot care.

Podiatrists who are in private practice are responsible for running a small business. They may hire employees, order supplies, and keep records, among other tasks. In addition, some educate the community on the benefits of foot care through speaking engagements and advertising.

In addition to working in their own offices, podiatrists also may spend time visiting patients in nursing homes or performing surgery at hospitals or ambulatory surgical centers. Those with private practices set their own hours, but may work evenings and weekends to accommodate their patients.

Opportunities are also available in academia and management: Podiatrists may advance to become professors at colleges of podiatric medicine, department chiefs in hospitals, or general health administrators. Podiatrists can also be commissioned officers in the Armed Forces and US Public Health Service or work in the Department of Veterans Affairs or in municipal health departments.



## Salary

Podiatrists enjoy very high earnings. Median annual earnings of salaried podiatrists were \$94,400 in 2004. Additionally, a survey by *Podiatry Management*

reported median net income of \$113,000 in 2004. Podiatrists in partnerships tended to earn higher net incomes than those in solo practice. Self-employed podiatrists must provide for their own health insurance and retirement.

For more information, see [www.ama-assn.org/go/hpsalary](http://www.ama-assn.org/go/hpsalary).



## Employment Outlook

Employment of podiatrists is expected to grow about as fast as average for all occupations through 2014.

More people will turn to podiatrists for foot care because of the rising number of injuries sustained by a more active and increasingly older population. Additional job openings will result from podiatrists who retire from the occupation, particularly members of the baby-boom generation. However, relatively few job openings from this source are expected because the occupation is small and most podiatrists remain in it until they retire.

Medicare and most private health insurance programs cover acute medical and surgical foot services, as well as diagnostic x rays and leg braces. Details of such coverage vary among plans. However, routine foot care, including the removal of corns and calluses, ordinarily is not covered unless the patient has a systemic condition that has resulted in severe circulatory problems or areas of desensitization in the legs or feet. Like dental services, podiatric care is often discretionary and, therefore, more dependent on disposable income than some other medical services.

Employment of podiatrists would grow even faster were it not for continued emphasis on controlling the costs of specialty health care. Insurers balance the cost of sending patients to podiatrists against the cost and availability of other practitioners, such as physicians and physical therapists. Opportunities will be better for board-certified podiatrists, because many managed care organizations require board certification. Opportunities for newly trained podiatrists will be better in group medical practices, clinics, and health networks than in traditional solo practices. Establishing a practice will be most difficult in the areas surrounding colleges of podiatric medicine, where podiatrists are concentrated.



## Educational Programs

**Award, Length.** Graduates receive the degree of Doctor of Podiatric Medicine (DPM) after completing the 4-year program.

**Prerequisites.** Admission to a college of podiatric medicine requires completion of at least 90 semester hours of undergraduate study, an acceptable grade point average, and suitable scores on the Medical College Admission Test (some colleges also may accept the Dental Admission Test or the Graduate Record Exam). All colleges require 8 semester hours each of biology, inorganic chemistry, organic chemistry, and physics, as well as 6 hours of English. The science courses should be those designed for premedical students. Potential podiatric medical students also are evaluated on the basis of extracurricular and community activities, personal interviews, and letters of recommendation. About 95 percent of podiatric students have at least a bachelor's degree. In general, those interested in the field should possess scientific aptitude, manual dexterity, interpersonal skills, and good business sense.

**Curriculum.** Colleges of podiatric medicine offer a core curriculum similar to that in other schools of medicine. During the first 2

years, students receive classroom instruction in basic sciences, including anatomy, chemistry, pathology, and pharmacology. Third- and fourth-year students have clinical rotations in private practices, hospitals, and clinics. During these rotations, they learn how to take general and podiatric histories, perform routine physical examinations, interpret tests and findings, make diagnoses, and perform therapeutic procedures.

**Advanced Training.** Most graduates complete a 2- to 4-year hospital-based residency program after receiving a DPM. Residents receive advanced training in podiatric medicine and surgery and serve clinical rotations in anesthesiology, internal medicine, pathology, radiology, emergency medicine, and orthopedic and general surgery.



### Licensure and Certification

All states and the District of Columbia require a license for the practice of podiatric medicine. Each state defines its own licensing requirements, although many states grant reciprocity to podiatrists who are licensed in another state. Applicants for licensure must be graduates of an accredited college of podiatric medicine and must pass written and oral examinations. Some states permit applicants to substitute the examination of the National Board of Podiatric Medical Examiners, given in the second and fourth years of podiatric medical college, for part or all of the written state examination. Most states also require the completion of a postdoctoral residency program of at least 2 years and continuing education for license renewal.

Podiatrists can achieve certification in orthopedics, primary medicine, and surgery. Certification means that the DPM meets higher standards than those required for licensure. Each certification board requires advanced training, the completion of written and oral examinations, and experience as a practicing podiatrist. Most managed-care organizations prefer to contract with board-certified podiatrists.



### Inquiries

#### Education, Careers, Resources

American Podiatric Medical Association  
9312 Old Georgetown Road  
Bethesda, MD 20814-1621  
[www.apma.org/careers](http://www.apma.org/careers)

American Association of Colleges of Podiatric Medicine  
15850 Crabbs Branch Way, Suite 320  
Rockville, MD 20855-2622  
800 922-9266  
[www.aacpm.org](http://www.aacpm.org)

#### Licensure

National Board of Podiatric Medical Examiners  
PO Box 510  
Bellefonte, PA 16823  
[www.nbpme.info](http://www.nbpme.info)

#### Program Accreditation

American Podiatric Medical Association  
Council on Podiatric Medical Education (CPME)  
9312 Old Georgetown Road  
Bethesda, MD 20814-1621  
301 581-9200  
301 571-4903 Fax  
[www.cpme.org](http://www.cpme.org)

*Note:* Adapted in part from the Bureau of Labor Statistics, US Department of Labor, *Occupational Outlook Handbook*, 2006-07 Edition, Podiatrists, on the Internet at [www.bls.gov/oco/ocos075.htm](http://www.bls.gov/oco/ocos075.htm) (visited August 27, 2007).