

Podiatry

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), specialize in diagnosing and treating disorders, diseases, and injuries of the foot, ankle, and lower leg.

Podiatrists treat ingrown toenails, bunions, heel spurs, corns, calluses, and arch problems, ankle and foot injuries, deformities, and infections, wound care, including ulcerations, 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 and prescribe corrective inserts called custom foot orthoses, apply plaster casts and strappings to correct deformities, and prescribe diabetic and custom-made shoes.

To diagnose a foot problem, podiatrists order x-rays, other radiology studies including MRIs, CTs and ultrasound exams, 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 for management of the underlying disease 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 (multi-specialty groups.). The majority of podiatrists have a general podiatric practice that includes surgery, podiatric biomechanics, sports medicine, pediatrics, dermatology, and wound care. Podiatrists also may focus their attention on one or more of these specific areas.

Podiatrists who are in private practice are responsible for running a small business. In addition to treating patients, DPMs may hire and manage employees, order supplies, and keep records, among other tasks. Many podiatrists educate the community on the benefits of foot care through speaking engagements and other publicity.

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 choose to 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

According to the 2008 American Podiatric Medical Association (APMA) podiatric practice survey of its members, the starting salary for podiatric medical physicians ranges from \$85,000 to \$105,000, the overall average is \$150,000, and the upper-range salaries are between \$200,000 to \$250,000. 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.

Data from the US Bureau of Labor Statistics from May 2009 show that wages at the 10th percentile were \$48,770, the 50th percentile (median) \$116,250, and the 90th percentile equal to or greater than \$166,400 (www.bls.gov/oes/current/oes291081.htm).

For more information, see www.apma.org/careers or www.ama-assn.org/go/hpsalary.

Employment Outlook

The BLS projects that employment of podiatrists will increase by 9% from 2008 to 2018, about as fast as the average for all occupations. The demand for the services of podiatrists will continue to grow, with more people turning to podiatrists for foot care because of the rising number of injuries sustained by a more active and increasingly older population, along with the increase in the incidence of diabetes and obesity. Additional job openings will result from podiatrists who retire from the occupation, particularly members of the baby-boom generation.

Medicare and most private health insurance programs cover acute medical and surgical foot and ankle 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.

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 four-year

graduate-level 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 other similar premedical examinations). 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 clerkships in private practices, hospitals, and clinics. During these clerkships, 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. Nearly all graduates complete a three- to four-year hospital-based residency program after receiving a DPM degree. 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 a college of podiatric medicine accredited by the Council on Podiatric Medical Education 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 two years and continuing education for license renewal. Podiatrists can achieve certification in podiatric orthopedics and primary podiatric medicine and/or podiatric 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

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

Licensure

National Board of Podiatric Medical Examiners
PO Box 510
Bellefonte, PA 16823
www.nbpme.info

Accreditation and Approval

Council on Podiatric Medical Education (CPME)
9312 Old Georgetown Road
Bethesda, MD 20814-1621
(301) 581-9200
www.cpme.org

Note: Adapted in part from the Bureau of Labor Statistics, US Department of Labor, *Occupational Outlook Handbook*, Podiatrists, at www.bls.gov/oco/ocos075.htm.