

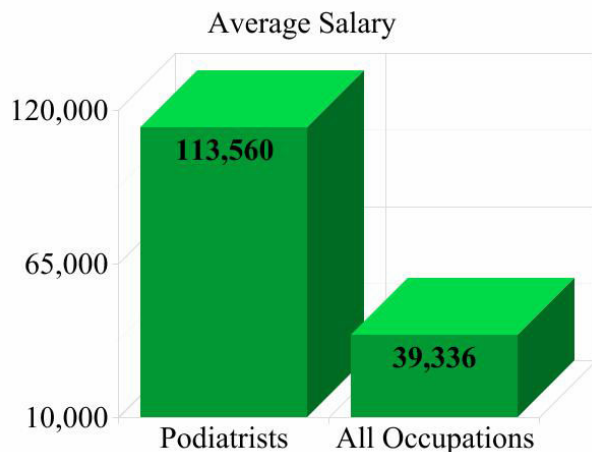
# Podiatrists

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## WHAT THEY DO

Americans spend a great deal of time on their feet. As the Nation becomes more active across all age groups, the need for foot care will become increasingly important. 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 diabetes and other diseases. To treat these problems, podiatrists prescribe drugs and physical therapy, set fractures, and perform surgery. They also fit corrective shoe 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 may 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 because of poor circulation. Podiatrists consult with and refer patients to other health practitioners when they detect symptoms of these disorders.

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.

## EDUCATION REQUIRED

Prerequisites for admission to a college of podiatric medicine include the 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.)

Admission to podiatric colleges usually requires at least 8 semester hours each of biology, inorganic chemistry, organic chemistry, and physics and at least 6 hours of English. The science courses should be those designed for premedical students. Extracurricular and community activities, personal interviews, and letters of recommendation are also important. About 95 percent of podiatric students have at least a bachelor's degree.

In 2008, there were eight colleges of podiatric medicine fully accredited by the Council on Podiatric Medical Education. Colleges of podiatric medicine offer a 4-year program whose core curriculum is 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-year 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. Graduates receive the degree of Doctor of Podiatric Medicine (DPM).

Most graduates complete a hospital-based residency program after receiving a DPM. Residency programs last from 2 to 4 years. Residents receive advanced training in podiatric medicine and surgery and serve clinical rotations in anesthesiology, internal medicine, infectious disease, pediatrics, emergency medicine, and orthopedic and general surgery. Residencies lasting more than 1 year provide more extensive training in specialty areas.

## Podiatrists - Continued

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### OTHER USEFUL SKILLS

People planning a career in podiatry should have scientific aptitude, manual dexterity, interpersonal skills, and a friendly bedside manner. In private practice, podiatrists also should have good business sense.

### HOW TO ADVANCE

There are a number of certifying boards for the podiatric specialties of orthopedics, primary medicine, and surgery. Certification has requirements beyond licensure. Each board requires advanced training, the completion of written and oral examinations, and experience as a practicing podiatrist. Most managed-care organizations prefer board-certified podiatrists.

Podiatrists may advance to become professors at colleges of podiatric medicine, department chiefs in hospitals, or general health administrators.

### WORK ENVIRONMENT

Podiatrists usually work in small private offices or clinics, sometimes supported by a small staff of assistants and other administrative personnel. They also may spend time visiting patients in nursing homes or performing surgery at hospitals or ambulatory surgical centers. Work hours vary from 30-60 hours per week. Podiatrists with private practices may set their own hours but may work evenings and weekends to accommodate their patients. Podiatrists usually treat fewer emergencies than other doctors.

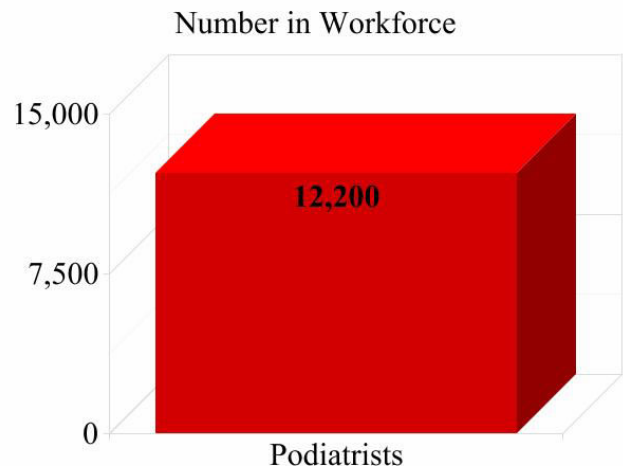
### CERTIFICATION REQUIRED

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. In general, States require a minimum of 2 years of postgraduate residency training in an approved healthcare institution. For licensure renewal, most States require continuing education.

### JOB GROWTH

Employment of podiatrists is expected to increase by 9 percent from 2008 to 2018, about as fast as the average for all occupations. 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. Also, demand for podiatrists will increase because of the rising number of Americans who are diagnosed with diabetes and who are severely overweight. People with diabetes have circulatory problems that create the need for them to seek the aid of podiatrists; persons who experience rapid weight gain may have intense pressure on the foot and ankle, and therefore need the services of podiatrists.

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, is not usually 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 healthcare. Insurers will balance the cost of sending patients to podiatrists against the cost and availability of substitute practitioners, such as physicians, chiropractors, and physical therapists.

Although the occupation is small and most podiatrists continue to practice until retirement, job opportunities should be good for entry-level graduates of accredited podiatric medicine programs. Job growth, coupled with the need to replace podiatrists who stop practicing, should create enough job openings for the supply of new podiatric medicine graduates.