



Podiatrist Overview

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The Field

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.

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 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 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.



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Prepared as part of the Sloan Career Cornerstone Center (www.careercornerstone.org)

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Preparation

Podiatrists must be licensed, requiring 3 to 4 years of undergraduate education, the completion of a 4-year podiatric college program, and passing scores on national and State examinations.

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.

There are currently 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).

<p>Arizona</p> <ul style="list-style-type: none">▶ Arizona Podiatric Medicine Program at Midwestern University	<p>Iowa</p> <ul style="list-style-type: none">▶ Des Moines University - College of Podiatric Medicine & Surgery
<p>California</p> <ul style="list-style-type: none">▶ California School of Podiatric Medicine at Samuel Merritt College	<p>New York</p> <ul style="list-style-type: none">▶ New York College of Podiatric Medicine
<p>Florida</p> <ul style="list-style-type: none">▶ Barry University School of Podiatric Medicine	<p>Ohio</p> <ul style="list-style-type: none">▶ Ohio College of Podiatric Medicine
<p>Illinois</p> <ul style="list-style-type: none">▶ Dr. William M. Scholl College of Podiatric Medicine at the Rosalind Franklin University of Medicine and Science	<p>Pennsylvania</p> <ul style="list-style-type: none">▶ Temple University School of Podiatric Medicine

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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, pathology, radiology, emergency medicine, and orthopedic and general surgery. Residencies lasting more than 1 year provide more extensive training in specialty areas.

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 health care institution. For licensure renewal, most States require continuing education.



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.

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.

Day in the Life

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. Podiatrists with private practices set their own hours but may work evenings and weekends to accommodate their patients. Podiatrists usually treat fewer emergencies than other doctors.



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Earnings

Podiatrists enjoy very high earnings. According to the most current Podiatry Workforce Study completed by the American Podiatric Medical Association, the median annual earnings of salaried podiatrists is \$150,000 and in 2007, podiatric medicine placed 15th on Forbes' survey of "America's 25 Best Paying Jobs."

Podiatrists in partnerships tended to earn higher net incomes than those in solo practice. A salaried podiatrist typically receives health insurance and retirement benefits from their employer, whereas self-employed podiatrists must provide for their own health insurance and retirement. Also, solo practitioners must absorb the costs of running their own offices.



Employment

Podiatrists hold about 12,000 jobs in the United States. About 24 percent of podiatrists are self-employed. Most podiatrists are solo practitioners, although more are entering group practices with other podiatrists or other health practitioners. Solo practitioners primarily are unincorporated self-employed workers, although some also are incorporated wage and salary workers in offices of other health practitioners. Other podiatrists are employed by hospitals, long-term care facilities, the Federal Government, and municipal health departments.



Career Path Forecast

According to the U.S. Department of Labor, Bureau of Labor Statistics, employment is expected to increase about as fast as average because of increasing consumer demand for podiatric medicine services. Job prospects should be good. Employment of podiatrists is expected to increase 9 percent from 2006 to 2016, 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.

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.



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Employment of podiatrists would grow even faster were it not for continued emphasis on controlling the costs of specialty health care. Insurers will balance the cost of sending patients to podiatrists against the cost and availability of substitute practitioners, such as physicians 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 and replacement needs should create enough job openings for the supply of new podiatric medicine graduates. Opportunities will be better for board-certified podiatrists because many managed-care organizations require board certification. Newly trained podiatrists will find more opportunities 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 concentrate.



Professional Organizations

Professional organizations and associations provide a wide range of resources for planning and navigating a career in podiatry. These groups can play a key role in your development and keep you abreast of what is happening in your industry. Associations promote the interests of their members and provide a network of contacts that can help you find jobs and move your career forward. They can offer a variety of services including job referral services, continuing education courses, insurance, travel benefits, periodicals, and meeting and conference opportunities. A broader list of professional associations is also available at www.careercornerstone.org.



► **American Podiatric Medical Association (www.apma.org)**

The American Podiatric Medical Association is the professional organization representing the nation's Doctors of Podiatric Medicine (podiatrists). The APMA represents approximately 80 percent of the podiatrists in the country. Within APMA's umbrella of organizations are 53 component societies in states and other jurisdictions, as well as 21 affiliated and related societies.

► **Council on Podiatric Medical Education (www.cpme.org)**

The Council on Podiatric Medical Education is an autonomous accrediting agency for podiatric medical education. Deriving its authority from the House of Delegates of the American Podiatric Medical Association, the Council is empowered to develop and adopt standards and policies as necessary for the implementation of all aspects of its accreditation, approval, and recognition purview.

► **American Association of Colleges of Podiatric Medicine (www.aacpm.org)**

The American Association of Colleges of Podiatric Medicine's (AACPM) mission is to enhance academic podiatric medicine. AACPM's membership consists of eight colleges and more than 200 hospitals and institutions that offer postdoctoral training in podiatric medicine.

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