
Podiatrists

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Significant Points

- 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.
- While the occupation is small, job opportunities should be good for entry-level graduates of accredited podiatric medicine programs.
- Opportunities for newly trained podiatrists will be better in group medical practices, clinics, and health networks than in traditional, solo practices.
- Podiatrists enjoy very high earnings.

Nature of the Work

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 sup-

plies, and keep records, among other tasks. In addition, some educate the community on the benefits of foot care through speaking engagements and advertising.

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. 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.

Training, Other Qualifications, and Advancement

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.

Education and training. 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 2007, there were seven colleges of podiatric medicine fully accredited by the Council on Podiatric Medical Education.



Podiatrists diagnose and treat disorders of the feet and ankles.

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

Licensure. 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.

Other qualifications. 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.

Certification and advancement. 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.

Employment

Podiatrists held about 12,000 jobs in 2006. About 24 percent of podiatrists were self-employed. Most podiatrists were solo practitioners, although more are entering group practices with other podiatrists or other health practitioners. Solo practitioners

primarily were unincorporated self-employed workers, although some also were incorporated wage and salary workers in offices of other health practitioners. Other podiatrists were employed by hospitals, long-term care facilities, the Federal Government, and municipal health departments.

Job Outlook

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 change. 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.

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.

Job prospects. 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.

Earnings

Podiatrists enjoy very high earnings. Median annual earnings of salaried podiatrists were \$108,220 in 2006. Additionally, a survey by *Podiatry Management Magazine* reported median net income of \$114,000 in 2006. 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 chiropractors must provide for their own health insurance and retirement.

Projections data from the National Employment Matrix

Occupational Title	SOC Code	Employment, 2006	Projected employment, 2016	Change, 2006-2016	
				Number	Percent
Podiatrists.....	29-1081	12,000	13,000	1,100	9

NOTE: Data in this table are rounded. See the discussion of the employment projections table in the *Handbook* introductory chapter on *Occupational Information Included in the Handbook*.

Also, solo practitioners must absorb the costs of running their own offices.

Related Occupations

Other workers, who apply medical knowledge to prevent, diagnose, and treat muscle and bone disorders and injuries include athletic trainers, chiropractors, massage therapists, occupational therapists, physical therapists, and physicians and surgeons. Workers who specialize in developing orthopedic shoe inserts, braces, and prosthetic limbs are orthotists and prosthetists.

Sources of Additional Information

For information on a career in podiatric medicine, contact:

➤ American Podiatric Medical Association, 9312 Old Georgetown Rd., Bethesda, MD 20814-1621.

Internet: <http://www.apma.org>

Information on colleges of podiatric medicine and their entrance requirements, curricula, and student financial aid is available from:

➤ American Association of Colleges of Podiatric Medicine, 15850 Crabbs Branch Way, Suite 320, Rockville, MD 20855-2622. Internet: <http://www.aacpm.org>