

The Podiatry Profession: A historical overview

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Origin of Podiatry:

Each human foot contains 26 bones, 33 joints, more than 100 muscles, tendons and ligaments. During the average gait cycle, two and a half times a person's body weight is borne by the arch – even more during running.

The medical treatment of the human foot dates back to at least ancient Egypt. The tomb of Ankmarhor, an Egyptian physician, dating to approximately 2400 B.C., shows pictorial carvings of feet being cared for. The Greek physician Hippocrates studied what we now call "corns and calluses" of the feet, and even developed specific tools to remove them. Napoleon is said to have had a personal podiatrist. Abraham Lincoln had documented foot problems and regularly sought professional care from his podiatrist, Isachar Zacharie. It was reported on CNN that the infamous Saddam Hussein had his own personal podiatrist in his bunker during Operation Desert Storm.

In the United States, foot doctors, originally called chiropodists, began to attempt to organize professionally and formalize their education. The first formal licensing of foot doctors was in 1895 in New York. By 1907, the Pedic Society of New York had started their first professional journal called Pedic Items. The first podiatry school opened in 1911. The American Podiatry Association (now called the American Podiatric Medical Association since 1984) was formed in 1912. The first podiatry hospital in the United States, totally dedicated to medical and surgical treatment of the foot and ankle, Civic Hospital in Detroit, Michigan, was opened on June 1956. It had 18 beds and a single O.R.

In 1967, Congress amended the Medicare Act of 1965 to include podiatry. That same year the Joint Commission on Accreditation of Hospitals allowed podiatrists to perform surgery independently.

Podiatry Today:

There are over 13,000 podiatrists. There are nine schools of Podiatric Medicine in the United States. A slight majority of podiatrists still practice solo, yet more and more doctors (as has been a national trend) are moving toward group practice.

Podiatrists are affiliated with most hospitals in the United States and have full surgical privileges in the majority of these hospitals. Podiatrists are present in all branches of the United States military.

Modern podiatry is better organized than ever with education based on broad medical knowledge with additional specialized training including residency, fellowships and continuing education conferences and seminars. The first two years of podiatric medical training are very similar to the courses taught to our M.D. and D.O. colleagues. Some examples are: Gross anatomy of the entire body, neuroanatomy, physiology, pharmacology, microbiology, pathology and radiology. Podiatrists also take courses specific to podiatry including biomechanics, pathomechanics and biophysics.

In my experience, often the same M.D., D.O. and Ph.D. professors taught the same courses at Pennsylvania College of Podiatric Medicine, (now Temple University School of Podiatric Medicine) that they taught at Hahnemann, Jefferson, PCOM and Temple Medical Schools.

The third and fourth years of podiatric education became more practical with “hands-on” daily clinical experiences treating patients in the school clinic. Also included are rotations with externships in area clinics, medical centers and hospitals. Didactically, there are courses in general surgery principles, general podiatry, internal medicine and foot surgery.

After podiatry school, most doctors elect to continue their educational experience in a residency program. In my day (34 years ago), a 1 to 2-year program was standard. Now a 3-year residency in podiatric medicine and surgery is the standard. A few elect to continue after residency in fellowship programs, such as biomechanical research, or advanced rearfoot and ankle surgery, including trauma surgery.

Scope of Practice:

Doctors of Podiatric Medicine are licensed in all 50 states, the District of Columbia and Puerto Rico to treat the foot and its related or governing structures by medical, surgical or other means. The vast majority of states include the ankle as part of the podiatric physician’s scope of practice. Because it includes structures that govern the function of the foot, the “lower leg” is often included in podiatric scope of practice. Some examples might include: shin splints (posterior tibia tendon dysfunction), Achilles disorders, arterial and venous stasis lower leg ulcerations, to name a few.

As previously stated, the profession was known as chiropody before the official name change in 1958 to Podiatry. The word chiropody derives from two Greek word roots meaning “hand and foot”. The name chiropody still defines the profession in many other nations. Podiatrist derives from the Greek words combining “foot” with “healer” or “physician”, and is considered more etymologically correct.

One unique and unusual fact regarding Podiatric scope of practice remains, probably a holdover from the chiropody definition. There are five states where podiatrists can treat hands, as well as

feet: Alaska, Michigan, Minnesota, Ohio and West Virginia. This care is often limited to nails and superficial lesions, such as warts.

Patients of all ages, from infants to people over the age of 100, are treated by podiatrists. Some examples of pediatric disorders include in-toe and flatfoot, which are treated with special shoes, orthotics, braces and sometimes surgery.

Podiatrists work in conjunction with other specialties in helping to diagnose vascular conditions, such as DVT's, venous and arterial complications. Also, some nerve pathologies can manifest in the foot, but have their origins more proximally, such as common peroneal, tarsal tunnel or spinal nerve disorders.

Many of the following neurologic conditions have distinct gait abnormalities: drop foot (stroke), scissors gait (cerebral palsy), and steppage gait (Guillain-Barre and Multiple Sclerosis).

Acute traumatic conditions from sprains and dislocations, to closed and open fractures, are treated with immobilization and even surgery.

Other orthopedic disorders, such as tendonitis, fasciitis, bone spurs, arthritic joints, Hallux Valgus (bunions) and hammertoes, are treated with paddings, strappings, OTC, custom orthotics and sometimes elective surgery.

Dermatologic entities include corns, calluses, skin rashes, ingrown and fungal toenails.

Over 30 million American (nearly 10% of the total population) have diabetes. There are approximately 2 million American amputees, and approximately 185,000 new lower extremity amputation occur each year. Over 54% are due to vascular complications, such as diabetes.

Podiatrists play a pivotal role in at-risk preventative foot care for the elderly and diabetic population who have sensory deficits and/or vascular compromise. Minor disorders, such as corns, calluses, blisters, skin cracks and fissures, can "break down" and lead to ulcerations, which can put toes and limbs at risk. Proper monitoring and treatment of these conditions with appropriate debridement, padding, proper shoe fit and selection, even surgical correction of underlying conditions, are sometimes necessary.

Local Podiatry History:

Podiatrists are often members of wound care and limb salvage teams, such as those here in Lancaster. The first local podiatrist was Dr. Mark Evans. He was originally with Lancaster General Hospital and now works at Lancaster Regional Hospital. Dr. Evans' wound healing percentages are far above the national average.

Archives from *The Pedic Times* journal lists Dr. Mary A. Guerrine as one among several candidates elected to membership in the Chiropody Society of Pennsylvania on March 3, 1919.

Some other examples of the earliest podiatrists in Lancaster county include: Isadore Gordon, James Fatta, Quentin Matthews, Leonard Chern, Kermit Liebensberger and Myron Bernstein. All were solo practitioners until Steve Jacobs joined Isadore Gordon, and Tom Saunders joined Myron Bernstein. Since Larry Bell retired as senior member of Lancaster county podiatrists, the current seniors are Jeffrey Witman and Chester Laskowski.

Currently there are over 20 podiatrists in Lancaster county. The three largest group practices are Martin Podiatry (which has offices in York, Lancaster, and Adam counties), Lancaster County Podiatry (in Ephrata, Lititz and New Holland), and Foot and Ankle Associates of Lancaster (at 2112 Harrisburg Pike). The remaining podiatrists, including the author, practice in partnerships or solo.