

# Future Star: Dyane Tower, DPM

Meet podiatry's  
new public health leader.

BY MARC HASPEL, DPM



**P**rominence in the profession of podiatric medicine and surgery goes beyond academic prowess. Leadership in the profession often extends to public health as well. Her ascent has led Dr. Dyane Tower to play a very active role in the American Podiatric Medical Association. She currently serves as Director of Clinical Affairs for this central organization. *Podiatry Management* is proud to introduce Dr. Tower as its next future star in the profession.

style to Scholl College when I taught there. As far as the public health aspect of my career is concerned, James J. DiResta, DPM has such an encouraging spirit, and I am so fortunate to have him as my mentor and friend.

**PM:** *What first attracted you to a career in podiatric medicine?*

**Tower:** For me the word is variety. The variety of conditions to be treated, and the mechanisms of treatment were what first attracted me to podiatry.

podiatry in the healthcare delivery system.

**PM:** *What podiatry college did you attend? Where and how would you describe your post-graduate training?*

**Tower:** I graduated from Scholl College of Podiatric Medicine in 2009. I completed my PMSR/RRA at North Colorado Medical Center in Greeley, CO, and would describe my experience as challenging yet fulfilling. Residency is the exciting time when theory and training coalesce, but more simply, it was the time when I actually felt myself becoming a physician. After residency, I completed APMA's Public Health Fellowship at The Dartmouth Institute for Health Policy and Clinical Practice.

**PM:** *What are your thoughts about APMA, the certifying boards, and other organizations that function within the profession?*

**Tower:** APMA plays such an important role for the future of the profession, whether that is legislative advocacy, dealing with regulatory issues, providing educational opportunities or developing young leaders. Of course, working for the organization makes me biased, but the very fact that I now work for the APMA is a strong endorsement. I left clinical practice relatively early in my career when the

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**PM:** *Who in podiatric medicine influenced you the most thus far in your career? And to whom else do you give thanks?*

**Tower:** First, it was Daniel J. Hatch, DPM who showed me how important it is to be involved in the profession and that hard work and dedication do pay off. I also would not be where I am today without my residency director, Michael D. Vaardahl, DPM. Dr. Vaardahl has such a natural way of instructing students and residents, and I took much of his teaching

**PM:** *What are your goals, both short-term and long-term, for your career in podiatric medicine?*

**Tower:** Now that I am certified by both the American Board of Foot and Ankle Surgery and the American Board of Podiatric Medicine, a short-term goal of mine is to help other young physicians get involved in our profession in a way that best fits with their career goals. In the long term, a goal of mine is to work with others in our profession to produce research demonstrating the value of

Dr. Tower (from page 143)

opportunity arose to join the APMA because of the profound impact the organization has on the profession; APMA offers so many relevant resources and benefits. By going through the certification process, the certifying boards allow this

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profession to demonstrate expertise to others, whether colleagues in the medical profession or the public. As for other organizations within our profession, they provide specialized resources; there is something for everyone.

**PM:** What sub-specialties interest you in podiatric medicine, and why?  
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**Tower:** The intersection of podiatric medicine and public health is of most interest to me. There are many factors that affect a person's health; as physicians, we can work on the health of the population and employ preventive measures to improve quality of life.

**PM:** What type of practice arrangement, i.e. solo, small or large group, suits you the best?

**Tower:** I currently serve in a non-clinical role and am able to use my background in podiatric medicine and public health, to help advance the profession. Prior to my current role, I worked as a surgical podiatrist in a large academic hospital setting. If I were to practice again, I would likely choose a similar setting.

**PM:** Where do you see your career being in 10 years, 20 years?

**Tower:** This is a tumultuous period in healthcare. I would need to be a gifted soothsayer to place confidence in any long-term projections. With that said, I hope to grow into a valued member of our profession's leadership.

**PM:** What are your thoughts on the overall role of podiatric medicine in the current healthcare system?

**Tower:** The podiatric profession offers a great deal to the healthcare delivery system and physicians' skills, education, and training render them well-suited for treating complex patient populations as well as collaborating with other physicians to provide patients with the highest-quality experience.

**PM:** What should this profession do to continue to attract sound quality individuals like yourself?

**Tower:** To accomplish this, podiatric medicine should continue to push efforts forward regarding parity and scope of practice.

**PM:** Finally, would you be in favor of a degree change as well as name change from the term "podiatric" to "foot and ankle" medicine?

**Tower:** I am not sure about a degree change, or a name change from "podiatric" to "foot and ankle". I doubt a different label will help this profession. Further, I am not sure whether labels affect perceptions or if it is the other way around. The current reality is that podiatric medicine offers a terminal degree path for individuals interested in treating lower extremity conditions at the highest level. **PM**



**Dr. Haspel** is senior editor of this magazine and past-president of the New Jersey Podiatric Medical Society. He is a member of the American Academy of Podiatric Practice Management.