

Future Star: Michael Reuter, DPM

This podiatrist is following in the footsteps of his father.

BY MARC HASPEL, DPM



Editor's Note: This is the fourth in a series of portraits of some of podiatry's "rising stars." Do you know of a podiatric future star (A 2008 or later graduate)? If so, please send an e-mail to bblock@podiatrym.com nominating a young practitioner and detailing why we should feature him/her.

Clearly, entering the profession of podiatric medicine as a second or even third-generation physician has certain inherent value. Exposure to this career at an early age and witnessing the benefits, struggles, and rewards of practice can put a prospective candidate on the right course for success. Such is the case with **Michael Reuter, DPM**, a rising star in podiatric medicine. Dr. Reuter, who practices in Rhode Island, is a product of a podiatric family and has already risen to play a leadership role in the governance of the profession. He graciously took some time away from his busy practice to chat with us.

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

Reuter: My father. I am proud of his career, and in many ways, have worked to emulate him. When I was searching for a career path, my father never pushed podiatric medicine,

and never offered assistance, until I approached him. When asked, he guided me through the way a day-to-day practice looks. I soon discovered that having the balance of office, surgery, and family life was important to me. Today, thanks to his guidance, I work hard and play hard.

Because of my family connection to the profession, I was fortunately exposed to giants of the profession like Dr. Stanley Kalish, who began teaching me about surgical technique since before I can remember. Not

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everyone's family vacations featured podiatric conferences. I learned how to throw a screw and put on a frame before most people.

Obviously, I owe a huge thank-you to my father, as well as to Dr. Kalish, and the many other podiatric physicians from whom I have been fortunate to learn.

Of course, I would be remiss not to mention my beautiful wife Alison and my children, Benjamin and Madeleine. They have been there for me with support and love despite my sacrificing many late nights or early mornings

without them. Their understanding that establishing my career has been important to me has been priceless.

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

Reuter: Indeed, I am fortunate to be a second-generation podiatric physician. I went to work with my father on mornings and weekends as a little kid. He even bribed me with hospital cafeteria breakfast, which, by middle school, I realized was not all it's

cracked up to be. I saw the respect his patients, colleagues and fellow physicians had for him.

PM: What are your goals both short-term and long-term for your career?

Reuter: My short-term goal is to maintain excellent patient care. I want to keep learning new information and techniques that will keep me at the top of my game. My long-term goal in podiatric medicine, and elsewhere, is to do what I can to leave this world a

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Dr. Reuter (from page 171)

better place than how I found it. I encourage my residents and students to do the same by getting involved in the community and this profession.

PM: *What College of Podiatric Medicine did you attend, and how would you describe your post-graduate training?*

Reuter: I attended the New York College of Podiatric Medicine. I completed my residency at Roger Williams Medical Center in Providence, Rhode Island. I continue to learn by attending conferences and not being afraid to communicate with the other physicians in my area. I am fortunate to have a great network of both younger and older podiatrists whom I trust, and with whom I can collaborate. Working with other foot and ankle-related specialists in the area has helped me to learn, and to promote myself and the profession.

PM: *What sub-specialties interest you and why?*

Reuter: I am particularly interested in diabetic limb salvage and reconstruction. I am very pleased to have found my niche. I feel saving some-

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

Reuter: In ten years, I hope to maintain my upward trajectory of happiness both professionally and personally and in terms of health and wealth.

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one’s limb is the most rewarding part of my job. Often, patients are referred to me for their last chance to save their lower extremity and way of life.

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

Reuter: I am part of a medium-sized multi-disciplinary group,

Further down the line, in twenty years, I hope that the foundation I have built allows me to slow down, while continuing to train the next generation of podiatric physicians.

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

Reuter: Podiatric physicians are the premier foot and ankle experts. Thus, podiatric physicians need to continue to work to make sure that they are treated as equals by their MD and DO colleagues in order for this profession to continue to succeed.

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

Reuter: This profession needs to educate pre-med college students about the unique aspects of podiatric medicine, specifically, the ability to combine office and hospital surgery, craft one’s own sub-specialty, and provide the work-life balance that so many medical professionals seek. Organizations such as APMA and ACFAS need to invest resources towards achieving this goal. **PM**

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

Reuter: During podiatry school, I was my class’ APMSA Delegate, and, today, I am the Rhode Island delegate to the APMA. I am also part of the leadership of the Rhode Island Podiatric Medical Association. I think it is critical to stay involved both locally and nationally.

I feel this profession has become fragmented by our governing agencies and various surgical/sub-specialty boards. I think, however, that we are making strides, and parity and respect have been earned in some areas, but we need to work together to unify our mission in order to make our profession stronger.

and cannot speak more highly of it. Being part of a group allows me to focus on patient care, rather than having to divert time to worrying about more mundane issues such as how many rolls of toilet paper are left in the supply closet. This arrangement also greatly reduces overhead and provides built-in referrals.

There are three podiatric physicians in the group. As the only surgical specialty within the group, our colleagues turn to us for the surgical perspective on the foot and elsewhere. We collaborate on patient care with our colleagues in primary care and dermatology. I also spend time in an academic university-sponsored wound center, participating in limb salvage and research with other talented specialists.



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.