Aesthetic Podiatry: Alternative to Working Harder for Lower Income and Decreased Enjoyment

By Suzanne Levine, D.P.M., R.P.T.

I'm Dr. Suzanne Levine, co-founder of the International Aesthetic Foot Society and a New York City podiatrist. I bet you're a bit like me, you're passionate about feet and our profession of podiatry. Up your passion. Please join us for the 2018 meeting of the IAFS in NYC Oct 5-6. This year, we are pleased to feature speakers from the United States and Europe, with lectures and live demonstrations of many of many of my proprietary procedures, including Pillows for Your Feet and The Loub Job. This conference is the only place where you can learn how to perform these medical procedures that

change patients' lives and help improve your bottom line.

As podiatrists, we strive for excellence. However, with ObamaCare still in place, many of us feel that podiatry feels more like a chore than a choice. Instead of practicing podiatric medicine, we spend our days fighting insurance companies for small payments and fighting patients for \$10 and \$15 copays. We spend exhausting hours working under crushing workloads with increasing number of patients, leaving us little to no time for our families and ourselves.

There is tremendous emphasis on anti-aging, so why not help your patients look and feel better by offering aesthetic procedures geared towards restoring a youthful foot? Aesthetic podiatry can help restore function as well as beauty to the foot.

Why the IAFS? We strive to provide all the benefits of standard podiatric services, i.e., relief of pain and deformity while achieving a more aesthetic outcome. In IAFS's world we strive to use minimal incisions or surgical alternatives. We reduce scaring with lasers and have happier patients. And you can take that to the bank.

I have been involved with aesthetic podiatry for over 20 years. Some of the procedures that I perform in my New York office include: Pillows for Your Feet*, Botox for hyperhidrosis, laser/IPL leg vein treatment, injectable fillers to restore lost plantar padding, nonablative smoothing and tightening of skin, injection vein sclerotherapy, mesotherapy for ankles and scar reduction, the most effective and pain free laser for foot and toenail fungus, as well as the "Loub" Job*." I also offer my Foot Facial Treatment* that is performed by medical assistants.



Pillows For Your Feet*

Our signature treatment to restore lost plantar padding. As we age many of us gain fat and padding, but unfortunately we gain the fat in our hips and our waists. And this extra weight has to be borne, ultimately, by the soles of our feet—where we lose fat and padding. In Pillows For Your Feet treatment® I replace some of this lost fat with an injectable implant. Over the years I've tried multiple products. The product I use now is Sculptra*. I chose this because it seems to be the longest lasting of all the injectable implants that are eventually broken down by the body. Sculptra is made from L-polylactic acid (the material used in resorbable surgi-

cal screws and sutures) formed into microscopic irregular beads; its longevity is because it stimulates the production of native collagen. I do not use permanent implants because of the higher risk of complications. The procedure takes only a few minutes, but proper technique and knowledge of how and where to inject is crucial.

As part of an aesthetic foot practice one cannot overlook the use of distributing products to your patients.

Fabulous Foot Facial®

Dr. Levine's foray into sublime decadence. I have trained my staff to perform this treatment. I have trained the staff at some of the best-known spas in Manhattan and South Florida. This is a deeply relaxing treatment and my patient's feet look and feel wonderful. My patients love this treatment and keep coming back to my office. This treatment and other aesthetic procedures are self-pay—we take the insurance companies out of the equation.

Loub Job^{*}

Relieve pain and increase ROM in just a few minutes. Hundreds of patients come in to all of our offices every year with significant pain and decreased ROM in the 1st MPJ (and other joints). Orthopedists and radiologists have been injecting joints for years. We are all familiar

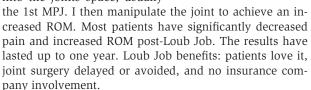
Continued on page 147

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PROFILES IN EXCELLENCE 2018

IAFS (continued)

with the benefits of steroid/lidocaine injections. But often a better alternative is the injection of hyaluronic acid. I call this by the catchy, and slightly risqué name, "Loub Job"." The hyaluronic acid does not cure the osteoarthritis or hallux rigidus, but it does help—a lot. I inject Supartz* under fluoroscopic guidance into the joints space, usually



Laser for Nail Fungus

Treatment of fungal nails is our bread and butter, so to speak. Oral treatments work well, but 3-6 months of treatment! With possible liver damage and blood tests! This can drive one to drink—which you can't! Topical treatments are improving but often insufficient. But now we use the Q-Clear Laser, and in a few minutes without pain or risk, the patient is well on the way to fungus free nails. We typically treat three times, one month apart. We chose the Q-Clear because it is effective and has minimal discomfort. This is a self-pay.

Botox for Hyperhidrosis (and for minimizing bunion scarring)

This is a very effective treatment, takes about an hour to perform (usually a posterior tibial block is done first), and lasts for about a year.

Laser Spider Vein Erasure

We use a 1064 nm ND:YAG-laser. For spider veins this is a quick, pain-free, and easy treatment. It can be performed on all skin colors (use caution and adjust intensity in darker skin colors). For larger varicosities this is also effective, but, because more heat is absorbed. laser treatment can be painful. For larger varicosities injection sclerotherapy is effective. Patient should wear graded support hose post-treatment, especially for larger varicosities.

Injection Sclerotherapy

To reduce small varicosities and spider veins. Both laser and injection vein treatments work by injuring the lining of the tiny/small veins. The vein collapses and hopefully does not reopen. Injection sclerotherapy is usually done with a 30 or 31 gauge needle but the vessel can be smaller than the needle and considerable practice and skill is required.

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Intense Pulsed Light (IPL) and Lasers

For reducing skin dyschromia and scarring. If a scar is reddish in color it is usually recent and active (meaning increased vascularity). Green light of an IPL or laser can collapse the tiny vessels feeding the scar, reducing scaring. Extra caution must be used in darker skin colors because these wavelengths interact with melanin. White scars and hypertrophic, keloid, or even atrophic scars can be treated with

a fractional laser. We use a nonablative laser with a wavelength of 1540 nm. Multiple treatments are usually required which stimulates collagen production and remodeling and can improve atrophic scars and smooth hypertrophic scars.

Office Products

As part of an aesthetic practice one should not overlook distributing products to your patients. This can help your patients and your bottom line. We have developed a line of foot and body products that you can sell to your patients so that they can take the treatments home. Products should be part of your complete patient treatment plan. And yes, you charge for these products as does every store, spa, and online merchant. Our products include: exfoliating creams and pads, moisturizing agents, and our signature foot pads and numbing spray. Many of our products are different—and better—from those sold elsewhere—and this difference will add money to your pocket.

What is an Aesthetic Podiatric Practice and How do you Market and Sell your New Services?

Over the couple years I received dozens of phone calls and emails from podiatrists across the country, as well as Australia, England, and South Africa, all requesting training in Aesthetic Podiatric Medicine. I would like to pass on to the next generation of podiatrists the best practices that have made my practice thrive. My **International Aesthetic Foot Society** seminars have had an amazing turnout. They include: lectures, live patient demonstrations, hands-on practice, and online support for IAFS members. *Join the IAFS and attend our upcoming seminar at: IAFS.com or click here.*



This piece was written with the participation of Everett Lautin, M.D., FACR, and Adam Landsman, D.P.M., PhD.



Dr. Landsma