



# Future Star Samuel Gorelik, DPM

He's handling  
his work/life balance.

BY MARC HASPEL, DPM

Setting high standards for oneself in podiatric medicine is a very admirable endeavor. Such is the case for the next candidate in *Podiatric Management's* Future Stars in Podiatric Medicine. Samuel Gorelik, DPM has addressed the need for vital podiatric care in a podiatry-deficient area of Massachusetts. He and his employer podiatric physician Dr. Scott Aronson are the only podiatrists to take call at their local hospital, Good Samaritan Medical Center in Brock-

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Legislative Committee for the American Podiatric Medical Association.

Dr. Gorelik recently shared his thoughts on his young career and prospects for his future in this profession.

tion into the field and played a large role in convincing me to pursue that route. In school, Dr. McGuire in Philadelphia, PA showed me the importance of treating all the patients who come in, irrespective of their social situations, with the same care. He had a lot of high-risk patients coming in for wound care who had a high risk for losing their feet.

Dr. Tickner in my residency program taught me the importance of staying up-to-date with the newest procedures, especially when it came to wound care. He would not shy away from doing extensive surgery on patients because so many of his patients were at risk if action was not taken right away.

Lastly, upon completing my residency, I joined Aronson Footcare. Dr. Aronson expertly showed the importance of building a rapport with his patients because he does not just treat the patient; he treats the family. Moreover, if a patient comes to the hospital and needs care, he will deliver it, regardless of the patient's

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ton. As he states, he tries to treat every patient as an individual and give each patient the care he or she deserves. He also finds that having a good relationship with nearby providers, including ones with the same specialty, is crucial for better patient care.

Dr. Gorelik regularly tries to educate other practitioners on the virtues of podiatric medicine and surgery. In addition, he has begun serving on the Board of the Massachusetts Foot and Ankle Society, as well as joining the

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

**Gorelik:** There was more than one person who influenced me during each portion of my career from my pre-podiatric training to my post-podiatric training. The one thing each had in common was the care each gave their patients. Dr. Lawton in Canton, MA influenced me because he was my first introduc-

Dr. Gorelik (from page 113)

personal circumstance, be it homelessness, or lacking insurance, for example.

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

**Gorelik:** What initially attracted me to podiatry was the quick turnaround patients have in their appointments. They can come in with

my free time to rotate with pediatric orthopedists and shadowing at various local clinics.

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

**Gorelik:** I think that APMA is vital to the podiatric profession. Podiatry starts out at a disadvantage as many people think podiatrists belong

treat patients with many co-morbidities having significant wounds, but these patients need the care arguably more than most others.

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

**Gorelik:** I work best in a small group. I find that I work better in a group where everyone who works in the practice has a significant say in how the practice is run. I find that when one becomes part of a large group, however, one tends to end up feeling disconnected from the group.

**PM:** Where do you see your career being in ten years, twenty years?

**Gorelik:** In ten years, I hope to be a partner in my current practice and well-integrated in my community, and will hopefully be the main podiatrist for wound care as well as complex rearfoot surgeries. In twenty years, I hope to be taking on more of a senior role in podiatry at both my hospital and in my state. At age fifty, I hopefully will be having a bustling practice, but I hope to use my experience

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pain and leave pain-free. I also liked the lifestyle that affords a good work-life balance.

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

**Gorelik:** Short-term I want to make myself as available as possible to the community where I practice, to the providers, and the hospital where I am on staff. I hope that by putting the work in early in my career, I will be able to appreciate the hard work I put in after I have been in practice for several years. Long-term, I see a career where I am involved in podiatry on multiple levels, seeing a diverse patient population in the office, while also seeing patients in the wound care center, and maintaining a consistent referral source from the hospital.

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

**Gorelik:** I attended Temple University School of Podiatric Medicine. I did my residency at Saint Vincent Hospital in Worcester, MA. My training allowed me to further pursue my interests in wound care, while also giving me the ability to modify my training through using

to a specialty that has less training than other physicians and, as a result, podiatrists need APMA to continue to promote podiatry among the younger population, and fight for podiatry through legislation as well. I do think the in-fighting between podiatrists with several different boards conveys a negative perception of the profession.

In my opinion, there should be

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one board for surgeons and one for non-surgeons. I think too many boards and certifications do not add much and simply create confusion. I think the different organizations that exist for podiatry are great because every podiatrist can find something that fits his or her interest... whether it be surgery, sports medicine, pediatrics, etc.

**PM:** What sub-specialties interest you in podiatric medicine, and why?

**Gorelik:** Wound care interests me the most. I find that I can play a very large role in the lives of patients with wounds. Not many doctors want to

experience to educate younger podiatrists on how to become successful practitioners themselves.

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

**Gorelik:** I think podiatry plays a central role, both from the management of severe infections of the lower extremities and from the trauma perspective. As physicians are retiring, there are simply not enough doctors for the influx of patients that all the hospitals are experiencing. Podiatrists play a vital role in maintaining

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the health of these patients, often by being the first ones to determine that patients may have uncontrolled diabetes, PAD, etc.

**PM:** *Would you be in favor of a degree change as well as name change from the term “podiatric” to “foot and ankle” medicine?*

**Gorelik:** I do not think that

**PM:** *In the event you are raising a young family, how are you managing a busy work life-balance?*

**Gorelik:** I am not raising a young family yet. I do think that when the time comes to start a family, I will remember what I have learned from older physicians. I've learned that one cannot replace the time one spends with family. Thus, I think it is vital to be able to shut off from work. When not on call, I try to turn my cell phone off, so I can be more present. I think setting time aside to focus on family is vital. **PM**

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## “I’ve learned that one cannot replace the time one spends with family.”

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

**Gorelik:** I think podiatry should start by recruiting students at a younger age, like in high school. If the colleges reached out to high schools in their cities, and provided programs on podiatric topics, they would more likely attract solid future student applicants to podiatry.

would make much of a difference. At the end of the day, podiatrists will continue to fight the battle with orthopedic doctors because podiatry continues medical training in schools that are easier to get into, but I would argue not easier to stay in. Where I work, no one cares what I call myself. I am asked what my training is in and what I feel comfortable doing; I rarely get any pushback.



**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.