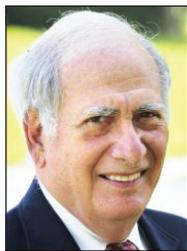


Stepping Up to Serve Older Patients

These DPMs share how to treat this growing population with expertise.

BY JOLYNN TUMOLO

The proportion of older adults presenting for care at his podiatry practice has grown significantly over the decades, according to Earl R. Horowitz, DPM. “When I opened my practice 59 years ago, if I had 10 or 20 patients who were over 70 years of age, I had a lot,” said Dr. Horowitz. “Most of my patients were children or young adults; I based my whole practice on it. But today, 70% to 80% my practice is over 55 years of age.”



Dr. Horowitz

The changing dynamic reflects greater cultural shifts. For one, the U.S. population of older adults is increasing. According to the Pew Center, Americans age 65 and older accounted for a

mere 4% of the population in 1900. A century later, that percentage grew to 12.4%, the U.S. Census Bureau reported; by 2016, 15.2%. Looking ahead, the Census Bureau projects by 2060 nearly one of every four Americans

Americans face when he woke up one day and realized he qualified as one himself. “We understand children, we understand teenagers, the middle-aged, the Millennials—I’ve come to realize that seniors deserve

“We understand children, we understand teenagers, the middle-aged, the Millennials—I’ve come to realize that seniors deserve that type of consideration, too.”—Horowitz

will be 65 or older. Additionally, the current generation of older adults is considered by many to be more active than older adults of the past—and more willing to seek out care to maintain and prolong independence.

Dr. Horowitz, 85, said he became interested in the unique issues older

that type of consideration, too,” said Dr. Horowitz, who still practices four days a week at his Center for Foot Health in Jacksonville, FL. “They want to walk through life comfortably and to have access to podiatrists who understand their particular problems.”

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Expansive Population, Individual Goals

Older adults represent a rewarding but complex clientele for podiatrists of all ages willing to up their geriatric game. The patient population is the broadest there is, spanning 50 years or more from the time of AARP membership eligibility on through to centenarianhood. Nearly as wide is the range of medical, economic, and

“Aging patients are well aware they’re aging. They do not require this to be pointed out as an etiology for a condition.”—Robbins

social circumstances that affect older adults’ lives and, thus, their care.

Physically, the functional capacity of older adults—a mixed product of genetic traits and lifelong dietary and exercise practices—differs from patient to patient, as does the personal drive to achieve the maximum level of function possible, explained Jeffrey M. Robbins, DPM, director of podiatry service with the U.S. Department of Veterans Affairs (VA) and chief of podiatry at Louis Stokes Cleveland VA Medical Center, Cleveland, OH. Some older adults find pleasure in going to the gym five days a week; others, frankly, are through with such effort.



Dr. Robbins

“At this point, it requires we understand what the patient wants, what their potential is, and what they’re willing to do to achieve it,” said Dr. Robbins. “We also need to make sure their expectations are reasonable.” This, he added, takes tact and patience. In the face of an unrealistic goal (say, kicking a football 50 yards), podiatrists should be careful to avoid an off-the-cuff, dismissive response.

“What I try to do is offer positive suggestions rather than negative ones,” said Dr. Robbins. “Instead of saying, ‘You’ll never be able to kick a football 50 yards,’ I might say, ‘Fifty yards is a really lofty goal. I’m concerned you may injure yourself in the process. Why don’t we explore other activities and goals that are as enjoyable to you that may not result in an injury?’”

Necessary Knowledge

Older adults may be more prone to ambulatory difficulties, hearing impairments, poly-pharmacy and co-morbidities than younger people. However, Dr. Robbins pointed out none of those factors is unique to the population. “It doesn’t really require any special consideration other than what you would do for a young patient with similar issues,” he said. “Certainly, multiple medications need to be kept in mind

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Avoid These Faux Pas When Treating Older Adults

Few would disagree that older adults are worthy of honor and respect. Yet clinicians who fail to consider how older patients may interpret their words and actions run the risk of unintentionally denying them their dignity. To make sure your patients leave appointments feeling satisfied and not slighted, steer clear of these common improprieties:

- **Addressing them too informally.** Endearments like “honey,” “dear” or “sweetie”—even using a first name—can make an older patient feel like a child rather than a respected elder. Going with a more formal address, such as “Mr.” or “Mrs.,” is best unless a patient suggests otherwise. “Be respectful with salutations,” said Dr. Lockwood. “Younger generations tend to be more casual, but that’s a big turnoff for my older generation of patients.”

- **Calling them old.** Watch your language, even during times of friendly banter, and refrain from words like “old,” “elderly,” “geriatric,” and even “senior” during conversations with them. “They are people,” said Dr. Robbins. “Don’t label them.”

- **Providing unwanted assistance, or no assistance at all.** Don’t assume a patient requires your help with tasks, but do offer it if you suspect a need. Dr. Robbins suggested a casual, “Can I help you with your shoes and socks?” This allows the patient to retain control of the situation and accept help, but only if it’s welcomed and without personal intrusion. “We ask patients if they would like help filling out their paperwork, which eases embarrassment over visual impairment,” added Dr. Freels. “We advertise a door-to-door service ... We’ll bring you in and out to the car if needed, because we understand that Kentucky weather is unpredictable.”

- **Not looking at them.** As much as possible, keep your eyes away from your notes and screens during conversation. If caregivers are present, address the patient as well as the caregiver. Eye-to-eye contact is meaningful to patients looking for human connection. “This is such an important aspect,” said Dr. Horowitz. “We have to spend time with patients, and we can’t be speaking to computers. They want a doctor that talks to them. They want to be treated like human beings.”

PATIENT RELATIONS

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when prescribing other medications. The only other consideration I think we need to remember is that aging patients are well aware they're aging. They do not require this to be pointed out as an etiology for a condition."

Dr. Robbins cited an example he picked up during a geriatrics fellowship at Case Western Reserve University, Cleveland, OH: "An 85-year-old woman with knee pain visits an orthopedist. The specialist examines the knee and remarks, Mrs. Smith, you're 85 years old. You have arthritis in the knee. What did you expect? And she looks at him and says, 'Well, the other knee doesn't hurt.'" Dr. Robbins continued, "In other words, he's making the assumption that because she's old, she has arthritis. That's no way to score points with older folks. They want the same diagnostic attention any patient group would have."

If cognitive impairment is a factor, be sure the patient's support system is present in the room during appointments, advised Melissa J. Lockwood, DPM, owner of Heartland Foot and Ankle Associates, Bloomington, IL. "Whether it's a spouse, an adult child, or another caregiver, make sure they understand patient instructions as well," she said. "That's the biggest thing."



Dr. Lockwood

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Medicine offers a firm base for podiatrists interested in solidifying their primary podiatric medicine expertise, which covers much of older adult care outside of surgery, said Dr. Lockwood, who serves as the board's marketing chairman. She also recommends membership in the American Podiatric Medical Association and state professional organizations to keep up-to-date on changes that affect Medicare billing.

In December, the American Board of Multiple Specialties in Podiatry announced a new geriatric podiatry certification for office-based and ambulatory physicians. The inspiration of Dr. Horowitz, president and diplomate of the organization, said that the non-exam-based certification will be awarded to applicants whose portfolio of experience and service demonstrates real-world geriatric expertise. "We're not trying to impress insurance companies or hospitals with this," said Dr. Horowitz. "We're trying to let the public know we are the specialists with experience in the care of the lower extremity issues in senior citizens; that we are active in the field of geriatric medicine."

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Drawing Patients

Recognition of geriatric expertise from the American Board of Multiple Specialties in Podiatry offers an official stamp-of-approval that could attract older patients to a practice, said Dr. Horowitz, who has applied for the certification himself. Additional avenues of marketing to the population include advertising in or submitting articles to local newspapers (the print editions of which are still read by many older Americans), writing blog posts online (if you assume older patients aren't tech-savvy, you're wrong much of the time), or speaking to relevant groups in the community or at retirement residences. Dr. Horowitz's advocacy work for older adults—he offered expert advice on modifications for safe walking in downtown Jacksonville—has earned local press coverage. Every year, Dr. Lockwood's practice sponsors bingo at an area senior's expo.

"It's a ton of fun," said Dr. Lockwood, who estimates more of a third of her practice is 65 or older. "I also do about five or six speaking engagements throughout the year directed specifically at the senior population. Almost al-



Dr. Freels

ways my conversation revolves around how to keep active and how our practice can help with caring for aging feet and palliative care."

"Target your audience. Put yourself in their shoes, and write, lecture, and hold community talks about issues that concern them," advised Nicole Freels, DPM, owner of Lexington Podiatry in Lexington, KY. "They don't care about

"We ask patients if they would like help filling out their paperwork, which eases embarrassment over visual impairment."—Freels

toenail fungus they've had for 50 years. They care about if they or their spouse has fallen 20 times in the past three months."

'Remarkable Satisfaction' for Healers

Once you establish a following, word-of-mouth will likely generate more referrals to your practice. "They talk to their friends and families and can provide you with several generations of patients if they like you," said Dr. Robbins. The nearly immediate pain relief podiatry can bring to older patients, he added, provides "remarkable satisfaction for true healers who are in it to heal patients as a primary goal and to make a good living as a secondary goal."

The podiatrists agreed that other perks the population offers include a respect for providers ("They don't value Dr. Google's advice over yours," Dr. Freels pointed out), a deep-felt appreciation for services, and a willingness to share some amazing life stories. The latter may require additional time, however, and Dr. Robbins noted appointments with older patients tend to be among a practice's lower-RVU encounters. And then there's the inevitable downside of aging: "Older populations, the cycle of life, they do tend to pass away," reflected Dr. Lockwood. "That is part of the practice, and it makes us sad when we lose a patient, whether it's from a natural cause or a complication from a chronic disease."

Still, the quiet but profound difference podiatrists can make in older adults' golden years makes caring for the patient population more than worthwhile for many clinicians. "It's not gigantic things that make someone a new person, but the little things you do for them that keep them walking, happy, and getting out," said Dr. Horowitz. "My greatest thrill

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is the patient who comes in and says, 'I went to Costco. I walked the whole store.' That type of thing. To them, I'm the hero. To me, it's my routine work." PM



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