



BY JARROD SHAPIRO, DPM

The Most Important Question: Why?

It's the key to understanding.

Practice Perfect is a continuing every-issue column in which Dr. Shapiro offers his unique personal perspective on the ins and outs of running a podiatric practice.

There's a lot of time spent each day asking questions of various trainees. "What are three drugs to treat this MRSA infection?", "How long do we have to wait to call this complication a non-union?", "Where do you inject to anesthetize the tibial nerve?"

Who? What? When? Where? How?

But of all these questions, the single favorite is "Why?" Why is "why" the favorite? 'Why' is the most important question in almost any pursuit we undertake. All other questions are circumstantial. Who invented the radio? What happened to his leg? Where is the dog located? Each of these questions and their brethren simply ask us to consider some facet of a particular issue. Answering these questions helps, but they never bring us to a full understanding of what we really need to know.

Now, 'why,' on the other hand, gets to the bottom of the matter. Understanding 'why' illuminates the reason behind something happening. It

helps us to determine the motivation for a particular action. It allows us to provide evidence for our decisions. It gets to the reality of a thing. "What color is blood?" It's red (when oxygenated), right? The deeper question is, "Why is blood red?" This brings us to a fundamental characteristic of blood. Answering this carries us deeper into the hemoglobin molecule, its

ing machines. It was a never-ending stream of whys, with one why question linked to the next until you would be close to pulling out your hair. Why do you ask so many darn questions?

In medicine, 'why' is also the most important question. Asking 'why' is the same as making a diagnosis, essentially answering the question, "Why is this patient suffering from these symptoms?" Without knowing why, we cannot proceed forward to focus our treatment on eliminating the cause of patients' diseases. There must be reasons for our patients' ailments, which is what this question word elicits. Looking at things in a reductionist, mechanistic sort of way, there are no magical explanations for what occurs in the world, and this is no less true with our patients. There is always a logical explanation that may be found only after asking 'why'.

This is found to be the hardest question to ask students, who respond to this simple question in a very predictable way: avoidance. Take this hypothetical example. In clinic, a student just came from seeing a patient with a complaint of medial heel pain. After presenting to the attending podiatrist who asked the

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four subunits, and the essential involvement of iron, creating the capacity for blood to carry oxygen.

This is why the question "why" is the most common one young children ask as they are learning about the world around them. "Why is the sky blue?" "Why is the grass green?" The list goes on and on. When both of my children learned to speak, it quickly became apparent that they were why-ask-

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Why? (from page 43)

student for a diagnosis, the student responded with “plantar fasciitis.”

“Why does this patient have plantar fasciitis?” the attending asked. She responded, “Well, it hurts on first rise after rest and is painful to touch at the medial heel when I examine her. “No,” the attending said. “Why does she have this diagnosis? What is the cause?” That will be followed by some evasive answer that is essentially reiterating what the student had said the first time.

“What is the biomechanical reason for the patient’s pain?” the attending will probe again. At this point, there will be a silent stare as the student

patient is experiencing pain and what we need to focus on to resolve her plantar fasciitis. Without asking ‘why’, we can’t truly come to the crux of the

attending preference? Was it someone wanting to use a new surgical toy? Or was it because this method provided the best opportunity for bone healing

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patient’s disease and establish a successfully-oriented treatment.

It is also imperative to ask ‘why’ for self-improvement. “Why did that procedure turn out the way it did?” is fundamental to improving future sur-

and early weight-bearing function? It was stressed to the residents that there is a body of research examining fixation options for various joint fusions in the foot, which provide evidence to help us make decisions. However, if we don’t ask the ‘why’ question in the first place, we would never have truly rational decisions for what we do.

Asking ‘why’ carries us to that deeper level of understanding that moves us from reacting to the world around us to understanding that world. As challenging as the question is, ‘why’ is fundamental to almost everything in our lives. Ask yourself ‘why’ and see where it leads you. **PM**

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struggles to explain the etiology of plantar fasciitis. Eventually, we’ll get to an explanation that might include excessive weight, synthetic walking surfaces, subtalar pronatory issues, forefoot supinatus, increased plantar fascial tension, and ligamentous degeneration. These issues, the attending explains, are the reasons ‘why’ the

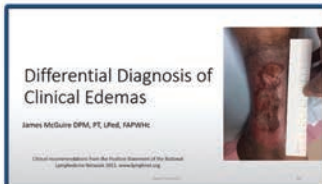
gical outcomes. Here’s an example. A while back, during an academic session, a resident presented a surgical case of a patient who underwent a first metatarsophalangeal joint fusion using a single compression screw and dorsal plate. The resident was asked about using that method of fixation as opposed to another, say, crossed screws. Was it simply

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