

Future Star: Daniel Hall IV, DPM

This young practitioner has risen in the ranks of hospital leadership.

BY MARC HASPEL, DPM



New podiatric practitioners are not the ones usually able to quickly ascend the ranks of hospital leadership. Rising to positions of leadership in hospitals is usually reserved for veteran physicians. The next nominee for *Podiatry Management's* series on Future Stars in Podiatric Medicine, Daniel T. Hall IV, DPM, has bucked that trend in very short order. Nominated by his partner in practice, who is also his wife, Mallory Przybylski, DPM, Dr. Hall has made outstanding strides in both his local hospital and community in the small time since completing his residency in 2014. Immediately thereafter, he and his wife co-founded Louisiana Foot and Ankle Specialists in Lake Charles, Louisiana. Since then, as co-manager of the practice, he has focused on patient care as well as putting countless hours into networking with other physicians in the community.

Hall started out volunteering on hospital committees, and eventually was named chairman of the surgery department. He then was unanimously elected as the chief of surgery at Lake Charles Memorial Hospital, the largest Level III Trauma Center/Hospital in Southwest Louisiana. All the while, he has been striving to improve hospital policy, manage and resolve issues with physicians and hospital staff, and coordinate with adminis-

trative staff while serving as an elected member of the medical executive committee. He continues to educate other physicians, community members, and medical staff about podiatry.

He currently serves as a physician member of the Lake Charles Memorial Hospital Sports Medicine Program, providing care to local high school athletes and Division I collegiate athletes of McNeese State University. He has also lectured on

Dr. Hall recently shared insight on his young career and his varied early accomplishments.

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

Hall: Dr. Dmitri Sandler, of Homestead, Florida, played a profound role in my residency training at South Miami Hospital/Baptist Health. He

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multiple occasions at the Louisiana Physical Therapy Association Sports Symposium in Lafayette, Louisiana, discussing sports injuries of the lower extremity and the Lake Charles Memorial Sports Medicine Symposium.

Dr. Hall also serves as a role model for younger practitioners. He regularly discusses private practice topics, surgical techniques and the current medical climate with young podiatric physicians. He was recently a featured speaker at the East and West PRESENT Podiatric Residency Education Summit with a lecture titled "How We Built a Million Dollar Practice in Three Years."

graciously took me under his wing during that time and showed me, both in and beyond the operating room, the reality of practicing medicine, managing employees, running a profitable business and the importance of time management in the clinical setting. I will forever be in debt to him.

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

Hall: The flexibility the profession affords, I believe, is second to none. I thankfully had options, and was accepted to multiple allopath-

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ic and osteopathic medical schools; however, foot and ankle surgery was always the path I wanted to pursue after sustaining multiple injuries from my high school athletic career in basketball and soccer. It wasn't until college, however, that I learned about podiatric medicine, and I soon realized orthopedic surgery was not the only way to pursue my goal.

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

Hall: With the ever-changing climate of healthcare, my short-term goal is to continue growing our private practice. We opened our office in 2014, and this experience of owning and operating our practice has far surpassed any goals that we set forth emotionally, physically, and financially. My hope is that private practice physicians do not become extinct with corporate and insurance mergers taking place before our very eyes.

Long-term goals include expanding our clinic, Louisiana Foot and Ankle Specialists, across the great state of Louisiana in cities such as Lafayette,

vate practice. There was no shortage of cases or clinical experiences as we covered three hospitals, multiple surgery centers, and wound care centers. South Miami Hospital allowed me to work with so many different attending doctors that I was able to find someone

healthy and active is a rewarding experience, particularly at the Division I Collegiate level with which I have been fortunate enough to be involved since my time in private practice.

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that practiced the way I envisioned, and I was fortunate enough to find a mentor who enjoyed teaching.

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

Hall: I personally find the APMA the most helpful and useful organization that exists today within the field of podiatric medicine. The certifying boards, on the other hand, I find confusing, cumbersome, and somewhat ineffective. I have the privilege of serving as the Department Chairman and Chief of Surgery at the Level III Trauma Center, the largest hospital

idly changing with innovation and technology. Podiatric physicians have the opportunity to be at the forefront. DPM's have studied the use of wound-healing products such as amniotic membranes and acellular dermal grafts, first and foremost. No medical specialty can disagree that podiatric physicians are the experts in lower extremity wounds. On this, I believe, there is no debate. Podiatric physicians have so much to offer to the field of wound care, and it truly is a passion of mine.

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

Hall: While Dr. Przybylski, my wife, and I own and operate a private practice, we also are private contractors with multiple wound care centers and a hospital-based clinic. They all have their advantages and disadvantages, but we are very happy with our current small group practice.

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

Hall: If the healthcare system doesn't change drastically towards hospital-based employment, our goal is to have multiple office locations across the state of Louisiana. We hope to have increased involvement with podiatric organizations, and continue consulting for orthopedic and regenerative medicine companies with regard to research and development.

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

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Baton Rouge, and New Orleans. I personally did not understand the true value of podiatric medicine until my wife and I started practice in Louisiana.

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

Hall: I attended the William Scholl College of Podiatric Medicine, graduating in 2011. I attended South Miami Hospital/Baptist Health PMSR-36 for residency. My post-graduate training was a unique experience as we had more than twenty-five different attending physicians who were all in pri-

in Southwest Louisiana. Through this opportunity, I have met and discussed at length the board certification process for many other specialties, namely orthopedics, and the difference in the process is markedly different.

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

Hall: I am particularly interested in sports medicine and wound healing... sports medicine, for the most obvious of reasons, I love sports. I have a tremendous respect and admiration for athletes because of their discipline and penchant for extraordinary performance. Keeping these men and women

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Hall: The role of podiatric medicine in the current healthcare system is valuable, but podiatric physicians must be careful. I believe podiatry is the biggest bargain in healthcare; podiatrists are able to address issues instantaneously without expensive testing or unnecessary anesthesia that is crippling to our healthcare costs. Regrettably, too many young practitioners are considering diabetic foot care and other non-surgical foot ailments as beneath them. I find that to be a slippery slope. Podiatric physicians have such diversity in what can be seen and treated—making podiatric medicine unique and important! It pains me to hear podiat-

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ric physicians proudly pronounce that they don't trim toenails or see wounds, and refer all skin conditions to dermatologists.

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

Hall: I recommend that the profession remain visible. It should proudly show and highlight what the field of podiatry truly has to offer. I graduated from high school in 2003 and had never heard of podiatric medicine. Times have certainly changed, but the profession has a duty to broaden the minds of current physicians. For example, I know that some allopathic physicians are still not aware that podiatrists can perform surgery. Since being in private practice, I have worked with internists and hospitalists who have seen what three-year surgically trained podiatrists are capable of doing, and how important they are to the medical team when addressing high-risk inpatients. In fact, two of those physicians have even told me their children have applied and been accepted to podiatry school since meeting me. I believe social media and other avenues are broadening the profession's ability to reach more prospective students, and I expect application numbers to continue to rise.

PM: If that is the case, then would you be in favor of a degree change as well as name change from the term "podiatric" to "foot and ankle" medicine?

Hall: Many, especially younger practitioners, consider the title "podiatrist" as practically offensive. I don't know why this is the case, but to many it is. Today's podiatrists are not yesterday's podiatrists. Podiatric medicine has evolved in

the past fifty years, by my estimation and knowledge, more than any other medical profession that exists today.

Thirty years ago, it was seemingly unheard of for a doctor of podiatric medicine to perform complex ankle surgery, be elected chief of surgery at a hospital, or become an associate/partner of an orthopedic group. Thankfully, times are changing for the better. I find, however, that podiatrists have not achieved 'parity' within their own profession as of yet. In reality, not every podiatrist's training or scope of practice is the same. This situation can be confusing for not only patients, but also referring physicians. As a result, younger highly trained podiatrists are identifying themselves as foot and ankle specialists and/or foot and ankle surgeons.

I identify myself as a podiatrist and surgeon. Yet, I believe podiatric physicians need to embrace and be proud of the podiatrist title. Foot and ankle surgeons are just one branch of podiatric medicine. This cannot, and should not, be lost in this profession. **PM**



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.