Future Star: Alicia Canzanese, DPM

An athletic injury led her down the track to sports medicine.

BY MARC HASPEL, DPM

ports medicine is an attractive sub-specialty within the practice of podiatric medicine. Keeping athletes healthy and doing the activities they enjoy is a rewarding challenge to every podiatric physician. Naturally coming from a background of being both an athlete and an athletic trainer can only ease the transition to a career as a sports medicine podiatric physician. Such is the case of the next candidate for Podiatry Management Magazine's series on Future Stars in Podiatric Medicine, Alicia Canzanese, DPM, Nominated by Jennifer Spector, DPM, president of the American Association for Women Podiatrists, Dr. Canzanese has become an active member in leadership positions in the Pennsylvania Podiatric Medical Association, and was in fact recognized by that association as a Rising Star in 2018. In addition, Dr. Canzanese recently gave a notable lecture at the 2019 APMA National meeting as part of the AAWP Lecture Track on "Gender Bias in Medicine". Dr. Canzanese recently took a few moments to discuss her young career and offered her perspective on the current and future state of the profession.

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

Canzanese: In podiatric medicine, for me, this is a three-way tie between Howard Palamarchuck, DPM, Gary Gordon, DPM, and Raymond DiPretoro, DPM. Dr. Palamarchuck, as the sports medicine professor and sports medicine club faculty advisor, was very influential **Canzanese:** I first learned about a career in podiatric medicine as an injured track and field athlete while in college. My visits as a patient swiftly turned to job shadowing visits. With my undergraduate major, athletic training, I already had an interest in sports medicine and kinesiology. It

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in my time at the Temple University School of Podiatric Medicine. Dr. Gordon was another one of my sports medicine and practice management mentors that I also met while there, who likewise gave me the opportunity to take over and own my private practice. Dr. DiPretoro was my residency director, who not only helped me grow in all aspects of podiatric medicine and surgery, but also helped me gain confidence in practice ownership. I would also like to offer thanks to my parents and my husband for being amazingly supportive through all my podiatric endeavors.

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

was biomechanics and the hands-on nature of podiatric medicine that first attracted me to the profession.

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

Canzanese: My main goal entering the podiatric profession was to be able to merge my athletic training experience and knowledge into my podiatric practice in order to create a practice based upon sports medicine. Additionally, one of my other goals is to continue to find roles in education, expanding upon my current role as an adjunct attending with the Chestnut *Continued on page 148*

Dr. Canzanese (from page 147)

Hill residency program. One of my other professional goals is to continue to be involved with the profession through its governing organizations.

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

Canzanese: I am a 2013 graduate of Temple University School of Podiatric Medicine. I completed my residency with the Christiana Care Health System, which is located in northern Delaware. Christiana is the largest health system in Delaware and is a PMSR-RRA program that during my time offered a well-rounded experience in the aspects of podiatric medicine. I had the opportunity to learn from the patient care and practice management of the busy outpatient clinic. I was able to spend time in attending private offices, while gaining hands-on surgical experience with a large volume of in- and out-patient cases. I also benefitted from time spent with advanced pediatric orthopedics at the Rubin Institute.

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

Canzanese: I believe organizations such as APMA, ACFAS, AASPM, and the certifying boards play an important role in the profession. It is important to have these organizations to address the issues surrounding the profession, most notably legislative, as well as to continue to foster educational growth and research.

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

Canzanese: Podiatric sports medicine and biomechanics are my main interests. Coming from my background as an athlete and as a certified athletic trainer, I have had an interest in sports medicine since I was in high school.

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

Canzanese: I believe the solo/ small group environment suits me best. I have a bit of a type A personality, and I tend to thrive when I have a bit more autotomy. While there are pros and cons to owning a business, I do like the sense of independence from a large or overly bureaucratic system.

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

simply just don't know about podiatric medicine as an option. I recently had a great experience giving a lecture about podiatry to a pre-health professions majors group at my undergraduate alma mater. Most of the students had not had the option of podiatric medicine ever discussed or presented to them. In talking to this group, it was encouraging that I felt I was gaining some real interest. I think the professional organizations should spend more time and ef-

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Canzanese: In my ten-year plan, I hope to build up my practice volume to grow my practice into a small group with two or three physicians. In my twenty-year plan, I hope to continue to grow the practice, evolving from a sole proprietor to a partnership.

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

Canzanese: Obviously, I believe podiatric physicians play an important role in the healthcare system. Doctors of podiatric medicine are currently trained to offer patients important services that are unique to this specialty. In the realm of biomechanics and pathomechanics, podiatric physicians can play an integral role in the treatment team. It has already been demonstrated with research how important podiatric medicine can be for diabetic patients from both outcomes and on a cost basis, especially given the aging baby boomer population.

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

Canzanese: I believe this starts with educating high school and college students about the field of podiatric medicine. Often, podiatric physicians find out about the profession in a roundabout way or from a personal/family need. A lot of pre-med college students fort physically going to universities to present information about this career.

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

Canzanese: I am fervently opposed to both a degree change and a name change. I entered the field of podiatric medicine because I wanted to be a podiatrist. I am proud of my field. Podiatric medicine is a unique profession and degree program. I feel that its uniqueness is what makes it an important part of the healthcare system. I believe changing the name/degree would just add to the confusion about the profession, and would minimize the aspects of the profession that make it so unique. That uniqueness allows it to stand out as a great option for patients. Granted, a lot of people still don't know what podiatrists do and how they are trained, but instead of changing the labels, I think the focus should be on excellence and programs that direct people to seek podiatric care. PM

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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.