



Podiatry in a Pandemic/ Post-Pandemic World

What has practicing during COVID-19 revealed, and what changes will become permanent?

BY ANDREA LINNE



“**W**hat is post-COVID?” asks Billie A. Bondar, DPM, who has a solo practice in Rochester, NH. “I think this will go on for a couple of years. My rule is you wear a mask to cover your mouth and nose, and not a gator type, or you can leave. I’m not rude, just straight-forward. I have a sign outside my office saying that and another one reminding patients to get their mask from their car. We have a shield by the reception desk. We spray and wipe down constantly: counters, chairs, doorknobs, pens, clip boards. It’s just habit now. We still space out patients in the waiting room. I got standalone air filters and I keep windows open so there’s a flow of fresh air. I no longer wear street clothes in the office. Now, I



Dr. Langone

always wear scrubs to lessen the opportunity for potentially carrying COVID contamination to my home or public areas. Physical contact with patients is unavoidable. I often help elderly or disabled patients to get into and out of treatment chairs and with their socks and shoes. Safety is so important.”

“I do not think we will ever be maskless in medical settings again



Dr. Branca

rooms, hand sanitizer for patients, and scrubbing things in between patients. We have extended cleaning to include non-treatment surfaces as well, such as walls, floors and windowsills. We also test each patient with a pulse oximeter. It’s easy and simple and we’ll likely continue to do that.”

Mask wearing, deep cleaning, and social distancing have also be-

“I do not think we will ever be maskless in medical settings again due to the potential for other airborne viruses.”—Langone

due to the potential for other airborne viruses,” says Karen Langone, DPM, who has a solo practice in Southampton, NY. “Other precautions have become habits and will stay forever, including only three people in the waiting room, HEPA filters in all

come standard protocols for Matthew Harold Roberts, DPM, who practices in Miami, OK. Similarly, mask wearing, deep cleaning, scheduling fewer patients to maintain social distancing, and contactless patient check are

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now standard procedures for Maria A. Branca, DPM, who has a solo practice in Yonkers, NY.

“Except for requiring our staff to be vaccinated—it is a requirement for the medical office building one of our offices is in—we have not changed how we practice,” says Vincent Marino, DPM, whose San Francisco Foot and Ankle Center has three offices in Northern California. “While we are still required by local and state law to wear a mask, once that is lifted, it will be up



Dr. Long

to each staff member to decide what they want to do. We will continue to wipe down the chairs after every patient with Clorox wipes and have incorporated it into our regular routine.”

Longer Patient Visits

“Since the pandemic, we’ve reduced the number of patients we see

our charts at work instead of taking them home. This has improved our quality of life. What’s more surprising is our numbers are better in terms of income, because we address all our patient’s lower extremity issues ranging from wound care to foot and ankle surgery.”

“We now schedule 20-minute patient visits, instead of the traditional



Dr. Mirmiran

“I started performing total ankle arthroplasty [TAA] as an outpatient procedure,” says Jon R. Goldsmith, DPM, who is on staff at CHI Health hospitals, in Omaha, and is an associate professor at Creighton University School of Medicine. “This began during the pandemic out of necessity for patients who wanted to proceed with this elective procedure,

“One outcome of the pandemic is that hospitals increased patient referrals to our practice.”—Long

10- to 15-minute visits,” says Roya Mirmiran, DPM, an employee of Sutter Medical Group in Sacramento. “This has improved the patient experience, supporting higher quality of care and effectiveness of treatment, as well as increasing patient satisfaction. Now, I don’t feel rushed or burned out.”

when in-patient, elective procedures were not authorized. Before the pandemic, patients would stay the night for post-operative pain control and medical management. All my TAA procedures during the past 19 months have been outpatient. I was surprised that we had no problems at all. Patients willing to have surgery in this fashion were highly motivated, and we educated them on what to expect after surgery. Outcomes have been excellent: no readmissions, post-operative infections or revisions. I think that this has been beneficial, financially, without compromising results for this patient population, and I will continue to perform this surgery as an outpatient procedure for most patients.”



Dr. Gurnick

“I started performing total ankle arthroplasty [TAA] as an outpatient procedure.”—Goldsmith

daily from 30 to 35 to no more than 25,” says William S. Long, DPM, who owns Upstate Podiatry Group, PA, which has offices in Greer, Laurens, and Simpsonville, SC, and employs three other podiatrists. “It’s a good number. Doctors aren’t overworked and patients love



Dr. Goldsmith

not waiting too long to be seen and the more time they get with us. It’s also improved patient care. Patients get everything resolved in a single office visit. We have sufficient time to ask questions and identify issues that can be treated. Our doctors benefit, too. We have time to complete

Podiatric Procedures

“One outcome of the pandemic is that hospitals increased patient referrals to our practice,” Dr. Long says. “They couldn’t keep up with all the patients coming in with wounds, mostly diabetic foot infections. We educated hospital and emergency room physicians on the scope of practice for podiatrists practicing in South Carolina. Many were unaware of our recent expanded scope to include ankle surgery, which was passed in 2018. Patients do not have to wait four to five hours to be seen in an ER for lower extremity issues. It provides a lot of satisfaction to aid our MD/DO colleagues working in the community hospitals during the pandemic. They refer more patients, so we stay busy.”

Telehealth

A recent study of telehealth by McKinsey & Company found that “strong continued uptake, favorable consumer perception, and tangible investment into this space are all contributing to the continued growth of telehealth in 2021. New analysis indicates telehealth use has increased 38X from the pre-COVID-19 baseline.”¹ However, the survey did not include podiatrists.

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“I have always felt the practice of podiatry for the most part is a very hands-on profession,” says Keith L. Gurnick, DPM, who specializes in foot surgery in Los Angeles. “What we do with our patients in the



Dr. Fellner

office setting involves much more than speaking with patients and cannot be done properly with telemedicine. Thus, during the pandemic, telemedicine is not how I took care of patients. Don't get me wrong. I have always made myself available by phone and with the evolution of cell phones and computers, my patients have my e-mail to reach out to me with questions and can even send photos, x-rays, or MRIs for me to view.”

“I am an associate at Starrett Podiatry, in New York City,” says Dieter Fellner, DPM. “While telemedicine is offered, I don't think there was a huge pick-up in that activity. I have never had a telemedicine case.”

“Initially, prior to vaccine availability, we were asked to convert as many appointments as possible from in-person visits to virtual visits, to enhance the safety of our patients and staff,” Dr. Mirmiran says. “Most of our patients have come back for in-person visits. Some patients, particularly younger ones, love virtual visits and would like to continue with them, but mostly we tell



Dr. Simmons

them to come in because we need to examine the foot.

“What we do with our patients in the office setting involves much more than speaking with patients and cannot be done properly with telemedicine.”—Gurnick

But virtual visits offer a rare glimpse into a patient's life and their surroundings that could affect their health.”

“We still offer telemedicine visits, but usually only to review diagnostic test results when the patient is from far away,” Dr. Marino says.

Mobile Podiatry

“The pandemic has absolutely changed my practice,” says Richard A. Simmons, DPM, who provides in-home foot care services for patients in Central Florida. “Prior to the pandemic, I was cold sterilizing my instruments overnight in a glutaraldehyde solution,

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then transferring them to individual disinfecting trays to use during the day. With the COVID-19 HRSA [Health Resources & Services Administration] funds, I purchased an autoclave and now steam sterilize individual packets containing a nail nipper, bone rasp for filing nails, and curette for each patient. I discontinued the use of a Dremel for smoothing nails



Dr. Nau

and simply do extensive debridement with the nipper and rasp. I wear a face mask inside every patient's home and do not remove it until I am well outside of their home. Of course, gloves are worn and put on before any patient contact. These procedural changes are

much more time-consuming but will probably stay part of my routine."

"My practice hasn't changed that much," says Edgard Nau, DPM, who has been a mobile podiatrist in New York City since 1994. "My patient load has not yet returned to pre-pandemic

tion. I am triple vaccinated. If everyone in the home is vaccinated, they can take their masks off."

"Before the pandemic, I would wear a mask during treatment but not while interviewing patients," says Rachel Janowicz, DPM, of Sole

"I now include a risk waiver in my registration packet that acknowledges I might bring COVID-19 into the patient's home."—Nau

levels. Some established patients were afraid to have people in their homes, and I lost a few elderly patients to COVID-19. I did pick up some new patients who didn't want to go into an office, and I think I'll retain most of these patients. I now include a risk waiver in my registration packet that acknowledges I might bring COVID-19 into the home. I use public transporta-

Care Mobile Podiatry, based in Scottsdale. "I treat hospice patients in their homes and some in facilities. Now I always wear a double mask. My patients are seniors, and many have trouble hearing, so I do a lot of loud talking or I write things down. I don't ask patients to wear masks. If they have respiratory issues, I reschedule

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their appointments. I ask family members who are in the room who aren't vaccinated to wear masks. It takes longer to get into a facility. Sometimes, I have my temperature taken 14 times a day. I still worry about virus transmission. I think I'm a little OCD about sterilization. I sanitize myself and my car after each visit. I'm a lot more comfortable living with COVID now, because I understand the nature of the virus. But I'm still diligent."

Silver Linings

"I have been in practice for 40 years and have always worn a dress shirt, dress slacks, tie, jacket, and pressed white lab coat while seeing patients," Dr. Gurnick says. "The pandemic provided a time to rethink the way I dress and how I want to look and feel at work. I have changed my dress code to be more comfortable and relaxed while examining and treating patients. Now I wear nicely pressed and clean blue or black Levi 501 jeans,

"The upside is that I have not had a cough or cold and obviously not the flu or COVID-19 since this protocol (mask wearing) went into effect."—Simmons

an embroidered black or blue scrub shirt, and no white lab coat. Honestly, being more comfortable and relaxed makes me a better doctor for my patients. A bonus is that my laundry bills are far less than my dry-cleaning bills."

"Now that we're getting more referrals and doing more for our patients, our income and quality of life is surprisingly better," Dr. Long says. "We no longer need to spend any money on advertising. Also, we now have a great group of medical assistants. For a while, it was hard to hold on to staff members. We asked, 'What will make you stay here?' We offered more benefits, including health insurance, increased pay and flexibility if there's a family illness. I'm glad to do it. You have to listen to your employees."

"It will be a long time until I see patients without a face mask, because my patients are elderly," Dr. Simmons says. "I will wear a mask to protect them. The upside is that I have not had a cough or cold and obviously not the flu or COVID-19 since this protocol went into effect." **PM**

References

¹ <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality>



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