



The Rewards of Adding Children to Your Practice

Pediatric podiatrists change lives with surgical and non-surgical treatments, earning the grateful smiles of kids and parents.

BY ANDREA LINNE

There are too few podiatrists in the United States who treat children. That’s the consensus of the pediatric podiatric specialists interviewed for this story. “There are only approximately 150 to 200 members in the American College of Foot & Ankle Pediatrics [ACFAP] at any given time,” says the organization’s president, Louis J. DeCaro, DPM, who also owns



Dr. DeCaro

the DeCaro Total Foot Care Center in West Hatfield, MA. “We’re a friendly, outgoing group, and we welcome any practitioner who wants to treat more children. People who specialize in caring for

kids love it and find it so fulfilling.”

“If you don’t have experience working with kids, don’t be afraid of the unknown, keep learning,” says Hannah Park, DPM, who is in private practice at Weil Foot & Ankle Institute/Balance Health in Chicago. “The



Dr. Park

treating children should come to our meetings to learn surgical and nonsurgical techniques,” Dr. DeCaro says. “They’ll also have the opportunity to meet doctors who could become mentors. I help mentor more than 10 doctors a month from all around

“If you don’t have experience working with kids, don’t be afraid of the unknown, keep learning.”—Park

ACFAP conferences are a great resource. I have learned so much at each conference, which offer lectures, cadaver labs, and workshops—everything you need to begin a peds practice. Even the vendors are helpful.”

“Doctors who are interested in

the world. They routinely text and email pictures and ask questions about cases. We also have Zoom meetings throughout the year on various topics.”

However, pediatric podiatrists

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caution that you should not add children to your practice only because you think it will be a new revenue stream. “I believe anyone can treat children as long as they have a passion for it,” says Samantha Landau, DPM, assistant professor in the orthopedics and pediatrics department at the New York College of Podiatric Medicine (NYCPM). “Having patience is also very important.”



Dr. Landau

First Steps

“Many podiatric students are very much interested in pediatrics, and it is often one of their favorite rotations because children are wonderful and bring such joy,” Dr. Landau says. “By the end of the rotation, they are proficient in treating children. However, residency training programs do not always have equal training in treating and evaluating children. I encourage anyone interested in treating children to attend a biomechanics conference where podopediatrics topics are often given. Most deformities or gait abnormalities are often successfully treated with conservative care. Surgery is a relatively minor part of podopediat-



Dr. D'Amico

who have a range of conditions from garden variety problems to severe neurologic disorders. You also need to learn the mechanics of the foot and children’s gait at different ages, from birth through walking and adolescence. Many children are born with hereditary structural imperfections that if recognized can be conservatively managed with custom orthotics, appropriate foot-



Dr. Jarman

but when parents would come in, they’d only see adults in the waiting room. That was confusing for parents, and I felt I was not building trust. So, in 2018, I decided to stop seeing adults. My associate saw our adult patients and I opened a separate clinic for children. It was a challenging transition.

I couldn’t have survived at the beginning just seeing pediatrics. I need-

“I believe anyone can treat children as long as they have a passion for it.”—Landau

wear, and sometimes stretching and strengthening so they don’t develop problems as adults.”

Drs. D’Amico and Landau recently completed a 3-year study of 500 randomly selected patients in his practice with gait-related disorders. The study, “Age of Onset of Pedal Pathology in a Private Patient Population; A Retrospective Analysis,” which will be published in the *Journal of American Podiatric Medical Association*, found that 31 was the typical age at which patients developed foot and ankle pain and sought treatment. “These conditions from mechanical dysfunctions should have been identified and addressed when they were kids,” he says.

ed the financial support of our adult practice. At first, I only saw five or six children a day, but now I see 15 to 25 daily. If you’re not treating pediatric pathologies regularly, there is more potential for a misdiagnosis. When you see a lot of children, it becomes easy to treat them and help resolve their problems. Also, your staff becomes more comfortable dealing with children and their parents. I perform surgeries on Wednesdays and typically have three to four cases a week. Operating on a child verses an adult is different. You can improve your knowl-

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“You need to show confidence in your treatment protocol and spend time with parents to educate them regarding the diagnosis and plan of care.”—Jarman

rics. I am always available for questions as well.”

“Take seminars in pediatrics so you feel comfortable treating children,” says Joseph C. D’Amico, DPM, DSc, who is in private practice in New York City, and professor of orthopedics and pediatrics at NYCPM. “I’ve been treating kids for 40 years, and 40 percent of my practice is kids

“I run a pediatric-only practice,” says Mikkel Jarman, DPM, owner of Pediatric Foot & Ankle in Chandler, AZ. “I’ve had a passion my whole life for pediatrics, including in podiatry school and residency. I knew how to treat children, but when I began practicing 10 years ago, I just saw adults because that’s what everyone did. I said I treated children,



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edge at pediatric conferences. I now mentor other podiatrists on surgical techniques.”

A Pediatric Personality

“Treating children takes a lot of

patience,” Dr. Park says. “Some kids may be difficult with behavior issues or scared of being in a doctor’s office. My pediatric patients’ consult visits take longer, usually 30 to 45 minutes. You also have to calm the nerves of parents and have a very specific treatment plan to gain their confi-

dence. It helps if you are a parent and understand the dynamics of parenting, including their level of care and concern. I have two children.”

Dr. Jarman, who has five children, agrees that as a pediatric podiatrist, it’s helpful to have children of your own. You understand their mindset and can comfortably talk with them about things they care about. He also books 30 to 45 minute appointments and credits his staff members for making everything happen in a smooth way so he can bounce in and out of treatment rooms. “You have to be outgoing, but a good listener as well, and be able to make eye contact with the child and their parents,” Dr. Jarman says. “You need to show confidence in your treatment protocol and spend time with parents to educate them regarding the diagnosis and plan of care.”

“You have to be comfortable with kids,” Dr. D’Amico says. “They’ll pull your hair or kick you or dismantle your reception area. And they don’t always come in on time. I only see 10

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patients a day, both adults and children.” But, he admits, he can afford to do this because he doesn’t accept insurance.



Dr. DeHeer

“Often doctors engage with parents first,” Dr. DeCaro says. “I address the child first and make eye contact with the child, which engages them and defuses parents’ anxiety. Kids don’t like to be ignored so they respond well when I speak to them directly.”

“Kids make some providers nervous,” says Patrick DeHeer, DPM, who is an Upperline Health provider in Central Indiana. “It’s out of their comfort zone. It takes patience and a calm demeanor to treat kids and com-

municate with parents. I have a laid-back personality. I make sure both parents and kids understand treatment options. It’s important to explain what’s going on and help parents and older kids decide which way to go for treatment. It’s also important that everyone’s on the same page regarding healing. After surgery, kids may be reluctant to put weight on their foot because it’s still sore, so you can’t push it. Sometimes, parents are invested in kids who are on sports travel teams and want to rush them to get back in the game, so you have to coach them on the importance of healing to avoid complications.”



Building Your Practice

While conventional marketing strategies—including connecting with pediatricians, podiatrists who only treat adults, and physical therapists—can help you establish a kids’ podo-pediatric practice, once you begin treating children, word of mouth will grow your practice. “It took me about three years to establish my pediatric practice,” Dr. Park says. “I did a lot of leg-work knocking on the doors of pediatricians and family doctors. Many said they didn’t know there were podiatrists who specialized in treating kids. When they’d send me a patient, I would follow up with them. Today, I see a couple of kids a day. It’s nice to have a practice that sees both adults and children. If I have an adult patient with, say, flat feet, I explain that the pathology is genetic, and they will usually bring in their children with them next time for evaluation. Also, if I see

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a child and do a good job, then their parents ask if I see adults and they'll make an appointment."

"Once a parent has confidence that you're treating their child well, they're going to bring other family members, both adults and children, and recommend you to relatives and friends," Dr. D'Amico says.

"When you start treating kids who are into sports and play on traveling teams, parents talk to other parents and recommend you," Dr. DeHeer says. "I also got referrals from podiatrists

to have similar foot structures and develop similar problems to the ones you're treating them for. Then explain that we can prevent many problems before they develop with orthotics. I try to teach that philosophy not only my patients and their parents, but others in our profession. Prevention begets correction!

"As a peds-only podiatrist, I'm still building my practice," Dr. Jarman says. "My marketing is laser-focused to pediatricians. I have to build their trust. Many pediatricians will send me patients with small, easy problems, like ingrown toenails. It's important

"We can see what's going to happen to a child with flat feet as an adult."—DeHeer

who don't treat kids and from some pediatricians and physical therapists. Today, about 20 percent of my practice is devoted to caring for children."

"The easiest and best way to grow your practice is to ask existing adult patients if they have children," Dr. DeCaro says. More than half of his practice is devoted to treating children. "Explain the role of genetics and that their children are likely

to educate my referral sources that I also treat more complicated conditions like coalitions, flat feet, and structural deformities. I also take call at a hospital, but again, I'm constantly needing to educate the hospitalists and nurses. There is also word of mouth from parents who have children on sports teams, especially when I help a child who has Sever's disease, which is common among young athletes. I do a lot of pediatric-specific surgeries, generally 20 conditions that are routine. If you know those 20, you'll have a bullet-proof practice."

A Rewarding Career

"Podiatrists who treat children can do a lot of good that will last a lifetime," Dr. D'Amico says. "Our ability to help children now will determine their quality of life when they're 80 or 90, which is their ability to walk without pain."

"You can make a big difference in a child's life by taking care of their pain, and it's so rewarding to build relationships with the family," Dr. Park says.

"I love the challenge of interpreting a child's problem, because many children have difficulty articulating what they feel or the exact location where there is discomfort," Dr. Jarman says. "I also enjoy being part of the medical memories that children will have for the rest of their lives. I



love being around smiling, cheerful children all day; well, most of them are happy. It's rewarding to help a child with a painful injury walk normally and be able to participate in sports again. I feel honored to make a difference in a child's quality of life."

"We can see what's going to happen to a child with flat feet as an adult," Dr. DeHeer says. "I like to change kids' lives with relatively simple procedures and treatments."

"It's super rewarding to prevent problems rather than fix them once they develop," Dr. DeCaro says. "And it's so fulfilling to help a child who had a problem or struggled with sports lead a better life and be happier. Getting hugs from appreciative parents is commonplace in my office, and that really makes me feel good about what I do." PM



Andrea Linne is a freelance writer living in New York City.