BY JARROD SHAPIRO, DPM

Surgical Versus Non-Surgical Podiatry

Should there be a separation?

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.

During the last 25 years, one can see an evolution in the field that may be generally defined as emphasizing the surgical side. Many people have debated whether or not this is a good thing. You also have heard several in our profession lament the pending loss of the important biomechanical side of what we do. Witnessing a number of changes, and after all these years, you can feel somewhat ambivalent. While we need both sides—surgical and non-surgical—one can often wonder if they should be separate.

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My residency training occurred between 2003 and 2006, which was at the tail end of a time when there were multiple residency options. Many who read this will recall the alphabet soup of residencies, with names such as RPR (rotating podiatric residency), POR (podiatric orthopedic residency), PPMR (primary podiatric medical residency), and PSR (podiatric surgical residency) with its multiple different versions (PSR-12, PSR-24, PSR-24+, PSR-36). In fact, my first year of residency was a PPMR program, and I graduated residency with two certificates (a PPMR and PSR-24). This was converted upon graduation to the current Podiatric Medicine and Surgery Residency (PMSR). Today, this is the only model available, with the addition of an added certificate in Rearfoot Reconstruction and Ankle Surgery (RRA).

One of the benefits of this unified model is the decrease in confusion that podiatry presents to the rest of the medical community and the public. One can understand the importance of this concept, especially for a relatively small profession. However, the major disadvantage of this is the heavy emphasis on the surgical side of the profession. Now, don't get me wrong; I love the surgical side of podiatry, and I don't want us to give it up. I have lectured for years on surgical topics, and we want podiatry to continue doing surgery. But, like everything in life, each decision has ramifications.

Perhaps the most significant side-effect is the de-emphasis of non-surgical podiatry in school and residency. The first part of this is to essentially disqualify those applicants to colleges who don't want to be surgeons. There's nothing wrong with wanting to be a non-surgical podiatrist. There are a number of excellent ones. And, in fact, for the vast majority of podiatrists, most of our practices are non-surgical. My own practice is about 90% non-surgical—and I consider myself a surgeon. I'm in the operating room

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most weeks, but I also see about 40 patients per day in practice (far greater than my surgical practice).

By over-emphasizing surgical training, we're eliminating all of those potential non-surgical podiatrists, which is one of the reasons the profession has seen a significant drop in applicants. This also leads to a certain disillusionment in our young doctors when they start private practice. No one does as much surgery in private practice as they do in residency. For those of you currently in training, if you think you're going to spend every day in the operating room, get ready for a rude awakening.

I have advocated for—and I will again right now do so—a more formal separation of the non-surgical and surgical sides of the profession. Starting from the practice level, we should see more pairing of surgical podiatrists with non-surgical ones, so each can increasingly hone their skills and provide better patient care. The non-surgical podiatrist would send their patients who need surgery to the surgeon and vice versa, taking advantage of each individual's strengths. Surgery is a pursuit that improves with experience, so maintaining a higher volume will lead to improved outcomes. Similarly, the non-surgical podiatrist may be better served by improving their bracing and orthotic experience, among other skills. This may also allow a larger number of patients to be seen by each.

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This does not mean that each side of the profession doesn't need to have a strong understanding of the other. Biomechanical understanding is paramount for both surgeons and non-surgeons alike. Similarly, a non-surgical podiatrist has to understand the indications for surgery in order to properly refer a patient. Practice efficiencies can also be improved by this type of specialization.

Creating job opportunities for non-surgical podiatrists would then lead to the ability of the profession to create a focused non-surgical training program alongside the surgical one. Programs could then offer a non-surgical and a surgical track with minimum activity volumes pertinent to each within the same residency, starting the pairing of both at the beginning.

Unfortunately, it's hard to see this actually occurring, especially with internal politics the way they are. The positive ripple effect we would see separating the surgical from the non-surgical sides of podiatry will likely remain a negative ripple effect as we see greater pressures on our colleges to find students, our residencies to have fewer options for those demonstrating a less surgical acumen, and those in practice feeling they need to maintain a surgical aspect of their practice. All of this will land squarely at the feet of our patients whose care could have been even better. **PM**

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