

# Podiatry: One License, One Board, One Specialty

BY BARRY H. BLOCK, DPM, JD

**A**t an estimated 16,000 active practitioners, podiatry remains one of the smallest medical sub-specialties outside the realm of the American Medical Association and the American Osteopathic Association. In the current healthcare environment, we can ill afford to be fractionalized. Yet, in a *PM News* Quick Poll conducted in late January, more than a little over one in five DPMs thought that there should be a licensing distinction between surgical and non-surgical podiatrists.



This is a disturbing finding considering virtually every podiatrist graduating in the last 25 years has completed a three-year post-graduate medical and surgical residency. Modern podiatric medicine started in the late 1950s with the change from chiropody to podiatry and the granting of Doctor of Podiatric Medicine degrees. Our education was built on three pillars: medicine, orthopedics, and surgery. This combination of training made us unique in the health field and was responsible for our rapid growth and acceptance in the medical community.

Gradually, however, proponents of the surgical component have attempted to re-define us as surgeons, despite the fact that the majority of patients come to our offices with non-surgical problems and are generally treated conservatively, with surgery usually reserved as a last resort.

Common sense dictates that podiatry needs to be inclusive, not exclusive. All podiatrists need to have the legal ability to perform foot and ankle surgery commensurate to their education and training. Whether they opt to perform surgery should be their choice and not a mandate. One certifying board with different levels of qualification ensures a far better solution to the profession at large.

Respectfully Submitted,

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