



# The Principles of Practice Growth

Expanding your podiatry business always begins with going back to basics.

BY LUC HATLESTAD

**N**icole Freels, DPM, had a vision for her life's work long before she became a podiatrist. Growing up on a farm in Ohio, from age 12 until she went to college, she spent her summers



Dr. Freels

working in her grandfather's podiatry office, checking in patients and helping with the practice's busy work. She also had a heart condition that prevented her from doing much farm

labor but did introduce her to a series of physicians and the concept of sound medical care.

"I always knew I wanted to be a podiatrist because I realized that, medically, I could do this job," she says. "It was interesting to me, and I love the dynamic of helping patients. Because I had to visit so many doctors for my heart, I've had many office experiences, doctor and reception interactions, and getting to see how practices operate."

Fast-forward to

2026, and Dr. Freels is almost 20 years into her own thriving practice, Lexington Podiatry in Lexington, Kentucky. Like her grandfather, she follows well-established principles of patient care, but with a 21st century

create a multifaceted medical services organization (MSO) called Toe Tactics that helps her own and other practices grow by providing resources, education, and support.

What started as a "side hustle"

**Finding the best way to fulfill your personal goals while connecting with your patients usually comes down to the same essential elements.**

twist. In addition to tending to her patients, Dr. Freels has leveraged a very modern marketing savvy to

has evolved into a full-fledged business operation. Today, Dr. Freels fills her non-patient care hours with

consulting, staffing, purchasing, advocacy, and marketing pursuits like social media influencing for her own practice and national brands such as PowerStep and Brooks. While she continues to stay on top of what's happening in podiatry by "reading every article that's pertinent to my practice," she says, "I don't read any articles about bunions."

## The ABCs of DPMs

Dr. Freels' expansive entrepreneurialism is merely one example of how podia-

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trists can build a successful practice. Some DPMs may want to follow her lead; others may prefer to open a simple, single office and leave it at that. Others still may prefer to work

for a hospital system or medical “supergroup” and leave the marketing and administration tasks to a parent company.

Regardless of which path you choose, or how much you embrace emerging tools like creative market-

ing, social media, or artificial intelligence (AI), building a successful practice will always rely upon fundamental principles of patient care and business growth. Whether your practice is in a small town or rural

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## Act and You Shall Receive

*Here are five things you can do right now to enhance your practice profile.*

### 1 Start Exploring AI

As you’ve seen in these very pages, AI is coming faster than most people expected and is already heavily influencing everything from staffing to diagnosis. Companies like ModMed are using AI to replace scribes and perform billing and coding services. The PCC leadership team all took executive AI courses at UC Berkeley and MIT to determine how to integrate it into their products. You don’t need a degree in it, but you probably don’t yet realize how beneficial it can be.

### 2 And Don’t Forget About Other Technologies

Heartland Foot & Ankle’s Dr. Lockwood conducts virtual appointments using secure videoconferencing. She also will text with patients when they have questions (with agreed-upon limits), and she’s created short-and long-form videos about conditions and recovery guidelines. Lexington Podiatry’s Dr. Freels has been using YouTube for almost 15 years to build her brand and advocate for the sector and has also ramped up her social media work. “There’s enough business for everybody,” she says. “It’s how you do it and how you showcase your personality. That’s how you win.” All the marketing consultants advocate using data analytics to figure out who your patients are, why they’ve seen you, and which conditions provide the best returns on investment. Blue Orchid urges its clients to proactively reach out to patients who haven’t been in for a while. “Patient reactivation should be more common than it is,” Zaken says. “It’s my favorite service to pitch because it prints money.”

### 3 Partner with the Right People

In addition to creating financial opportunities through its MSO purchasing structure, Dr. Freels’ Toe Tactics group provides a support network of medical professionals who understand each other’s challenges and opportunities. And for those thinking about expanding their practice, Sunshine Ankle & Foot Dr. Miller says you need to start with three things: “A good medical realtor, a good lawyer, and a good accountant. Those are absolutely critical to this journey,” he says. “And honestly, a good business partner. Of course, I’m lucky because I have my wife.” The APMA also has public education campaigns and materials such as press releases doctors can use to pitch to local media, along with social media posts and suggested content to reach more people.

### 4 Get Involved

Miller is the current executive treasurer of the Florida Podiatric Medical Association and works with the American College of Foot and Ankle Surgeons (ACFAS) and the American Board of Foot and Ankle Surgery (ABFAS). “Not as many people volunteer as I would have thought,” he says. “Nothing against them; everybody has different priorities. But I think it’s critical to at least give some time back to the profession to advance it. Because if you don’t, it becomes stagnant.” Dr. Kobak adds that a good way to be more visible in your community is by offering to speak to organizations about your work. “Go to your local chapter of the Knights of Pytheas or Knights of Columbus and offer to speak; they’re always looking for people,” he says. “Go to health fairs in the community or get involved in your local church or synagogue or mosque to talk about healthcare in general or podiatry in particular. It’s not hard to do.”

### 5 Be True to Yourself

Whether you stick to a solo practice or want to work in a larger system, Dr. DeHeer says it’s important to do a personal and professional cost-benefit analysis. “Every scenario has its headaches; the question is, what works best for you?” he asks. “Do you want to get rid of the regulatory and administrative burden of running your own practice and being under a giant umbrella? Or do you like having that autonomy and flexibility and being able to make your own decisions rather than going up the corporate ladder? There’s no right or wrong answer. It’s just what’s right for you.” **PM**



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area, or one of many in an urban center, finding the best way to fulfill your personal goals while connecting with your patients usually comes down to the same essential elements.

This was the epiphany Jon Hultman, DPM, experienced in the 1980s.



Dr. Hultman

He was supplementing his medical degree with an MBA from UCLA and realized how much famed economist W. Edwards Deming's 14 Points for Management—a foundational set of business-growth principles focused on long-term planning, continuous improvement, and quality control—were relevant to running a burgeoning podiatry office. "A light went on

in my head when we were studying Deming, and I realized that all those principles applied to our practice," he says.

more affordable, this accelerated the changes so much that over time, Dr. Hultman was able to reduce his number of employees from 17 to seven

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**"It's getting around that people want to work for us because they know we support their dreams."—Dr. Freels**

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Even though in-office computers were coming, they were still too expensive and not as efficient in the early 1990s. But Dr. Hultman applied Deming's principles to his staffing by reducing employees' idle time between patients. He cross-trained nurses to answer phones, schedule appointments, and do checkouts and billing, so no patient in the office or on the phone would be kept waiting too long at any stage of the process. As computers improved and became

while increasing profitability. The modernization efforts worked so well that Dr. Hultman published a book in 1994 called *Reengineering the Medical Practice*. "If I were to list all the things that increase quality and all the things that increase profit, it's the same list," he says.

The cross-training of staff members raises another pain point for many DPMs—namely, how difficult it is to identify, hire, train,

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and retain competent medical assistants. Timothy Miller, DPM, has opened three Sunshine Ankle & Foot



Dr. Miller

Experts offices in and around Orlando, Florida, since 2021 with his wife and fellow podiatrist, Kiana Karbasi, DPM. The two have found themselves competing with hospital chains and larger practices for employees and patients alike. “These bigger practice groups are willing to pay more, and you can’t blame people going where they get more money,” Dr. Miller says. One way he’s countered this is by rewarding loyalty and literally investing in his staffers’ careers. “Once we see that they’re working hard, we reward them very quickly with

Incentives,” he says. “We’ll get them more training to get their x-ray or laser certification, and we pay them more based on how many certifications they get and how much more they can do.”

Being geographically close to medical assistant training schools—or making use of the certified podiatric medical assistants that emerge from the American Society of Podiatric Medical Assistants—also helps fill the pipeline. Trainees often become employees after graduation, and Dr. Miller has established an informal network of area medical providers that frequently refers employees to each other. “Building that network with referral sources, primary care physicians, endocrinologists, infectious disease or vascular specialists, and so on has become a nice supportive group for us,” Dr. Miller says.

Of course, it’s one thing to value loyalty and often quite another to

receive it, especially these days. Dr. Freels has a similar outlook on her staffing as Dr. Miller, training them for success, but in the less-populous Lexington, Kentucky, area it can be difficult to attract and retain top talent. As much as you might hope a young employee will be willing to patiently climb the ladder, “this demographic is like, nope. Two years, and they’re moving on, even laterally, and not really being loyal,” she says.

Dr. Freels’ solution has been to reframe job-hopping as “positive turnover,” which essentially means making the best of a fluctuating situation. “If [moving on quickly] is their thought process, why fight it?” she asks. “We’ve become known for hiring pre-med, pre-PT, pre-nursing students because we help them achieve their goals with training and experience,” which has paid off for the practice in one distinct sense.

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“It’s getting around that people want to work for us because they know we support their dreams,” Dr. Freels says. “We had 550 applications for our last medical assistant job posting. Before, I couldn’t even get 10.”

When it becomes difficult to hire anyone, hiring the correct people and utilizing them properly is even more crucial. Jeffrey Hartman, CEO of Podiatry Content Connection (PCC), says he’s often surprised by how often his clients will miss growth opportunities by making simple mistakes with their everyday operations. “They’ll hire a receptionist who’s 20 years old and doesn’t even know how to answer the phone professionally,” he says.



Jeffrey Hartman

“The doctor doesn’t realize that this person is the face of their practice. Or they’ll shut their office at lunchtime or on Friday afternoons and then ask, ‘Why am I not getting as many patients as before?’ Well, you’re working two-thirds of the time you used to.”

### **Patience with Patients Pays Off**

All this talk about efficiency and sound business practices can obscure the reason the vast majority of podiatrists chose the field in the first place: because they want to help people. Anyone suffering lower extremity pain is having a rough day, week, or month. Combine that with a loss of mobility and you have a prescription for a difficult and unfulfilling life. A podiatrist who can help alleviate this misery can be almost miraculous. “There’s nothing like the personal touch,” says Larry Kobak, DPM, JD.



Dr. Kobak

“The laying of the hands when you’re treating a patient—that’s what cements the doctor-patient bond and gives you the best referrals, much better than any advertisement could ever do.”

That’s not to eschew the concepts of advertising or marketing, but Dr. Kobak suggests that much of these efforts can happen inside the office. Another reason to cultivate a contented and knowledgeable staff is to reinforce—to the patients, in real time—how much you and your team will be able to help them. Your office should also have fact sheets, pamphlets, and signage (including video screens) that clearly explain the scope of your practice and what conditions you can address. “Early in my practice days, I would have patients cancel an appointment because they had a broken bone in their foot, not realizing that I treated broken bones in the foot,” Dr. Kobak says. “They won’t come to you for a particular problem if they don’t know you can solve it.”

Dr. Freels is known for creating a welcoming and informative office environment at Lexington Podiatry,

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and she supplements the educational amenities with a deliberate problem-solving approach in the examination room. “A lot of people come to me as their last hope, because three other doctors want them to have surgery, but they want to avoid that,” she says. “And I say, okay, let’s think about this.” Dr. Freels acknowledges that it’s more time-consuming to really dig into the reasons surrounding the patient’s condition—by asking what they do for a living or how active they are—but it often pays off, literally. “Maybe they’re coming in to get a basic toenail trim, but they also have left knee pain. ‘Oh, you have a limb length discrepancy; have you thought about a heel lift?’ There are so many biomechanic considerations beyond that. And they’re so grateful. That’s going

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## **By forgoing the administrative headaches and hassles of the independent practice, DPMs may not necessarily be freeing themselves as much as they hope.**

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to garner me 10 patients from word-of-mouth because I took the extra time to ask one question, and I turned a \$7 nail trim into a \$2,000 patient.”

The obvious retort to this is that doctors can’t always devote this kind of time to every patient, particularly if they’re part of a larger system that mandates volume the way a busy restaurant feverishly turns tables. But this doesn’t change the fundamental necessity of addressing the problems at hand. “My singular best piece of advice to young practitioners—unfortunately, I often have to give it to seasoned practitioners—is that sometimes the doctor will focus on only a patient’s chief complaint and ignore the multitude of other issues that the patient doesn’t even recognize,” says John Guilliana, DPM, MS. “We have a responsibility to be comprehensive in our evaluation of patients. Think of a child coming in with an ingrown toenail and only getting that addressed because the provider never asked the child to stand or walk. There is a multitude of issues that could prevent future problems but were ignored because of that tunnel vision.”



Dr. Guilliana

### **Teaming Up or Going Solo**

Indeed, the question of how much time to devote to each patient is one significant factor in determining whether podiatrists choose to build their own practice or join (or sell to) a larger operation like a hospital system or a private equity-funded supergroup. The catch-22-ness of this conundrum is unavoidable. On one hand, a stand-

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alone practice is your baby. (Dr. Miller, who has two young children, says, “It takes just as much time to nurture and to raise a business as it does to raise a child.”) You build the team and the business and make and own the decisions. You succeed or fail on your own terms, and this approach comes with added responsibilities such as hiring, marketing, and endless paperwork in any number of categories, most of which must be completed when the office is closed.

For early- or mid-career podiatrists who choose to work in larger systems, an oft-stated reason is that they simply want to focus on being a doctor and interacting with patients. But *PM News*, the online newsletter companion to *Podiatry Management*®, is awash with opinions by numerous DPMs that America’s healthcare landscape is dominated by organizations that care more about raw numbers than forging meaningful doctor-patient-relationships. By forgoing the administrative headaches and hassles of the independent practice, DPMs may not necessarily be freeing themselves as much as they hope. Multiple people interviewed for this story noted how often they’ve heard colleagues complaining about working longer and harder for fewer financial rewards.

Dr. Kobak says that when a “big fish” buys the smaller ones—an independent practice—the practitioner tends to be older and nearing retirement, so they figure they’ll work for just a few years for the acquirer and be fine in retirement. But he also says that these doctors aren’t always prepared for how different the new environment is. “Very often they’re extremely dissatisfied,” he says. “As an attorney, I get phone calls asking, ‘How do I get out of this? I can’t stand it. The patients can’t contact me anymore because they have to go through the hospital or the big organization’s way of doing things. They can’t get an appointment with me.’ Not always, but it can become very unsatisfying. I also have clients who are very happy with the deal they made. It usually depends upon the personality and the adaptability of the

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## Cashing In, Cashing Out

*More podiatrists are switching from insurance-based revenue models. Here’s why.*

**W**ith insurance reimbursements frequently changing—rarely for the better—podiatrists are wondering whether they should shift to partial or complete cash-based revenue models. For certain types of treatment, such as DMEs that may not be covered by insurance, cash payments are the only option. But it may be easier and ultimately more lucrative for some podiatrists to bypass insurance altogether.

Melissa Lockwood, DPM, of Heartland Foot & Ankle (Bloomington, IL) has slowly winnowed the number of insurance networks her practice accepts. “Because we’re very focused on higher-level preventative concierge-type services and regenerative therapies, a cash-based model is better for a lot of things,” she says. Heartland collects patient responsibility portions of treatments at the time of service and works with electronic health record companies for the billing and coding. They also offer a 25% discount for people who can pay for all the services on the day they’re rendered. “We’re trying to build that part of the revenue stream because one thing I can guarantee is that Medicare and all these other payers are going to start cutting more services,” she says.

Joel Foster, DPM, Lee’s Summit Foot & Ankle (Lee’s Summit, MO), says this dynamic was the primary reason he moved to cash. “Over the years, we’ve watched the burdens and the demands of insurance,” he says. “There are more forms, more paperwork, more checklists of things you have to do. And at the same time, reimbursement is getting less and less and less. Your overhead is getting higher and higher.”

This creates a pinch for DPMs who value working closely with their patients. Tea Nguyen, DPM, Pacific Point Podiatry (Aptos, CA), says insurance protocols restricted this approach while also dragging out the entire treatment process. “If I wanted, for example, to perform a wound graft, I would have to go through multiple steps before the patient actually got the care that I recommended,” she says. “I wanted to reduce the level of problems that were introduced by insurance to get my patients the highest level of care. And I couldn’t do that with all these bureaucracies in the middle.”

Dr. Guiliana adds that the emergence of DME technologies such as laser treatments and shockwave therapies has encouraged providers to diversify into products they can dispense, for cash, from the office. “Patients are willing to pay out-of-pocket for that because it gets them better, faster, and often without the need for more expensive surgery,” he says. “That patient responsibility associated with the covered service of surgery is likely going to be more than what you would pay for a cash-based service, which can possibly prevent the need for surgery altogether.”

The bottom line for cash-based practitioners is that partially or totally eschewing insurance sharpens their focus on quality patient care. “I just really wanted to simplify the way I practice medicine,” Dr. Nguyen says. “I went to podiatry school to help people get better. I wanted a patient-centered practice, not a paperwork-centered practice.” **PM**

**Note:** Additional reporting provided by Mark Terry.



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podiatrist who’s selling their practice.”

Sticking to running an independent practice has its own tradeoffs. In addition to occupying the office where the buck stops, and being responsible for all the tasks, not just patient care, these DPMs often find themselves gaining expertise in certain areas almost by accident. Dr. Freels has recently been exploring the DME sector in a different way, a byproduct of her Toe Tactics project, which includes about a dozen DPMs around the country who specialize in things like regenerative medicine, direct care, aesthetics, wound care,

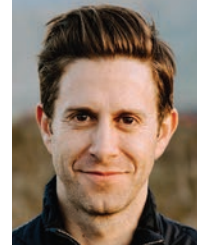
and as a profession. Patrick DeHeer, DPM, the newly elected president of



Dr. DeHeer

the American Podiatric Medical Association (APMA), is a staunch advocate of leveraging the massive amounts of data—and data analysis tools—that all sectors now have access to. Even if the volume and sophistication of this technology vary, new and affordable ways to acquire and deploy these tools are constantly emerging, giving DPMs an opportunity to highlight their work and

in the loop while handling the type of work most DPMs would prefer to avoid. “In many cases, we have a better understanding of the patient data in general than the practice or the doctor because they’re focused on medicine and are being pulled in a bunch of different directions,” says Blue Orchid CEO Shaun Zaken. “We’re able to home in on what the three or four most profitable conditions are that would be of greatest value to the practice.”



Shaun Zaken

This highlights a primary tradeoff between maintaining a private practice versus working with a larger system: particularly when it comes to marketing, the larger systems usually remove the selling and data analytics burden from the doctor. “Podiatrists, especially in smaller practices, are so overwhelmed by opportunity and wearing so many hats at once that it’s really tough to address everything at once,” Zaken says.

Whether you’re running an independent practice or are part of a large hospital, or focus on surgery over biomechanics, or do everything on a cash basis rather than insurance (see sidebar), every podiatrist’s plate is full. That’s why it’s crucial to figure out where you are in your career arc and where you want to go—and keep returning to the fundamentals. “It’s very easy to get bogged down with the nuances, the startup costs, the complications,” Dr. Miller says. “The biggest piece of advice I can give somebody is, don’t lose sight of who you are and why you got into this and what you want to do for your patients. If you can hold on to those values, everything else will fall into place.” PM

No discussion of podiatry practice growth would be complete without acknowledging the necessity of marketing.

sports medicine, and others. “I put this team together to try to support younger podiatrists,” she says, adding that there’s a tendency among the old guard to be leery of other podiatrists. “It’s like podiatrists eating their young. I hate that crap. Why are we competing with each other?”

Getting Noticed in the Attention Economy

No discussion of podiatry practice growth would be complete without acknowledging the necessity of marketing. The beauty and the curse of marketing is that it can take many forms. At the most basic level, podiatrists face constant pressure to prove their worth and value, individually

make decisions about where they want to take their practice. “We [DPMs] still have to demonstrate our value,” Dr. DeHeer says. “You can’t just say you’re the best at foot and ankle; you have to prove it.” DPMs can do this by citing, in their marketing materials, peer-reviewed articles that show podiatry’s value to the overall health care system, for example, showing how fixing bunions reduces fall risks, thus reducing broader healthcare costs.

To help sort through this ever-larger pool of data, DPMs are turning to marketing consultants. PCC offers a suite of products that helps DPMs connect and communicate with patients and organize their operations, which is particularly useful as practices grow quickly. “When we started approaching people 14 years ago, we’d often get, ‘Nah, I get referrals. I have a sign out front. I’ve got a website. I don’t need anything else,’” Hartman says. “And when a lot of the new technology has them like deer in headlights in terms of how to use it or where to start, their marketing becomes fragmented because it’s not a total service approach.”

Blue Orchid Marketing also offers comprehensive solutions that attract new patients and keep existing ones



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