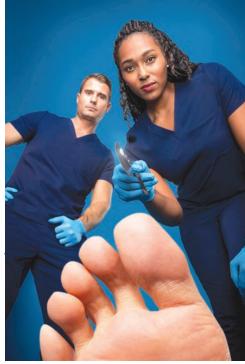
PODIATRY AND THE MEDIA



Brad Schaeffer, DPM, and Ebonie Vincent, DPM

f you're not a fan of reality TV shows, you might approach The Learning Channel (TLC) series *My Feet Are Killing Me* with a dose of skepticism. You might also be surprised to find that the winning personalities and caring and professional demeanors of the show's two stars—Brad Schaeffer, DPM, and Ebonie Vincent, DPM—will likely win you over.

Indeed, in a *PM News* online poll, 65 percent of respondents said they believe the *My Feet Are Killing Me* cable TV series is beneficial for podiatry. Only 4 percent of respondents did not think the show is beneficial for podiatry. Of the 1,025 respondents, approximately 5 percent were unsure and 25 percent hadn't seen the show yet.

Still, there were some strong opinions about the TV show, which premiered on January 2, 2020, and includes nine hour-long episodes. Each episode opens with a disclaimer: "This program examines podiatry conditions and the procedures involved with treating them. Due to their graphic nature, viewer discretion is advised." Each episode features three patients, and Dr. Schaeffer and Dr. Vincent frequently state, "I've never seen anything like this before" or "This is the worst case of [condition] I've ever seen."

Keith L. Gurnick, DPM, of Los

Is Reality TV Good for Podiatry?

My Feet Are Killing Me, a blend of entertainment and medical information, raises the profile of foot and ankle surgeons.

BY ANDREA LINNE

Angeles, CA addressed the reality of reality TV: "Don't expect to see on television that every patient is greeted, examined, diagnosed, and treated as if you were their doctor in your practice or office," Dr. Gurnick said. "Patients for these types of

shows are cherry-picked for various reasons, and filming is edited down to produce a final product without doctor involvement. Do not assume that what you see on TV is the full extent Michael, DPM, of Bayonne, NJ, who thinks the show does "more harm than good for our profession," was not impressed when a fungus nail was removed distally rather than proximally, to avoid the struggle of removing it in pieces. Allen Jacobs, DPM, of St. Louis, MO., questioned the use of lasers to treat onychomycosis. He pointed out that while the U.S. Food and Drug Administration approved the safety of lasers to treat onychomycosis, the FDA states that lasers are not a cure for the

In a *PM News* online poll, 65 percent of respondents said they believe the *My Feet Are Killing Me* cable TV series is beneficial for podiatry.

of the treatment. Do not expect many of the patients to exhibit the problems that most of us encounter."

"I think the show will be good for business and the profession as a whole," said Gary Scott Smith, DPM, of Bradford, PA. "It lets people know we're out there, and we treat a wide range of problems medically and surgically. The extreme nature of some of the cases on the show may make it easier for people with lesser deformity to seek treatment. As entertainment, I find it annoying and really don't care to watch it."

Taking Issue with Treatments

Several podiatrists took issue with the treatment approach chosen by the podiatrists on the show, Jonathan fungal condition and only improve the appearance of toenails. Dr. Jacobs also noted that a post-op Austin-Akin patient who watched the show told him, "I'm impressed. I had no idea podiatrists did such complicated things."

That comment hit a nerve. "I'm wondering what she saw on the show that seemed more complicated than the intricate surgery that she had done by Dr. Jacobs," said Alan Sherman, DPM, of Boca Raton, FL. "Maybe she meant 'unusual' or 'serious' or 'rare' or 'bizarre,' but complicated? We should all be more aware of how different a patient's perspective can be from our own."

Stephen Kominsky, DPM, of Washington, DC, decried the poor job *Continued on page 80*

Reality TV (from page 79)

the American Podiatric Medical Association has done in educating the lay public about what a podiatrist can do. While Estelle Albright, DPM, of Indianapolis, IN, didn't cite the APMA, she did say that it's not just patients "who are unaware of the scope of podiatry, both surgical and conservative, as well as the extent of our training." After giving a medical lecture to staff at her hospital, she said, "A cardiologist told me he had no idea of our training, thinking that podiatrists simply went to 'trade school.' I was made acutely aware that many other medical professionals have no idea of what we do and how we are trained."

Dr. Sherman, responded, saying, "Throughout my 42 years as podiatrist, I've seen so many efforts by the APMA and state associations to educate the public." While acknowledging there's more work to be done, he said, "The beauty of media like *My Feet Are* *Killing Me* is that many who watch this show believe what they are seeing with their own eyes. It has credibility that 100 public relations education campaigns done by the APMA can't."

Dr. Sherman said that when he

bit more salacious than I asked for. I don't always agree with the way Drs. Vincent and Schaeffer educate their patients, but they are competent and among the best-looking podiatrists I've ever seen. I think this show just

"The beauty of media like My Feet Are Killing Me is that many who watch this show believe what they are seeing with their own eyes.
It has credibility that 100 public relations education campaigns done by the APMA can't."—Sherman

heard about the show, he contacted Eugene Young, the producer and creator, to educate him about current podiatric practices. "I told him that I wanted surgery, wound care, and treatment of trauma shown," he said. The show style turned out a might do more good for our reputation as a profession than many of the PR and education efforts that our profession has tried to do for itself."

cate the public." While acknowledging
there's more work to be done, he said,
"The beauty of media like My Feet Arethat I wanted surgery, wound care,
and treatment of trauma shown," he
said. The show style turned out aWhile this topic will likely be
an ongoing conversation, both Dr."The beauty of media like My Feet Aresaid. The show style turned out aContinued on page 81

80

Reality TV (from page 80)

Schaeffer and Dr. Vincent acknowledge that *My Feet Are Killing Me* is reality TV but also a good representation of podiatry. "In January, I spoke at e-Learning's Treasure Hunt Conference, in Los Angeles, and got awesome feedback because we're putting podiatry on the map," Dr. Vincent says. "So far, so good," says Dr. Schaeffer regarding the response he has received from podiatrists. "Everything hasn't been positive. Some noted we weren't board certified yet. We're both board qualified."

The Stars and Their Patients

Dr. Schaeffer, who works for Family Foot & Ankle Specialists, in Piscataway, NJ, was recruited for the show when the producers saw his Instagram account on which he promotes his practice, exercise, and healthy lifestyles. "They thought I was honest and down to earth," Dr. Schaeffer says. "After a phone interview, they filmed me with three patients and in a surgical center, and they turned that into a pilot to pitch the show. A few months later, they offered me the role." *My Feet Are Killing Me* is not his first venture into reality TV. Dr. Schaeffer also

What you don't see in each episode are all the behind-the scene steps, including medical consultations and tests.

was a semi-finalist on *The Titan Games* (NBC), a sports competition. Dr. Vincent, who works for OC Podiatry, in Orange County, CA, said the way she was recruited was "kind of bizarre." At first, she thought an email from a TV producer was spam, so she ignored it. The producer, who had seen Dr. Vincent's YouTube videos on various podiatric conditions, tried several more times to contact her, and with encouragement from her co-workers, she finally responded. A Skype interview later, she was hired.

My Feet Are Killing Me does not have a medical supervisor. Both podiatrists get to review the patient candidates before they are cast on the show. "Basically, they apply and get filtered," Dr. Vincent says. "They have to have health insurance and a doctor where they live. The show sends us emails of who the patients are and pictures of their feet and backgrounds. We review the case, and then tell the producers, 'this is what I can do and these are the risks.' I don't take anyone who has a huge issue, such as someone who is on dialysis. I can say, 'no, this person isn't a candidate.'"

Dr. Schaeffer says about a quarter of the patients featured on the show are his patients, another quarter come from his Instagram account, and the casting company finds the other 50 percent. "I review them to make sure I can treat them," he says. "One of my patients had extremely long toenails. I wanted to treat him immediately because he was in pain. But he wanted to wait and be on the show. Someone might have an infection and need to go to an *Continued on page 82*

Reality TV (from page 81)

emergency room ASAP. We get them in touch with the appropriate care. If I have a challenging case, I'll discuss it with my colleagues, which is what treat them and they go back home. I order the necessary x-rays, MRIs, and pathology reports and review them before I see each patient so I have all the information needed to make a good clinical decision." Dr. Schaeffer

"Viewers see that there are many foot problems and theirs isn't likely as bad as what they see, so they don't need to be afraid to go to a podiatrist."—Vincent

I do normally but especially here because the cases are more challenging."

What you don't see in each episode are all the behind-the scene steps, including medical consultations and tests. "A lot of patients are flown in from different states," Dr. Vincent says. "Before I see them, I consult on the phone with them and their doctors. I make sure they have medical care for follow-up after I

.....

also says, "pre-operatively, I want to have x-rays and MRIs in front of me so I have a game plan. All patients go to their GP for blood work and medical clearance before I see them."

"Filming was interesting," says Dr. Schaeffer. "When a patient comes in, the production company just wants you to be yourself. I appreciate that the patients are willing to be on camera." Dr. Vincent adds, "The only thing that is different is that the camera needs a good angle. They'll let me do my interview, and then ask if we can do that again because they need to switch the angle."

The two podiatrists have "zero editing control," Dr. Vincent says, adding "there was nothing I was super upset about. Sometimes, they cut out extra medical stuff we do. But if they kept all of that, the show would have to be much longer and it could be boring to the public. Also, we're not allowed to mention products or medicines for treatments."

"No outcomes that were filmed didn't go on the show," Dr. Schaeffer says. "I was nervous when the patient with webbed toes developed a white toe post-op. The toe took longer to come back to normal than usual. They showed a little, but it was tense. I asked to have the microphone removed. I got on the phone with a vascular surgeon, but he *Continued on page 83*

.....

Reality TV (from page 82)

didn't answer. Eventually, everything started working. It was just way past my comfort zone."

Dr. Schaeffer and Dr. Vincent aren't concerned about critics who say the extreme conditions featured on the show aren't what most podiatrists typically treat. "Sure, I'd like to highlight the role podiatrists play in treating patients with diabetes," Dr. Schaeffer says. "But those patients need immediate treatment, regular monitoring, and continuous care. So, diabetes isn't an appropriate topic for the show. We fixed several bunions and hammertoes, which are common problems. The most extreme case I saw was a patient with Proteus syndrome, a rare condition. I didn't know if I could help him. He wanted amputation, but I

"I knew I was going to be under a microscope. Everyone is critical. I'm just trying to represent podiatry and shine a positive light on what we can do."—Schaeffer

didn't think it was good medical advice. We ended up sending him for custom sandals. Mostly, the show shines a light on what people struggle with, and there may be other people out there who have similar problems." Dr. Vincent adds that "viewers see that there are many foot problems and theirs isn't likely as bad as what they see, so they don't need to be afraid to go to a podiatrist."

While filming is time-consuming, both podiatrists say it hasn't affected their patients or their practice. "There is early morning and late-night filming and some long weekends," Dr. Schaeffer says. "Basically, I'm an independent contractor so I control my own schedule," Dr. Vincent says. "My team at OC Podiatry has been supportive and covered for me when needed."

"I was concerned as a doctor about taking the role," Dr. Schaeffer says. "I knew I was going to be under a microscope. Everyone is critical. I'm just trying to represent podiatry and shine a positive light on what we can do." He would like podiatrists to watch and support the show with that in mind. Dr. Vincent adds that "it's made for TV, not trained podiatrists, so, of course, it's going to have some drama. As a black woman, I'm super happy to break stereotypes and promote podiatry to girls, including black girls. Before the show, I've done public

My Feet Are Killing Me has been renewed and filming for season two is already underway with Dr. Schaeffer and Dr. Vincent. Stay tuned! **PM**



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