

Help for Fasciitis, Fractures, and Fusions: Understanding the Difference between Podiatrists and Orthopedic Surgeons

Recently, a patient came in with a large foot ulcer, a result of progressive diabetes. It's not uncommon for me to see this problem—ulcers are a frequent complication of diabetes. I treated her ulcer in conjunction with her primary doctor, making sure her glucose levels stayed under control so that her foot could properly heal. After three months, the ulcer finally resolved. I then referred the patient to a local podiatrist I often partner with to help ensure she maintains good foot health and avoids diabetic ulcers in the future.

Often I'm asked, "What's the difference between an orthopedic surgeon and a podiatrist?" While we both work on feet and ankles, we come to our professions from different paths and we often focus on different issues in practice.

Training

All podiatric schools require at least 90 undergraduate credit hours, with varying requirements in the sciences. Like medical school, all applicants are required to take the MCAT. Following four years of podiatry school, the degree awarded is doctor of podiatric medicine (D.P.M.) Then a podiatrist must complete a three-year residency. Some fellowship programs exist for podiatry, but it's not a necessary step before starting practice. Podiatrists have a restricted license by law and are licensed by the Texas Department of Licensing and Regulation (TDLR)

Becoming an orthopedic surgeon requires four years of college including 32 hours of premed classes in chemistry, physics, and biology, as well as the MCAT. After 4 years of medical school, a student is awarded a medical doctor degree (M.D.) and is licensed by the Texas Medical Board (TMB). To become an orthopedic surgeon, a doctor must first complete a five-year residency in orthopedic surgery covering the musculoskeletal system and general surgery. After this, most orthopedists spend another year in an accredited fellowship program dedicated to a sub-specialty—in my case, foot and ankle surgery.

M.D.s and D.P.M.s take board exams, which are the qualifying factors that allow them to practice. Podiatric students sit for a two-part exam during podiatric school and are certified by the American Board of Podiatric Medicine. Some podiatrists may then continue education and become certified in primary care or surgery after a written and oral exam. Medical doctors are certified after taking a three-part exam, the United States Medical Licensing Exam (USMLE), and then the specific board for their specialty. When you hear that an orthopedic MD is "board certified," it means he or she has passed the written and oral exams of the American Board of Orthopaedic Surgery (ABOS). The ABOS is a member of the American Board of Medical Specialties (ABMS), which certifies 24 specialties such as anesthesiology, internal medicine, pediatrics, neurosurgery, etc.

Who Does What?

Both podiatrists and orthopedic doctors are trained to understand detailed issues with foot and ankle problems. Because orthopedists attend medical school, they also have full training in general medicine, which informs their understanding of foot and ankle issues as they relate to other problems in the body, be it diabetes, inflammatory arthritis, neurologic and congenital disorders, or problems in other joints like the knee, hip, and back.

When it comes to the foot and ankle exclusively, podiatrists and orthopedic doctors share a wide variety of roles: Both can prescribe orthotics based on the constellation of findings during a clinical exam to help with these lower extremity issues. Some podiatrists make orthotics or take a mold of the foot and have

them made at an outside laboratory. Podiatrists take care of nail or skin conditions, trimming callouses, corns, or removing warts. Callouses can often be secondary to a deformity, and sometimes it is necessary to address the underlying deformity which, in turn, may improve the callous.

Surgically, an orthopedist and podiatrist may do similar procedures in the foot: bunions, bunionettes, fractures, fusions, hammertoes, neuromas, plantar fasciitis. More complicated reconstructions for deformities, diabetic complications, and arthritic conditions are usually treated by foot and ankle orthopedists, although some podiatrists are trained in that as well.

The Complex World of Ankle Surgeries

Operating on the ankle has been somewhat controversial for podiatrists. Historically, podiatrists were restricted to the foot, but in recent years, the APMA (American Podiatric Medical Association), has tried to expand the scope of podiatric practice to include ankle surgery. Some states have challenged this, particularly Texas. The current legislation suggests that podiatrists should not operate on the ankle, but many Texas podiatrists have chosen to do so. Others have not. Operating privileges to do this are often determined by the individual surgical centers or hospitals.

Does this legal battle mean podiatrists shouldn't be allowed to operate on the ankle? No. It does mean that you should choose your surgeon carefully, be they an orthopedic surgeon or a podiatrist. When I trained at Yale, I worked with a podiatrist who trained extensively with external fixators that can go above the ankle. (If you Google it, don't say I didn't warn you about the pictures!) He had good training and experience. He continued practice in Texas and is well regarded in this complicated surgery. Whether considering an M.D. or a podiatrist, you want to choose a surgeon with significant experience treating your particular issue. I, for instance, frequently do surgeries for fractures, sports injuries, bunions, ankle reconstruction. Who should be treating you and your painful bunions or your arthritic ankle? It depends. And it's not necessarily an either/or question. It may be both/and, depending on your scope of problems. Wherever you start, look for someone with reputable training, someone who's board certified, and someone who will listen.

As a patient, your relationship with the surgeon matters. Your confidence in the physician's approach to your condition matters. The training and experience matters. Seek second opinions before surgery. Explore all non-surgical options. And give yourself time to heal. That's ultimately the point of this original question: Finding a doctor who can help you heal. Fortunately, we've got an abundance of caring, talented doctors here in the DFW area. I wish you well in finding the right partner for your healthcare.