

# Scope of Practice FAQs for Consumers

## Podiatrists

### 1. Who are podiatrists and what do they do?

Podiatrists or doctors of podiatric medicine (DPM) are medical professionals who diagnose and treat diseases, disorders and conditions associated with the foot, ankle, related muscles, tendons, and other parts of the lower leg.

### 2. How are podiatrists regulated?

Podiatrists are licensed in all fifty states and the District of Columbia. They are regulated either by the Board of Podiatric Medicine or the Board of Medicine in all US states. In order to be licensed as podiatrist, an individual must be a graduate of an accredited college of podiatric medicine, successfully pass written and oral examinations, and complete two to three years of post-graduate residency training. Some states allow candidates for licensure to substitute the National Board of Podiatric Medical Examiners national exam for part or all of the state's written exam. Many states recognize a license to practice podiatric medicine granted by other states.

### 3. What are the scope of practice issues in podiatry?

The main issue in podiatry scope of practice has to do with whether podiatrists should be authorized to treat and perform surgeries on the ankle and parts of lower leg that are related to or impacted by conditions of the foot. Current podiatric education, residency training, and certification and credentialing mechanisms all cover treatment and surgery of the ankle and related parts of the lower leg. All but 6 states allow podiatrists to treat the ankle and/or parts of the lower leg (see question 6 that follows). However, some states have not yet updated their scope of practice laws for podiatric medicine and still restrict podiatrists to treating and operating only on the foot. Some states also place restrictions on podiatrists' ability to perform amputations and office-based surgeries, administer local anesthesia, and use x-rays, among other limitations.

### 4. How are podiatrists trained?

In order to become a podiatrist an individual must complete 3 to 4 years of undergraduate education (usually resulting in a bachelor's degree), earn a Doctor of Podiatric Medicine degree from an accredited college of podiatric medicine, and then complete a 2 to 4 year residency at a hospital or another health care institution. The undergraduate education includes science courses designed for pre-medical students, including biology, inorganic chemistry, organic chemistry, and physics. A satisfactory score on the Medical College Admission Test (MCAT) is also generally required to enter a podiatric medicine program (some schools may accept Dental Admission Test or GRE scores in place of MCATs). The Doctor Podiatric Medicine degree typically takes at least four years to complete. The first two years are usually taken up by pre-clinical and clinical courses in anatomy, biochemistry, pathology, physiology, general medicine and diagnostics, podiatry (including podiatric medicine and

podiatric surgery), research design and methodology, ethics and regulation, cultural competence and interprofessional collaboration in health care teams. The third and fourth years are devoted to clinical rotations in hospitals, private practices, and outpatient clinics. The residency following completion of the doctorate program provides practical advanced training in podiatric medicine and surgery, and often includes rotations in internal medicine, anesthesiology, orthopedic and general surgery, pediatrics and other broad medical specialty areas.

**5. What evidence is there to demonstrate the ability of podiatrists to provide safe, quality care, encompassing a full range of therapeutic and surgical services for conditions affecting the foot, ankle, and lower leg?**

Podiatrists are accepted by consumers and the health care community as providers of choice for conditions affecting the foot and they are the primary providers of care for foot conditions in the US. Podiatric medical education has been shown to be equivalent in clinical intensity to that of MDs and DOs, but with significantly greater concentration on the foot, ankle and lower leg. Also, in a majority of states, podiatrists are allowed to treat the lower leg at or above the ankle, and there has been no evidence to indicate decreased quality of care or increased risks to patient safety from such care. Podiatric surgeons also receive board certification in the surgery of the foot and ankle, indicating that they are competent to provide such care. In fact, there are studies showing that podiatric care is beneficial to consumers, and provides better outcomes for conditions affecting the foot, than the care provided by other health care professionals. Results from the recent *Thomson Reuters* study indicate that diabetic patients who receive podiatric care prior to developing a foot ulcer have a reduced risk of amputations and hospitalizations. Another major national study, Glenn, L.L (1995), of outcomes in patients treated for foot problems found that podiatric care is nearly four times more effective in producing positive outcomes than is the care provided by orthopedic surgeons, primary care physicians and other health care professionals.

**6. Which states allow podiatrists to diagnose and treat conditions beyond the foot?**

All states permit podiatrist to diagnose and treat conditions impacting the human foot, and 44 states and DC allow podiatrists to treat parts of the lower leg at or above the ankle, since this part of the leg is often connected to the function of the foot. The six states that do not allow treatment above the anatomical foot are AL, CT, KS, MS, NY, and SC.

**7. How do podiatrists collaborate with physicians in their work?**

Podiatrists are members of health care teams who specialize in conditions of the foot, ankle and lower leg, a role that involves routine collaboration with MDs, DOs and a variety of other clinical professionals. Interprofessional collaboration within health care teams is one of the main areas of focus in podiatric education. Podiatrists-in-training often interact with physicians and medical residents during the clinical rotations in hospitals and clinics that are part of doctoral programs in Podiatric Medicine and podiatric residencies. Once in professional practice, podiatrists continue to collaborate with physicians and other healthcare professionals by participating with primary and specialty care physicians in multi-specialty medical group practices. They receive referrals from and

send referrals to health care providers in rheumatology, endocrinology and geriatrics, and work with a variety of medical professionals in hospitals, clinics, medical schools and teaching hospitals.

*This publication was produced by Citizen Advocacy Center (CAC). For questions, comments and further information please contact CAC at [davidswankin@cacenter.org](mailto:davidswankin@cacenter.org).*

DRAFT