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May 16, 2016

The Honorable Johnny Isakson
Chairman
Senate Veterans Affairs Committee
412 Russell Senate Office Building
Washington, DC 20515

The Honorable Richard Blumenthal
Ranking Member
Senate Veterans Affairs Committee
412 Russell Senate Office Building
Washington, DC 20515

Dear Chairman Isakson and Ranking Member Blumenthal,

On behalf of the American Podiatric Medical Association, which represents more than 14,000 podiatric physicians, surgeons, and podiatric medical residents and students, I would like to dispel any misinformation you may have received related to legislation recently introduced by Senator Jon Tester, the Department of Veterans Affairs Provider Equity Act (S. 2175). This legislation seeks to provide VHA facility directors the flexibility and tools needed to resolve recruitment and retention obstacles to providing the necessary workforce to meet the future foot and ankle care needs of today's veterans. This will be accomplished by placing podiatrists on the same level as doctors of medicine (MD), osteopathy (DO), and dentists (DDS) within the Veterans Affairs VA medical system.

Today's Doctors of Podiatric Medicine (DPMs) are podiatric physicians and surgeons, qualified by their education, training, and experience to diagnose and treat conditions affecting the foot, ankle, and related structures of the leg.

Podiatric medicine is a medical subspecialty, focused on specific anatomy as are other highly focused subspecialties, such as ophthalmology, cardiology, and otolaryngology. Within the field of podiatric medicine and surgery, podiatrists can focus on specialty areas such as surgery, sports medicine, biomechanics, geriatrics, dermatology, rheumatology, orthopedics, wound care, and primary care.

Doctors of podiatric medicine have the education, training, experience, and licensure to:

- perform comprehensive medical history and physical examinations;
- prescribe medications;
- order and perform physical therapy;
- perform surgeries ranging from basic to complex reconstructive surgery of the lower extremity;
- provide wound care and limb salvage for at-risk patients including management of diabetic and/or vascularly impaired patients;
- repair fractures and treat trauma-related injuries;
- prescribe and fit orthotics, durable medical goods, and custom-made shoes; and
- order and interpret X-rays and other imaging studies.

**American Podiatric
Medical Association, Inc.**

Doctors of podiatric medicine receive basic and clinical science education and training comparable to that of other medical doctors:

- Four years of undergraduate education focusing on life sciences
- Four years of standardized, graduate medical education at one of the nine colleges of podiatric medicine
 - In contrast to other foot and ankle specialists, the core curriculum for podiatric medical education includes a minimum of two years of biomechanics education and training
- A minimum of three years of standardized, postgraduate, hospital-based residency training completed alongside medical and osteopathic resident physicians with rotations including but not limited to general medicine, general surgery, infectious disease, rheumatology, emergency medicine, anesthesiology, plastic surgery, and vascular surgery.

Doctors of podiatric medicine may be certified by two different certifying bodies recognized by the Council on Podiatric Medical Education (CPME):

- The American Board of Podiatric Medicine – certification in podiatric medicine and orthopedics validates a podiatric physician’s competence, knowledge, and expertise in medical, biomechanical, rehabilitative, and clinical care and encompasses first initial patient evaluation, continuity of care, long-term care, and general medicine.
- The American Board of Foot and Ankle Surgery – certification in foot surgery indicates that a podiatrist has demonstrated a cognitive knowledge of podiatric surgery, including the diagnosis of general medical problems and surgical management of foot and ankle diseases, deformities, and/or trauma.

Again, and in contradiction to misinformation around this bill, this is not a scope of practice or expansion of scope of practice, but is an issue of ensuring timely veteran access to medically necessary and appropriate foot and ankle care most frequently provided by podiatrists. Contrary to what you may have been told, doctors of podiatric medicine are already serving as Chief of Staff and Chief Medical Officer at public and private hospitals across the nation, including VA facilities. Upon passage of this bill, and consistent with their scope of practice as defined by state law, podiatrists will continue to provide foot and ankle medical and surgical care to the nation’s veterans. This bill will ensure that veterans who need care will be seen in a timely and efficient manner to receive that care without incurring any additional risk.

Please feel free to contact my professional staff at APMA, Ben Wallner (301-581-9231, bjwallner@apma.org) if you have any questions about this issue. Thank you for all that you do to ensure the health and well-being of our nation’s veterans.

Sincerely,



R. Dan Davis, DPM
President