



Foreword

External fixation of the foot and ankle



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“It is not the strongest of the species that survives, nor the most intelligent; it is the one that is most adaptable to change.”

Charles Darwin

I remember my early training days when it was clear that a niche for podiatry was developing. We were clearly demarcating our profession as a surgical subspecialty. It seemed at the time that unless we were all “surgeons,” we were not otherwise taken seriously as a profession. Or so we thought! Twenty-six years later, how much that has changed.

Because of our ability to identify the need for and effect change in our profession, podiatry is now recognized as mainstream medicine and podiatrists are included with allopathic and osteopathic physicians, of all specialties, as a member of the “medical team.” This ‘identity’ change has allowed us to move more freely within medicine with greater acceptance.

The old adage: “if you can’t beat ‘em, join ‘em” proved ever so true once we, as a profession, stopped trying to isolate ourselves by specific labeling. Opening our professional horizons allowed the individual podiatric practitioner to attain physician status and enhancement of privileges in many states. More important was the ability to attain positions in multi-specialty medical practices that saw the need for the full spectrum that podiatric medicine had to offer. Not the competitive foot and ankle surgeon but the needed and wanted foot and ankle specialist that rounded out these multi-faceted practices literally allowing them to offer a head-to-toe and everything in between type of patient service.

So, as I look back on these past 26 years I am amazed with the progress of the profession but I am equally amazed by the future. Everyday I am reminded of the quality of the podiatrists that care for the lower extremity manifestations of our patients' problems. I am mindful of the students and their high level of motivation and dedication to podiatry. Their ability and desire to step up to the plate and present themselves as the true future of the profession. I stand back and marvel at the entire picture and I feel a strong sense of pride in the accomplishments of the past leaders of our profession and the current potential that has been fostered through a love for our role in the healthcare delivery system. I don't need to read some supportive article to recognize the importance of podiatric medicine to the public; I just need to look into the face of a satisfied and pain free patient. That reward is priceless.

I am pleased to present this issue of the *Clinics* on the use of external fixation in podiatric medicine and surgery. Dr. Jesse Burks is one of those individuals that I have had the distinct pleasure of knowing as a student in the early part of his training. He had that dedication and desire to achieve and to be a credit to his chosen profession then and has demonstrated that continued desire now. He represents many of the young of our profession who care to be podiatrists and represent podiatry well. Dr. Burks has put together a worthy issue on a timely topic, which is destined to become an excellent source of reference for the podiatrist.

I believe that this issue exemplifies the changes and significant advancement of the podiatry profession that has been allowed to develop by the very nature of our ability to adapt. It is this adaptation that has brought podiatry to its present level of excellence. One can only imagine what continued adaptation wonders will come to podiatry. It boggles the mind!

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