

Preface



Jonathan M. Labovitz, DPM, FACFAS
Guest Editor

This issue of the *Clinics* was somewhat of a challenge to put together. It struck me as I started to assemble the Table of Contents how difficult and challenging our profession can be. It also dawned on me how rewarding our profession can be. Interestingly, I found that the same common thread makes the challenge and reward one in the same. It leads us to the realization that although we all label ourselves as specialists, we are also primary care doctors, “gatekeepers,” and sometimes both. We are the consulting doctor, yet for the next patient, we are likely to be the only doctor.

This dichotomy that we encounter is exciting yet concerning. We treat patients medically and surgically, yet many of us prefer to focus on the surgical education. How many of us read and constantly continue to educate ourselves in podiatric surgery? Many of our colleagues read one or two journals, *Journal of Foot and Ankle Surgery* and *Journal of the American Podiatric Medical Association*, and maybe *Foot and Ankle International* too. Although I don’t mean to imply that many of our colleagues neglect the nonsurgical aspect of medicine, there are some who may not place enough emphasis on it.

We like to look at ourselves as surgeons—those who enjoy operating. We are training the next generation of podiatrists to think surgery as we continue to mold our profession as the “specialist of the foot and ankle.” That catch phrase usually implies surgeon in our own minds and hopefully in the minds of the public and our colleagues of other medical specialties.

However, I offer you the following: how many people think that to be the “specialist of the foot and ankle” we need to understand the foot, ankle, leg,

pelvis, and spine? How about understanding the colon and gastrointestinal system as medications are ingested? What about the cardiovascular system and pulmonary system as our patients are under anesthesia? Maybe those systems are important for the athletes we encounter or any patient as they breathe in the office and as their heart beats faster during an injection. What about the diabetic patient whose sugar spikes on a sliding scale, despite being on insulin therapy in the hospital and then they proceed to develop an infection that is limb threatening? Have we truly stayed in tune with the recent changes in antibiotics? Gastric bypass is becoming more and more common and so is the use of psychiatric medications for off-label use. What about the aging baby boomers and the disease processes that affect the elderly patient? Do these affect us? Should we pay attention to this? I mean, we are the foot and ankle specialist. . .a surgeon after all.

This issue was used to focus attention away from the surgical journals for a moment in time, to make us look at our education. No, not the education in school, or during residency when you live in the hospital managing these patients regularly; this is our everyday life education we do to stay abreast of the latest medical developments (notice I said medical and not surgical developments).

This issue of the *Clinics* is different. This issue is to remind ourselves of the necessity to read, study, and learn all areas of medicine. All areas, medical and surgical, apply to the podiatric physician. This issue attempts to emphasize the importance of medicine because the best surgeons are well versed in medicine. The best surgeons understand their patient. The best surgeons are well trained in all systems and know the implications of all systems. Hopefully the dedicated authors of this issue of *Clinics in Podiatric Medicine and Surgery* will be able to bring us all up to date on the latest in medicine and instill some motivation to stay that way.

“Perfection is not attainable. But if we chase perfection we can catch excellence.”

—Vince Lombardi

Jonathan M. Labovitz, DPM, FACFAS
3400 Lomita Boulevard, # 403
Torrance, CA 90505, USA

E-mail address: dr_labovitz@feetandankles.com