

FootCare Update



Expert care from a professional who cares.

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DPM – The U.S. FOOT and Ankle Specialist

Much of the research and most of the care of the Foot & Ankle in the United States has been undertaken by the Podiatry profession. Hence, the U.S. enjoys the highest quality standards of foot and ankle care in the world.

Podiatric Medicine and Surgery was born in 1950's when post-War II economic successes and population increases in the U.S. outstripped the supply of physicians and -- more importantly -- the interest of general and orthopedic surgeons in the *orphan child* of medicine, the foot & ankle.

The D.P.M. or Doctor of Podiatric Medicine earns licensure in foot & ankle medicine and surgery following four years of college pre-med study and a four year medical school program. Podiatric physicians and surgeons often are described as "Dentists of the Feet", because of their exclusive focus and parallel college/professional school training.

Since the 1990's, those eight years of podiatric education have been followed by mandatory residency or fellowships of between one and four years. The only medical specialization that awards a specific American Board Certification in Foot Surgery is Podiatric Surgery.

What Makes Podiatry Special?

While podiatrists also receive a broad general medical education during their medical school and post-graduate training, the emphasis and time spent during that minimum of five years of education and training is the care of the foot foot and ankle.

Because the foot and ankle bear the full weight of our bodies, and because they are often a "win-down" on many of the body's systemic conditions, it is a demanding specialty that requires extra training and focus. DPMs, just like

MDs, DOs, DDSs and DMDs are licensed, trained and credentialed to evaluate the general medical conditions of their patients and to refer them on for the best and most appropriate care of the rest of the body. DPMs are integral members of the health care team and

frequently find themselves referring their patients to spine specialists, endocrinologists, and other physicians.

Dr. Leavitt's Special Expertise

Dr. Leavitt's expertise derives from international experience and clinical success. He has been licensed in Massachusetts since 1983. Moreover, he has held various teaching positions including at the Cambridge Hospital Residency Training program.

In 1993, he co-founded the first non-profit, Western style clinic in Eastern Europe, the Baltic-American Medical & Surgical Clinic in Vilnius, Lithuania. He relocated there with his family from 1996-2001 to direct the clinic in its formative years.

Reconstructive foot surgery was virtually unknown in the former Soviet Union countries. If you had major foot pain you either suffered or did not work.

For five years, he surgically corrected debilitating

What conditions respond well to surgery?

Conservative treatment of many foot problems may produce only temporary relief of pain. Sometimes surgery is the only definite solution to a persistent problem. Problems often alleviated through surgery include:

- Ingrown toenails
- Bunions (Hallux Valgus)
- Heel spurs
- Neuromas (pinched nerves)
- Arthritic joints
- Hammer Toes
- Birth deformities
- Fractures or injuries
- Ankle problems



Kenneth M. Leavitt, DPM

MEDICINE & RECONSTRUCTIVE SURGERY OF THE FOOT

Doctor of Podiatric Medicine

Fellow, American College of Foot & Ankle Surgeons

Diplomate, American Board of Foot and Ankle Surgery, Certified in Foot Surgery



DPM's Qualifications (continued)

adult and child foot and ankle conditions that most U.S. foot surgeons only read about in textbooks. This extensive hands-on experience prompted him to locate at New England Baptist Hospital, one of the ten best bone hospitals in the U.S. At *The Baptist*, surrounded by world class physicians, he can call upon the full services of an in-house laboratory, x-ray, MRI and CAT scan imaging to diagnose his patients round the clock, seven days a week.

Non-Surgical Care

While Dr. Leavitt's practice emphasizes reconstructive foot surgery, from the more complex procedures for flat foot and rear foot deformities (osteotomies and tendon transfers to triple arthrodesis), to the correction of Hallux Valgus ("Bunion"), half of his professional time is spent analyzing and treating conditions without the use of a scalpel.

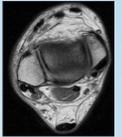
He also spends a fair amount of professional time rendering second opinions and working with patients whose foot problems are only one aspect of systemic problems. He often refers his patients out to other specialists as much as they refer patients to him.

When in Doubt....Call

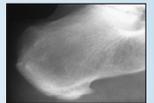
Dr. Leavitt welcomes calls and questions at any time for any problem where foot or ankle-related causes might be involved. At the very least he can recommend appropriate diagnostic testing and if pathology exists, he would welcome the privilege of being the treating physician.

Foot & Ankle Conditions that Invite Diagnosis by a Podiatric Specialist

FOOT AND ANKLE SPRAINS: The most common misnomer is that negative x-rays mean negative pathology. Sprains are "DISLOCATIONS" of joints. Joints don't get dislocated without causing at least the tearing of supportive ligaments. Rear Foot/Ankle Sprains almost always involve ligament damage, and often involve damage to bones and tendons. MRIs (oval photo above right) and CTs are usually essential in the evaluation of rear foot and midfoot injuries, regardless the absence of obvious bone fractures.



HEEL PAIN: Heel pain is all too commonly, aggravated by weight and improper shoes, and almost always having a mechanical/biomechanical cause. Treatment does not usually need an orthotic/arch support, and rarely requires surgery, but always requires a thorough history and physical and proper diagnostic work-up. Once the diagnosis is established, the treatment is quite often quite simply an injection and the use of proper shoes.



ARCH AND MEDIAL ANKLE PAIN: The *Plague* of the older and overweight individual is painful swelling in the arch and inside of the ankle. Often called "Adult Acquired Flat Foot", overweight men and women over the age of 50 and with a flat foot structure disposition, lose the integrity of the most important tendon/muscle complex holding up the arch, the Posterior Tibial Tendon. If caught early, bracing, proper shoes and weight loss can save the tendon from tearing and eventual rupture. In the latter stages, there are excellent reconstructive procedures that can return these folks to walking without constant pain.



THE HALLUX VALGUS DEFORMITY (NICKNAMED "BUNION"). These are not created equal. Every Hallux Valgus is individual and special. Anyone doing successful Hallux Valgus correction most of the time is versed in no less than 10 different techniques of which there are countless combinations thereof. Unfortunately, successful correction also requires that 50% of patients are confined to the use of crutches for six to seven weeks. Dr. Leavitt always tells his patients, "Good foot surgery requires an investment of time."



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