

# The 2007 Podiatric Medicine Workforce Study

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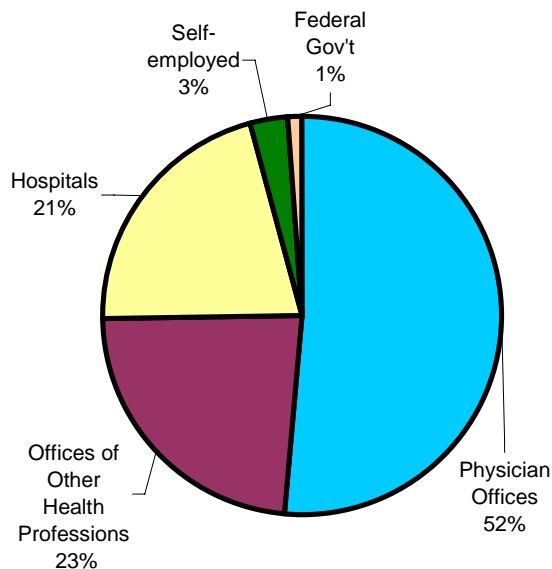
As part of its ongoing effort to monitor and understand the dynamics of the podiatric medicine workforce, the American Podiatric Medical Association (APMA) contracted with the Center for Health Workforce Studies in 2007 to conduct a study of the podiatric medicine workforce in the U.S. This article summarizes the key findings and conclusions based on that study, and provides estimates of the future supply of and demand for podiatric physicians under several different sets of assumptions. The full study report, which has been posted on the APMA Web site <[http://www.apma.org/s\\_apma/bin.asp?CID=1109&DID=22578&DOC=FILE.PDF](http://www.apma.org/s_apma/bin.asp?CID=1109&DID=22578&DOC=FILE.PDF)>, provides additional details.

## Practice Patterns

Podiatric physicians, also known as doctors of podiatric medicine (DPMs), diagnose and treat disorders, diseases, and injuries of the foot and lower leg. Podiatric physicians also set fractures, perform surgeries of the foot, and order physical therapy. They design and fit orthotic devices and prescribe medications. In addition to treating such common problems as calluses, corns, ingrown toenails, bunions, heel spurs, and arch problems; podiatric physicians also treat more serious ankle and foot injuries, misalignments, deformities, and infections. They also deal with foot complaints associated with diseases such as diabetes and arthritis<sup>1</sup>.

In 2000, most podiatric physicians worked in medical offices and hospitals. Only 3 percent of podiatric physicians were self-employed (Figure 1).

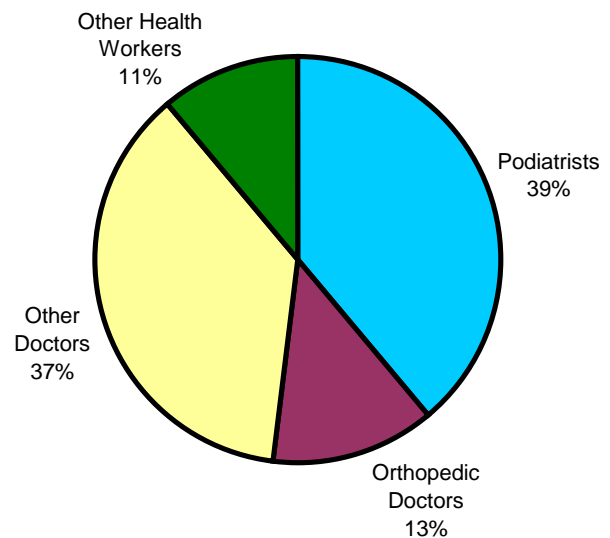
Figure 1. Distribution of Podiatric Physicians by Employment Setting, U.S., 2000



Source: American Podiatric Medical Association

About 19% of the U.S. population (52 million people) experience foot problems each year. In 2002, podiatric physicians provided 39% of all foot care services, compared to orthopedic physicians at 13%, other physicians (primary care or specialists) at 37%, and physical therapists and others at 11% (Figure 2). Podiatric physicians treat about 5% of the U.S. population every year.

Figure 2. Providers of Foot Care Services in the U.S., 2002



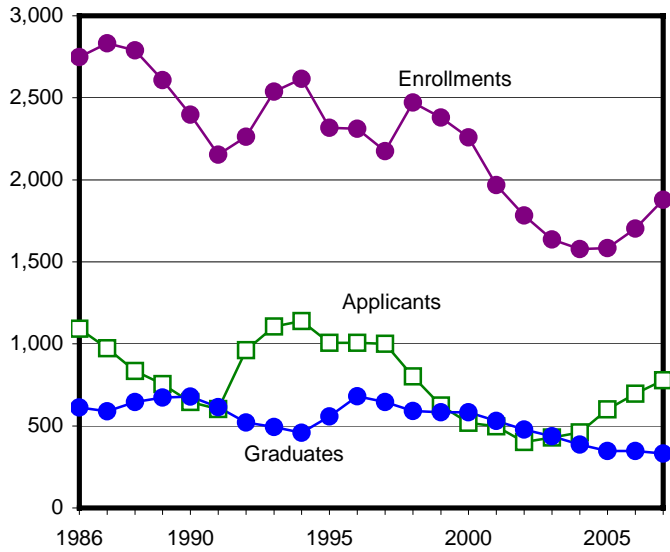
Source: American Podiatric Medical Association

## Podiatric Medical Education Trends

Despite attractive working conditions and incomes, there was an apparent decline in interest by prospective students in podiatric medicine as a career in the decade starting in the mid-1990s (Figure 3). The number of graduates of the DPM schools in the U.S. declined from 680 in 1995-96 to 331 in 2006-07, creating a shortfall in the supply of practitioners that seems certain to affect the podiatric medicine profession for decades to come.

<sup>1</sup> Bureau of Labor Statistics <<http://www.bls.gov/oco/ocos075.htm>>

Figure 3. Enrollments, Applicants, and Graduates of DPM Programs in the U.S., 1985-86 to 2006-07



Source: American Association of Colleges of Podiatric Medicine

### Projections of Future Supply

To help understand the implications for the supply of podiatric physicians at different levels of production of new podiatric physicians, projections were developed for five scenarios.

#### Scenario 1: Status Quo/Baseline

This scenario assumes the current production of 486 grads per year continues into the future.

#### Scenario 2: Planned Expansion (new school in CA)

This scenario adds the planned DPM school in Pomona, CA, for a total of 536 graduates per year starting in 2013.

#### Scenario 3: Planned Expansion + 10% in 2012

This scenario adds a one-time 10% increase in graduates for existing schools for a total of 590 grads beginning in 2012.

#### Scenario 4: Planned Expansion + 10% + school in 2017

This scenario adds a second new school for a total of 645 graduates starting in 2017.

#### Scenario 5: Planned Expansion + 10% + 2 new schools

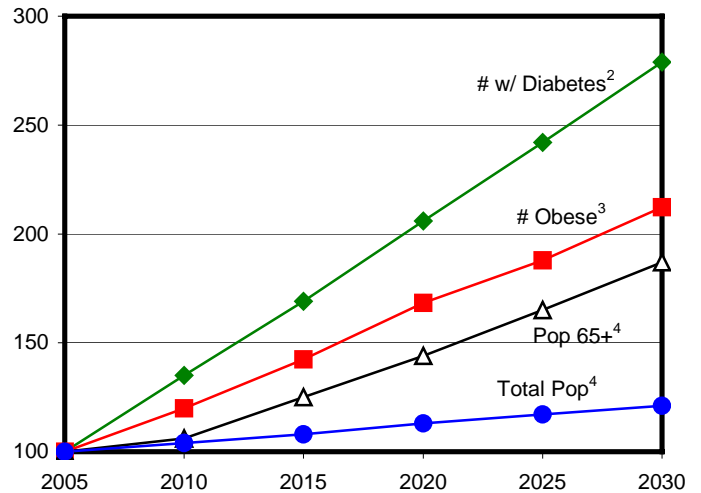
This scenario adds a second new school for a total of 700 graduates starting in 2021.

### Projections of Future Demand

Most discussions of the future demand for podiatric physicians focus on three main factors that will drive future increases in demand: the aging of the population; the increasing prevalence of obesity, which places greater stresses and strains on the feet; and the increasing prevalence of diabetes, which often involves circulation problems in the feet that can result in problems requiring medical attention. Figure 4 provides

estimates of the increases in each of these demand factors from 2005 to 2030.

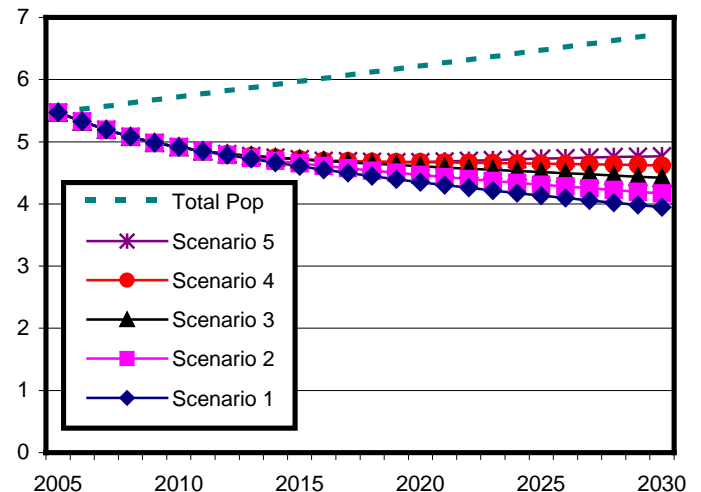
Figure 4. Standardized Indices for Four Podiatric Medicine Demand Factors, 2005 to 2030 [2005 = 100]



### Comparisons of Future Supply and Demand

Figure 5 shows that none of the five supply scenarios results in enough podiatric physicians per 100,000 population to keep up with total population growth, let alone any possible additional increases due to the aging of the population or increased prevalence of obesity or diabetes. This suggests that the workforce context for podiatric physicians will be very favorable in coming years.

Figure 5. Projections of Podiatric Physicians per 100,000 Population, Under Five Supply Scenarios, 2005 to 2030



<sup>2</sup> Venkat Narayan KM et al. (2006). "Impact of Recent Increase in Incidence on Future Diabetes Burden U.S., 2005-2050." *Diabetes Care*, 29, 9.

<sup>3</sup> Sturm R, Ringel JS, and Andreyava T. (2004). "Increasing Obesity Rates and Disability Trends." *Health Affairs*, 23, 2: 199-205.

<sup>4</sup> U.S. Census Bureau (2008). <http://www.census.gov/ipc/www/usinterimproj/natprojtab02a.csv>