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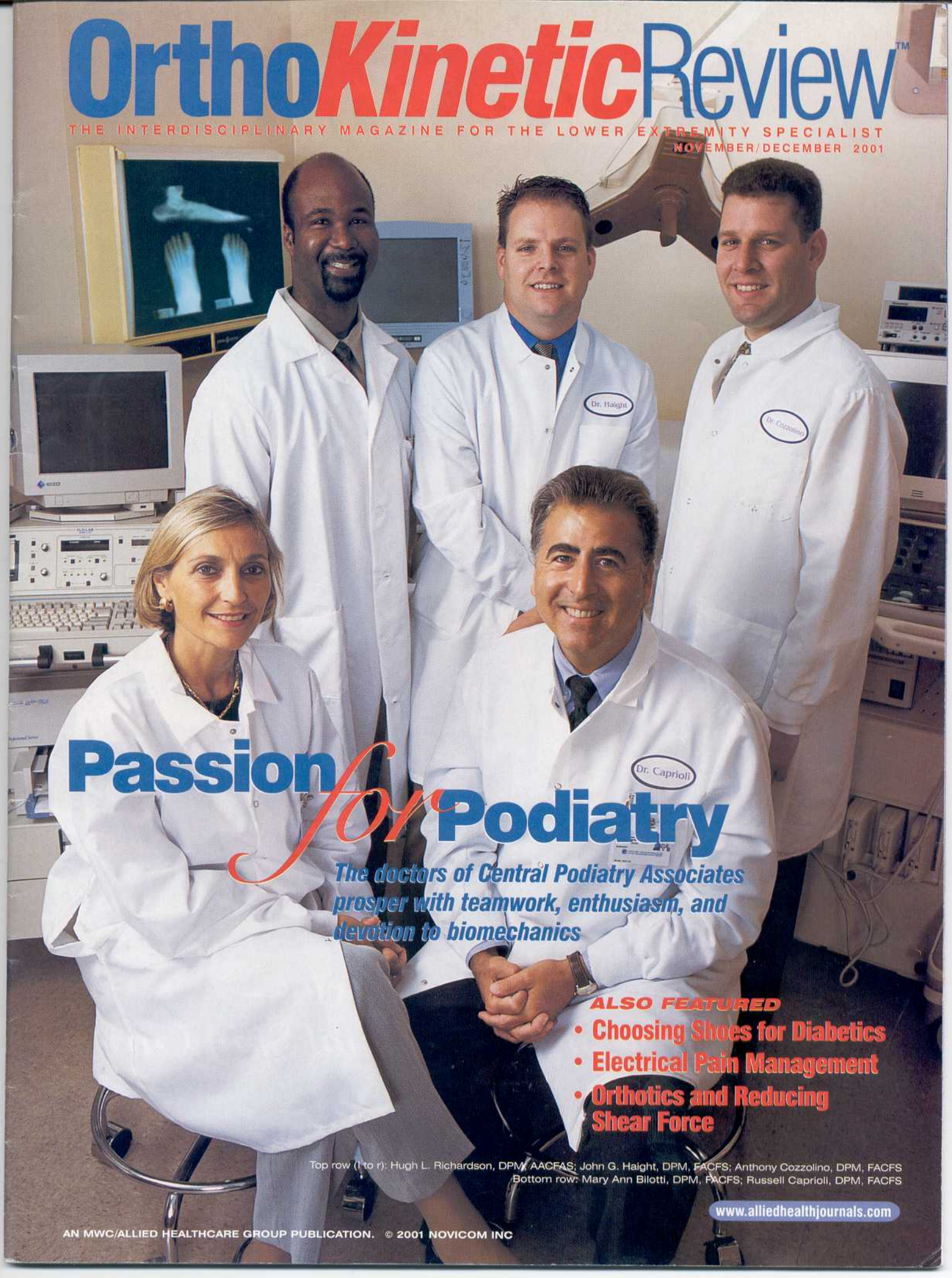


## Passion for Podiatry

*The doctors of Central Podiatry Associates prosper with teamwork, enthusiasm, and devotion to biomechanics*

**ALSO FEATURED**

- Choosing Shoes for Diabetics
- Electrical Pain Management
- Orthotics and Reducing Shear Force

Top row (l to r): Hugh L. Richardson, DPM, AACFAS; John G. Haight, DPM, FACFS; Anthony Cozzolino, DPM, FACFS
Bottom row: Mary Ann Bilotti, DPM, FACFS; Russell Caprioli, DPM, FACFS


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# Passion for Podiatry

by Liz Finch

Walk into Central Podiatry Associates, PC, in Valley Stream, NY, and you may encounter a 5-year-old with gait problems, a 90-year-old with bunions, and an injured football player sitting side-by-side in the waiting room. Patient diversity is what Mary Ann Bilotti, DPM, FACFS, and her husband, Russell Caprioli, DPM, FACFS, call the "beauty of podiatry."

"We can treat everybody," Bilotti says. "It's a fact that people have to be on their feet. It is vital to any occupation. The market is there, we just make people aware of that."

The practice discourages the perception of the podiatrist as a "foot doctor," and instead presents the profession as a specialty niche with a background that encompasses dermatology, surgery, and biomechanics.

"I can't stand doctors who offer free consultations, free shoes, or sell the idea of 'happy feet.' That just cheapens us as a profession," Bilotti says. "We are a small profession and we need to be professional. I feel podiatry will boom if we stick to what we do best and don't try to fool the general population.

"The biggest misconception that the medical community has about podiatrists is that it does not know our medical background and education," she continues. "We are on par with them, but often physicians think of us as glorified pedicurists. They want us to clip nails when the patient has an obvious foot ulcer. Why are they not calling us for that instead?"

Bilotti notes that sometimes podiatrists even serve as the primary care doctors for many patients, and they pick up problems that other physicians missed or mismanaged. "A big part of this profession is educating the medical community, and that can be a long, slow process," Caprioli says. "But podiatrists will fade out unless we are part of a medical team."

As a hall-of-fame basketball player at Fordham University, Bilotti learned the value of team work. "I pride myself on that experience, and being a team player has affected my practice today. Those basic values never leave," she says. "In addition, being an athlete myself allows me to relate to the athletes I treat. I know what it's like to play hurt, because I was there."

Creating a strong team in the Valley Stream area has been a priority in Bilotti and Caprioli's practice development strategy. Central Podiatry maintains a position in the community primarily by filling its roster with podiatrists who have years of both professional and personal experience.

Caprioli brings to the table extensive training in foot surgery and diabetic limb-loss prevention, while Bilotti is an expert on biomechanics of gait, pediatrics, and sports medicine of the foot and related structures.

Being "in it for the right reasons" is another component of Central Podiatry's success. "If you provide quality care, and you are in it for all the right reasons, people can sense that and you will never be a failure," Bilotti says. "We were serious students. Russ and I and my friends were in podiatry for all the right reasons. We felt we really could serve a need of the population, because we believe that foot care is so vital."

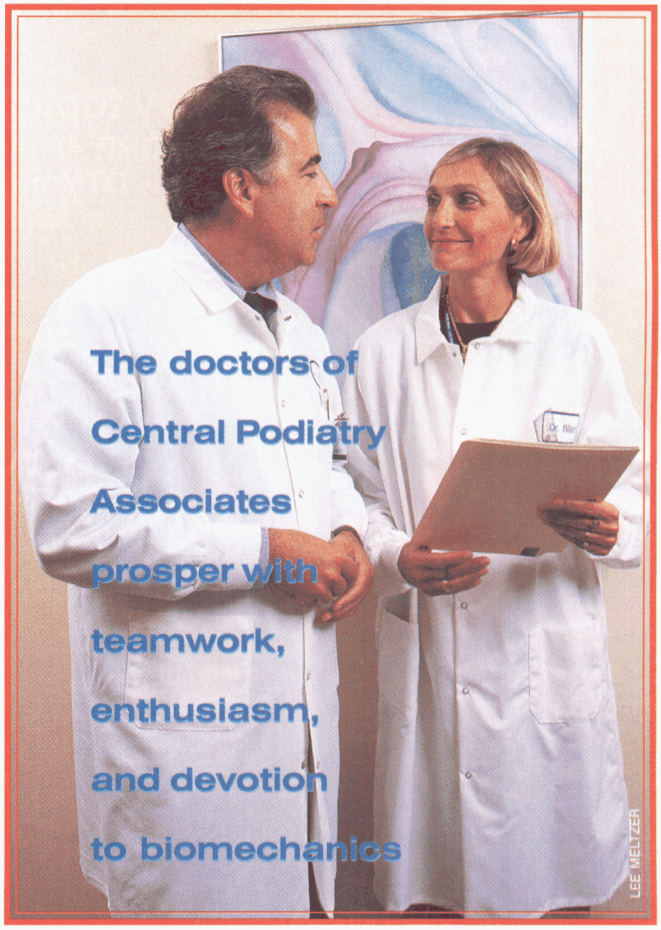
## Expanding the Practice

Associate Anthony Cozzolino, DPM, FACFS, finished a 2-year surgical residency at St Barnabas Medical Center of New York, while John G. Haight, DPM, FACFS, completed 3 years of residency training. The most recent addition to the practice is Hugh L. Richardson, DPM, AACFAS, who just finished a 4-year podiatric residency at Long Island Jewish Medical Center in New Hyde Park, NY. While there, Bilotti says Richardson proved himself to be on equal par with the other residents and fellows at the hospital.

"Dr. Richardson made such an incredible first impression at the hospital and broke down so many barriers and misconceptions about podiatrists and their ability to function in a major teaching institution," she says. "He will be joining our private practice and also contribute as a 'hospitalist,' allowing for greater continuity of care to our hospital patients. His strong referral sources will also continue to help the practice."

"The most enjoyable thing about the practice is that everyone is highly qualified and we are better as a group than as solo practitioners," Caprioli says. "Our patients are afforded more than one opinion right here in the practice."

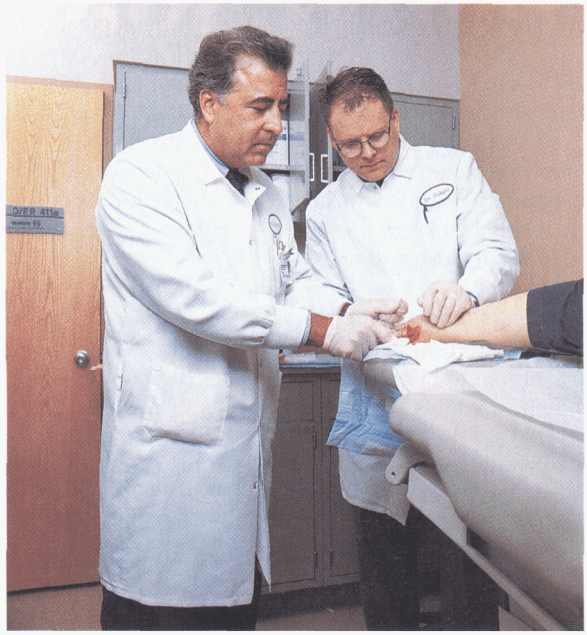
A strong working relationship with nearby hospitals has also helped Central Podiatry develop rich community con-




*Russell Caprioli, DPM, FACFS, and Mary Ann Bilotti, DPM, FACFS.*

nections. Bilotti is chief of podiatry at Franklin Hospital Medical Center, and Caprioli is chief at Long Island Jewish Hospital. Eilotti maintains her collegiate ties with Fordham, where 15 years ago, the head athletic trainer invited her to be the team podiatrist. To this day, she handles all the athletic foot injuries that come in, educating patients on their deformities, and showing them what workouts are beneficial.

"Franklin and Long Island Jewish acknowledged the need for our services and made us part of their medical staffs, which is gratifying after years of unrecognized hard work," Bilotti says. "They brought us on because of our education, and our work with diabetic wound salvage and vascular surgeons. Now we are accepted as a medical specialty, and the local physicians don't look down on us. In fact, we have become a vital and appreciated part of the medical team."



*Caprioli (left) and John G. Haight, DPM, FACFS, debride a diabetic ulcer.*

"I find that a lot of podiatrists want to come into their community and demand immediate respect, but we really have to earn that," Carprioli says. "Garnering the same respect as other physicians has become easier now that the educational level and availability of residency training has become uniformly available. In the past, the disparity in the levels of podiatric training created division in our profession and confusion in the medical community."

"Podiatry is a relatively new specialty that has developed over the past 20 years, and a lot of physicians still think of us as chiropodists," Eilotti says. "Our patients talk to their docs about our good work, and that is why the referrals keep coming in."

## Better at Biomechanics

Each new patient gets a full evaluation, no matter what the purpose of the initial visit. The podiatrists perform a vascular, neurological, orthopedic, dermatological, and biomechanical evaluation. Caprioli notes that patients are not just treated, they are educated about their health issues as well.

"We evaluate their problem together so that patients know what issues they have and what they can do to avoid certain problems," he says. "If we feel the symptoms are more related to biomechanics, then we will delve more into it."

"The medical or biomechanical portion of this practice is what makes us thrive," Bilotti says. "Our knowledge of biomechanics separates us from other practices. If podiatrists promoted bibmechanics and foot function, patients would be knocking our doors down."

"As far as gait analysis goes, you can't be a good foot surgeon unless you know biomechanics," Caprioli says. "This kind of care really is customized to the individual patient; doing so means higher success rates. I still have residents who tell me they are 'just doing a simple hammertoe,' but to correct the pathomechanics surgically, the procedure turns out to be much more complicated. I feel you can't just understand one facet of your practice and call yourself an expert."

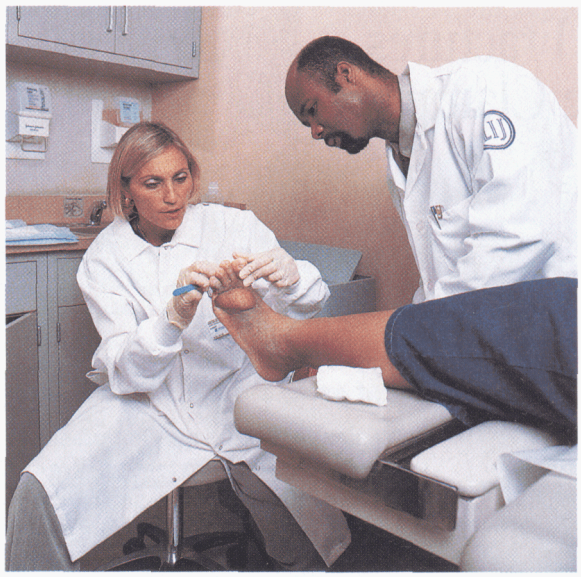
For example, Eilotti stresses that understanding biomechanics can improve outcomes in patients requiring diabetic wound salvage. Many physicians choose to treat simply from a surgical perspective without considering the patients' contributing pathomechanics. If you do that and ignore, for example, a tight gastrocoleus in a charcot foot patient, you miss the whole picture.

"Some physicians ignore foot function, and will just amputate the whole big toe rather than focus on preserving foot function," she says. "If you do that, the patient could have tightness of the Achilles tendon or get an ulcer because their entire foot is not on the same plane. A lot of physicians that do this work know little about foot function. Podiatrists are suited to providing assistance in these issues."

Surgery does remain a big part of the practice, however, and Bilotti stresses that being well-trained and certified by the American Board of Podiatric Surgery is vital to the practice's success.

"Since we work with the local hospitals," she says, "we have access to the equipment there, which is state-of-the-art. It may be nice to offer patients technological tests and gadgets, but I don't know how much-more information these gadgets are giving me than good clinical skills can give me.

"There are some new products around too, but I sometimes wonder if doctors are using them just to bill more. If insurance pays for it, they just get the machine," she continues. "I don't want to do things for the sake of billing an insurance policy. I want to make people better."



*Bilotti (left) and Hugh L. Richardson, DPM, AACFAS, evaluate a diabetic wound.*

## Managed Care success

Contrary to many health care providers' experiences, Central Podiatry has had good fortune with managed care. Prior to managed care, Caprioli says they had a physician-referred practice. When managed care came around, patients found they still wanted and needed podiatric services.

"The physicians also realized that there are lots of people with foot complaints," he says. "Many physicians didn't know how to treat these problems, and since we are on the plans, they are referring to us. Now patients are coming to their primary

physician's office and demanding podiatric services. Although I am certainly no fan of managed care, I have to say it has helped our profession in many ways."

Bilotti estimates that Central Podiatry's business is comprised of 45% Medicare, 30% managed care, and "a little bit of everything else."

"Regardless of their insurance coverage we educate patients about the importance of podiatric care," she says. "We never sell our skills short. Then, when they know they can benefit from our care, they will pay for it out of their own pocket if they have to."

Bilotti and Caprioli believe that success hinges on practicing what they preach. Bilotti walks at least 30 minutes a day because she feels she has to be an example to her patients. "I am proactive in my health *to* prove to my patients the value of what I am saying," she says.

Central Podiatry's location in a converted home makes the practice a comfortable place to offer care, and a recreation room in the facility gives Bilotti and Caprioli's daughter a place to hang out each day after school.

"She is dropped off with us every day after school, and she really is part of the practice. This gives us the ability to be a family and to have a life," says Bilotti. "The beauty of a group practice is that you have 24-hour coverage for your patients. This allows you to enjoy your practice and still have a private life. I am a mother, so I can't be here 24 hours a day."

Though she notes it sometimes is "not easy working with her husband," both believe that being in practice together is ultimately beneficial.

"When I need a second opinion, he is right there for me. It may be tough sometimes to separate our personal life, but overall it's been great being together," she says.

"The best thing we ever did was open up a group practice," Caprioli says. "Patients who come to our office think of it as going to a physician's office where the doctors specialize in the foot. We have an interest in the whole patient, not just the foot."

In light of that interest, Central Podiatry is developing a diabetic wound center at Franklin, and expanding its nearby residency programs to 36 months.

"There is a lot of apathy out there, and I understand that these are difficult times, however, we truly love what we do and the joy of our practice is that it is multifaceted," Caprioli says. "People think we have a limited scope of practice, but it's nice to do a bit of everything.

"If you are an island unto yourself and you have no interaction with other practitioners, you can't survive," he continues. "A big problem in managed care has been the volume of patients. Solo practitioners get overwhelmed. You have to combine what you have learned throughout life with your medical training to be a success. It is equal parts personality, medical skills, practice management knowledge, and good instincts."

"Podiatrists have to be an integral part of the team, and have a good relationship with the internists in their community," Bilotti says. "I really believe the sky is the limit. As long as we provide good quality care, people will continue to come to us." ■

## About the Author

**Liz Finch** is a contributing writer for *OrthoKinetic* Review.