training. A final examination immediately after residency, or after 1 or 2 years of practice, also is necessary for board certification by the American Board of Medical Specialists (ABMS) or the American Osteopathic Association (AOA). There are 24 specialty boards, ranging from allergy and immunology to urology. For certification in a subspecialty, physicians usually need another 1 to 2 years of residency.

A physician’s training is costly and, whereas education costs have increased, student financial assistance has not. More than 80 percent of medical students borrow money to cover their expenses.

People who wish to become physicians must have a desire to serve patients, be self-motivated, and be able to survive the pressures and long hours of medical education and practice. Physicians also must have a good bedside manner, emotional stability, and the ability to make decisions in emergencies. Prospective physicians must be willing to study throughout their career to keep up with medical advances. They also will need to be flexible to respond to the changing demands of a rapidly evolving health care environment.

**Job Outlook**

Employment of physicians and surgeons will grow about as fast as the average for all occupations through the year 2010 due to continued expansion of the health care industries. The growing and aging population will drive overall growth in the demand for physician services. In addition, new technologies will permit more intensive care: Physicians will be able to do more tests, perform more procedures, and treat conditions previously regarded as untreatable.

According to the latest data available from the American Medical Association, median income after expenses, also varies by specialty.

**Significant Points**

- A limited number of job openings for podiatrists is expected because the occupation is small and most podiatrists remain in the occupation until they retire.
- Most podiatrists are solo practitioners, although more are entering partnerships and multispecialty group practices.
- Podiatrists enjoy very high earnings.

**Nature of the Work**

Americans spend a great deal of time on their feet. As the Nation becomes more active across all age groups, the need for footcare will become increasingly important to maintaining a healthy lifestyle.

The human foot is a complex structure. It contains 26 bones—plus muscles, nerves, ligaments, and blood vessels—and is designed for balance and mobility. The 52 bones in your feet make up about one-fourth of all the bones in your body. Podiatrists, also known as doctors of podiatric medicine (DPMs), diagnose and treat disorders,
Podiatrists are specialists in the treatment of diseases, and injuries of the foot and lower leg to keep this part of the body working properly. Podiatrists treat corns, calluses, ingrown toenails, bunions, heel spurs, and arch problems; ankle and foot injuries, deformities and infections; and foot complaints associated with diseases such as diabetes. To treat these problems, podiatrists prescribe drugs, order physical therapy, set fractures, and perform surgery. They also fit corrective inserts called orthotics, design plaster casts and strappings to correct deformities, and design custom-made shoes. Podiatrists may use a force plate to help design the orthotics. Patients walk across a plate connected to a computer that “reads” the patients’ feet, picking up pressure points and weight distribution. From the computer readout, podiatrists order the correct design or recommend treatment.

To diagnose a foot problem, podiatrists also order x rays and laboratory tests. The foot may be the first area to show signs of serious conditions such as arthritis, diabetes, and heart disease. For example, diabetics are prone to foot ulcers and infections due to poor circulation. Podiatrists consult with and refer patients to other health practitioners when they detect symptoms of these disorders.

Most podiatrists have a solo practice, although more are forming group practices with other podiatrists or health practitioners. Some specialize in surgery, orthopedics, primary care, or public health. Besides these board-certified specialties, podiatrists may practice a subspecialty such as sports medicine, pediatrics, dermatology, radiology, geriatrics, or diabetic foot care.

Podiatrists who are in private practice are responsible for running a small business. They may hire employees, order supplies, and keep records, among other tasks. In addition, some educate the community on the benefits of footcare through speaking engagements and advertising.

Working Conditions
Podiatrists usually work in their own offices. They also may spend time visiting patients in nursing homes or performing surgery at a hospital, but usually have fewer after-hours emergencies than other doctors. Those with private practices set their own hours, but may work evenings and weekends to meet the needs of their patients.

Employment
Podiatrists held about 18,000 jobs in 2000. Most podiatrists are solo practitioners, although more are entering partnerships and multispecialty group practices. Others are employed in hospitals, nursing homes, the U.S. Public Health Service, and the U.S. Department of Veterans Affairs.

Training, Other Qualifications, and Advancement

All States and the District of Columbia require a license for the practice of podiatric medicine. Each defines its own licensing requirements. Generally, the applicant must be a graduate of an accredited college of podiatric medicine and pass written and oral examinations. Some States permit applicants to substitute the examination of the National Board of Podiatric Examiners, given in the second and fourth years of podiatric medical college, for part or all of the written State examination. Most States also require completion of a postdoctoral residency program. Many States grant reciprocity to podiatrists who are licensed in another State. Most States require continuing education for licensure renewal.

Prerequisites for admission to a college of podiatric medicine include the completion of at least 90 semester hours of undergraduate study, an acceptable grade point average, and suitable scores on the Medical College Admission Test (MCAT). All require 8 semester hours each of biology, inorganic chemistry, organic chemistry, and physics, and 6 hours of English. The science courses should be those designed for premedical students. Potential podiatric medical students may also be evaluated on the basis of extracurricular and community activities, personal interviews, and letters of recommendation. More than 90 percent of podiatric students have at least a bachelor’s degree.

Colleges of podiatric medicine offer a 4-year program whose core curriculum is similar to that in other schools of medicine. During the first 2 years, students receive classroom instruction in basic sciences, including anatomy, chemistry, pathology, and pharmacology. Third- and fourth-year students have clinical rotations in private practices, hospitals, and clinics. During these rotations, they learn how to take general and podiatric histories, perform routine physical examinations, interpret tests and findings, make diagnoses, and perform therapeutic procedures. Graduates receive the doctor of podiatric medicine (DPM) degree.

Most graduates complete a hospital residency program after receiving a DPM. Residency programs last from 1 to 3 years. Residents receive advanced training in podiatric medicine and surgery and serve clinical rotations in anesthesiology, internal medicine, pathology, radiology, emergency medicine, and orthopedic and general surgery. Residencies lasting more than 1 year provide more extensive training in specialty areas.

There are a number of certifying boards for the podiatric specialties of orthopedics, primary medicine, or surgery. Certification means that the DPM meets higher standards than those required for licensure. Each board requires advanced training, completion of written and oral examinations, and experience as a practicing podiatrist. Most managed care organizations prefer board-certified podiatrists.

People planning a career in podiatry should have scientific aptitude, manual dexterity, interpersonal skills, and good business sense. Podiatrists may advance to become professors at colleges of podiatric medicine, department chiefs of hospitals, or general health administrators.

Job Outlook
Employment of podiatrists is expected to grow about as fast as the average for all occupations through 2010. More people will turn to podiatrists for footcare as the elderly population grows. The elderly have more years of wear and tear on their feet and legs than most younger people, so they are more prone to foot ailments. Injuries sustained by an increasing number of men and women of all ages leading active lifestyles will also spur demand for podiatric care.

Medicare and most private health insurance programs cover acute medical and surgical foot services, as well as diagnostic x
rays and leg braces. Details of such coverage vary among plans. However, routine foot care—including the removal of corns and calluses—is ordinarily not covered, unless the patient has a systemic condition that has resulted in severe circulatory problems or areas of desensitization in the legs or feet. Like dental services, podiatric care is more dependent on disposable income than other medical services.

Employment of podiatrists would grow even faster were it not for continued emphasis on controlling the costs of specialty healthcare. Insurers will balance the cost of sending patients to podiatrists against the cost and availability of substitute practitioners, such as physicians and physical therapists. Opportunities will be better for board-certified podiatrists, because many managed care organizations require board-certification. Opportunities for newly trained podiatrists will be better in group medical practices, clinics, and health networks than in a traditional solo practice. Establishing a practice will be most difficult in the areas surrounding colleges of podiatric medicine because podiatrists are concentrated in these locations.

Over the next 10 years, members of the “baby boom” generation will begin to retire, creating vacancies. Relatively few job openings from this source are expected, however, because the occupation is small.

Earnings
Median annual earnings of salaried podiatrists were $107,560 in 2000. The middle 50 percent earned between $77,440 and $134,900 a year. According to a survey by Podiatry Management magazine, median net income of podiatrists in solo practice, including the self-employed, was $89,681 in 2000. Those in group practices or partnerships earned median net income of $96,200 in 2000. Self-employed podiatrists must provide for their own health insurance and retirement.

Related Occupations
Workers in other occupations who apply scientific knowledge to prevent, diagnose, and treat disorders and injuries are chiropractors, dentists, optometrists, physicians and surgeons, and veterinarians.

Sources of Additional Information
For information on podiatric medicine as a career, contact:


Information on colleges of podiatric medicine, entrance requirements, curriculums, and student financial aid is available from:

- American Association of Colleges of Podiatric Medicine, 1350 Piccard Dr., Suite 322, Rockville, MD 20850-4307. Internet: http://www.aacpm.org

Recreational Therapists
(O*NET 29-1125.00)

Significant Points

- Employment growth is expected in assisted living, physical and psychiatric rehabilitation, and services for people with disabilities.
- Opportunities should be best for persons with a bachelor’s degree in therapeutic recreation or in recreation with a concentration in therapeutic recreation.

Recreational Therapists provide treatment services and recreation activities to individuals with disabilities and illnesses.