

Short Communication

Cardiology and Podiatric Medicine: An Unlikely Partnership?

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Chari Medes or Temperance, a play written by Plato in 380 BCE, makes the following statement: “[A]s you ought not to attempt to cure the eyes without the head, or the head without the body, so neither ought you to attempt to cure the body without the Soul. And this ... is the reason why the cure of many diseases is unknown to the physicians of Hellas (i.e., Greece), because they disregard the whole, which ought to be studied also, for the part can never be well unless the whole is well.”

Plato’s remarks are so very appropriate in medicine today. Not infrequently the relationship of the foot to diseases and disorders of the cardiovascular system is forgotten. Walking is often advised as part of the process of preventive cardiology as well as in situations where patients are encouraged or even prescribed by cardiologists, internists, and family practice physicians to engage in such activity as part cardiac rehabilitation. However, the ability of patients to engage in walking because of pain due to a host of foot and ankle disorders often results in failure to follow such advice. Such situations often are not because patients may be recalcitrant but because the process of ambulation is restricted, painful, or even impossible. At the least, patients should be asked by their cardiologist if they have foot and/or ankle pain or other pedal discomfort. They should also indicate if they have calf pain and, if so, how far they are able to walk before such discomfort occurs (i.e., intermittent claudicating). Patients, especially those with cardiovascular disorders, should have as part of their physical examination an assessment of their pedal extremities to determine in advance whether they may have a disorder that would impair the normal walking process. At the least, this should include a determination of the patient’s vascular status in both feet and ankles. This should include palpating the dorsal is pedis and posterior tibial vessels to determine if they are present, diminished, or absent

as well as if the pulses in both feet are equal. It also should include observation of the color of the skin of the feet and observe if pallor is present. In addition, the structure of the feet should be observed to see if any deformities that may be causing pain are obvious such as hallux valgus (bunions) or hammer toes. Also useful, is the determination of sensation in the plantar aspect of the foot, which if absent or diminished, may impair walking? This may be assessed through the use of a 5.07 monofilament, an inexpensive device that is calibrated so that it takes 10 grams of force to bend the filament when touched to the skin of the foot (Semmes-Weinstein test). The information that these assessments may provide is potentially invaluable.

In the event that cardiologists choose not to perform any or most of the aforementioned assessments, it would be appropriate to refer them to a podiatric physician, a healthcare professional who has considerable experience in performing such examinations. Podiatric physicians complete a baccalaureate degree, undergo four years of professional school education and training leading to the degree of Doctor of Podiatric Medicine (DPM) followed by three years of a hospital-based residency. They are licensed in all states to perform physical examinations, prescribe and administer drugs that may be taken orally, topically, or parenterally, perform foot and ankle surgery in hospitals or on an out-patient basis. Among their main functions are the prevention of foot and ankle problems that impair the process of ambulation and, when such problems exist, determine the cause (local or systemic), and develop therapeutic approaches to resolving them. However, since gait and mobility is affected to such a great extent by foot and ankle function the profession also has a major role in helping to assure the locomotion of individuals, a process essential for cardiovascular health. As a result, cardiology and podiatric medicine can and should be partners in approaching those with cardiovascular conditions and preventing them. Dr. Levy served a total of thirty-six years in senior level positions in both osteopathic and allopathic medical schools including as Consultant to the President of the University of Texas Health Science Center in Houston, Vice President for Research at the University of Osteopathic Medicine and Health Sciences, and Associate Dean for Research and Innovation for Nova Southeastern University College of Osteopathic Medicine. In 2009 he was a Fulbright Scholar, serving in Comenius University Medical School in Bratislava, Slovakia. He also is a reviewer for Academic Medicine, the journal for the Association of American Medical Colleges.