There’s folklore that has made its way around ballparks all over the nation that every podiatrist of a major league baseball team has heard. The story involves former Texas Rangers outfielder Kevin Mench, who missed five of his team’s first 15 games with a sprained second toe—otherwise known as “turf toe”—in his right foot. Thanks to the keen eye of his team podiatrist, it was discovered that Mench’s shoes were actually half a size too small and, once corrected, the outfielder went on to his most productive season ever.

Bizarre foot injuries are no stranger to the Great American Pastime. Baltimore Orioles catcher Mickey Tettleton once went on the DL with a severe case of athlete’s foot allegedly caused by tying his shoes too tight, while legendary Hall of Famer George Brett broke his toe on a chair at his home while running from the kitchen to the TV to watch fellow All-Star Bill Buckner hit.

Today, every major league baseball team has a team podiatrist on staff or one it can refer to. Whether it’s Dr. Larry Oloff, the San Francisco Giants’ podiatry specialist performing surgery on 2012 MVP Buster Posey to repair torn ligaments in his left ankle, or Milwaukee Brewers podiatrist Dr. Kevin Sunshein creating custom orthotics so All-Star Corey Hart could continue playing last year, or even Dr. James Ricketti of the Red Sox helping Cody Ross rehab after he broke his navicular bone last October, an MLB team podiatrist on staff or one it can refer to, and it’s thanks to their experience, knowhow, and even love of the game that more foot injuries don’t keep players off the field.

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The Tampa Bay Rays continue to shock the baseball world by competing for a playoff spot almost every year, despite having one of the lowest payrolls in the league. For the past decade, Dr. Tim Runyon, a podiatrist in St. Petersburg, Florida, has been the team’s podiatrist and has done what he can to keep the players on the field. “I see a lot of overuse injuries that a regular weekend athlete might not have,” Runyon says. “Major league players want to stay at the peak of performance and are always working on trying to get an edge. Sometimes that leads to overuse injuries. Common occurrences are tendonitis, heel pain, Achilles tendinitis, stress fractures; a myriad of things that are not so much indigenous to baseball but for all professional athletes.”

The laundry list of things an MLB podiatrist deals with also includes work on the lower extremities, posterior tibial tendons, inflammations of the foot, and a variety of sprains and strains.

Ever since the New York Yankees moved their spring training site from Fort Lauderdale to Tampa, Florida (in 1996), Dr. Gerald Cosentino has served as the team’s spring podiatrist. “Most of the things I see in ballplayers are repetitive injuries,” he says. “Something like when Joba Chamberlain dislocated his subtalar joint, that’s not the norm, but we are available to help with something like that. We’ll see different dermatology issues, sprained ankles, and of course, deal with shoe issues.”

While working with Dwight Gooden years ago, the veteran hurler was suffering from some feet issues, but because it wasn’t affecting his pitching, he and Cosentino decided it best to take a conservative route and not opt for surgery right away. “As a podiatrist, we are not going to deal with the traumatic injury, but what we can do is keep them safe and comfortable. If surgery has to be done, we’ll do it, but we need to present all the options to the athlete and the trainer,” he says. “With Doc, I made a temporary orthotic and he was able to continue on for the season.”

Dr. Lowell Weil has been team podiatrist for the Chicago White Sox since 1983 and has learned a lot in his three decades on the job. Back then, he was one of only two team podiatrists in all of baseball. “When I started, I was known around town for my work with the Bulls and Bears, so I had a lot of experience with sports medicine and was able to work with the White Sox because of my connections,” he says. “I have done everything from making a diagnosis to performing surgery and, over the years, have encountered just about every issue with a foot that someone can have.”

Back at the beginning of his time with the team, future Hall of Famer Carlton Fisk came to the Sox and wasn’t too happy with Weil or his advice—at first. “He was a little nasty and I gave it to him straight. I told him, ‘It’s you and me and I will do what’s best for you and not worry about what the coaches are saying.’” Weil says. “He liked that assertiveness and we became good friends and I was able to help him stay on the field.”

Years later, Dr. Weil helped outfielder Magglio Ordonez find a doctor in Austria for a procedure not yet approved in America—and at the request of the player, stayed quiet. “My first obligation is to the athlete,” he says. “I have earned the respect of many of the players who have come through, and that’s why I see players from all over the country, players who used to play for the team come back and see me, which is a really nice feeling.”

Unlike football where he’s required to be at every game, Weil can usually be found at about half of the team’s 81 home games. “It’s not unusual that I will be watching the game on television and the trainer will call me and tell me “Doc, I have someone who needs you’ and I will get in the car and go to the stadium,” he says. “Otherwise, I’m there the beginning of every home stand so anyone who had problems on the road can be seen. I’m always on call

The most common injury that baseball podiatrists see in their players is an ingrown toenail.

Dealing with Injuries

The most common injury that baseball podiatrists see in their players is an ingrown toenail. Last year alone, players such as Chipper Jones, Guillermo Mota, and David Murphy all missed time on the field because of this. “Ballplayers have a lot of problems with this because of their footwear,” Weil says. “Spikes that are worn are very soft with not much support to them and a lot of the guys like to wear them tight so they can run faster. That’s not good.” With pitchers, because of the way they throw the ball, with their back foot coming forward and hitting the ground, it causes ingrown toenail issues all the time.

The second most common need for a podiatrist comes from a player taking a foul ball off the foot.” “This happens all the time. It’s usually off the instep, so we come up with modifications for braces—little Velcro

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that can be really painful,” Achilles says. “With base stealers, they are fracture and often require casting,” he swelling around the ankle just like a play. “Sprains may cause extensive torn ligaments can occur from run-decision.”

had a manager or coach question my don’t allow them back. I have never with the foot, and if they can’t, I make them hop in a figure of eight have a strained ankle or ligament, I don’t get on the field too soon. It’s important to make sure players among baseball players. Weil says the foot and may cause a strained liga-

"They won’t tell you the truth, espe-
don’t get on the field too soon. Some athletes need hours of re-training, exercise, check-ups, and other remedies, but with the right at-
titude and motivation, it is not hard to get back onto the field after foot and ankle injuries.

It is always best for injured base-

An Early Jump on Things

When Dr. Oloff was worried about the way some of his play-
ers had responded to treatment over the winter, he de-
ted to hire Dr. David Jenkins to serve as the Gi-

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Dr. Jenkins

The Battery

They say pitching and defense wins baseball championships, so if one of a team’s pitchers is suffering from a foot injury, it could be the difference between a World Series ring

Catchers are particularly susceptible to arch pain, commonly traced to an inflammation on the bottom of the foot.

"Not only tendonitis and toenail problems, but toe issues where the toes will curl up inside their shoe and create blistering. That has probably more to do with repetitive motion than anything since they are twisting their bodies.”

Because of a pitcher’s motion and the way they land on their foot, it’s not uncommon to see situations of corns and callouses developing, causing a lot of pain. “The problem is that pitchers normally don’t like change but if we can get a pad or cushion in there, we can help,” Dr. Weil says. “Sometimes we need to be frontline medics with situations like that during a game.”

J.P. Howell, one of the Rays’ top relief pitchers, was complaining about not getting his foot comfortable last year, and his stats reflected his dis-
comfort. “He had this pain on the bot-
tom and back of his heel and seem-
ingly nothing the trainer did was helping,” Dr. Runyon says. “I checked his uric acid level, and sure enough, he had gout. I treated him with medication, support, and a di-
etary change, and he was completely asymptomatic. He went from not being able to pitch to being one of our most effective relievers.”

Catchers are particularly suscept-
ible to arch pain, commonly traced to an inflammation on the bottom of the foot. It’s not uncommon for a team podiatrist to prescribe orthoses to help alleviate the pain.

A related condition for catchers is heel spur syndrome, which oc-
curs when the plantar tendon pulls at its attachment to the heel bone and can later calcify to form a spur. “Many times the ligament pulling on the heel creates the symptoms, and not the spur itself, especially after getting up from resting,” Dr. Runyon says. “With proper warm-up and the use of sup-
portive shoes, strain to the ligament can be reduced.”
that they are comfortable with what they are wearing or there can be problems,” he says. “It’s a small part, but it’s up to me to make sure an injury doesn’t happen because of their footwear.”

Routine care is also necessary and the fact that it’s spring training, if a player finds he has a problem, he’s most likely not going to get it fixed then and risk missing opening day. “If they have a problem that would normally require a procedure, maybe minor surgery or a nasty corn, most will tolerate it until the season is over,” he says. “I keep them on the field the best I can.”

Something as simple as an ingrown toenail can also lead to bigger issues. A pitcher with the Dodgers was experiencing shoulder soreness and no one could figure out why. Jenkins noticed the player picking at the ingrown toenail and deduced that it was hurting so much that the hurler was favoring his other foot slightly, changing his motion, and causing the shoulder pain. “I fixed the toenail and the shoulder pain went away,” he says. “The one thing you learn on this job, everything is connected and you can’t just look at an individual spot.”

Shoe Business

The cleats one uses can also lead to injuries if the spikes get caught in the grass. Problems such as twisted ankles, fractured ankles, turf toe, and foot fractures, not to mention cuts and bruises can occur. Baseball teams sign contracts with cleats vendors and sometimes that necessitates the whole roster changing up from one company to another.

“Nike is different than Adidas so a player may be used to one

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**Achilles tendonitis and bursitis with fasciitis are often associated with the cleats that ballplayers use.**

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with fasciitis are often associated with the cleats that ballplayers use. Jenkins says that hallux limitus, hallux valgus, and hammertoes with second metatarsophalangeal joint capsulitis are quite common due to the playing surface, prolonged season, genetic predisposition to injury, footgear, and the nature of the game.

Sometimes, Dr. Cosentino says, players just need to use common sense to avoid foot discomfort. “When Wade Boggs was my patient, he purchased a brand new pair of cleats and just took them out of the box and started playing with them, and he got abrasion injuries,” he says. “I tell all my players to start slowly with new cleats and break them in. Use them for batting practice and make sure they are comfortable. Shoe sizing is a big issue and if they don’t fit properly, it can cause stress fractures and other problems.”

**Getting in the Biz**

Dr. Cosentino got his start in sports podiatry by helping out at high school sporting events and the local runner’s club. He eventually parlayed that into a job with the NFL’s Tampa Bay Buccaneers. “The best way to develop a strong sports medicine practice is to associate with physicians and get to know trainers,” he says. “If you want to have this type of job, you need to concentrate and develop a reputation with everyone in your area.”

According to working major league baseball podiatrists, for young doctors one day hoping of cracking one of the 30 jobs available, nothing will help more than experience. “I recommend that young practitioners should volunteer services with a high school team, do research and educate themselves as much as possible,” Jenkins says. “You want to get your name out there.”

Another good tip Weil adds is not to be too aggressive with the athletes. “If there is a team doctor, trainer, or orthopedic surgeon, wait until you are asked for help. Don’t do anything until then,” he says. “Being aggressive doesn’t work well in professional sports. That’s a mistake young people have. Be cool in what you do.”

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**Keith Loria** is a freelance writer who has written about everything from baseball to corporate mergers to healthcare, with a little entertainment thrown in the mix. Recent notable interviews include legendary actor William Shatner, heart surgeon pioneer Dr. Marc D’domenico and Pez Candy CEO Joe Vittoria.