

# Future Star: Kyle Scholnick, DPM

This young practitioner challenges  
the status quo.

BY MARC HASPEL, DPM



**Editor's Note:** This is the second in a series of portraits of some of podiatry's "rising stars." Do you know of a podiatric future star (A 2008 or later graduate)? If so, please send an e-mail to [bblock@podiatrym.com](mailto:bblock@podiatrym.com) nominating a young practitioner and detailing why we should feature him/her.

Podiatry Management continues its series on future stars in the profession this month by introducing

your career? To whom else do you give thanks?

**Scholnick:** I am thankful to every podiatrist with whom I have worked, who, at the same time, has improved my growth as a physician, whether I worked with them for years or just a few hours. The most obvious names that come to mind are Martin Pressman and David Novicki. I spent many years working with them both

went weeks being undiagnosed, until a podiatric physician was able to diagnose his injury and treat him successfully with surgery. That sealed the deal for me.

**PM:** What are your goals both short-term and long-term for your career in podiatric medicine?

**Scholnick:** My short-term goals are to provide the best possible care to my patients and to always stay on top of the current relevant literature, emerging technologies, and innovations. Continued growth is always the key. Long-term, I will look for the right opportunities to make a positive change to the profession. I have several things in the works right now that I will continue to focus on.

**PM:** What College of Podiatric Medicine did you attend? Where was your post-graduate training, and how would you describe it?

**Scholnick:** I attended Temple University School of Podiatric Medicine. I completed a residency at Yale-New Haven Medical Center. My post-graduate training was intense, just how I wanted it. I wanted to find a program that could crunch as much knowledge as possible into a three-year period. I had very well-rounded training in clinical medicine and surgery. I am

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Dr. Kyle Scholnick, who is currently in private practice with the Foot & Ankle Specialists of the Mid-Atlantic in Maryland. Dr. Scholnick graduated from TUSPM in the Pi Delta National Honor Society, and completed his three-year foot and ankle surgical residency at Yale-New Haven Hospital. He is a nationally published author on numerous conditions including osteomyelitis, tarsal tunnel syndrome, wound healing, ankle impingement, chronic venous insufficiency, and plantar fasciitis.

**PM:** Who in podiatric medicine influenced you the most thus far in

and learned more from them than I can convey. I am deeply grateful to them.

**PM:** What first attracted you to a career in podiatric medicine?

**Scholnick:** There were two experiences that first attracted me to a career in podiatric medicine. First, I was competitive in mixed martial arts for many years. With the combination of kicks, joint locks, and throws, I had my fair share of foot and ankle injuries. Second, my brother was also an All American wrestler who sustained a Lisfranc injury. He

*Dr. Scholnick (from page 131)*

thankful to all the physicians, surgeons, and residents I had the opportunity to work with and learn from.

**PM:** *What are your thoughts about APMA, the certifying boards, and other organizations that function within the profession?*

**Scholnick:** I think all podiatric physicians need to have full transparency on what podiatric organizations actually do, and force them to change. I recommend those in the field to ask themselves if the organizations are providing them with the value that they expect. There are many conflicts of interest with the APMA, and it is debatable at best about where one's annual dues go. Unfortunately, many podiatric doctors just blindly pay hundreds and hundreds of dollars every year to the APMA and other organizations and

hope for the best. They have no idea where their money is going and what these organizations actually do to deserve that money. The APMA, just like every physician, needs to not be complacent. It ought to keep evolving

betic limb salvage, sports medicine, and dermatology. I will just elaborate on my interest in diabetes for now. The diabetes epidemic is only getting worse. Many good people are falling victim to this disease. With

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with healthcare. Patients and insurance companies demand cost-effectiveness from podiatric physicians, and likewise, podiatric physicians should demand it from the APMA.

**PM:** *What sub-specialties interest you in podiatric medicine, and why?*

**Scholnick:** The sub-specialties in which I am most interested are dia-

better technology, people have less of a need to move around as much. The processed sugars linked to diabetes appear in so many foods everywhere, even so-called health foods. Chemicals and other items that lead to obesity are linked to diabetes and hormone imbalance, and are hidden in much of our foods. Unfortunately, unsuspecting good people are getting

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*Dr. Scholnick (from page 132)*

affected by this disease, and I love doing my part in educating and treating them.

**PM:** *What type of practice arrangement, i.e. solo, small or large group, suits you the best?*

**Scholnick:** My ideal type of practice would be in a group where the physicians have complete autonomy to run their practice on their own as if they were solo, but have the outer shell of a larger group to create economies of scale. Although most physicians are getting away from solo practice and joining larger organizations and hospitals, solo practitioners are still extremely valuable. Many patients continue to love it, and I can't

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imagine anything more rewarding than doctors owning their own businesses and customizing them to fit their personalities.

**PM:** *Where do you see your career being in 10 years, 20 years?*

**Scholnick:** In the future, I wish to help as many people as I can. That is my only goal. Everything else will fall into place. I believe that when I focus on the patient and nothing else, things tend to work out fine. I would also love to get more involved with education, whether that be through a podiatric school, residency, or teaching at seminars.

**PM:** *What are your thoughts on the overall role of podiatric medicine in the current healthcare system?*

**Scholnick:** Podiatric medicine will continue to evolve with health-

care. Today, patients, hospitals, and insurance companies demand the smartest and most efficient physicians. Doctors of podiatric medicine are judged based on the value they bring. It has been well proven and documented how much money podiatric physicians save the health-

care system, and how they decrease the morbidity and mortality of many conditions. Podiatric medicine is very different today than it was twenty years ago, and it will look very different in another twenty years. As long as podiatric physi-

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*Dr. Scholnick (from page 133)*

cians don't become complacent, stay optimistic, and continue to provide value to patients, they will continue to be an integral part of the health-care community.

numbers to increase revenue for the school. Second, I would have local chapters of state podiatry organizations educate nearby academic colleges, and get involved with the pre-med students who are studying there. These organizations should be

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## **“ I believe this profession needs more consistency with residency training.”**

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**PM:** *What should this profession do to continue to attract sound quality individuals like yourself?*

**Scholnick:** First, I would start with the colleges of podiatric medicine. They need to make the acceptance criteria much stricter. With the oversupply of students, there is a shortage of residencies. They should focus on the quality of applicants, not just accepting the maximum

educating them on the profession, and on what makes the profession so unique and fulfilling. Finally, I believe this profession needs more consistency with residency training. I have seen residencies with superb training and, unfortunately, I have seen others that are an embarrassment to the profession. These latter ones, therefore, produce sub-par physicians who are not prepared for the future.

**PM:** *Would you be in favor of a degree change as well as a name change from the term “podiatric” to “foot and ankle” medicine?*

**Scholnick:** Yes. Not because I think “podiatric” has a negative connotation, but, because to patients, the word “podiatric” does not fully describe what podiatric physicians do. I have patients who are still surprised that I treat the ankle, or perform the type of foot surgeries I do on a regular basis. Also, I feel that if the name change would bring us closer to parity, then I am all for that change. **PM**



**Dr. Haspel** is senior editor of this magazine and past-president of the New Jersey Podiatric Medical Society. He is a member of the American Academy of Podiatric Practice Management.