

Future Star: William Long, DPM

This young practitioner developed his leadership skills in the military.

BY MARC HASPEL, DPM



Service to the nation is certainly one of the most respected pursuits that one can follow. Such unselfish sacrifice is unsurpassed by any other life choices, and is always worthy of recognition and thankfulness from a grateful country. Military service can also put on hold one's entrance into a professional career, including podiatric medicine. In addition, a military career can be an excellent way to hone one's ability to be a leader. This is definitely the case with the next *Podiatry Management Magazine's* Future Star in Podiatric Medicine, William Long, DPM of South Carolina. A 2009 graduate of the Temple University School of Podiatric Medicine, Dr. Long served two years in the United States Army Reserve as a medical specialist, then eight years of active duty in the United States Navy Coast Guard, and now he has taken his leadership skills all the way to the APMA's House of Delegates as delegate from his home state. Dr. Long recently shared his thoughts on his young career as a podiatric physician, whose first impressions of the field came as a result of time serving the nation.

PM: Who in podiatric medicine influenced you the most thus far in your career? And to whom else do you give thanks?

Long: I have been lucky to have crossed the paths of so many great podiatric physicians who have impacted my career. It is Dr. Scott Malay, however, who has influenced me the most. I feel he gives his heart and soul to educating students and training residents. He is devoted to

SC afforded me an opportunity to shadow him. I was impressed with his interactions with his patients (soldiers). He was attentive to their issues, and was thorough in devising a plan of action, whether conservative or surgical. What impressed me the most, however, was his positive

“The podiatric physician at the naval weapon station in Charleston, SC afforded me an opportunity to shadow him.”

ensuring that our profession maintains the highest standards in research and literature. He is a true *out of the box* thinker.

I have to also give thanks to the entire podiatric residency staff at Penn Presbyterian: Drs. Downey, Schoenhaus, Mlodzienski, Triano, Ugrinich, Cherella, Donnelly, and Shannon. I truly appreciated the opportunity to train and learn from the best in our profession.

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

Long: I was first introduced to podiatric medicine while I was serving active duty in the U.S. Coast Guard. The podiatric physician at the naval weapon station in Charleston,

attitude. I could tell by watching him that he enjoyed serving the U.S. Navy as a podiatrist.

PM: What are your goals, both short-term and long-term, for your career as a DPM?

Long: My short-term goal is to assist my great state of South Carolina in expanding our scope of practice. South Carolina is one of four remaining states in the nation that does not allow podiatric physicians to perform ankle surgery. To date, we are working diligently and are making progress. At this time, our Podiatry Bill H3622 passed through the South Carolina House of Representatives full committee and is presently on the Senate floor. I am very proud of the

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work put forward by my fellow South Carolina podiatric physicians as well as the assistance we have received from APMA.

My long-term goal coincides with my short-term goal, as there are no residency programs in South Carolina in large part due to our scope of prac-

member of both, and feel that young podiatric physicians should not have to choose between the two, as both organizations have much to offer.

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

Long: I consider myself as a Jack-of-all-trades. I enjoy every aspect of

and ensures that I don't miss my kids' major events/activities. She actually coordinates my schedule with my office manager. I must admit that I have a tendency to feel guilty occasionally because I would like to have more family time. Any career in medicine is time-consuming and challenging, but I always remind myself I am working to ensure my family's happiness.

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

Long: In ten years, I see my office expanding into four to five more neighboring communities. By the end of the 10th year, I expect South Carolina will have obtained ankle privileges and that the development of the first residency program will be underway. In addition, I see myself holding office as president of SCPMA and remaining active as a delegate in the APMA. Twenty years from now, I will hold a board of trustee position in APMA working toward the presidency.

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

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tice. After acquiring ankle surgery privileges, I intend to develop the first residency program in the state.

PM: *How would you describe your post-graduate training following podiatric medical school?*

Long: Following podiatric medical school at Temple, I went on to complete a four-year reconstructive rearfoot and ankle surgical residency at Penn Presbyterian Medical Center in Philadelphia. The surgical training was rigorous, but it prepared me for private practice. The long hours medically managing patients during my intern year prepared me for my rotations in emergency medicine, plastics, vascular, general surgery, and medicine rotations. The pedigree of surgeons at Penn is admirable, and learning from the best in our profession is priceless. Our journal club lectures were intense, but by the time I finished, I was able to interpret and dissect medical journal articles.

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

Long: I believe APMA does an outstanding job representing and protecting podiatric members as well as advancing our profession. I would like to see our podiatric surgical organizations, specifically ACFAS and ASPS, working together to accomplish one common goal, namely parity. I am a

podiatric medicine to its fullest extent, from routine foot care to reconstructive foot surgery. I enjoy helping patients and resolving their issues. At the end of the day, to me, a smile on my patients' faces is the ultimate reward.

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

Long: Small rural practices with five to six podiatric physicians are

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the most suitable for me. This practice mode affords me the opportunity to have a life outside of work.

PM: *Speaking of which, how do you strike a proper work/life balance as a DPM?*

Long: Juggling work and family is always challenging. I put in long hours at the office only to spend three to four hours in the evening completing chart notes. Therefore, every free moment I can spare, I spend with my family. My wife of eighteen years keeps me grounded

Long: Podiatric physicians play an invaluable role in our healthcare system. Our training far surpasses that of any other specialty treating foot and ankle issues, especially with the development of post-residency fellowships. We have gained the respect of allopathic and osteopathic physicians, especially in the arenas of diabetic limb salvage and reconstructive surgery of the foot and ankle.

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

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Long: Staying active and visible in our communities by educating the public on both what we have to offer and the issues that

the area, to attract the best and brightest to apply for podiatric medical school. In addition, I allow students to shadow me, both in my office and in the operating room. I find most students are attracted to

believe we all should be proud of our profession, and not shy away from the term podiatry. Podiatry has afforded me with more opportunities than I thought possible. This is a small profession in number, but it makes the biggest impact to the community when dealing with medical and surgical management of the foot and ankle. I believe changing the specialty name to “foot and ankle” will not bring us parity. Producing quality, well-trained foot and ankle podiatric physicians who are respected in our communities will. **PM**

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impact our profession is the best way to attract future podiatric physicians. I am amazed that a large percentage of the population that I treat in South Carolina does not realize podiatric physicians perform surgery. We also need to educate the allopathic and osteopathic communities. I take every opportunity afforded to me to speak at local schools and colleges around

the surgical component of podiatric medicine, but I always expose them to all aspects.

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

Long: I am proud to distinguish myself as a podiatric physician. I



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.
