

Family Physicians & Foot & Ankle Surgeons LONG-TERM PARTNERS IN PATIENT CARE



Christopher L. Reeves,
DPM, FACFAS

A recent poll in *This Week @ ACFAS* showed that many ACFAS members frequently collaborate with family physicians (FPs) when treating patients, but how can foot and ankle surgeons maintain a successful day-to-day, as well as long-term, working relationship with FPs?

Christopher L. Reeves, DPM, FACFAS, ACFAS Board secretary-treasurer and a foot and ankle surgeon at Orlando Foot & Ankle Clinic in Orlando, Florida, works regularly with FPs to develop treatment plans for patients. He most often teams up with them on cases involving ankle sprains, plantar fasciitis, bunion pain, diabetic foot infections and joint replacements and understands the importance of developing good rapport with the FPs in his area.

“The FP is usually the most trusted and go-to physician in a patient’s family,” Dr. Reeves explains. “We make ourselves available to our local FPs to answer any questions and to provide ‘curbside consults’ on acute conditions before their patients come to our office.” His practice typically

sees FPs’ patients on the same day or at most 24 hours after an FP contacts them. The FPs in return make themselves readily available for surgical clearances.

Knowing one’s own strengths and weaknesses can go a long way in keeping the lines of communication open between a foot and ankle surgeon and an FP. “Power struggles are unproductive and do nothing to help the patient,” notes Dr. Reeves. “Know what you don’t know, recognize when it’s time to concede on important issues in a case and above all, be willing to just pick up the phone and talk things through,” he adds.

In his experience working with FPs, both sides make a conscientious effort to do what is best for the patient and to make sure s/he does not feel ping-ponged between providers. “When patients seem to be conflicted about their treatment plan, our doctors and the FPs often joke, ‘You want the foot and ankle surgeon to do your surgery and not treat your hypertension and vice versa,’” shares Dr. Reeves.

Since FPs will likely always be involved in a patient’s care, this gives foot and ankle surgeons an opportunity to maintain ongoing relationships with FPs and to provide care at each stage of a patient’s life. Dr. Reeves says the key to becoming a partner in long-term care is to earn the trust and respect of the patient as well as the referring FP. He notes that the FP must also understand what the foot and ankle surgeon does outside of everyday referrals and the age range of the patients s/he is willing to treat.

“Ensure that the FP knows you not only treat conditions, such as plantar fasciitis, but also perform more advanced reconstructive surgery for trauma, flatfoot or total ankle replacement,” Dr. Reeves advises. “Don’t assume the FP already knows what you can do.”

Visit the ACFAS Marketing Toolbox at acfas.org/marketing for downloadable tools you can use to gain referrals from FPs.

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Dr. Reeves’ 3 Quick Tips for Working with FPs

1. Maintain an open dialogue and talk to each other via telephone.
2. Use a team approach.
3. Adopt a patient-first mindset.