

CLINICAL PODOGERIATRICS

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CLINICAL PODOGERIATRICS

Dedication

To the people I love

My wife, Myra,
My children, Jennifer Bess and Lewis Aaron
My parents, Nathan and Esther Helfand

Foreword

My initial contact with Dr. Helfand was while he was a student at Temple University. He demonstrated a keen interest in clinical knowledge and research and, following his residencies at our hospital, he joined our staff. He assisted in the development of our podiatry clinic and residency program and demonstrated an interest in the foot problems of our elderly population. Between 1962 and 1965, Dr. Helfand directed the first clinical research project to be funded by the Federal Government, in cooperation with the Philadelphia Department of Public Health. The project, called "Keep Them Walking," produced much data which clearly identified the foot health and care needs of the elderly.

His efforts were recognized early as he served as a consultant for "Feet First" and completed the initial chapter on foot problems for the elderly in a major manual developed by the Gerontological Society, again sponsored by the Public Health Service. He served as a Founder of the Pennsylvania College of Podiatric Medicine, was an initial faculty appointee and served as its first Clinical Director to establish the College's clinical teaching program. His direction of a subsequent longitudinal study of the elderly at the South Mountain Restoration Center in cooperation with the Pennsylvania Department of Public Welfare again demonstrated the special foot care needs of the elderly.

His contributions to the literature have been significant with major segments devoted to the elderly and diabetic patient. His didactic and clinical approach has always maintained an educational and public health base in an effort to deliver a quality service within reasonable cost boundaries.

Dr. Helfand established the first podiatric services at Thomas Jefferson University Hospital and brought his efforts to the profes-

sional schools in the disciplines of podiatry, pharmacy, medicine, nursing and public health.

Calling on his background and experience, Dr. Helfand has enlisted the knowledge of a multidisciplinary group of guest authors from most of the health fields dealing with the care of the elderly. Their end result has been the evolution of a text that provides a realistic and compassionate approach to the principles of foot care for the elderly which is most practical.

The need to maintain an ambulatory population is most significant when applied to the elderly. The social implications of immobility are segregation and institutionalization. Perhaps the phrase that has been used so many times, i.e., Keep Them Walking, still needs to be heard in louder tones by those who establish health care programs for the elderly. Foot care is many times not included, thus eliminating not only a comprehensive approach to care but a vital multidisciplinary element.

We are most pleased that our Hospital has had a part to play in the development of this text and to note that its editor and many guest authors practice together. The close family that we have at our institution is well reflected in this text which we know will benefit many health care providers and the patients they serve.

We congratulate those who have undertaken this major work and look forward to improved health care for our elderly.

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Preface

Podogeriatrics can be defined, in the broadest clinical sense, as that segment of health service which concerns itself with the human foot and aging. One should recognize that our ultimate responsibility lies in the care of the elderly and that the foot is but just one part of that total and comprehensive approach. We must always remember that the head bone is connected to the foot bone and that a multidisciplinary approach is needed particularly when we consider the aged.

Why should we really care about the elderly anyway? True, there are more old people today and there will be even more tomorrow. But are their complaints and concerns real or do we as practitioners merely provide a service to keep people calm in their declining years? In order to answer this question, we must ask, "Who are the elderly?" Are they just a group of people who are alone, neglected, poor, sick, frightened and about to die anyway? Is walking and the ability to move about so important? Why not consider social segregation and institutionalization to avoid all problems? Are they people who really need help from us? Do they realize that their life is behind them or what life is really about? Have they lost their freedom? And what about their inner resources? Are they our parents and older relatives? Perhaps if we look into a mirror and recognize that with God's given life, we are the elderly, the path for all of us in the health and social professions becomes quite clear. If we are to make sure that what we now recognize as inadequate care for the elderly does not happen again . . . to us . . . our road for dedication, research, education and care becomes quite evident.

In developing this text on foot problems related to aging, it was not our intent to provide a research text or to develop an encyclopedia on all of the foot problems that can occur in aging patients. Our goal was to deal with a practical presentation of those problems which are most common and those situations which most need consideration. Our guest authors have come from many fields but we have all shared practice experiences together in the same institutions and programs. We all have seen the changes that take place with aging and, in particular, those changes which effect the human foot as part of a whole person.

The health care delivery system provides many constraints on the delivery of needed and quality foot care services to the elderly. We need to remember that most elderly patients do not understand our systems and are many times so frightened, that they only seek care when problems are severe, hospitalization is mandatory and the outcome of care is guarded. Many times, the "old race horse" once stopped, never seems to move again, thus creating wards of society.

We hope and trust that this effort will stimulate not only the health care providers to deliver a quality service, but will motivate research and insure adequate educational programs to insure that our health professionals understand the total process of aging and are compassionate in their responses to the needs of the elderly. That we shall do something is quite evident . . . the unanswered question is *when?*

ARTHUR E. HELFAND, D.P.M.

Acknowledgment

On July 20, 1980, Seward P. Nyman, D.P.M. passed away. He served as Executive Director of the American Podiatry Association during my personal involvement with the Association. His ability to see a far vista for the field of podiatric involvement in aging led me down a path which helped create this text, and his support for many projects in aging brought each of us to recognize that our involvement in the field of gerontology was critical. Dr. Nyman was my mentor. His passing will leave a void for many but with the knowledge that the world is much better because he was here.

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