

Foot_Tech

May 7

Introducing Dr. Ayne Furman, Sports Medicine Podiatrist:

The two major influences affecting my early desire to “go into” sports medicine were: Title IX and University of Maryland.

Title IX was passed in 1972 while Nixon was President and I was in high school. The passage of the bill allowed me to compete in sports beyond the girls’ play days; the 1/2 mile run limit; and 6 on 6 girls’ 1/2 court basketball, in the one piece blue bloomer uniforms with our self embroidered name on the left pocket: I learned to enjoy sports as a participant and began my 42 years of running.

Entering the University of Maryland in the fall of 1977 my plan was to go to dental school. But while standing in line to register for classes my second semester I learned about a new major U of M was offering through the Physical Education Department: Kinesiology. It sounded interesting so I declared Kinesiology my new major! No one outside the department knew what it was.

During one of my kinesiology classes we were studying the foot. The professor made a passing comment that this is what podiatrists take care of. From that moment, without the help of the internet, I thought that podiatry may be a good way to let me keep my hand in sports --This was 1975.

While at the University of Maryland I had the opportunity to work in a motion analysis lab, volunteer in a sports training room, run women's varsity cross country and take the first sports medicine class taught by Dr. Gabe Mirkin (the soon to be famous sports medicine personality). All this served as the impetus to choose Podiatry school over my acceptances to dental school.

While at ICPM (Illinois College of Podiatric Medicine) I continued my desire to learn about sport medicine. There were no classes offered on sports medicine or clubs when I first started podiatry school, so I started a

women's running club (photo 1) and with Rich Bouche started the sports medicine club . Along with two other students I received a AAPSM research grant to examine the 1st toe joint at various speeds of gait. In May of 1978, the 6th Annual AAPSM conference was held in Chicago. While I was only a freshman at ICPM I was able to attend the conference and be pictured on the front cover of the compendium (photo 2). I have included 2 pages of the lectures offered at the 1978 AASPM meeting (photo 3 & 4). What a difference when compared to this years' stand alone in Tampa.

One of my senior rotations was with the late Rob Roy McGegor , DPM (a sports Medicine pioneer who helped Ectonic design shoes) at Brookline Sports Medicine Center, Boston MA. It was fascinating to experience one of the first multi-disciplinary sports medicine facilities in the country. When I open my practice in 1982, I was very fortunate that there were very few podiatrist in the Alexandria , VA who were physically active. I joined several local running clubs. Through the running clubs I was able to meet a number of individuals who were very influential in the local and national running community. I was asked to chair the Road Runners Club of America Sports medicine Committee, become the Medical Director of numerous races including the Avon, Bonnie Belle, Nike 5K and Parkway Classic. This all yielded a very robust sports medicine practice especially since I was running marathons and shorter races, cycling and rowing at the time.

From the time I started practicing podiatric medicine my go to has been the AAPSM "stand alone". I don't know how many I have attended over the years perhaps 10-12 but from my first was in 1978 until my last in Seattle 1997 (Photo 5 and 6) (until most recently Tampa 2014).

I always would come away with 2-3 things that I would call "practice changers". The AAPSM meetings were the only venue to hear how other sports podiatrist treated, managed and diagnosed sports pathology. I would come back from the meetings and integrate what I had learned or tips I heard into my practice the following week.

The camaraderie at the AAPSM meetings was also something to look forward to. From the Fireside Chats, to just having the opportunity to run or play basketball(an injury prone tradition the association may not want to bring back. See photo 7–I think I won this with Paul Taylor and a very tall fit rep from Brooks–Photo 8) to watching high school students attend their proms(that were being held at the AAPSM conference hotel) with other AAPSM meeting attendees. Through my association with the AAPSM I became the Chair of the Rockport Podiatric Advisory Board and Technical Advisor Board for an exciting and educational 3–4 years stint.

After having my son Zach in 1993 I slowly reduced my role on many professional committees, including APMA, AAWP and Northern Virginia State Association so I could better balance my time between him and my full time practice.

In 2001 I sold my full time practice for several reasons. The two primary ones: to work less hours and to reduce an ever increasing commuting time from home to my office. I took 3 months off and re–opened a small part–time office in walking distance to my home. I treat primarily lower extremity musculoskeletal dysfunction and sports related injuries. I do not participate with any insurance panels.

Maybe because of my age, not participating in insurance or just the sign of the times, the sports medicine demographics of my practice has changed since the 80–90s. Gone are the 80–100 mile/week runners. The younger athletes tend to be lacrosse or soccer players, and I have a lot of athletes 50 and older who are walkers, runners, triathletes, tennis players and ballroom dancers.

When I am not working I run approximately 35 very slow miles a week (this takes up a lot of time see photo 9) and I walk another couple miles a day with my dog and commuting to work. I play tennis 2 times a week. And when weather permits cycle, swim and play golf.

<http://www.aapasm.org/emails/newslettersp-0514.htm>

