

“The Humanitarian Effort with a Growing Global Footprint”

Podcast Posted: August 9, 2019

KEY POINTS

- Although a country may have expert foot & ankle orthopedic surgeons providing care, access may be limited to patients who cannot afford private care or who live in rural areas.
- Steps2Walk Foundation operates in 15 countries and has about 250 volunteers. The organization is expanding its global footprint at a rapid pace, and one of its biggest challenges will be recruiting enough physician volunteers to meet demand.
- Education is a key component of the Steps2Walk model, and local foot & ankle surgeons are taught surgical techniques to address deformities that can become debilitating if left untreated.



PODCAST GUEST

Dr. Mark Myerson, MD

Founder & Executive Director, Steps2Walk

“There’s no organization in the world that provides foot and ankle care education and surgical care of the order of magnitude that we do. I had been doing humanitarian work in foot and ankle surgery for decades, working with crippled children and adults globally. And while this was very rewarding for me and ultimately other surgeons, we found that in the long run we were not achieving very much because at the best on each humanitarian program, we could treat and operate on 15 to 20 individuals, which was not going to serve that community sufficiently in the long run. We realized that in order to have a sustainable impact, we needed to include education in each of these humanitarian programs.

Our surgeon volunteers need two skills. They must have a skill set for surgery, for taking care of these terrible deformities, but at the same time, they need to be educators. They need to be able to teach, since probably 80 percent of the work that we are doing is teaching, even during the surgeries. Our surgeries are broadcast live to a conference room where everything is geared to the surgeons attending the program. We take four international surgeons on each program. One of the things that's very important is engaging the surgeon leadership of that country in each program as well.

The countries we work in are not necessarily "Third World." It's quite the contrary. Many of the countries where we work have superior foot and ankle services provided by surgeons who are very well-qualified. But many of these doctors are working in private practice, not in the public hospital system. Even if the treatment is available at the public hospital, patients may have to wait years because treatment is prioritized. If somebody breaks an ankle here in the United States, they receive immediate attention regardless of their economic background. Many of the countries where we work, no treatment is provided for an ankle fracture, none at all. So these individuals have ankles that are grossly deformed, dislocated, arthritic, and have irreversible damage to the point that they require reconstructive surgery.

The bigger problem is most of these patients live in rural areas and they just don't have access to the type of treatments that are necessary. So we frequently choose a city that is not the main city in that country, but where patients from rural areas can be brought to.

A majority of these deformities we are treating are no longer seen in the Western world, or they are congenital deformities that are treated promptly. Let's take a perfect example of a birth deformity called clubfoot. The current recommended treatment for clubfoot deformity is non-surgical. There's a method of treatment called the Ponseti Method, which has about a 70 to 80 percent success rate. The problem is that in these rural areas many of the children and their families are not able to return for regular follow-up and cast, so they relapse. We then see and treat these children at the age of 4, 5, 12, and in many cases, as young adults and they've not had any treatment at all. They've been told that there's nothing that can be done for them. That often is because of a lack of training and expertise, so that there's a lack of knowledge and expertise in that particular region and the surgeon didn't know how to take care of these very complex deformities.

At present in 2019, we're working in 15 countries and have about 250 volunteers. At the rate we are growing, we probably need to double the number of surgeon volunteers. We are increasing our programs by about two to three countries per year, and we try to return to each country at least once a year. It's no good to visit a country, provide a service, and then not return. You must have follow-up, you must have continuity of care, continuity of service, and that provides sustainability to the work that you're doing. Our goal is to continue to increase. As our resources of course continue to grow, we're able to expand these programs in various continents accordingly. My goal is to be available in every region of the world. In five years, I anticipate Steps2Walk will be a household name."

To learn more, visit www.steps2walk.org.
If you'd like to listen to Dr. Mark Meyerson's podcast in its entirety, find
***CurveBeam AI Connect* on Apple Music, Spotify, and Google.**