Get to Know NYCPM’s Faculty:
Steven J. Levitz, DPM ('79)
Professor of Orthopedic Sciences

Steven J. Levitz, DPM’s uncle, the late Joseph Levitz, DPM ('39), introduced his nephew to Herman Sonderling, the former College President, who had graduated from the School of Chiropody in 1914. Dr. Sonderling gave Steven Levitz an application in 1974; he took the Podiatry Boards (MCATs didn't exist yet) and he entered the school in 1975.

Prior to his contact with Dr. Sonderling, Dr. Levitz had earned his BA in Biology at Queens College in 1973; he then attended graduate school at Queens and also took courses in the Ontogeny and Phylogeny of mammals at the American Museum of Natural History. He taught pre-med biology, evolution and genetics. He was passionate and good at anatomy and was a lab assistant in a gross anatomy lab.

After graduating from NYCPM in 1979, Dr. Levitz served a one-year surgical residency here, followed by a fellowship at the College in orthopedics and pediatrics. Then NYCPM offered him a position; he worked in the Clinic and lectured at the College. Currently Dr. Levitz teaches pathological anatomy of the foot and ankle to third-year students. He instructs them in giving injections in the foot, which they practice on cadavers. In addition, on Fridays junior students give presentations and mini-symposiums on relevant topics such as heel pain. The students have to find articles of which he approves and they get together over their articles. Dr. Levitz teaches them about the credibility of sources and how to pick out appropriate articles. Sometimes, he said, he picks out “bad” articles as demonstrations.

In the Clinic, Dr. Levitz now sees only adult patients; he sees lots of diabetics. Michael Rothstein, MSN, (a certified wound care specialist) attends to their wounds, and that makes a big difference, Dr. Levitz said. Most commonly, patients complain of heel pain, bunions and hammertoes.

Dr. Levitz maintains a private practice in Ridgewood, Queens, and also works in East Flatbush, Brooklyn. He has stopped performing surgery, and now recommends that a patient consult with a surgeon when surgery is indicated. He’s determined to stay with paper records in his private practice, though he’s seeing a lot more paperwork right now. He thinks that articles equating the efficacy of prescription orthotics with premade inserts available in pharmacies have had an impact on his foot orthotic lab.
Dr. Levitz has seen a lot of changes over the years. In the past, he said that only 50% of graduates obtained residencies, and the rest just went directly into practices. Because of the post-graduate training they currently receive, resident graduates are being accepted by general orthopedic medical groups, working as foot and ankle surgeons. Podiatrists also can now run wound care centers in conjunction with vascular surgeons.