



Amol Saxena, DPM A Well Known Surgeon, Speaker, and Author Strives for the Best in Himself

By Jeff Venables

In high school in Palo Alto, California, it was fortuitous that Amol Saxena was an injured runner. His two orthopedists, Drs. Frederick Behling and Gordon Campbell, were among the first in the country to develop a sports medicine department, at the Palo Alto Medical Clinic, which over the years has served Stanford University athletics as well as the San Francisco 49ers, among many other professional athletes. It is now part of the Palo Alto Medical Foundation, and Dr. Saxena is an internationally recognized podiatrist, surgeon, instructor, and author specializing in foot and ankle surgery in the Sports Medicine Department there. Since 1999 he has also helmed the fellowship training program. He is the editor of the 2011 text *International Advances in Foot and Ankle Surgery* and an instructor for the German Association for Foot Surgery. He is a consulting podiatrist for the Nike Oregon Project and has treated dozens of Olympic medalists, record-holders, and other professional athletes. He will be 52 in June.

An Athlete Treating Athletes

For years a competitive runner who recalls catching the bug watching Frank Shorter win the 1972 Olympic Marathon, these days Amol is more inclined toward cycling injuries, he jokes. He is an accomplished duathlete with several Duathlon World Championship competitions under his belt. But it was pushing himself in his early years that resulted in frequent injury and ultimately a relationship with Behling and Campbell. His interest in sports medicine grew through his frequent visits as a patient to these pioneering doctors.



Amol identifies with the philosophy embodied in this quote from the legendary Steve Prefontaine, who once held the American record in seven different distance track events: “To give anything less than your best is to sacrifice the gift.”

Amol recalls, “In the 70s, the podiatrists were helping runners get back to running and the orthopedists were primarily telling them to stop running. These two guys were a little bit unique in that they were trying to find ways to keep people running. I saw podiatry as an opportunity and they were supportive of that.”

He says he really enjoys being able to help runners and other athletes recover from injury and go on to achieve their goals, “whether they’re trying to make the Olympic team or perform better in the marathon.” He estimates that he has had at least 15 patient-athletes who competed in each of the last two Olympics, and he feels great pride that his successful career treating countless high-level athletes stems from the faith “Fred” and “Gordy” always had in him.

In fact, toward the end of Dr. Behling’s long career, he even assisted Dr. Saxena on some of his surgeries before he had a Fellow, often attempting to relax the patient by saying, “You’re in good hands—I should know because I’m your surgeon’s surgeon.”

After graduating from Henry M. Gunn High School in Palo Alto in 1980, Amol attended UC-



Amol Saxena and his wife Karen with Paula Radcliffe at the 2013 Outdoor Track and Field World Championships.

Davis where he majored in Biological Sciences before transferring to Washington University in St. Louis. He graduated in 1984 with a BA in Psychology. He ran cross country and track throughout college, returning regularly to Palo Alto to see his sports medicine doctors, and eventually enrolling in Dr. William M. Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine and Science in Chicago, having decided to help injured athletes in the same way he had been helped. He returned to his hometown to begin his practice, completing the full circle from patient to doctor in the same Palo Alto clinic where he thrives today. In 2012, Scholl College named Dr. Saxena Alumni of the Year.

Leading a Balanced Life

A family man who believes in a healthy balance of work and play, Amol shares a passion for fitness with his wife, Karen, and their three grown children. “During the week I am either in clinic or surgery. I see a lot of emergencies, fractures, sprains, and tendon tears,” he says. In the evenings, he fits in research, writing, studying German, and presentation prep work. “I try not to do any work-related stuff on the weekend. Instead I get in about half a week’s training,

biking 35 to 60 miles and running five to 10 miles total in two days, and maybe even a nap.”

Amol says that Karen runs and rides roughly the same total weekly mileage as he, and also swims once a week. She teaches math and coaches track, cross country, and basketball. His son Vijay, 26, is an intern in the athletic department at Westfield State University in Massachusetts; he coaches football and track there. Tara is 23 and presently in medical school at the University of Queensland in Australia. She was repeatedly All Conference in track at Occidental College. Moira is 18 and has been offered several university scholarships; she is a ballet dancer and high jumper just now figuring out what next direction to take.

In addition to their unflagging support of their children’s athletic endeavors, Amol and Karen founded a local road race to raise money for Palo Alto schools. The Juana Run, a pun on wanna run that references their children’s school’s original benefactor Juana Briones, has raised over \$300,000 for area schools since 1997.

Dr. Saxena typically rides 100 to 150 miles per week, with up to 20 miles of running on top of that. As a duathlete, Amol has experienced firsthand the problem many people face with

muscle cramping when you train in both running (mostly eccentric muscle movement) and cycling (concentric movement). Cyclists who try to run in the off season can suffer fierce calf cramping for this reason, an issue that can also hit you in the second of the two running legs of a duathlon. Attacking and overcoming the challenges of a sport with two somewhat incompatible activities illustrates the discipline and motivation that underlies some of Amol’s achievements, and to a certain extent sheds light on his life philosophy.

Challenging Assumptions

Purposely confronting something difficult can lead to the discovery of unconventional wisdom. Another interest Dr. Saxena has is myth-busting in medicine. Despite a presumed focus on evidence-based medicine within the medical community, myths do persist. Dr. Saxena has published a great deal of research—over 100 articles and book chapters—in areas related to lower-extremity sports injury, including Achilles, Lisfranc’s and Peroneal tendon pathologies; transplants and osteochondral injuries related to ankle reconstruction; arthritis; and stress fractures (both navicular and sesamoid).

“There is not a lot of evidence to support stretching to help prevent injuries,” he says. He will be speaking about several such myths at the AMAA’s sports medicine symposium in Boston this year. Though the competitor in him is not thrilled with the idea of being in Boston and not running the race, as he last did 10 years ago, he will no doubt be proud to see “a couple of top Americans this year that I’ve treated, and I’m looking forward to volunteering in the med tent.”

It’s important to acknowledge differences between athletes for the best outcomes, and along the way some of the old myths inevitably topple. Toward this end, Dr. Saxena usually has several research projects in development. For example, he says, “I’ve been collecting a lot of data, and I’m going to have a pretty big series on Achilles ruptures.”

Following New Paths

He is excited about certain advances in treatment, particularly soundwave therapy, which if implemented early enough in the treatment algorithm can prevent a lot of expense

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and recovery time down the line. Surgery might be avoided, and chronic problems staved off in this way. Also, since 2006 Dr. Saxena has been on the advisory board of AlterG, Inc., the makers of an anti-gravity treadmill with very promising rehabilitative applications, including geriatrics, balance problems, sedentarism, and musculoskeletal injury. The technology essentially allows for reduced bodyweight running; in Britain, the sports medicine community has so embraced this concept that they've coined a new version of the old RICE recovery acronym: POLICE, for protection, *optimal loading*, ice, compression, and elevation.

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After five weeks she began water running and worked up after seven weeks to an AlterG anti-gravity treadmill. At nine weeks she was back training outdoors, and within six months of the surgery she won the New York City Half Marathon.

Several years later, Dr. Saxena performed surgery on Radcliffe's other foot that arguably saved her career. "Paula had been running most of her career on an incompletely healed navicular stress fracture that decompensated just weeks before the 2012 Olympic Games so badly that she couldn't walk. She had developed midfoot arthritis and had pain walking with every step. I performed an arthrodiastasis surgery of her midfoot and repaired the fracture." A year and a half later, Radcliffe is running 80 to 90 miles per week—quite a turnaround for an athlete who was told to have her foot fused and that she would never run again.

Be That Kind of Doctor

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different distance track events: "To give anything less than your best is to sacrifice the gift."

Dr. Saxena's exciting endeavors, both professionally and personally, always seem to lead back to that good fortune of embracing running early on, and having top sports medicine pioneers practicing right in his hometown. He recalls fondly as a sometimes-injured athlete during his undergraduate years in Missouri being told by doctors there, "You live in Palo Alto. Those are the best guys—you should go and see them." When I decided to become a doctor I thought that I wanted to be that kind of doctor, where people say, "You should go see him." And this is exactly the kind of doctor Amol Saxena, DPM, has become.

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medical communities that have prevented a WFPB diet from gaining traction in our disease/treatment driven system. He repeatedly protests that these groups care more about maintaining the commercially profitable status quo than improving human health. A bane to his career and lifetime mission, his opposition refuses to accept and act on his, and others, research-based perspectives regarding the importance of eating plant-based whole foods and the dangerous effects of meat and dairy-based diets. The book contains no real silver lining.

Nowhere in the book does he mention efforts by produce growers, suppliers, distributors, and others to support their own self-interest by funding research and public exposure to push back against their meat and dairy protein driven opposition in favor of WFPB dietary approaches. Nowhere is a strategy suggested to overcome these barriers to achieving greater endorsement of

WFPB diets. Rhetorically, there are many helpful issues that could have been included.

Where is the produce industry in supporting WFPB research and promoting such diets? Why don't we see more advertising and visibility touting the benefits of whole food diets? How can vegetarians, who represent two percent of the US population, help promote this information? Where were the proponents of WFPB diets decades ago when the policy shifts started? What pathway should WFPB supporting organizations take to regain influence and policy direction, leading to a different balance? Who should lead this effort and what type of strategy should be employed?

A balanced and open national discussion about diet and nutrition based on scientific evidence is justified and needed considering the growing cost of health care. Band-Aids don't work; a paradigm shift is required. I felt that the arguable superiority of WFPB diets was somewhat overshadowed by two

things in particular. First is Dr. Campbell's diatribe against those competing factions that depend on the meat protein industry for financial survival, and second, selective pruning of some of his anecdotal stories to reinforce his points without showing the other side of the coin. Persuasion is about effective communication strategies. Change takes time, perseverance, and often proper financial and societal incentives.

Whole contains vital and well-presented information for people interested in the complexity and challenges of societies' dietary improvement. From that standpoint, it is a book worth reading given the importance of the continuing health care debate. At least for me, the book would have more enduring value if there was inclusion of proposed strategic and political solutions to the many problems discussed.