The average doctor's visit lasts less than 15 minutes. And between the time wasted on nervous chatter and trying to tie the paper gown, you're looking at just 10 minutes (or less) of poking, prodding, and question-answering. So you don't want to waste precious moments on a doc who's second-rate. But how to find the right one? Start with our list of the best M.D.s in the country...in the specialties most crucial to you.
CARDIOLOGY AND INTERNAL MEDICINE

There are only two risk factors for heart disease (your age and family history) that you can't do anything about—but it's the No. 1 killer of American women. "A healthy lifestyle goes a long way, but most Americans live on fast food and the most exerting thing they do all day is push a computer key," says Barbara H. Roberts, M.D., director of the Women's Cardiac Center at the Miriam Hospital in Providence, Rhode Island. The first step toward preventing the disease, she says, is convincing patients to alter their daily activities (for instance, exercising for just half an hour, five days a week, cuts your risk by 30 percent). That's where the internists and cardiologists listed to the right—selected for their focus on risk factors like high blood pressure, high cholesterol, and obesity—step in.

Crunch your numbers. "If you're not getting a physical every year, ask your ob-gyn to check blood pressure, blood sugar, and cholesterol at your annual appointment," Roberts says. "These are problems that often go undetected in young adults, and by the time you've figured out that your numbers are high, you could already have caused severe damage."

Clear the air. "Get real about smoking," says Sharonne N. Hayes, M.D., director of the Women's Heart Clinic at the Mayo Clinic. "It's the most powerful risk factor for heart disease, but many young women will say, 'I'm not a smoker. I only have one or two cigarettes when I go out with my friends.' They don't realize that every cigarette counts. In fact, your risk for having a heart attack drops just 24 hours after quitting.

Dermatology

Melanoma is the second most common cancer in women in their late twenties. But if it's treated early, the cure rate tops 90 percent. "New imaging tools allow us to spot cancer in earlier stages," says Lynn Cornelius, M.D., chief of dermatology at Washington University. "There are even a few vaccines in clinical trials."

Pick a better blocker. "I use sunscreen with an SPF of at least 30 to protect against UVA (longer, more penetrating rays) and UVB (shorter, more burning rays)," Cornelius says. Look for ingredients like mexoryl and helioplex, which stabilize the UVA-absorbing ingredients so they don't degrade as quickly.

Ban the bed. "Tanning salons are bad news," says Susan Sweeter, M.D., associate professor of dermatology at Stanford University. "Studies show that up to 35 percent of adolescent girls use indoor tanning regularly, despite a 75 percent increased lifetime melanoma risk for anyone who has used a tanning bed before age 35."

Obstetrics & Gynecology

Pap smears and pregnancy tests—that's what comes to most people's minds when they think of their ob-gyn. But now doctors must be prepared to advise patients on everything from the HPV vaccine to designer vaginoplasties (hint: they're not recommended). "We've seen many developments in the last decade," says Laura Riley, M.D., medical director of labor and delivery at Massachusetts General Hospital. "Yet our biggest challenge is still making people aware of basic issues like premature delivery, which occurs in more than 12 percent of pregnancies in this country."

Get painless results. "To make your Pap smear more comfortable, pop a Tylanol 30 minutes before you come in, and try not to schedule your appointment during the week of your period, when you tend to be more sensitive," Riley says. "If you're coming in because of symptoms like itching or burning, stop using OTC meds the day before your visit. Topical creams make it tough to get a proper diagnosis."

Take your best shot. "If you've never got the HPV vaccine," Riley says. "Along with significantly lowering the risk for cervical cancer, it can reduce the risk for dysplasia [abnormal cervical cells that can later turn into cancer]."

Endocrinology

In 1980, at-home blood-sugar monitors were the biggest thing in diabetes care since insulin. The monitors have gotten fancier since then, but the number of people with the disease has also gotten a whole lot bigger. With 33 percent of the population tipping the obesity scales and the diabetes rate edging toward 10 percent, endocrinologists in the U.S. are facing a crisis. "Fortunately, diabetes is a manageable condition," says Jiri Hirsch, M.D., professor of medicine in the division of metabolism, endocrinology, and nutrition at the University of Washington School of Medicine. "But unless you make controlling your blood sugar a priority, you're looking at some devastating complications down the road, including nerve damage or blindness."

Keep an inside track. "Diabetes is a disease of the details," Hirsch says. "Along with your glucose meter, bring to your checkups a three-day written log of what you've eaten, what your blood sugar readouts have been, and the insulin doses you've taken. We can use that to figure out whether you're managing the disease effectively."

Make your own odds. "If you develop high blood sugar during pregnancy, don't assume that you'll be out of the woods after you deliver," says Ellen Seely, M.D., director of clinical research in the endocrinology, diabetes, and hypertension division at Brigham and Women's Hospital in Boston. "Research shows that women who are diagnosed with gestational diabetes have a 50 percent risk of developing type 2 diabetes in the next five years. But you can make lifestyle changes that can prevent the disease."

TOP CARDIOLOGISTS AND INTERNSISTS

NORTHEAST
Paula Johnson Boston, MA
Lori Mosca New York, NY
Daniel Rader Philadelphia, PA
Steven Reis Pittsburgh, PA
Barbara H. Roberts Providence, RI

SOUTH
K. Lance Gould Houston, TX
D. Douglas Miller Augusta, GA
Suzanne Oparil Birmingham, AL
Carlo Pappone San Francisco, CA

MIDWEST
Sharonne N. Hayes Rochester, MN
James Stain Madison, WI
Annabelle Vogman Chicago, IL
Alan Weder Ann Arbor, MI
Jackson Wright Jr. Cleveland, OH

WEST
Debra Judelson Beverly Hills, CA
Sandra Lewis Portland, OR
Rita Redberg San Francisco, CA
Susan Wilansky Scottsdale, AZ

TOP DERMATOLOGISTS

NORTHEAST
Leonard Dubrow Media, PA
Jessica Fewkes Boston, MA
Allan Halpern New York, NY
David Leaf New Haven, CT
Stanley Miller Towson, MD

SOUTH
Rea Amoneff Memphis, TN
Craig Eichler Naples, FL
Neil Fenske Tampa, FL
R. Stan Taylor Dallas, TX

MIDWEST
Philip Balian Cleveland, OH
Lynd Cornellius St. Louis, MO
Timothy Johnson Ann Arbor, MI
Marcelle Neuberg Milwaukee, WI

WEST
Daniel Berg Seattle, WA
Glen Bowen Salt Lake City, UT
Hubert Greenway Santa Fe, CA
Susan Swetter Stanford, CA

TOP OB-GYNS

NORTHEAST
Joshua Copel New Haven, CT
Mary D'Alton New York, NY
Helain Lundy Washington, DC
Laura Riley Boston, MA

SOUTH
Alfred Abuhamad Norfolk, VA
Sebastian Faro Houston, TX
Gary Hanks Galveston, TX
John Sloes Chapel Hill, NC

MIDWEST
Bernard Gonik Detroit, MI
Mahmoud Ismail Chicago, IL
George Macones St. Louis, MO
Marjorie Treadwell Ann Arbor, MI
Isabelle Wilkins Chicago, IL

WEST
Jeffrey Cornell Scottsdale, AZ
David Eschenbach Seattle, WA
Thomas Moore San Diego, CA
Richard Sweet Sacramento, CA

TOP ENDOCRINOLISTS

NORTHEAST
Terry Davies New York, NY
Silvio Inzucchi New Haven, CT
Mary Korytkowski Pittsburgh, PA
Paul Ladenson Baltimore, MD
Ellen Seely Boston, MA

SOUTH
David Bell Birmingham, AL
Mark Feinglos Durham, NC
Arvon Powers Nashville, TN
Jay Sklifer Miami, FL

MIDWEST
Michael Brennan Rochester, MN
William Herman Ann Arbor, MI
Byron Hoogland Cleveland, OH
Janet McGill St. Louis, MO
GASTROENTEROLOGY

Irritable bowel syndrome, a condition marked by abdominal pain, cramping, bloating, and digestive distress, affects one in five adults. Yet not long ago it was considered to be a disorder of the mind, not the gut. Does it exist as a physical condition, or are individuals suffering from these symptoms not being taken seriously enough? Research has shown that many other factors are at play. "We’ve learned that it is a real disease and we no longer recognize triggers that can exacerbate it in addition to stress, including foods like red meat, coffee, and artificial sweeteners," says Marie Borum, M.D., M.P.H., director of the division of gastroenterology and liver diseases at the George Washington University. "This discovery has allowed patients to live more normal lives."

Oncology

Current genetic research is as tightly intertwined with cancer care as two strands of DNA. From the identification of risk factors like the BRCA mutations (known as the breast cancer genes) to genetic tests to determine how patients will respond to treatments, DNA discoveries have revolutionized cancer care. And though a cure may still exist only in oncologists’ dreams, "the field is moving rapidly," says Barbara Goff, M.D., director of gynecologic oncology at the University of Washington Medical Center. "I’m treating patients with drugs I didn’t even know existed a few years ago."

Put your genes to the test. "Know your family history," Goff says. "The Gynecologic Cancer Foundation has a free online risk assessment tool (wcn.org) that can help women identify whether they’re at risk for the gene mutations associated with cancer."

Take the lead. Ask about clinical trials, says Edith Perez, M.D., professor of medicine at the Mayo Clinic in Jacksonville, Florida. "Young adults have the lowest participation rate of any age group, yet it’s where cutting-edge treatments are born," she says.

Neurology

When Joel Saper, M.D., began his career 35 years ago, experts argued that women suffered from migraines more often than men as a result of their "anxious natures." Saper rejected that idea and new research shows that women’s higher headache rates to estrogen receptors in the brain helps explain it. "These days, nearly everyone can find relief thanks to new therapies like neurostimulation, which can ‘turn off’ headaches by using electrical pulses to block the sensation of pain in the brain," says Saper, director of the head pain treatment unit at Chelsea Community Hospital in Ann Arbor, Michigan.

Lose the flab, stop the stab. "Eating a healthy diet and losing excess weight can actually help reduce the frequency of migraines," Saper says. "Evidence shows that the heavier a woman is, the more estrogen her body produces and the more headaches she tends to have."

Avoid pill pitfalls. "Many pain medications, if used too often, can cause a rebound effect that leads to even more headaches," says David Buchholz, M.D., associate professor of neurology at Johns Hopkins University. Instead, he suggests taking a preventative approach, which includes eight hours of sleep each night and regular exercise. Also keep in mind: Other types of drugs—including birth control and antidepressants—often increase headaches, and may be best avoided.

Orthopedics/Sports Medicine

There was a big disparity between the resources available to male athletes and female athletes when Deborah St-Pierre was growing up. "Twenty years ago, if you weren’t a football player, your injuries weren’t taken seriously," says the associate professor in the department of physical medicine and rehabilitation at the University of Colorado Denver School of Medicine. "Girls today are even more demanding of their bodies, but we’ve finally started catching up on how gender differences affect the risk for sports injuries. Now there are programs and clinics to meet women’s special needs." Researchers are even starting to develop women-specific training programs (St-Pierre’s pick is called Sportsmetrics) to protect female athletes against injuries.

Steel yourself. "There’s a misconception that strength training isn’t necessary as long as you’re doing aerobic exercise," Saint-Pierre says. "Runners think, ‘I run, so I don’t need to weight train my lower body.’ But overuse injuries occur most commonly when there’s weakness in the hips and butt—where all the bones in your legs are aligned."

Don’t push through fatigue, says Jo Harnan, M.D., Ph.D., codirector of the Women’s Sports Medicine Center in New York City. "People say, ‘I just wanted to do one more run on the ski slopes.’ But when you’re tired, you lose your sense of your body’s position in space, and that’s when you become more likely to get hurt."
Reproductive Medicine & Infertility

Unlike nature’s proverbial bunnies, “humans are surprisingly inefficient at reproduction,” says David Walmer, M.D., Ph.D., chief of reproductive endocrinology at the Duke University Medical Center. “It’s a delicate operation, and each cycle there are so many things that can go wrong.” And despite innovations like in vitro fertilization, there’s still a big gray area when it comes to fertility. “If a man has no sperm or a woman has blocked tubes, that’s an obvious problem. But many infertility cases are caused by a confluence of factors, and that can make a diagnosis difficult.”

Do it for the kids. “Three words: Don’t delay childbearing.” The right age to have kids is the earliest age that you’re in the right relationship,” Walmer says. “We could get rid of probably 80 percent of the infertility clinics in the U.S. if couples decided to have children at a younger age.”

Aim for a healthy weight. “It can keep your reproductive system running smoothly,” says Sandra Carson, M.D., professor of ob-gyn at Brown University. “Excess fat lowers insulin sensitivity; this is associated with higher levels of androgens [male hormones], which can stop ovulation.”

THE SELECTION PROCESS

Castle Connolly’s physician-led team of researchers follows a rigorous screening process to select the best doctors on the national and regional levels. Using mail and telephone surveys and electronic ballots, they ask physicians and the medical leadership at leading hospitals to identify exceptional doctors. Careful screening of doctors’ experience is essential before final selection is made among those highly regarded by their peers. Physicians selected for Whose Top Doctors” may also appear as Regional Top Doctors on-line at castleconnolly.com or in one of Castle Connolly’s Top Doctors guides, such as America’s Top Doctors or America’s Top Doctors for Cancer.

Paging Dr. Right

You always ask your coworkers for recommendations when you’re looking for a new doc, but are you asking them the right questions? Tick off this checklist next time you’re talking docs with a cubemate.

Does he let you talk? “We all know people who can hog the conversation, and unfortunately it’s common behavior among physicians,” says Phyllis Hollebeck, M.D., a family physician and the author of Sacred Trust: The Ten Balances of Life, Death and Medicine.

What’s the longest you’ve ever had to wait to get an appointment? For serious injuries, the office should be able to squeeze you in that same day; for yearly physicals, the wait should be no longer than six to eight weeks.

Does she do e-mail? “Medicine is one of the last professions to be dragged into the digital age, but you should be able to e-mail your M.D., and ideally, make appointments online,” Hollebeck says.

Does he inform you of all your test results? Some will call you only with abnormal results, but, Hollebeck says, good docs will notify you of all results. “You don’t want to be the one who fell through the cracks.”

If you’re planning to see an ob-gyn as your primary-care physician, does she do full physicals? “Pap smears aren’t enough.” Hollebeck says. Your primary-care doc should go over your entire medical history, do necessary bloodwork, and keep you up-to-date on your immunizations.

—Colleen Oakley