



Happy Feet

NHS Lothian Podiatry Service
Amanda Vardy/Gillian Hawthorne
Team Lead Podiatrists



NHS Lothian Podiatry

- Our service covers the whole of Lothian, Podiatry is a hosted service, hosted by WLHSCP.
- Care provided in clinics and the Domiciliary Setting (Care Homes/acute hospitals/Prisons and individuals own homes).
- We primarily provide care to **high risk** groups and education to all patients.

Cont'

- Podiatry clinics include:
 - Nail Surgery
 - High Risk Foot
 - Diabetic Foot Clinics
 - Musculoskeletal Service (MSK)
 - Rheumatology

Learning Outcomes

By the end of this session you should be able to:

- Understand what is meant by personal footcare
- When you would and wouldn't provide personal footcare
- Demonstrate how to cut/file toe nails safely
- Identify common foot problems
- Describe a good fitting shoe
- List signs that require an emergency referral
- When to refer to Podiatry.

Useful Resources

- NHS Lothian Podiatry intranet – A-Z Podiatry
- NHS Lothian internet:
- <https://weare.nhslothian.scot/podiatry>
- Ref help:
- <https://apps.nhslothian.scot/refhelp/podiatry>
- Care Home website
- <https://services.nhslothian.scot/carehomes/pages/default.aspx>
- Royal College of Podiatry = rcpod.org.uk
- Foot screening for diabetes = www.diabetesframe.org

Care Home Webpages hosted by NHS Lothian

Now available for all care home staff to access useful information and recent guidance

Google: NHS Lothian Care Homes Webpage or link <https://services.nhsllothian.scot/CareHomes/Pages/default.aspx>

Latest News



Covid Vaccination



Lothian Care Homes



Supporting
Resident's Needs



Education & Training



Staff Wellbeing



Testing



Useful Links



The website is available via your phone – simply search for the Lothian Care Home page and save to your screen for quick access and keeping up to date!

For more information or comments on content please contact carehomes@nhsllothian.scot.nhs.uk

The Aged Foot

- Normal Signs
- Skin: Dry, inelastic, prone to splitting
- Nails: Thick, hard, brittle and discoloured
- Bones: Bunions and clawing of the toes
- Blood flow: General reduction, slight coolness and colour change

Personal Footcare

- A lot of footcare is a feature of personal care and as such does not require a Podiatrist. Family, friends, carers (carers also include both health and social care staff) can all help with footcare.
- Personal footcare includes the tasks that adults normally do for themselves such as cutting and filing toenails, smoothing and moisturising skin, looking for signs of infection or other problems which need referral to a Podiatrist. Personal footcare is part of a personal hygiene routine
- Personal Footcare Guidance published by the Scottish Government (2013) clearly explains the difference between personal footcare and clinical podiatry. Alongside this module the Podiatry Department can provide additional practical support should this be required.

Nail Care

- Nails should be filed weekly in length and thickness.
- If cutting nails cut after a bath when softer, do not cut shorter than pulp of toe
- Podiatry department can provide practical support on request.

Suitable Equipment



Simple Dressing



Nail Pathologies

Thickened & Fungal Nails



Gryphotic/neglected nails



Involuted Nails

Toe nails with increased curve

- It is important not to cut nails too short, ideal length pulp of toe. This will help prevent ingrown toenails.
- Often curved nails do not cause any problems when at the ideal length and filed weekly.
- Curved/ingrown nails may require nail surgery if painful or prone to digging in, last resort.



Common Skin Pathologies

Corns & Callous

- Shoes may be too tight or too loose.
- Gently File hard skin/ corns
- Hard skin has a protective function and not always painful.
- Painful corns and hard skin should be referred to a podiatrist for tailored treatment and advice



Common Skin Pathologies

Soft Corns

- A change in footwear is essential to cure these.
- It's not possible to file this type of corn, avoid the use of corn plasters.



Athletes Foot (Tinea Pedis)

- This is a fungal skin infection it can be a result of being unable to wash and dry between the toes. It can also occur when the skin is moist.
- Treat with over the counter preparations from the chemist.
- Follow the directions given by the manufacturer and only seek help if the condition does not improve.



Skin Care

- Feet should be checked on a daily basis so problems are picked up quickly.
- Wash, but do not soak, the feet with warm water and soap.
- Any hard/dry skin down the nails can be gently removed with a soft nail brush
- Pay particular attention to the skin between the toes, both in washing and drying (remember to dry **gently** between the toes)

Dry Skin

- Apply a moisturisers morning and night
- Any dry/hard skin can be gently filed with a nail file
- Check for pressure issues



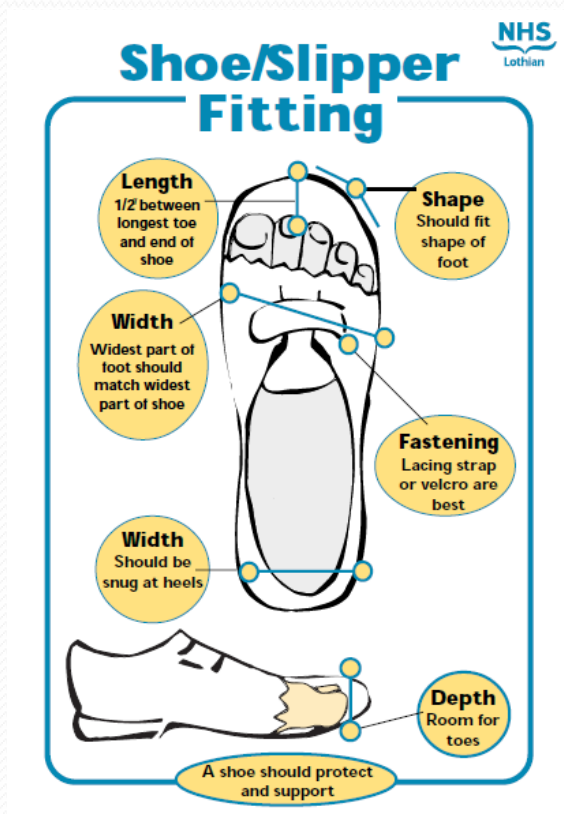
Common Foot Problems

Crossed over toes



Footwear

Shoe Fitting



Wear & Tear

Are shoes

Are there



Are soles worn



Are



Good Fitting Footwear

- Shoes should have a lace or strap that stops the foot from sliding forward and provides more stability when walking.
- Shoes should be half an inch longer than your longest toe.
- Poor fitting footwear may contribute to falls.
- Please check inside of shoes for foreign bodies, and check for signs of wear and tear regularly.

Suitable Shoes and Slippers



House Shoe



Podiatric Foot Conditions - Referral Guide

Urgent Referral: *Treatment within 2 working days (Mon - Fri)*



Foot ulcer with active cellulitis



Foot ulcer with necrosis



Foot ulcer, no cellulitis



Onychocryptosis (ingrowing toe nail)

Refer to podiatrist: *Treatment within 2 - 3 weeks*



Callus with extravasation
Referral: Soon, Diabetes Urgent



Grossly thickened nails



Painful hard skin and corn
Referral: Soon

No need to refer



Long nails / curved nails not causing any problems



Fungal nail



Slightly thickened nails



Athlete's foot



Dry skin

How to Refer

- Application forms can be requested from the Podiatry department or via NHS Lothian intranet (where applicable).
- Please call 0131 446 4631 in the first instance.

When to Refer to a Podiatrist.....

- Infection
- Ulceration
- Severe Nail Pathologies
- Painful corn and hard skin
- Painful Structural abnormalities (e.g. claw toes/bunions).

Infection

- Infection is classed as an emergency and should be referred to a podiatrist immediately.
- signs of infection include pain, redness and heat. Blood and pus may also be present.



Ulcerations



- Ulceration may be present but only visible after callus reduction
- Heavy build up of corn or callus should be referred
- Podiatry skills are concentrated on high risk patients to prevent ulcerations from occurring

Ingrown Toe Nails

- In order to help prevent such problems please do not cut nails shorter than pulp of toe and or down the side of the nail.



Poor Circulation

- Breaks in the skin will take longer to heal in individuals with poor blood supply to the feet.
- Any breaks in skin should be covered with a dry sterile dressing.
- Raise awareness with the appropriate person e.g. Nurse/district nurse/podiatrist



Heel Pressure

- Heel problems are more common in the elderly/frail/bed or chair bound.
- Heels should be checked morning and night
- Pressure relieving devices may be required.
- Nurse/District Nurse/Podiatrist can advise.



CPR for Feet

- Began as an initiative for diabetes in-patients in the acute sector but now extends to all community patients
- Detection of existing ulcers / neuropathy/ at risk patients
- Pressure relief/ prevention of ulcers in all diabetes patients

Have your patients with diabetes had: **CPR for their Feet?**

C Check



Check both feet:

- ❖ Is there an ulcer or gangrene?
- ❖ Is neuropathy present?
- ❖ Is action required?

P Protect



Protect feet if at risk due to:

- ❖ Neuropathy
- ❖ Previous ulcer or amputation
- ❖ Bed bound or fragile skin

R Refer



Refer all patients with a foot ulcer, gangrene or other major concern to the podiatry department or diabetes team.

Ext

Walking Off-Loaders



Non-weightbearing Off-Loading Devices




HEEL PROTECTION RANGE

NDC Codes

FootSafe Prevention Boot

Description	NDC Code	Supplier	TM Product Code
FootSafe Prevention Boot - Pre-Fit Adult (Small)	226246	TalaMed Ltd	FRPB-UG-19-S-P
FootSafe Prevention Boot - Pre-Fit Adult (Adult)	226252	TalaMed Ltd	FRPB-UG-19-A-P
FootSafe Prevention Boot - Pre-Fit Adult (Small Adult)	226250	TalaMed Ltd	FRPB-UG-19-S1-P
FootSafe Prevention Boot - Pre-Fit Adult (Large Adult)	226250	TalaMed Ltd	FRPB-UG-19-L-P

FootSafe Boot Sizing Guide

Shoe Sizes	UK	EU
FootSafe Prevention Boot - Pre-Fit Adult (Small)	6.5 - 8.5	33 - 36
FootSafe Prevention Boot - Pre-Fit Adult (Adult)	9 - 11	37 - 43
FootSafe Prevention Boot - Pre-Fit Adult (Small Adult)	6 - 7	34 - 36
FootSafe Prevention Boot - Pre-Fit Adult (Large Adult)	7.5 - 11	41 - 46
FootSafe Prevention Boot - Pre-Fit Adult (Size Large Adult)	11.5+	46+

**If calf circumference is larger than normal (maybe oedema present) consider fitting larger size than determined by shoe size.*

HeelSafe pressure relief pad

Description	NDC Code	Supplier	TM Product Code
HeelSafe Over Mattress Pad - Pre-Fit Adult (Not Deter Cover)	226251	TalaMed Ltd	FRP-CRCS

SoleSafe Bed End Pressure Relief Pad

Description	NDC Code	Supplier	TM Product Code
SoleSafe Bed End Pad - Pre-Fit Adult (Not Deter Cover)	226253	TalaMed Ltd	PSA-CRCS



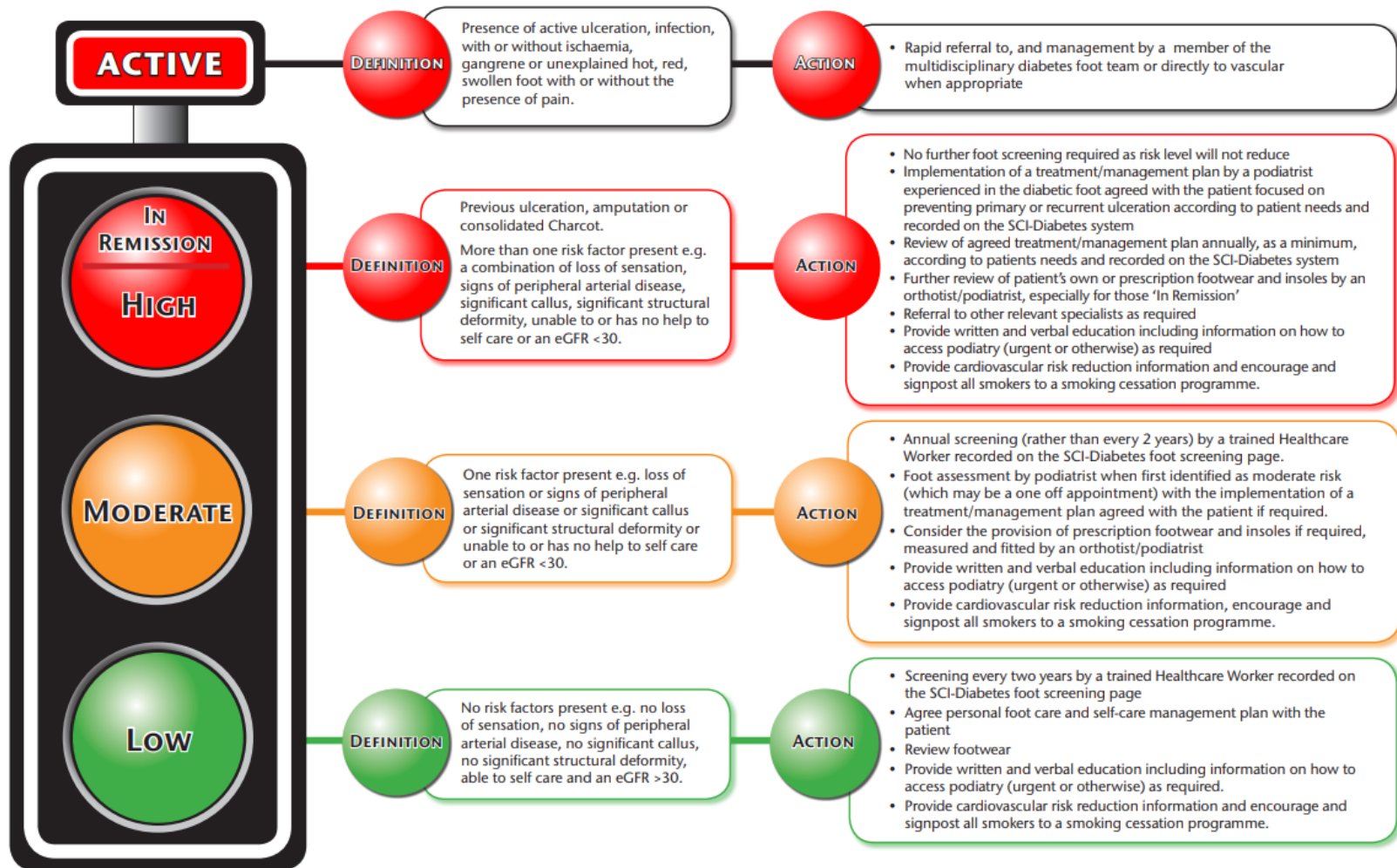


For more information:
 Medica Innovations Ltd, Springfield House, Rowood Way, Rowood Industrial Estate Chesterfield S41 9BN, United Kingdom.
 Tel: +44 (0) 1226 284556 Fax: +44 (0) 1226 288945 Email: enquiries.info@medica-innovations.com
www.medica-innovations.com

Diabetes – Know the risk.

- Diabetic patients should have their feet checked by a qualified person **yearly**, this may be GP, Practice Nurse or Podiatrist.
- If the results of the patients foot assessment puts them at low risk of developing foot complications then you can safely look after their feet and undertake weekly nail filing.
- Low risk patients with no foot problems do not need to be referred to the podiatry department. **If in doubt and concerned always refer to Podiatry**
- Moderate and high risk patients should have podiatry input due to a greater risk of ulceration.

DIABETIC FOOT RISK STRATIFICATION AND TRIAGE



Useful Resources

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Thank you for Listening
Any questions?

