



The Hearing Aid Podcasts

Series 12 Episode 10

Community Podiatry

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Learning outcomes:

Knowledge:

- To Know where community podiatrists are and how we can work with them

Skills:

- have an understanding of some of the key conditions and assessment questions we can ask patients about
- be able to appropriately assess and advise a patient about footwear

Attitudes:

- To consider how you might work with podiatrists in your work

Paper of the Week



Optimizing footwear for older people at risk of falls

2008, Volume 45 Number 8,, Pages 1167 — 1182

Jasmine C. Menant, PhD;¹ Julie R. Steele, PhD;² Hylton B. Menz, PhD;³ Bridget J. Munro, PhD;² Stephen R. Lord, PhD, DSc¹

This weeks paper of the week is a systematic review of 79 articles looking at footwear and falls risk. Falls are known to most often occur during motor tasks with footwear having been identified as an environmental risk factor for both indoor and outdoor falls.

3 main areas were explored.

- 1) What footwear do most older people wear?

Older people wear inappropriate footwear inside and outside their homes. A lack of knowledge about the importance of safe shoes and/or financial considerations may contribute to why older people replace shoes less frequently. Choice of footwear might be dictated by comfort and the need to accommodate painful feet leading to older people wearing excessively flexible and/or overly long and wide shoes. Older people may select shoes without fasteners for the practical reasons that they do not have to bend down to tie laces or fasten straps. (Menant et al, 2008)

- 2) Is footwear a risk factor for falls in older people

Suboptimal footwear, regularly worn by older people, increases the risk of falls. There may be an increased risk of falls for those who walk barefoot, in socks, or in shoes without slip-resistant outer soles, or their risk of tripping by wearing ill-fitting slippers or shoes lacking fastenings. Wearing shoes that are the wrong size might also lead to foot problems which may then further contribute to falls risk.

- 3) What are the effects of specific footwear conditions on stability?

Researchers assessed a number of features of different footwear such as assessing the impact of thicker running shoe type soles, raised heels, thicker and thinner soles.

For older adults wearing running shoes they had an increased mean error in estimated joint position compared to younger adults, in addition to a baseline 162 percent lower joint awareness at baseline when compared to younger participants.

More than ¼ of community dwelling older adults were reported to walk barefoot in their homes which again increased their risk of falling.

Individuals who wore shoes with a high heel compared to those wearing lower or no heeled shoes had a slower walking speed, shortened stride length and increased cadence which could be explained as a more cautious walking pattern.

Over all Menant et al report that older people should wear appropriately fitted shoes both inside and outside their homes with thin, hard soled shoes to optimise foot position. A tread sole and bevelled heel may prevent further slips on wet and slippery surfaces.

Social media

Georgie:

Sonia Sparkles- empowerment posters for patients to be empowered in own care.

https://publish.twitter.com/?query=https%3A%2F%2Ftwitter.com%2FSonia_Sparkles%2Fstatus%2F1572801756052221952&widget=Tweet

https://twitter.com/Sonia_Sparkles/status/1572801756052221952?s=20&t=g1At3rHTiQd25xESBM8y9A

Iain bought a tweet from Neuroscientist Jessica Ross sharing a paper from their work looking for potential biomarkers for delirium.

<https://twitter.com/jessicamross8/status/1582148730853109760?t=1CMwoNDQDpSaLLOvWqMUeA&s=19>

<https://pubmed.ncbi.nlm.nih.gov/28165616/>

Main Discussion - 'a day in the life of...'

Podiatrists are specialists in assessment and management of the lower limb, and focus their treatments on the foot and ankle. They might work in hospital or community settings although the majority of NHS podiatry is provided through outpatient and community clinics. Patients are most often referred to podiatry services by their GP.

Podiatrists cover a huge range of lower limb pathologies such as

- wound care
- diabetes
- nail surgery
- prescribing orthosis
- musculoskeletal conditions

and work alongside MDT colleagues such as district and tissue viability nurses, OT's, vascular and endocrine consultants and surgeons. Podiatrists themselves may select to specialise in certain areas of practice such as paediatrics, vascular specialty or many more. Some podiatrists may choose to undertake further training to become independent prescribers.

back in episode 2.7 we discussed how foot health can be divided into two parts- form and function. In this episode we discussed key questions you can ask patients about their

foot health and we considered how we consider foot health in our own assessments as clinicians.

Common things to consider for older persons feet:

- Ageing feet have thinner skin, and we lose the fatty padding around our feet especially on the soles. This reduces some of the shock absorption. Considering the moisture and any damage to the skin on feet is important, particularly between the toes as this can be a potential infection site.
- Looking for hotspots can be a useful way to identify potential foot issues early. Look for areas of redness that might be the start of blisters and ulceration. The key in foot care is early identification and prevention. Look at the backs of heels, sides of feet and bony prominences, and try to encourage people to regularly check their own feet for changes.
- If treating wounds or ulcerations consider the tape or dressings used on the thinning skin of older people's feet.
- As people age there is a reduction in sensory feedback from the feet and this can be compounded by the impact of disease pathology such as diabetic neuropathy or stroke meaning wounds or injury may be worse before a person is aware of them.
- Are the feet a good colour and temperature? Is there any vascular concern? Is there any acute vascular issues on top of chronic underlying conditions that need managing?

Footwear

ensure footwear is well fitted and appropriate to a person's foot shape.

Velcro is useful for people whose feet change shape frequently for instance as a result of oedema.

For a person with oedema a podiatrist may consider:

- What is the **cause of that oedema**? So, like you said, is it heart failure? Are there any kidney issues? Is it gravitational oedema because they can't lie down at night time, so they're sleeping in a chair and their feet are down all the time?
- **So do we need to get further input from the wider MDT?**
- So do we need to think about compression bandaging?
- Have they got issues with the Lymph system? Do we need Lymph Bandaging?
- Do we need compression bandaging to manage that so that we can get into more of an over the counter shoe?

Jean:

For Jean, along with the considerations we spoke about earlier, there are some specific considerations related to both her Parkinson's and Dementia.

Parkinsons

Jean's balance is more challenged with the Parkinson's and her feet will be trying really hard to cope with these changes in gait and posture. So it may cause the toes to sort of splay and to claw. And this happens in an attempt to kind of grab the ground or the footwear to try and keep Jean more stable.

But in time, because this is so repetitive, this can cause like a buildup of excessive pressure, particularly on the end of the toes, and this can then result in painful callus or it could even result in ulceration. So certainly that's something to be really mindful of. And the changes in balance and confidence can often cause patients to take shorter strides and they strike the ground differently, so they tend to strike with a flatter foot instead of the heel. But that heel strike is really important for a good gait cycle and to gain adequate propulsion to move you into the next step. To help with this, Jean should wear really good fitting footwear with supporting sole, good fastenings, you want it really secured to the foot.

Allowing for Six to ten millimetres at the end of the shoe would be really useful because that gives the toes a bit more space to stretch out. And as the gait is quite shuffling as well, there would be that risk of the toes rubbing inside the actual shoe.

Podiatrists would encourage Jean or anyone to be using a walking aid if they feel it's needed. There can still be quite a lot of stigma around walking Aids, but they can be really useful for people who need them.

Patients who have Parkinson's tend to stiffen up at the ankle because they're not walking as effectively as they should. So practising heel to toe exercises whilst they're sitting down can help keep those ankles a bit more flexible and a bit more mobile.

Dementia:

Some people living with dementia may walk around for large periods of time in a day, considering the impact of that high load upon the feet is important. *Having **nice cushioned, supportive footwear**, that's going to give them that good shock absorption and as much protection as possible, not just piling on pressure on every stride. And certainly not the barefoot as well.*

***If they can if you can encourage them to wear shoes, even trainer style**, with a velcro fastening, that's going to be supportive and cushioned to try and minimise any problems that may occur.*

If there's significant cognitive impairment, we might enlist help from family and carers. Does she need to apply emollients or certain creams to the feet, but not in between the toes? If we're providing an Orthotic, we have to make sure that that orthotic is used in the most appropriate footwear.

Additional points

Nationally there is a shortage of podiatrists in the UK, which contributes to longer wait times for patients.

Podiatrists can complete a 3 year university degree, or some enter the profession via a accelerated pre registration MSc. Some NHS trusts also offer an apprenticeship route which also involves completing a degree.

Curriculum Mapping

NHS Key Skills Framework	Core	Communication 2: Personal and People development: Quality	Communicate with a range of people on a range of matters Contribute to own personal development Maintain the quality of own work
	Health and Wellbeing	HWB4 Level 2 HWB4 Level 3	Enable people to meet ongoing health and wellbeing needs. Plan , deliver and evaluate care to meet peoples health and wellbeing needs
Foundation training Curriculum	Foundation Year 1	Section 2.6 Interface with HCPs	Describes the structure and importance of the wider healthcare team Works effectively within the healthcare team for the benefit of patient care Makes clear, concise and timely written and oral referrals to other healthcare professionals within the hospital
		Section 2.7 Interaction with Colleagues	Acts as a member of the multidisciplinary professional team by supporting, respecting and being receptive to the views of other healthcare professionals Works effectively with others towards a common goal e.g. accepts instructions and allocation of tasks from seniors at handovers and multidisciplinary team meetings
		Section 4:20 Healthcare resource management	Demonstrates understanding of the organisational structure of the NHS and independent sector and their role in the wider health and social care landscape Describes hospital and departmental management structure
	Foundation Year 2	Section 2.6 Interface with other healthcare professionals	Demonstrates ability to make referrals across boundaries /

		Section 2.7 Interaction with Colleagues	<p>through networks of care (primary, secondary, tertiary)</p> <p>Demonstrates initiative e.g. by recognising work pressures on others, providing support and organising / allocating work to optimise effectiveness within the clinical team</p>
		Section 2.7: continuity of care/ Interaction with colleagues	
GP training Curriculum		<p>Clinical management</p> <p>Managing complex and long term care</p> <p>Working with colleagues and in teams</p> <p>Working well in organisations and systems of care</p> <p>Organisation, management and leadership</p>	<p>Contribute to an organisational and professional approach that facilitates continuity of care (e.g. through adequate record keeping and building long term patient relationships)</p> <p>Organise follow up of your patients after referral through multiprofessional, team bases and structured approaches including monitoring, reviewing and regular care planning.</p> <p>Demonstrate the ability to effectively 'navigate' patients with multiple problems along and between care pathways, enabling them to access appropriate team members and services in a timely and cost-effective manner.</p> <p>Enhance working relationships by demonstrating understanding, giving effective feedback and maintaining trust.</p> <p>Appropriately seek advice from other professionals and team members according to their roles and expertise.</p> <p>Show commitment to a process of continuing professional development through critical reflection and addressing of learning needs.</p> <p>Recognise the importance of distributed leadership within health organisations, which places responsibility on every team member and values the</p>

		Community orientation	<p>contribution of the whole team</p> <p>Describe the current structure of your local healthcare system, including various role, responsibilities and organisations within it, applying this understanding to improve the quality and safety of care you provide.</p>
Core medical training curriculum		Managing long term conditions and promoting patient self care:	Define the role of rehabilitation services and the multi-disciplinary team to facilitate long-term care
Internal medicine training curriculum (Stage 1)		Cat 2.3 . Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement	Communicates effectively with clinical and other professional colleagues Geriat
Geriatrics and higher specialty training curriculum		<p>27:</p> <p>30:</p>	<p>Define the role of rehabilitation services and the multi-disciplinary team to facilitate long-term care</p> <p>CGA Have knowledge of the major sources of financial support, especially attendance allowance Have knowledge of the range of agencies that can provide care and support both in and out of hospital and how they can be accessed</p> <p>Rehab and MDT working. Roles and expertise of different members of interdisciplinary team</p>