

Specialty Foot Care—Romy Burgess Burfitt Shares her thoughts on her role in advanced foot care

The role of the Foot Care Nurse

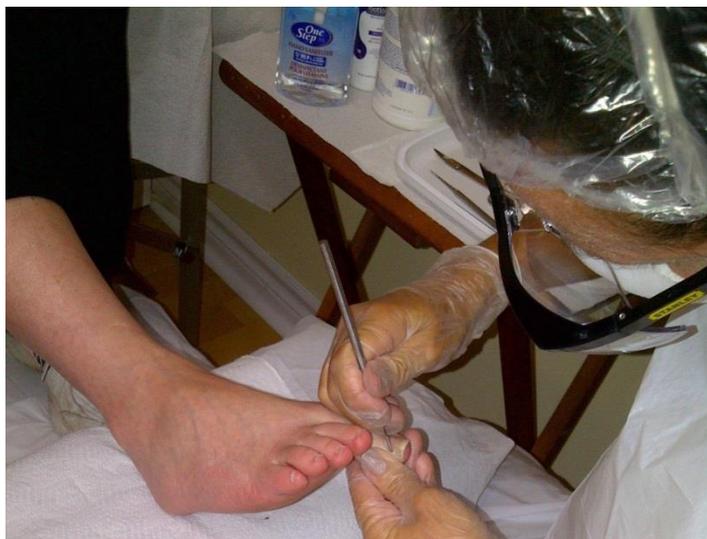
As a specialized foot care nurse Romy provides assessment, education, and management of potential foot problems in the diabetic and geriatric population. Knowing that foot complications are a major cause of morbidity and mortality in persons with diabetes, and contribute to increased health care utilization and costs, Romy is also a passionate educator for nurses who wish to advance knowledge in the field. Given an aging demographic in Canada and a rise in the incidence and prevalence of type 2 diabetes mellitus, Romy hopes to see more foot care nurses as she knows there will be more opportunities for experts in the field.

What is a Foot Care Nurse?

A foot care nurse is a nurse who has obtained specialized training in Basic and Advanced Nursing Foot care.

- Many foot care nurses take a postgraduate course in Advanced Foot Care offered by community colleges or private career colleges and receive a certificate of course completion from the institution

Infection Control - Romy reinforces basic principles



- Always clean hands with soap and water or alcohol hand sanitizer before and after each client.
- Use latex free gloves before, during, and after providing foot care treatments.
- Use a disposable mono filament as this decreased the risk of spreading fungal spores and bacteria
- Provide a barrier under the client's feet such as a blue pad or disposable paper towel to reduce the risk of cross contamination
- Never put the clients feet on your lap as fungal spores are the hardest life form to destroy.
- When providing treatment, a good footstool is best for the client to rest their feet on.
- Use a chair with a backrest to protect your lower back.
- Always cut the nail straight across.
- Use a foot file that has a disposable abrasive pad when filing nails.
- Use safety goggles or face shield to protect your eyes as the clipped nail can project like a missile.

- When filing the calluses, an N95 mask, a disposable plastic apron and a spa cap are recommended to protect lungs against air borne particles.
- Scrubs or lab coat should be removed immediately after foot care, and prior to leaving the work area to prevent the spread of fungal spores.
- Always clean tools as per institutional protocols and in keeping with CNO guidelines and Health Canada Foot care Infection Control Standards.
- At the conclusion of the treatment provide a foot rub with a urea based cream, and if possible advocate for the client to use it on their feet to decrease callus buildup.

Romy is a diabetes educator who also teaches foot care at the College of Health Studies

Romy's practice is informed by the Canadian Diabetes Association Clinical Practice Guidelines 2013, CNO guidelines on infection control and Health Canada Foot Care Infection Control Standards.

VOLUME 1, ISSUE 2

Semmes-Weinstein Monofilament Test -

PAGE 7

History and How To of Somatosensory Testing



Did you know that? - A short history

Sidney Weinstein was a philosopher, author and gifted sculptor in addition to being one of the first neuropsychologists

Josephine Semmes was a neurophysiologist working at National Institutes of Health when the monofilament thresholds were first used. As a tribute to her, Dr. Weinstein wanted her name first.

When DuPont first invented "Nylon" it was a fascinating unexplored substance. Weinstein recognized its viscoelastic properties as a superior replacement for the progressively sized diameter horsehairs he had been using in sensory threshold testing

Source: http://www.timelyneuropathytesting.com/weinstein_tribute.htm

Do you know how? - CDA guidelines help out

1. Show the 10-g Semmes-Weinstein monofilament to the patient.
2. Touch it first to the patient's forehead or sternum so that the sensation is understood.
3. Instruct the patient to say "yes" every time the monofilament stimulus is perceived.
4. With the patient's eyes closed, apply the monofilament to the dorsum of the great toe proximal to the nail bed as shown in the illustration below. Use a smooth motion - touch the skin, bend the filament for a full second, then lift from the skin.
5. Perform this stimulus 4 times per foot in an arrhythmic manner so the patient does not anticipate when the stimulus is to be applied.
6. For each of the 8 stimuli, assign a score of 0 if it is not perceived, 0.5 if it is substantially less than that perceived on the forehead or sternum, and 1 if it is perceived normally. A score of 3 out of 8 responses means that the presence of neuropathy is likely. A score of 3.5 to 5 means that the risk of new onset neuropathy in the next four years is high. A score of 5.5 or greater indicates that there is a low risk of neuropathy onset in the next four years

2013 CDA Clinical Practice Guidelines



VOLUME 1, ISSUE 2

PAGE 8

Nurses Using Best Practices Everywhere and Everyday

Basic foot care nurse competencies include; Having a thorough knowledge of foot care problems of the diabetic foot, knowing how to treat calluses and common nail disorders, assessing the client feet for sensation using disposable monofilament testing, checking blood flow, checking pedal pulses, wounds or infection, and provide referral as needed to other primary health care

Reducing Foot Complication for people with Diabetes, Revised (RNAO, 2007) provide best practice guidelines.

- Physical examination of the feet to assess risk factors for foot ulceration/ amputation should be performed by a health care professional.
- The examination should be performed at least annually in all people with diabetes over the age of 15 and at more frequent intervals for those at higher risk.

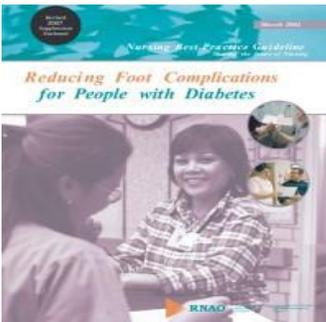
- The nurse should conduct a foot risk assessment for clients with known diabetes. This risk assessment includes the following:
 - History of previous foot ulcers
 - Sensation
 - Structural and biomechanical abnormalities and Circulation
 - Self-care behaviour and knowledge.
- Based on assessment of risk factors, clients should be classified as “lower” or “higher” risk for foot ulceration/ amputation.
- All people with diabetes should receive basic foot care education.
- Foot care education provided to all clients with diabetes and reinforced at least annually.
- Nurses in all practice settings should provide or reinforce basic foot care education, as appropriate.

Basic foot care education for people with diabetes should include the following six elements:

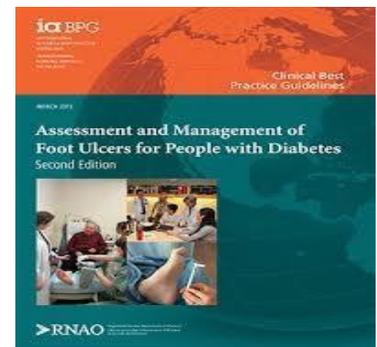
- Awareness of personal risk factors
- Importance of at least annual inspection of feet by a health care professional
- Daily self inspection of feet
- Proper nail and skin care
- Injury prevention and when to seek help or specialized referral
- Individuals assessed as being at "higher" risk for foot ulcer/amputation should be advised of their risk status and referred to their primary care provider for additional assessment or to specialized diabetes or foot care treatment and education teams as appropriate.

Final Words from Romy

Patients with diabetic complications such as nerve damage or neuropathy, may not be feel pain, even with injury, and this predisposes them to foot ulcers and infection.



All nurses are well placed to monitor for risk and to provide or reinforce basic foot care education and treatment as appropriate.



For those who want to provide advanced foot care services there are many opportunities for developing skills and acquiring certifications at the postgraduate level.

Fun Foot Facts

- When walking, each time your heel lifts off the ground it forces the toes to carry one half of your body weight.
- In a pair of feet there are 250,000 sweat glands
- Butterflies taste with their feet
- Shoe sizes were devised in England by King Edward II who declared in 1324 that the diameter of one barely of corn—a third of an inch—would present one full shoe size
- 9 out of 10 women buy shoes that are too small
- Walking is the best exercise for your feet
- A quarter of all the body's bones are in the feet

From: www.foot.com/site/professional/foot-facts

And More Sobering Statistics

In 2008/09, Canadian adults with diagnosed diabetes were almost 20 times more likely to be hospitalized with non-traumatic lower limb amputations than their counterparts without diabetes.

Non-healing ulcers and deep-seated (bone) infections are the most common reasons for amputation.

