

Foot & Ankle

GP Protected Learning @ Crawley

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Learning Areas

- The Foot and Ankle Pathway
 - Differentiation:
 - MSK, Secondary Care, Podiatry, Physiotherapy
- Examination for Common Disorders
 - Shoes and socks off
- Q&A

Pathway

- A patient might say:

“I can plan my care with people who work together to understand me (and my carer[s]), allow me control and bring together services to achieve the outcomes important to me”.

National voices 2013

Quoted in: Patient Centred Care in the 21st Century

Royal College of General Practitioners 2013

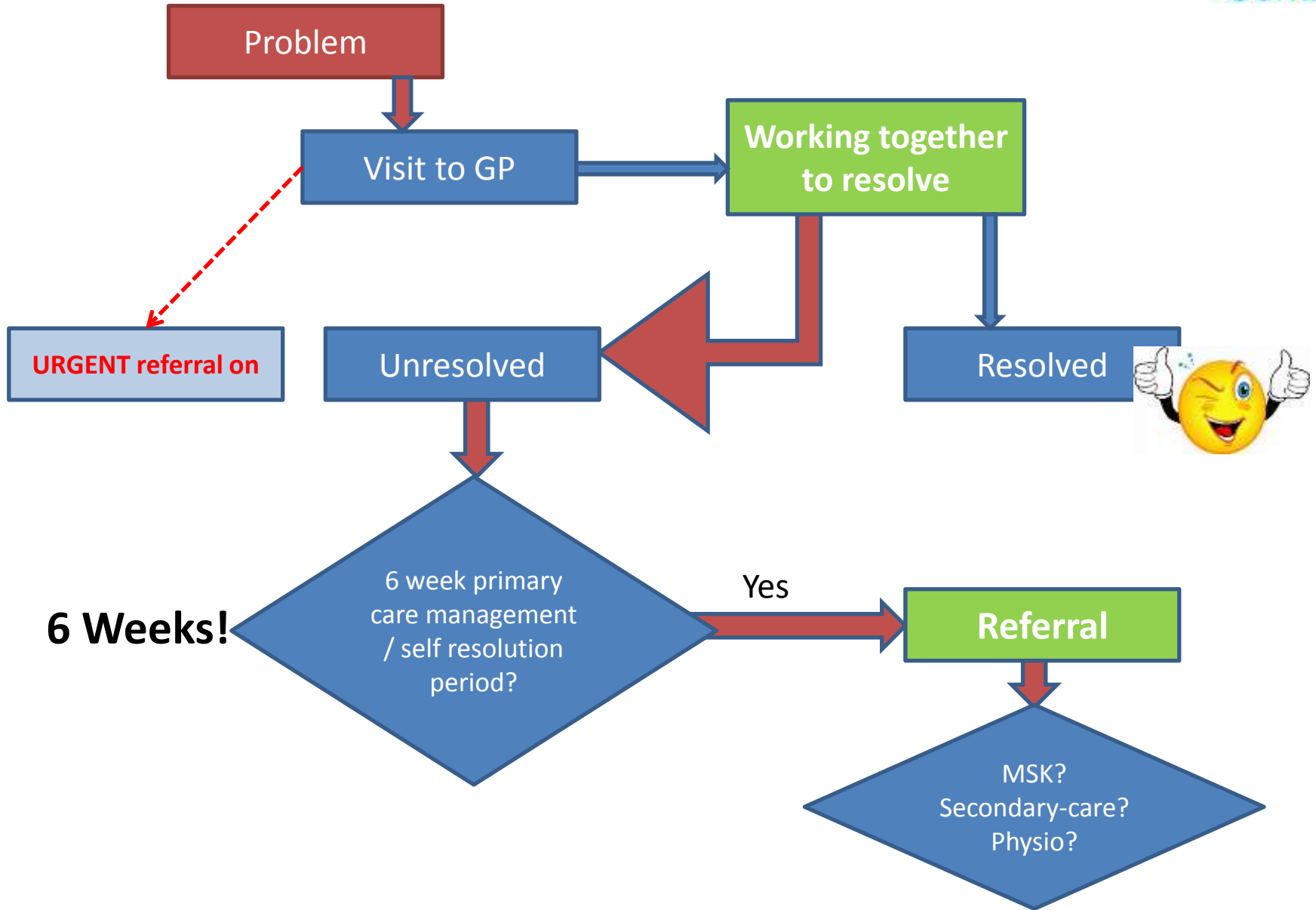
Pathway

- A patient presents to the GP....

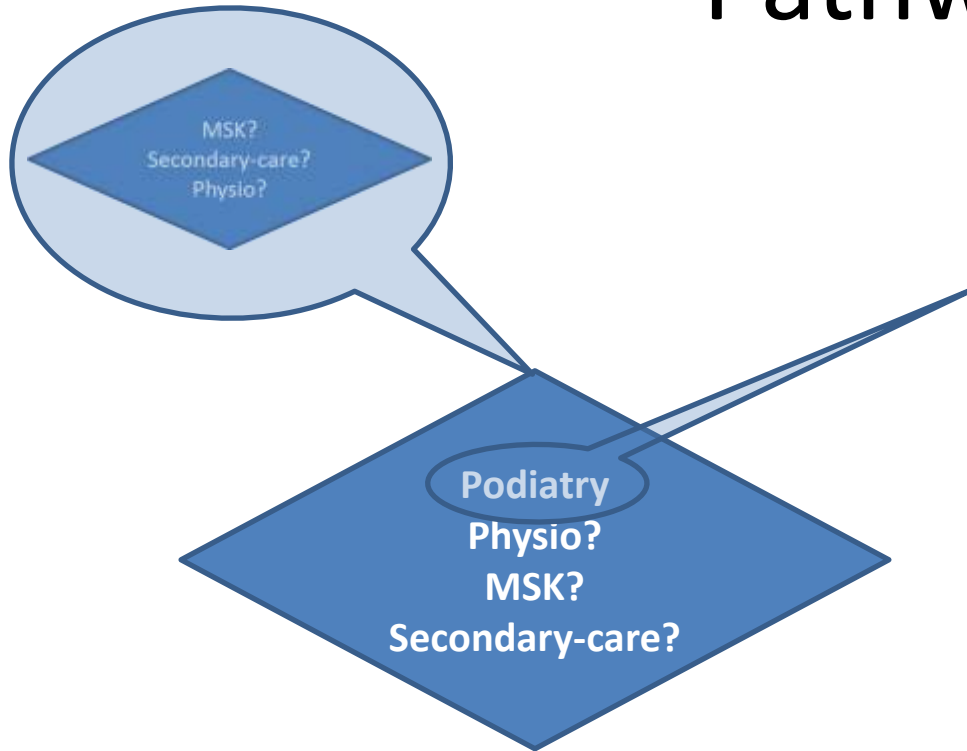
History:

- Red flag, infection?
- Disruptive?
- Patient self-management (self care)
- Advice and reassurance
- Pain management

Pathway



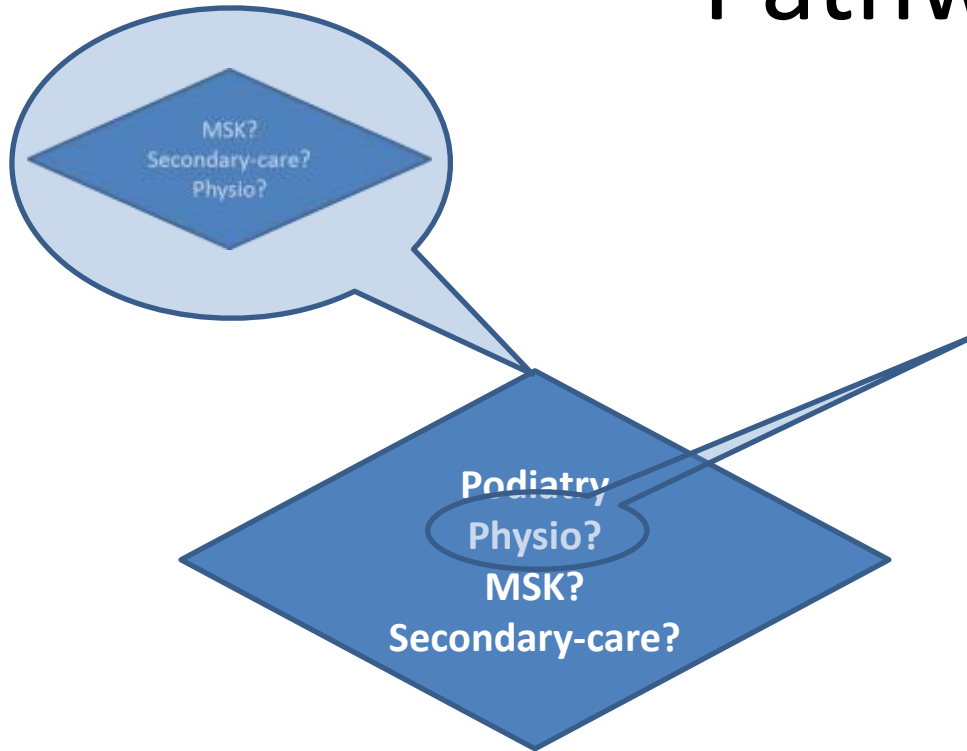
Pathway



Refer directly to Podiatry

- Nail problems
- Diabetes
- Hammer Toe
- In Growing Toe Nails
- Corns / Callouses
- Ulcerations/INFECTION/
INFLAMATION (upgrade to URGENT)
- Poor Circulation
- Heel Fissures
- Neuropathy
- Gangrene (upgrade to URGENT)
- Claudication

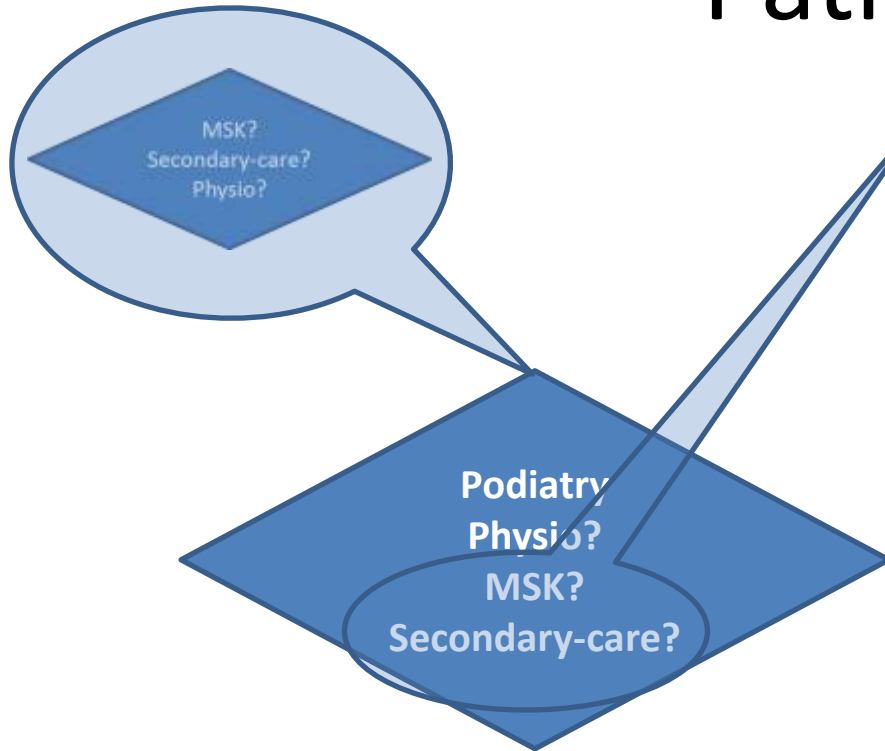
Pathway



Refer directly to Physiotherapy

- Ankle sprains that are not improving within the first 6 weeks
- Post Fracture rehabilitation
- Post Surgical rehabilitation
- Achilles tendonopathy
- OA Ankle

Pathway



Refer to Sussex MSK partnership

Plantar Fasciitis
Orthotics (Insoles /Foot Supports)
Heel Pain
Bunions
Flat Feet /Pes Planus /Pes Cavus
Achilles Tendon Pain /Tendonitis
Metatarsalgia
Morton's Neuroma /Bursitis
Over Pronation
Fibromas /lump /bump /ganglion
(Bio)Mechanical foot, leg knee, back pain
Leg length Difference
Posterior tibial tendon Dysfunction (PTTD)
Foot/Ankle Arthritis
Mid/ Rear /Forefoot / Ankle pain
Gait/ walking abnormalities
Fallen arches

Caveats - Red Flags

- Sudden foot drop (Neurological, spinal)
- Sudden change in foot posture (tendon rupture)
- Infection:
 - Post surgical
 - Septic arthritis
 - Osteomyelitis
 - Late effect of metal implant
 - Charcot foot.
- Acute compartment syndrome

Consider referral to:

A&E

Diabetes MDT

Fracture clinic

MSK ICATS marked urgent!

Don't be afraid to phone for advice

Referral Check List



Acute History:

- Wait or refer urgently



Red Flags:

- Considered and when found, moved on.



Primary care management:

- Clinical diagnosis
- Analgesia
- First level advice and information
- Before referral provide the patient with an information leaflet
Available from our website:
<http://sussexmskpartnershipcentral.co.uk/foot-and-ankle/>
- Promotion of patient led remedies (exercise/stretching, Shoe gear, *over the counter* insoles)

All ticked? Refer on



<http://sussexmskpartnershipcentral.co.uk/foot-and-ankle/>

The Foot and Ankle Service

The Foot and ankle service receives referrals from GPs and other Health Professionals. The service focus is on foot and ankle problems, however sometimes Knee, Hip and low back problems may benefit from an assessment from a foot and ankle specialist.

What is the Foot and Ankle Service?

The Foot and Ankle Service forms part of a range of services provided through the Sussex MSK Partnership. It is a service provided by clinicians, such as Podiatrists, with specialist knowledge and skills in caring for patients with Foot and Ankle conditions called Extended Scope Practitioners. The aim of the service is to provide patients with a high quality Foot and Ankle service that is based in a variety of settings, usually away from main hospital sites.

The following information provides more detail about how the service is run, what you can expect and how to contact us.



Neuroma Management



Management of Toe Deformities



Management of Soft Tissue Lesions



Management of Metatarsalgia



Local Steroid Injections



Hallux Valgus/ Bunion Surgery

Triage

Givens:

- We all want the patient to get to the correct place ASAP
- We are required to work in the MSK contract agreed with the CCG.

Where the patient goes depends on the information received in the referral.

- How did it start?
- What have you and the patient done so far?
- What previous treatments have happened?
- Does the patient want surgery – are they suitable?
- Anything else that may help us decide where the patient should go?

Manage the patients expectation

What can the ESPs do?

- Expertise in the anatomical pathway
- Access to imaging
- Direct referral for guided injections
- Direct referral to Orthopaedic colleagues and Podiatric Surgery
- Injection therapy
- Orthotics (in-shoe)

Examination for common disorders

- Common disorders
 - Fore-foot
 - Mid-foot
 - Hind-foot

- Practical

Genesis of foot pain

Medical

Biomechanical

Over loading

Activity

Trauma

Metabolic

Shoes

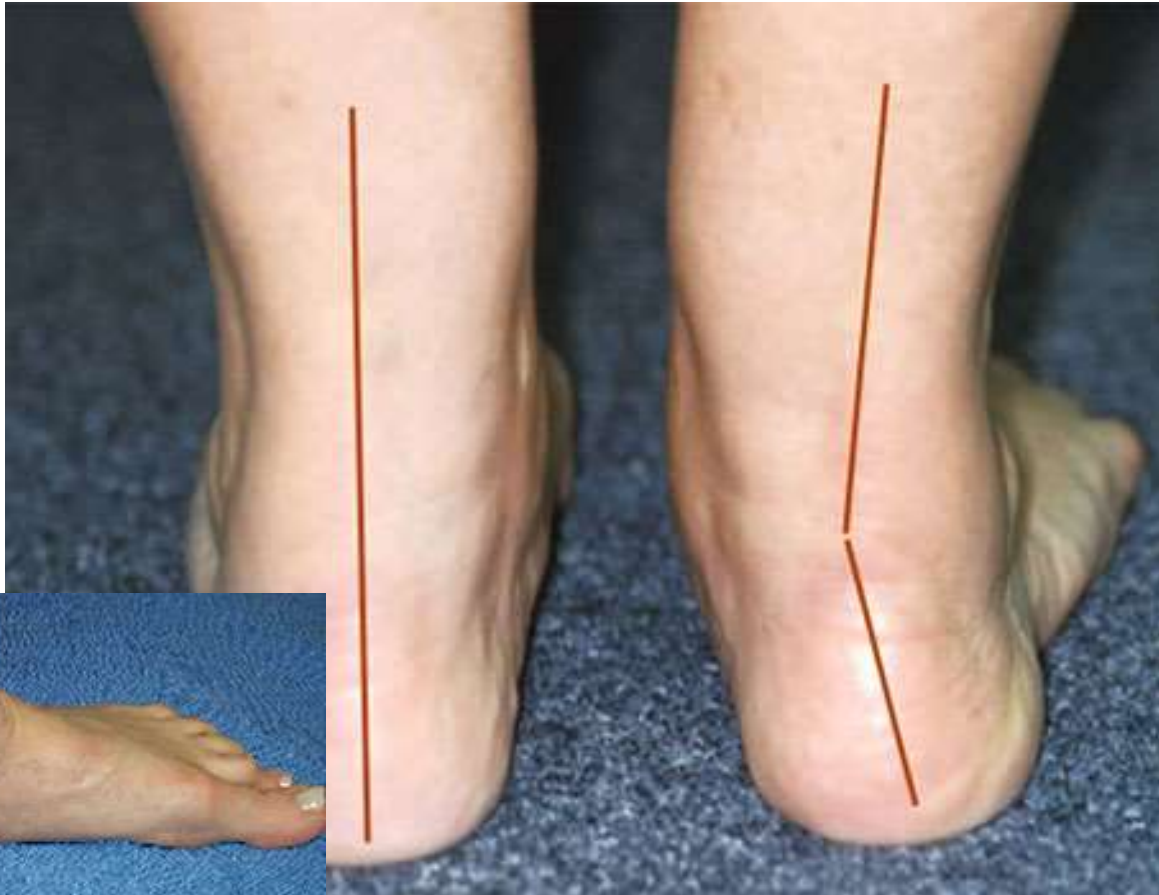
Occupation

Bunions (Hallus Abducto Valgus)

Neuroma



Pronated foot (flat f., Pes planus)



Rear Foot

