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EDITORIAL

Welcome to the Autumn edition of Footfiles. I hope you enjoy catching up on the news at Podiatry WA and in our profession in this edition.

I take this opportunity to announce that this will be my final edition as Editor. I have held the position of Footfiles Editor for the past 5 years and it is now the time to hand the role over to another Member who will enjoy editing our Western Australian Podiatry magazine.

I extend my thanks to the past and present Board for their support, to Karen Lyra for her CPD articles and sponsor advertisements, and for organising our regular, high quality CPD program; and to our Administration Officers who are instrumental in organising the content for each magazine edition.

Thank you to our many, many article authors over the years who have provided the members with updates and interesting professional articles.

Thank you to our sponsors who regularly advertise and therefore contribute to the funding of this magazine and other events.

Finally, I thank all the members of Podiatry WA for continuing to support a local Association. To those who have seen the value retaining their membership with a small and like-minded group of local Podiatrists, your support has allowed us to continue to exist and grow.

To our newer Podiatrists this is your time to help shape the profession in WA. Come and join in with the Board and other Podiatrists who are the drivers behind our Association. Your contributions whether big or small are invaluable.

A final farewell to all, stay safe and healthy.

Dr Corrina Petric (Podiatrist)
Footfiles Editor

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1. Ayello, E. A. et al. International consensus. Appropriate use of silver dressings in wounds. An expert working group consensus. *Wounds Int.* 1–24 (2012). Smith & Nephew Pty Ltd (Australia) www.smith-nephew.com/australia. Smith & Nephew Ltd (New Zealand) www.smith-nephew.com/new-zealand. *Trademark of Smith+Nephew. All trademarks acknowledged. 28508-anz V1 12/20. For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.



WELCOME TO MATTHEW PRANOTO, UWA Podiatric Medicine First Year Student Rep

As a first year Doctor of Podiatric Medicine student and recent pharmacology graduate, Matthew is an advocate of the student body, representing first year podiatry students. His interest stems from the development of orthotics and footwear to the management of high-risk foot and diabetic patients.

As a future podiatrist and primary healthcare worker, Matthew hopes to see an expansion in outreach for podiatric services,

connecting them to more regional and rural areas of Western Australia by better unifying the community under a single establishment. During his time as a first-year representative, Matthew explains that he hopes to "Contribute and develop a positive relationship between aspiring graduates and industry, by providing opportunities for students to better connect with the Allied Health society and POD WA community board."

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CPD Reports And Reviews

DR KAREN LYRA

As our CPD calendar begins for 2022, we are looking forward to providing our members with webinars and face to face events to promote quality learning and networking opportunities.

In February we hosted webinars with Dr Craig Payne (Podiatrist) on the Windlass Mechanism and Dr Rebecca Rushton (Podiatrist) on Blister Prevention advice.

In March we had planned to host Dr Joseph Frenkel (Podiatrist) from Melbourne but have had to reschedule to Sunday 12th June 2022. This decision was made after considering the current COVID 19 implications of holding an indoor event at a potential peak time for transmissions in our state. Our responsibility to our community is to provide best practice

with current information. We thank you for your understanding. This event will be livestreamed for anyone who is registered to attend but can't make it on the day.

Podiatry WA has organised two courses for members to complete their CPR and Anaphylaxis training on Saturday 30th April. These are a great opportunity for Podiatrists to get together, promoting connections locally and networking. The next opportunity to book for these courses will be late May and October 2022.

Our CPD team is always looking for new committee members to join us, and as always, your feedback and comments on CPD are always welcomed at cpd@podiatrywa.com.au

CPD CALENDAR AND EVENTS

DATE	TOPIC	PRESENTER	FORMAT	
30/3/22	Insights into Hallux Limitus Surgery	Dr Ned Buckley	Webinar	Online
30/4/22	Walk for Womens Cancer	Perkins Institute	Community Service Event	Nedlands
26/4/22	Peripheral Neuropathy and Falls Prevention	Dr Deb Schoen (Podiatrist)	Webinar	Online
30/4/22	CPR & Anaphylaxis Course	Time Critical Training Provider	AHPRA requirement annually	Balcatta
May 2022	CPR & Anaphylaxis Course	Time Critical Training Provider	AHPRA requirement annually	Balcatta
12/6/22	Podiatric Dermatology	Dr Joseph Frenkel (Podiatrist)	Professional Development event	Fremantle

PROFESSIONAL Article

Dr. Ma'en Zaid Abu-Qamar, Lecturer, School of Nursing & Midwifery, Edith Cowan University has recently published reviews on external traumas contributing to foot ulcers among people with diabetes. Professor Lisa Whitehead is a co-author of the reviews.

Dr. Ma'en Zaid Abu-Qamar has summarised his review for our membership in the following article.

External traumas a component of diabetic foot ulcers causal pathway: attention needed

Diabetic foot ulcers result from a combination of factors. Although diabetes-related complications are the main cause of diabetic foot ulcers, trauma caused by external factors are also important and awareness needs to be raised. Identifying possible sources of external trauma is the initial step towards alerting people with diabetes to possible risks. Researchers from Edith Cowan University (ECU) reviewed published literature to collate origins of external traumas contributing to the development of diabetic foot ulcers and their outcomes. The review was made up of two independent reviews, the first a review of research studies (Abu-Qamar, Kemp, & Whitehead, 2020), and the second a review of published case studies (Abu-Qamar, Kemp, & Whitehead, 2022). The first review found limited details were provided on the context of the incident-how/what external traumas initiated the

ulcer. Having such detail would provide context to the incident that can not only be used in foot care prevention programs to alert people to potential risks/sources of trauma, but also to suggest criteria for reporting external traumas contributing to the development of diabetic foot ulcers. The first review included 45 research publications, and the second one included 94 case reports. The reviewers extracted (from the included publications) verbatim information on external traumas with their outcomes, then similar traumas were aggregated to form categories. The extracted data included 350 reports (204 in review 1 and 146 in review 2) of 117 and 81 different external traumas cited in the research publications and case reports, respectively. Examples of the extracted reports included bumping the foot against an object, shoes (ill-fitting, new, slippers or badly worn orthoses), bites (mosquito, rat, mouse, antelope, cat, dog) and barefoot walking on a rough surface/hot surface (home, religious places or recreational sites). An additional example of the extracted reports was stepping on sharp objects (toothpick, needle, metal nail, tack, thorns, screw, bone, or piece of shell). Further examples included urine splashed on the foot, exposure to undiluted Dettol on a shoe, soaking/immersing the foot into a hot water/spa, steam therapy, swimming or taking a sauna.

Categorising the extracted reports resulted into 16 categories in review 1 and 11 categories in review 2 that were classified

as mechanical traumas (n= 156, 76.47 % for the research publications and n=87, 60% for the case reports) or burns (n=48, 23.53% for the research publications and n=58, 40% for the case reports). Examples of the created categories include blunt force trauma, foot care actions/practices, animal bites/stings, friction, footwear related injuries, penetrating/puncture wounds, contact burns, flame burns, scalds, among others. In the research publications, puncture wounds, ill-fitting shoes and self-care practices were the most frequently cited traumas. In case reports, the most frequently cited traumas were contact with a hot surface, animal bites, friction, and puncture wounds. Further examination of the extracted data showed that traumas vary by cultural context/ socio-demographic profile and came from domestic minor incidents that can be avoided in many circumstances. The incident might happen during sleeping throughout the daily activities to leisure practices. For example, most animal bites happened during sleeping, and these animals were pets in high income countries, or rodents in low, medium income countries or rural or poor urban areas of very high/high-income countries.

The results outlined above demonstrate the importance of prevention not only

because the identified traumas were mostly avoidable but also because amputation was the final outcome in several cases, or a prolonged extensive treatment was required to heal such ulcers. The cited healing time ranged from a few days to years and certain factors were identified that contributed for example delay in seeking professional care that was associated with home-based treatments. This is in addition to the presence of other comorbidities, recurrent ulcers or presence of several ulcers at the same time

References

Abu-Qamar, M. e. Z., Kemp, V., & Whitehead, L. (2020). Foot ulcers associated with external trauma among people with diabetes: An integrative review of the origin of trauma and outcomes. *International Journal of Nursing Studies*, 103822. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0020748920303102>. doi:<https://doi.org/10.1016/j.ijnurstu.2020.103822>

Abu-Qamar, M. Z., Kemp, V., & Whitehead, L. (2022). The reported external traumas among people with diabetes-related foot ulcers and their outcomes: A systematic review of case reports. *Int Wound J*. doi:10.1111/iwj.13731

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IN THE News

NEW PROFESSIONAL CAPABILITIES ARE IN EFFECT

The Podiatry Board has released new professional capabilities for podiatrists and podiatric surgeons which came into effect on 1 January 2022.

The professional capabilities document outlines what is expected of contemporary podiatry and podiatric surgery practice in Australia, in all areas of practice. They are relevant to all clinical and non-clinical roles.

The capabilities also recognise cultural safety as a key component of safe healthcare, particularly with respect to Aboriginal and Torres Strait Islander Peoples.

HOW TO USE THE NEW CAPABILITIES?

The professional capabilities identify the knowledge, skills and professional attributes

you need to practise safely and competently. They describe the threshold or minimum level of professional capability needed for registration as a podiatrist or podiatric surgeon.

You can find them on the [Professional capabilities page](#) on the AHPRA website, and we have also published [FAQs](#) to support practitioners and stakeholders to understand them.

Please use the professional capabilities when planning your professional development activities. You can use them to reflect on your practice; identify any areas in which your knowledge and skills may not meet the minimum level of capability; and develop and implement your CPD learning plan to address any gaps.

COVID-19 News

WAPHA RESOURCES

WAPHA through their Practice assist service have produced a document to assist Health Professionals with covid. While these are primarily produced for General Practitioners, there is a lot of common ground and parallels with Podiatry practice.

See the extract below from the WAPHA website

Do you need resources to assist with managing COVID-19 positive patients in your practice?

In response to the increasing numbers of requests for support coming into our Practice

Assist service, we have created a COVID-19 Positive Patient Response guide to assist with managing COVID-19 positive patients.

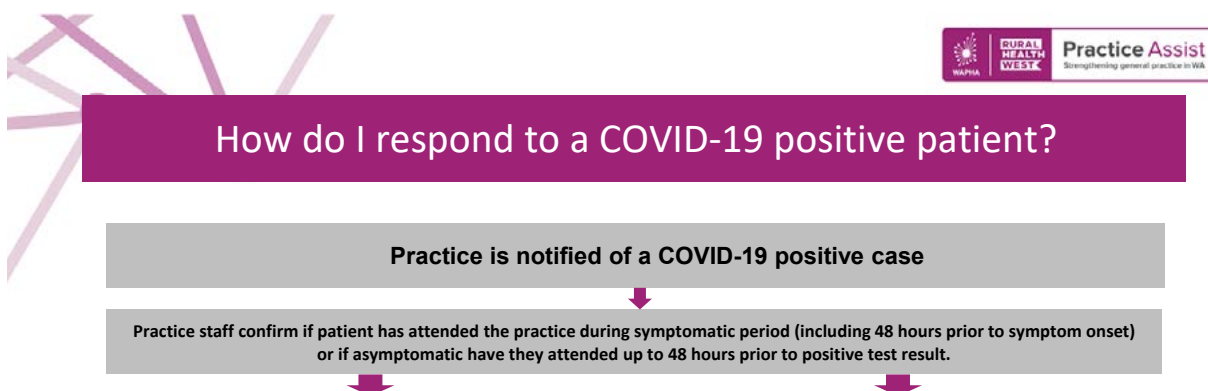
As we experience increasing numbers of COVID-19 within WA, many General Practices will be faced with the notification of a patient being COVID-19 positive. Ensuring that you staff are aware of what to do with this information is vital in supporting both the patient and the staff managing this information.

Practice Assist has created a [COVID-19 Positive Patient Response](#) guide to assist with

managing this situation.

The guide encompasses a flow chart to follow when notified, and the back page is a supporting document that elaborates on the flow chart and provides useful links to assist you.

Use the handy QR code to access the guide on Practice Assist for reprinting as well as the use of the links referenced in the supporting document (page 2).



COVID-19 RESOURCES

As the COVID-19 Pandemic continues to evolve, so must the resources that are developed to support practices. The following documents have undergone a detailed review

- [Living with COVID-19 Pandemic checklist and toolkit](#) (Version 2)
- [Planned Pandemic Response Tool](#) (Version 2)

Along with many other changes the Living with COVID checklist now has a section dedicated to managing a COVID-19 positive case in your practice team. In support of these new changes there are additional resources that have been developed. They are designed to be used alongside the existing resources however can be used independently.

- [COVID-19 Positive patient response](#)
- [COVID-19 Close contact in your practice team](#)
- [COVID-19 Positive Case in your practice team](#)



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