

# STREET FOOT

**AUTUMN 2021**

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## Introducing the NEW Dictus Flex

The Dictus Flex is a simple solution that uses a band to lift the foot immediately after toe-off for those living with foot drop.

The NEW Dictus Flex features a 'Flex' rubber band that has two integrated Velcro pads that are secured onto the Velcro-lined ankle band for easy adjustment.



Watch our latest video on  
the NEW Dictus Flex

## Your one stop shop for podiatry consumables, bracing, clinic equipment and more!

Whether you need a new podiatry drill or require clinical education to help keep your team informed, we're here to support you and your practice!

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- + Shockwave & Laser Therapy
- + Walkers, Bracing & Footcare



# PRESIDENT'S Report

## Challenges; a curse or a blessing?

My goodness what a busy start of the year we have had! For me, I am glad to see the backs of January and February, with re-starting Medical School after a 7-month sabbatical has proven most challenging and yet also rewarding. I have no doubt that each and every one of you have had your own challenges both professional and personal over the first quarter of 2021.

Challenges are all around us. We only must pick up our phones, read the papers, watch the TV, news, look at social media etc to see this. But it's how we look at and ultimately deal with these challenges that impact on our daily lives. We can see these challenges as either a curse or a blessing!

We as a profession are dealing with continual challenges whether they are of an academic or clinical nature; as is seen in the following three topics- a COVID 19 vaccination, the Royal Commission into Aged Care and the 5 day shutdown of Perth and the Peel region. The three topics are very current both in reference to our health and our patient's health.

### COVID-19 VACCINATION PROGRAM

*Accurate as at 1600hrs WST, 8 March 2021*

Phase 1a of the [COVID-19 vaccine roll-out](#) strategy which prioritises those

considered most at-risk of exposure – including some of our critical care and emergency department staff.

Along with Broome, we've also had clinics in Port Hedland and Albany come online today with Esperance set to follow tomorrow and Geraldton and Kalgoorlie the week of 15 March.

The vaccination rollout will take place over several months, and while all staff will eventually have the opportunity to be vaccinated, it will take some time for us to bring additional sites online.

If you are looking for more information on the vaccines, certain health conditions and vaccinations, and general information, visit one of the following sites (please open links in Chrome):

- [Federal Department of Health COVID-19 vaccines](#)
- [Pfizer vaccine and AstraZeneca vaccine information](#)
- [WA Health COVID-19 vaccination program](#)
- [Pregnancy, breast-feeding and COVID-19 vaccines](#)
- [COVID-19 vaccine rollout](#)
- [COVID-19 vaccine FAQs](#)

**Information supplied courteously by  
WACHS Executive 8 March 2021**

Another, on trend topic of challenge for us as a profession has been the controversy around Aged Care

**Royal Commission into Aged Care**

**The Royal Commission into Aged Care Quality and Safety handed down its final report including 148 recommendations earlier last week. In summary the report addresses issues of governance, workforce conditions and capabilities, system funding, and a shift to a 'rights-based system' which places the individual (the older person) as the central focus.**

And another...

**Perth, Peel and South West Region  
Lockdown**

**Under section 29(J) of the WA Stay at Home and Closure (Perth, Peel and the South West Regions) Directions, issued by the WA Commissioner of Police and State Emergency Coordinator last evening, 'Essential health services' are defined as only the following allied health services:**

- 1. allied health services provided by allied health professionals working as essential workers in hospitals or in residential care facilities providing critical clinical care or as directed by the hospital; or**
- 2. allied health services provided by allied health professionals working in**

**private practice providing care through telehealth and other virtual care options; or**

- 3. students, medical/nursing/midwifery/allied health on placement providing essential care in hospitals or in residential care facilities, or through telehealth.**

Podiatry WA too has had its challenges and one such challenge that we face every year is our Annual Strategic Review. But as the stalwarts of our profession that YOUR Board are... we meet this challenge head on. This year, with the appointment of Ms Yvette Fernandez-McClean as Director of Operations, and her introduction to the Board of the honourable gentleman Mr Peter Williams (sits on many Executive Director/GP Boards and is a member of ASIC/AICD) your Board has begun their most comprehensive and in-depth Strategic Plan to date. Mr Williams has had the Board drilling down old ideas, values and concepts and in doing so we were able to start and complete a fair bit of the process.

Looking at this 5-page strategic plan to business success with Mr Williams, gave us the opportunity to see our vision, purpose, competitive advantage and business goals.

Using the template of the Australian Advisory Boards Institute, we were able to do a SWOT Analysis which measured:

STRENGTHS [Internal] What are the 3-4 biggest strengths of your current business?

WEAKNESSES [Internal] What are the 3-4 biggest weaknesses of your current business model?

OPPORTUNITIES [External] What are the 3-4 biggest opportunities for future growth?

THREATS [External] What are the 3-4 biggest threats that could harm your business.

By going through these processes (I can assure you we have had many challenges) we were able to re-evaluate our business overview, our financial plan, our growth strategies, and our subsequent marketing plan!

So, considering all those items that make up “the challenges” it’s up to you how you meet them on and how you choose to combat and reconcile with them. For myself, and on behalf of your humble board, we look at those challenges as a blessing that will pay rewards in the end for both parties, staff and patients. Because after all.... Isn’t that what we all want in the end!?

Kindest of Regards,

**Dr Scott Westover,**

*BA, BSc (Hons), BSN, MSc, DPM, DSc,  
PGD-T, PGD-FA, PGC-Pharm, MPodWA,  
MAPodA Podiatrist, Registered Teacher*



**By working together,  
we're stronger than ever.**

The natural world is inspiring at the best of times. When things get tough, there's a lot we can learn from nature. Throughout the past year, communities across Australia have banded together to support each other however they can, and that spirit is truly inspiring.

That's why Guild and Podiatry Western Australia are working closely together to make sure that you have what you need to thrive, for right now and well into the future. Visit [guildinsurance.com.au](http://guildinsurance.com.au) to find out how we are moving as one towards a brighter tomorrow, for you and your community.



Better through experience.



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# CPD Reports And Reviews

DR KAREN LYRA

This edition of Footfiles aligns with the opening of the CPD calendar for 2021. Our first event for the year was called "Innovations in Podiatry" and was held at the University Club on Saturday 27th February. This event focussed on new technology and equipment that can be used to treat a broad category of commonly seen Podiatric conditions. We featured the Shockwave Therapy machine, the Lunula Laser machine for fungal nails, a range of solutions for foot drop, the MyHealth First app for integrated online appointment bookings, and the High Power Laser therapy. All these featured topics included educational content and practical hands-on experience that was relevant to our clinical practice and commonly seen conditions. A great opportunity to see equipment that provides other options for treatment. Also an opportunity to network with colleagues, an opportunity afforded to us in Western Australia. Thanks to the University Club for their lovely afternoon tea. As this event was sold out, we have the recorded version

available to watch via links on our website. We thank Christine and Cliff from DJO Global, Colin from Rehacare WA, Jason and John from OAPL, Eddie from My Health First for presenting this quality information to our members.

Following this theme, our first few webinars will continue to feature innovative ideas for the podiatrist, including Physitrack and the Swift Microwave machine for verrucae. The webinar for the Swift Microwave machine also includes an interview with a podiatrist in Perth who shares her perspective on its use and outcomes. Keep checking our website for updates in the CPD section so you do not miss out on these educational opportunities.

We always welcome feedback or ideas at [cpd@podiatrywa.com.au](mailto:cpd@podiatrywa.com.au). If you would like to join our CPD team, email for more details.

We look forward to bringing you quality education in 2021!

## INNOVATIONS in Podiatry





**+ Accurate decision making,  
effective treatment choices,  
improved patient outcomes**

Contact us on [InfectionManagement.ANZ@smith-nephew.com](mailto:InfectionManagement.ANZ@smith-nephew.com)  
to grab a copy of the Infection Management Pathway.

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.



or



# LIFE OF A SINGAPORE PODIATRIST:

## Maggots in Debridement of Lower Limb Wounds

LEANNE YEO (PODIATRIST), YISHUN HEALTH

During my clinical placement days as a student, I recalled opening a wound dressing and unraveling a huge spider lying on the wound bed. I couldn't hold back that little shriek I let out before any thought of maintaining my professionalism came back to me.

Now, imagine that but only with a swarm of wriggling, squirming maggots that seemingly overflows out of the wound bed. That would have sent a chill down my spine just a year ago. However, maggot debridement therapy (MDT) is one of the exciting treatment modalities that we have been using to clean up chronic wounds.

Despite being such an unconventional therapy in days of modern medical science, the use of maggots in treatment of wounds has been used since ancient days' way before the era of antibiotics and introduction to penicillin. It has been described that "Australian aborigines have used maggots to clean wounds for thousands of years."<sup>1</sup>

Our patients of choice for MDT usually have wounds with large amounts of slough and necrotic tissue. These are patients that often have poor vascularity or may not be suitable candidates for surgical wound debridement. MDT also may be used in conjunction with surgical treatment for post-op care of suitable wounds.

Process of application: We order maggots in little plastic vials that are filled with around 200 sterile maggots per vial. Another option comes in little fabric woven bags or what we call baggots. They are then applied to the wound and left on for 48-72 hours and covered with a breathable dressing that

allows oxygen to reach the live maggots. They generally start off as tiny maggots roughly 1mm in length but grow a shocking 10 times in size to 10mm in length in just 48 hours.

Many of our patients would ask us, "Will I feel pain when they bite my flesh?" Interestingly, maggots do not actually bite rotting flesh. Instead, they secrete enzymes that cause devitalized tissue to break down or "liquidize", quite similarly to the process of digestion. Maggots then proceed to "eat" the devitalized tissue by drinking up these digested tissues. Another fascinating thing to note is that maggots are pretty picky about what they eat, tending to favor devitalized tissue and leave healthy tissues untouched, hence patients need not be worried about tissue loss of healthy structures. Battlefield surgeon Dominique Larrey once described maggots to be "greedy only after putrefying substances, and never touch the parts which are endowed with life".<sup>2</sup>

There has been more interest garnered in modern MDT largely due to its antibacterial properties regeneration and usefulness in treating wounds heavily colonised by antibiotic-resistant organisms. In addition, maggot secretions also contain gamma-interferons and interleukins that provide tissue regenerative properties. With many areas yet to be explored further with its therapeutic application and benefits, modern MDT holds great potential for a breakthrough in wound-care practices. Who knows, perhaps these slippery little creatures may hold the key to revolutionizing wound healing?

1 Fleischmann W, Grassberger M, Sherman R. Maggot Therapy. A Handbook of Maggot-Assisted Wound Healing. New York: Thieme; 2004.

2 Larrey BD. Observations on wounds, and their complications by erysipelas, gangrene and tetanus, etc. [in French]. Translated from French by E.F. Rivinus; 1832.

# 6 SIMPLE WAYS To Grow Your Podiatry Practice

Every practice needs to grow to survive, but in the post-COVID world, attracting new patients, and recalling old patients is not as easy as it may have once been. The pandemic, subsequent lockdowns have driven Australians online in ways never seen before. Any strategy you employ to grow your podiatry practice must leverage the power of the online world to be truly effective.

## Know Your Market

Identifying your target audience, from those you are aiming to attract to the demographics most likely to seek out your services, helps inform nearly all your other decisions when it comes to ways to grow your practice. The more refined you can make it the more easily you can convert leads into patients.

Digital Marketing, from Google Ads and email marketing to Social Media marketing and direct marketing is much more effective and delivers better value the more refined the targeting becomes. Knowing your market is an incredibly important tool when it comes to developing your marketing strategy and increasing your bookings.

## Follow Up With Patients

Attracting new patients may increase your bookings, but unless you are retaining your existing patients your practice will never grow in a meaningful way. Nurturing relationships with your existing patients, through email and SMS communication, newsletters, social media and recalls can help keep patients booking with your practice and entice old patients to start booking again.



## Embrace Technology

Research shows that the vast majority of Australans prefer to book their healthcare appointments online. What's more, around 55% of all online bookings are made after hours. If your practice doesn't offer online appointments, then you run the risk of missing out on a huge number of potential patients. Having a booking button on your site, such as those supplied by MyHealth1st to customers, allows a patient who may be browsing your site to convert to a booking in a few clicks. The easier it is for a patient to book at their leisure, the more likely a patient is to book.

In addition to online booking functionality, a practice looking to grow should also consider their digital presence. A digital presence isn't limited to a website, but rather having a presence online that is relevant to your market, and is capable of generating traffic for your site.

## Encourage Reviews and Feedback

A Google My Business profile is an invaluable tool for driving bookings to a practice. This profile can host booking links, practice information (such as opening times) and, most importantly, host reviews of your practice. AHPRA forbids the use of reviews on your own website, but as a GMB profile is hosted on Google, they are allowed. Positive reviews can have a marked positive impact on your SEO.

Using a tool, such as EasyEngage by MyHealth1st can make it quick and easy to create pre and post appointment surveys, to encourage patients to leave reviews and gather valuable feedback.

## Be Mobile Friendly

A 2017 study conducted by SEO and content marketing firm BrightEdge found that around 57% of all web browsing is done on

a mobile phone. Combine that with the fact that as of 2020 Australia had enough mobile connections to cover 130% of the population and you can see why having a mobile friendly site is so important.

If your website isn't optimised for mobile phones then you run the risk of missing out on a huge number of bookings. Even if you don't offer online booking options, many Australians prefer to research businesses online before making a purchase or booking, so if they can't read your website on a phone you may be missing out.

## Be Agile

Things that have worked for your practice in the past may not work anymore, so you need to be responsive enough to pivot or try new things as demand requires. This responsiveness can be as simple as hiring new staff to cater to increased demand, integrating new technologies such as online bookings or recall/engagement platforms to leverage the power of the Internet, or offering new treatments or medications when they become available.

Being responsive doesn't mean you have to react to every little thing, but changing the way you function to accommodate new ideas or technologies ensures that your practice is best positioned to grow and thrive.

## About MyHealth1st

MyHealth1st is dedicated to providing practices and practitioners with the tools and technology to help grow your practice and deliver healthcare to those in need across Australia. In addition to online booking, MyHealth1st has developed products to streamline the recall process, make referrals easy, pre and post appointment survey tools, mobile phone check-in services, managed digital marketing and more. To find out more, visit [www.myhealth1st.com.au](http://www.myhealth1st.com.au) or call: 1300 266 517

# IN THE NEWS: Covid 19

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## AHPRA AND COVID 19

### Vaccination position statement

#### Registered health practitioners and students and COVID-19 vaccination

[COVID-19 vaccination position statement](#) (90 KB, PDF), [Word version](#) (246 KB, DOCX)

Published 9 March 2021. [Read the news item.](#)

## COVID VACCINE NATIONAL ROLLOUT STRATEGY

<https://www.health.gov.au/resources/publications/covid-19-vaccination-australias-covid-19-vaccine-national-roll-out-strategy>

## ADVICE ON PRIORITY GROUPS FOR COVID-19 VACCINATION IN AUSTRALIA

[The Australian Technical Advisory Group on Immunisation \(ATAGI\)](#) has advised the Australian Government on which groups should be prioritised for the first doses of the COVID-19 vaccination in Australia. This advice is consistent with guidance from the World Health Organization (WHO).

### PHASE 1A

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Aged care and disability care staff

- nursing and personal care staff
  - allied health professionals who routinely provide care kitchen, cleaning, laundry, garden and office staff
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\*Pfizer vaccine only

### PHASE 1B

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Other health care workers (Podiatrists)

## ACCESSING COVID VACCINE AS A COMMUNITY OR PRIVATE PODIATRIST

To find and book a vaccination appointment with a GP, use the link below and work through the eligibility questions. A list of GPs in your area will be shown.

<https://covid-vaccine.healthdirect.gov.au/eligibility>

# Orthoses – managing expectations

It may surprise you to know that complaints about orthoses are a common source of podiatry claims to Guild Insurance.

Common allegations include:

1. The orthoses caused the client to suffer a new injury, such as a hip or lower back problem.
2. The orthoses exacerbated the client's existing or underlying condition.
3. The orthoses failed to resolve the client's presenting problem.

Any claim against you, whether substantiated or not, can be distressing. Your good reputation may be damaged leading to undue criticism from other healthcare providers and reduced client referrals. Furthermore, complaints to agencies such as AHPRA may take many months to resolve resulting in a prolonged period of uncertainty.

Managing client expectations through effective communication is central to avoiding claims against you. Key issues to discuss with clients include, but are not limited to:

- > **Discuss the range of options available** to treat the individual's condition. Take the time to discuss the pros and cons of each option, including costs and

risks. Ensure the client understands the difference in expectations between pre-formed and custom-made orthoses.

- > **Make sure the client understands what outcomes** he or she can realistically expect to achieve with the orthoses. Remember, what is obvious to you may be completely foreign to the client. However, don't just ask them if they understand, as in many cases they'll say yes even if they don't. It's better to ask the client to tell you what they've understood from the discussion.
- > **Where suitable, use visual aids** such as diagrams and models to help explain the information.
- > **Allow clients adequate opportunity to ask questions** and weigh-up their options, including the financial implications of their choice. Give them time to make their decision, they shouldn't be expected to decide at the appointment where they were given the information. They may wish to think about it for a few days.
- > **Provide clear instructions** about how the orthoses are to be used, including choice of footwear and any prescribed exercises or stretches. Carefully explain the implications of not following your instructions.

- > **Remember to discuss the expected life span** of the orthoses and any instructions for ongoing care.
- > **Emphasise the importance of attending all follow-up** appointments and contacting you immediately if they have any concerns. Remember to outline the early warning signs of any complications and urge the client to contact you as soon as any issues arise.
- > **Where possible, provide clients with written information** for them to take away and read in their own time. Sometimes people are not able to absorb everything they're told during an appointment. However, written information should only be used to re-enforce what was discussed, not as a replacement for the conversation.

Finally, remember to clearly document your discussion and the outcomes in the client's clinical notes. Good clinical notes are invaluable in the event of a complaint against you.

1800 810 213

[guildinsurance.com.au](http://guildinsurance.com.au)



Better through experience.





**PODIATRY  
WESTERN  
AUSTRALIA**

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