Overview of
Alaska Native Medical Center
Specialty and Outpatient Podiatry Clinical Services

Podiatry Specialty Clinic

YKHC - Bethel, Alaska

February 21, 2017

Charles C. Edwards, DPM

Alaska Native Tribal Health Consortium

ANMC Podiatry Services
TEAM

- **3 Medical / Surgical Podiatrists**
  - Karl A. Boesenberg, DPM - Director
  - Charles C. Edwards, DPM
  - Carol F. La Rose, DPM
- **1 RN Case Manager**
  - Carrie A. Nelson, RN
- **1 Certified Medical Assistant**
  - Autumn Jensen, CMA

Specialty Podiatry Clinic Referrals

- **Any individual patient that you believe will benefit from Podiatric inspection and care is an appropriate referral!**
- **Diabetic patients should still have priority.**
- **Prior blood work and X-rays appreciated when relevant.**

ANMC Podiatry Services
Outpatient Clinic Schedule

- Monday through Friday
- 8 a.m. to 4:30 p.m.
- No evening, weekend or holiday coverage

- Clinic Telephones: 729-4030/4033
- Clinic Fax: 729-4029

ANMC Podiatry Services

Considerations before Referring to ANMC Outpatient Podiatry Clinic

- Podiatry has NO admitting privileges at ANMC
  - Do not refer individuals requiring admission
  - Call the on-call Hospitalist or E.D.
- Podiatry does NOT care for foot/ankle trauma
  - Refer to Orthopedic Surgery
- Medicaid does NOT cover Podiatry Services for patients between ages18 and 65
  - We will serve patients in Anchorage for other care
  - Refer denials to Orthopedic/General Surgery

ANMC Podiatry Services
Outpatient Clinic Referrals

For optimal patient visits, the following clinical workup is requested before the referral and consultation visit:

- Progress notes from referring provider should have clear details about history, implemented treatment to date, and clinical exam findings.
- We expect First Line care to have been implemented and failure of that care to be documented before accepting referrals.
- Appropriate labs for respective conditions (e.g. Uric Acid, ESR, CRP for gouty arthritis).

ANMC Podiatry Services
Appropriate Podiatry Referrals

- 1st Priority
  - Diabetic foot/limb prevention and preservation care
    - High Risk feet (loss of protective sensation +/- pulses)
      - Qualify for Diabetic Shoes, professional care for corns, calluses and toenail every 2-3 months
    - Low Risk feet (intact protective sensation & pulses)
      - Do not qualify for diabetic shoes or routine preventative care (corn, callus, toenail care); however we do perform that preventive care for those individuals who cannot do it themselves or have no one to help them at home

ANMC Podiatry Services

Appropriate Podiatry Referrals

- **1st Priority**
  - Diabetic Wounds
    - Any diabetic foot that develops a foot ulcer becomes categorized High Risk III for life
    - All diabetic foot ulcers are appropriate referrals
      - Sharp debridement and staging of wound(s)
      - Pressure off-loading therapy
      - Wound cleansing and dressing schedule
      - Unless patient can stay in Anchorage with family; they will be sent back to Region for continued care

ANMC Podiatry Services
Appropriate Podiatry Referrals

- **2nd Priority**: We expect failure of appropriate first line conservative measures and the chart prior to referral for Podiatric care:
  - Arthritis
  - Bunions
  - Fungal toenails*
  - Hammer toes
  - Ingrown toenails*
  - Masses
  - Plantar fasciitis

*Try to only refer patients with fungal or ingrown toenails to Podiatry IF that patient is both a *willing* and *appropriate* surgical candidate for permanent toenail removal!

ANMC Podiatry Services
First Line Therapy for Common Podiatric Conditions

- The following slides outline first line treatment for the most common conditions referred to Podiatry. Please document failure of first line care prior to referring to Podiatry.

Sensible Shoes and Boots

Most painful conditions will respond to regular use of sensible shoes and boots alone! **Best results when worn both indoors and outdoors**

Desirable qualities in shoes and boots:

- Stability (outsoles)
- Depth
- Strong heel counter
- Cushioning
- Removable liners (insoles)

Shoes

Maximalist running shoes: great for plantar fasciitis, forefoot arthritis, etc.

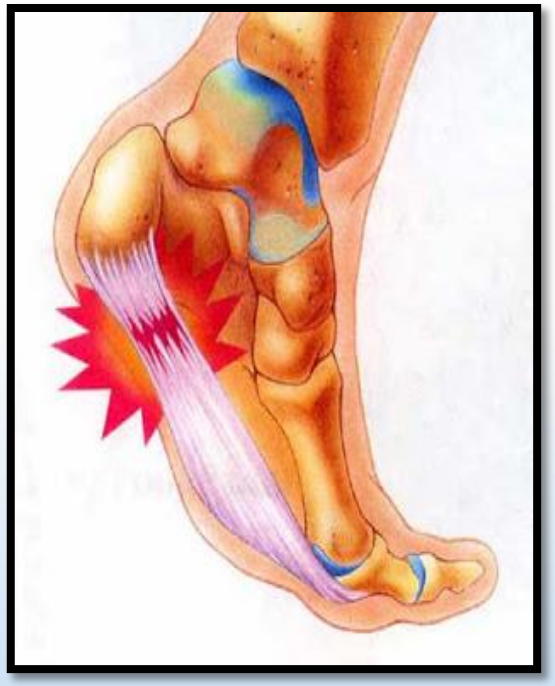
Hoka Vanquish,Clifton,Bondi et al ($170)
Vasque Ultra SST ($170)
Brooks Transcencd 2 or 3 ($170)
New Bal. FreshFoam 1080 ($150)
Altra Paradigm, Olympus, Torin ($150)
Asics 33-M2 ($140)
Saucony Triumph ISO2, Omni ($150)
UnderArmour FatTireLow($150)
Mizuno Wave Enigma
Saolomon Sense Propulse
Skechers GoRun

Boots

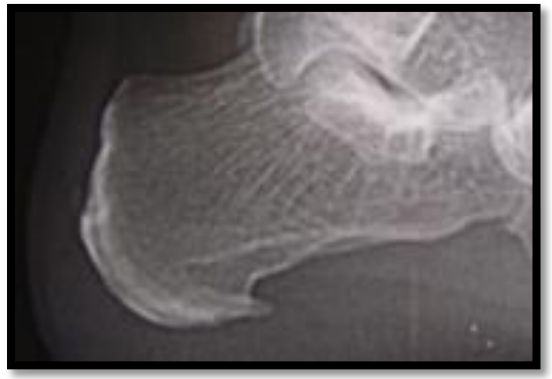
Rigid outsole boots

Caterpillar Diagnostic S.T. ($120)
Skechers Verdict ($90)
Keen Milwaukee S.T. ($160)
Wolverine Durashock SR ($110)
Timberland Pro Boondock ($180)
Georgia Boot Giant ($90)
Justin Double Comfort ($160)

Plantar Fasciitis

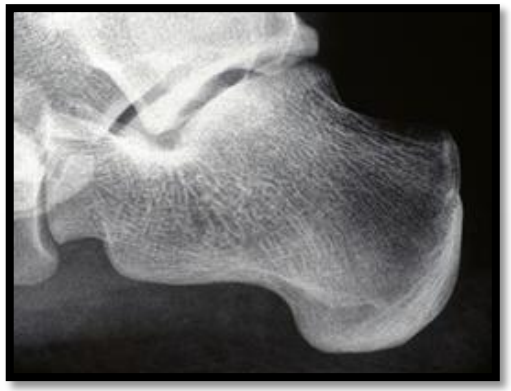


- **SHOES**: Regular use of sensible shoes both indoors and outdoors usually eliminates pain. Podiatry does NOT provide shoes to patients with fasciitis.
- **ARCH SUPPORTS**: OTC orthotics are the principal treatment for fasciitis, and prevention of recurrent fasciitis.
- **STRETCHING**: particularly after rest / sleep.
- **NSAIDS**: if medically appropriate for the patient
- **INJECTION**: CSI in plantar heel (medial approach)
- **REFERRAL: If the above options fail to offer relief - please refer to Podiatry for more advanced care; e.g. prescriptive orthotics; CSI injection, and/or surgery. We will only recommend surgery for an appropriate candidate (details in upcoming slide).**



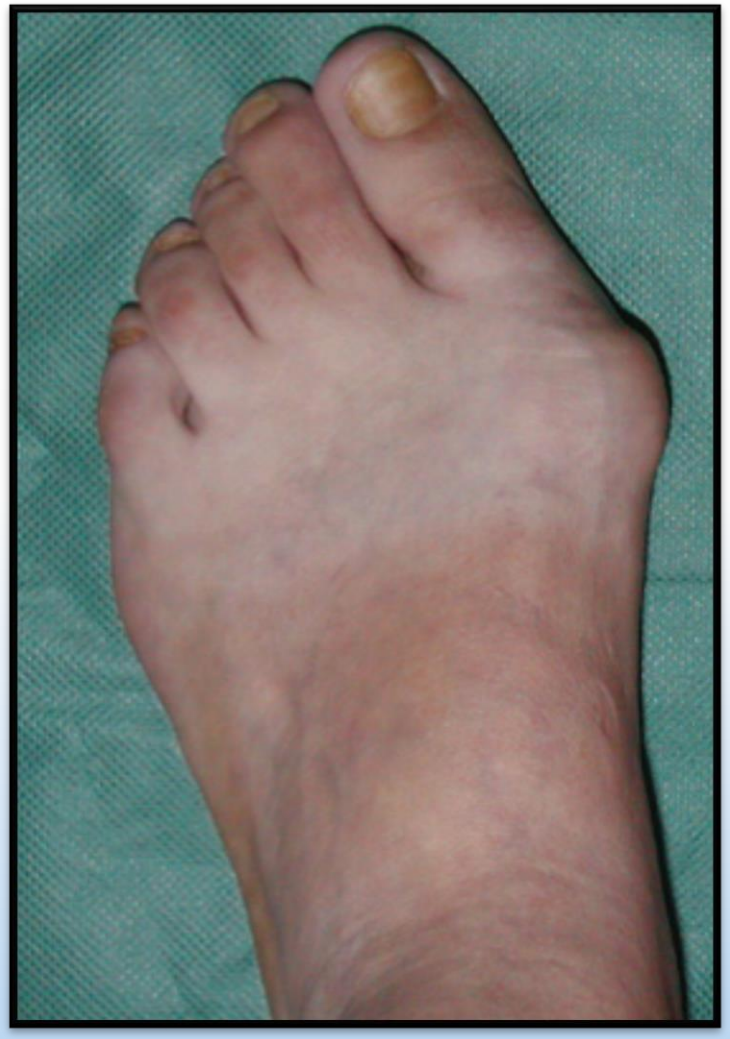
Plantar Fasciitis

Important Fact regarding Heel Pain



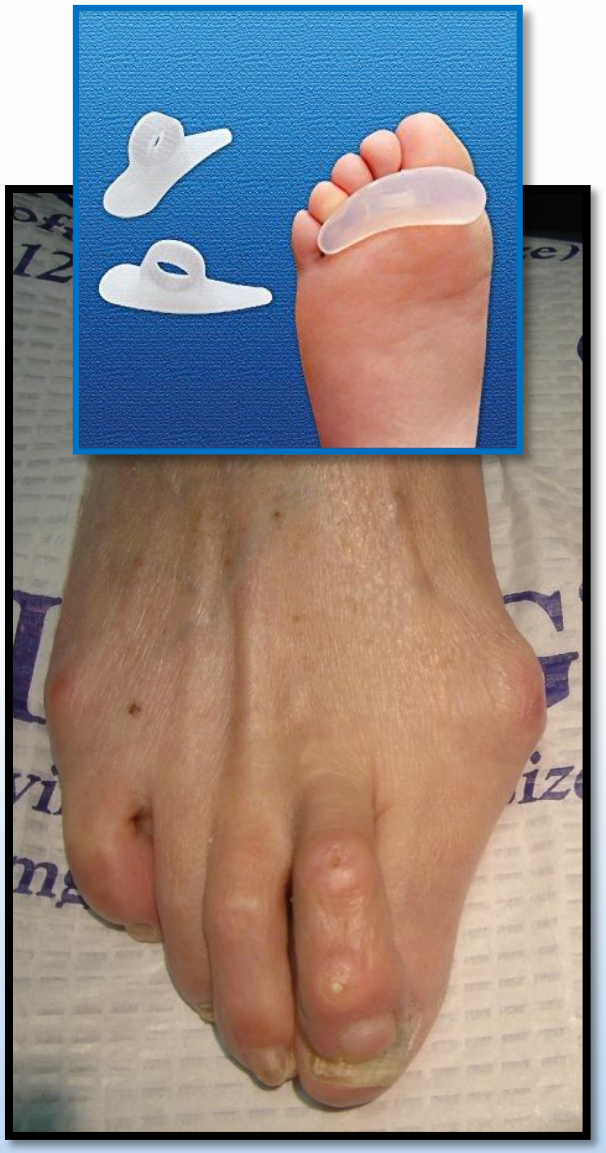
Heel Spurs do ***NOT*** cause pain. They are commonly found on asymptomatic patients; and are commonly absent in symptomatic patients. They are a sign of mechanical instability (i.e. need for arch support). **It is the inflammation of the muscle and ligament tearing from bone that causes pain**. Please do not tell your patients they have a heel spur or need one removed. **Please do not call this 'Heel Spur Syndrome'; use the more accurate terms Plantar Fasciitis / Fasciosis.**

Bunions



- **SHOES**: most bunions are only painful when pinched or compressed in tight-fitting shoes. Advise WIDE toe box shoes. Podiatry does NOT provide shoes to patients with bunions.
- **ARCH SUPPORTS**: OTC orthotics can stop the progression of bunions and limit pain.
- **NSAIDS**: if medically appropriate for the patient

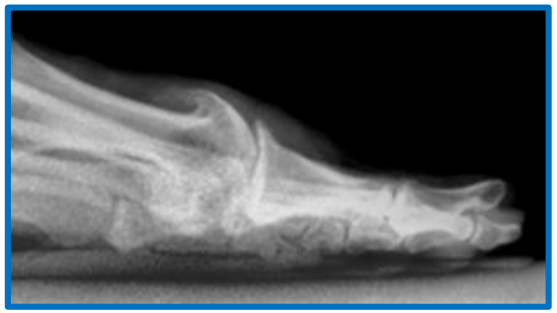
- **REFERRAL: If the above options fail to offer relief - please refer to Podiatry for more advanced care; e.g. prescriptive orthotics and/or surgery. We will only recommend surgery for an appropriate candidate (details in upcoming slide).**



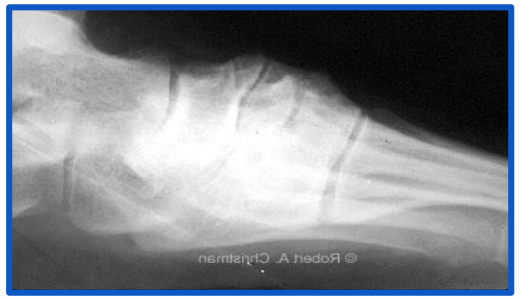
Hammer Toes

- **SHOES**: most hammer toes are only painful when pinched or compressed in tight-fitting shoes. Advise DEEP toe box shoes and toe cushions (Silipos Toe Crest?). Podiatry does NOT provide shoes or boots for patients with hammer toes.
- **ARCH SUPPORTS**: OTC orthotics can slow the progression of HTs and limit pain.

- **REFERRAL: If the above options fail to offer relief - please refer to Podiatry for more advanced care; e.g. prescriptive orthotics; padding or bracing, and/or surgery. We will only recommend surgery for an appropriate candidate (details in upcoming slide).**

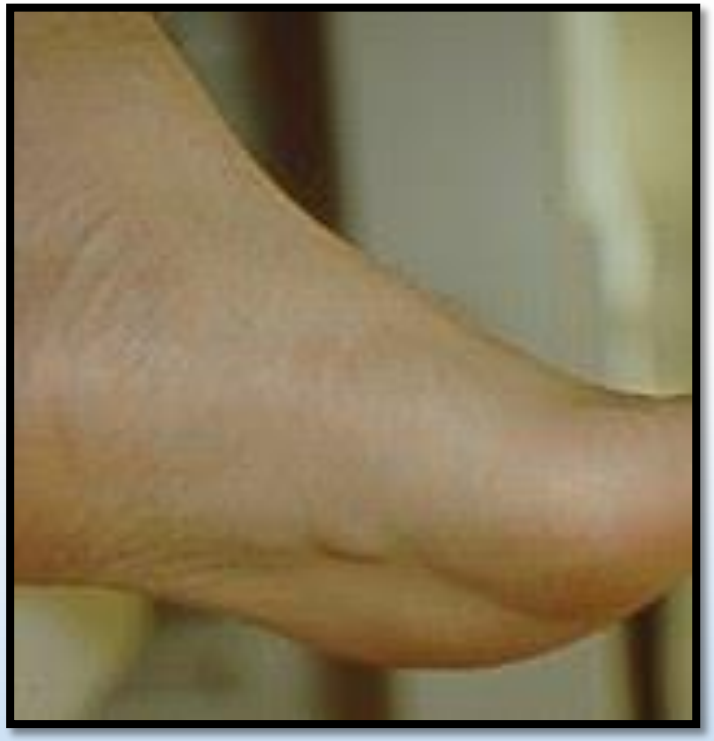


Arthritis



- **Shoes**: most arthritic conditions are only painful when wearing flimsy or tight-fitting shoes. Podiatry does NOT provide shoes or boots to patients for arthritis.
- **Arch Supports**: OTC orthotics can stop the progression of arthritis and limit pain.
- **NSAIDS**: if medically appropriate for the patient.
- **REFERRAL: If the above options fail to offer relief - please refer to Podiatry for more advanced care; e.g. prescriptive orthotics and/or surgery. We will only recommend surgery for an appropriate candidate (details in upcoming slide).**

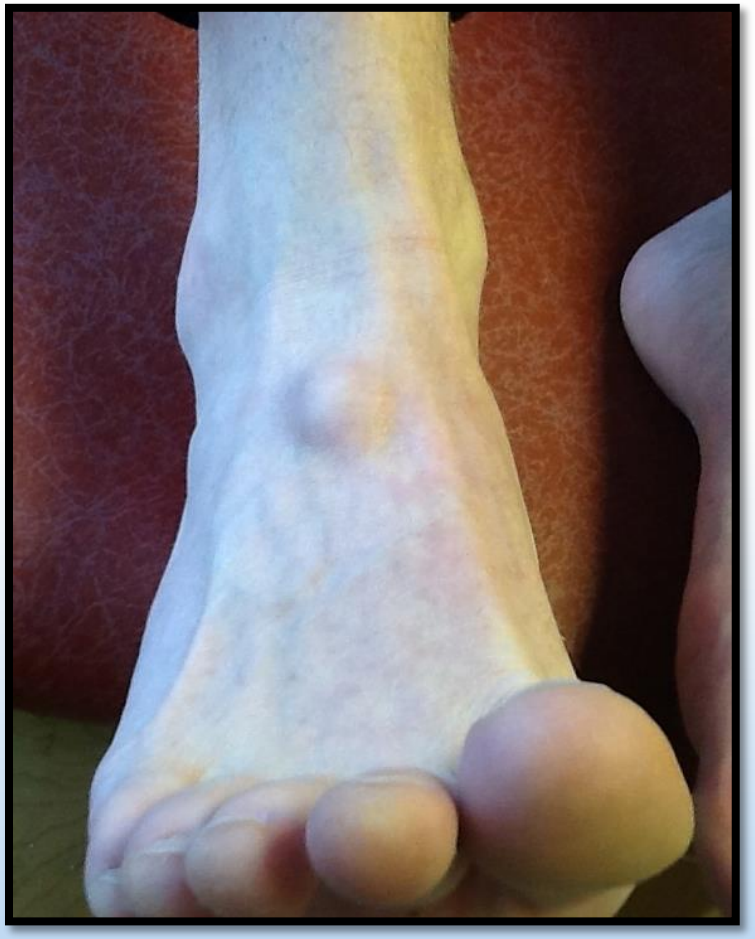
Masses: Fibroma



- **SHOES**: most fibroma are only painful when barefoot, in flimsy or flat shoes and sandals.
- **ARCH SUPPORTS**: OTC orthotics can stop the progression of fibroma by limiting over-stretch of the plantar fascia, and thereby limit pain. Advise soft arch supports or shoes with low heel.

- **REFERRAL: If the above options fail to offer relief - please refer to Podiatry for more advanced care; e.g. prescriptive orthotics and/or surgery. We will only recommend surgery for an appropriate candidate (details in upcoming slide).**

Masses: Ganglion



- **SHOES**: most ganglions are usually only painful when pinched or compressed in tight-fitting shoes. Advise use of appropriate deep shoes with altered lacing pattern to limit overlying pressure.
- **ASPIRATION**: when able – perform field block and attempt aspiration for relief; send specimen for pathological confirmation

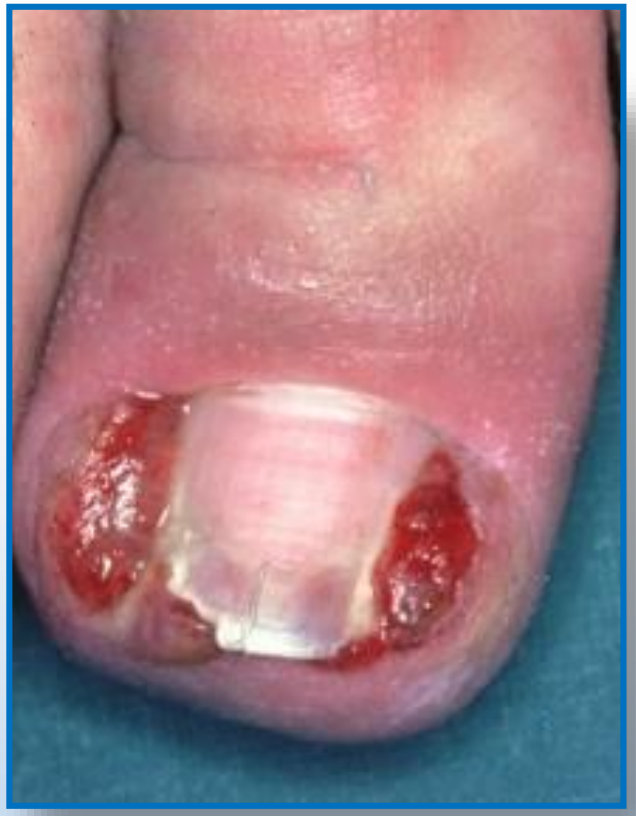
- **REFERRAL: If the above options fail to offer relief - please refer to Podiatry for more advanced care; e.g. aspiration and/or surgery. We will only recommend surgery for an appropriate candidate (details in upcoming slide).**

Masses: Neuroma

- **SHOES**: most neuroma are only painful when pinched or compressed in tight-fitting shoes. Advise appropriate wide toe-box shoes.
- **ARCH SUPPORTS**: OTC orthotics can stop the progression of neuroma and limit pain.
- **NSAIDS**: if medically appropriate for the patient
- **INJECTION**: CSI in intermetatarsal space

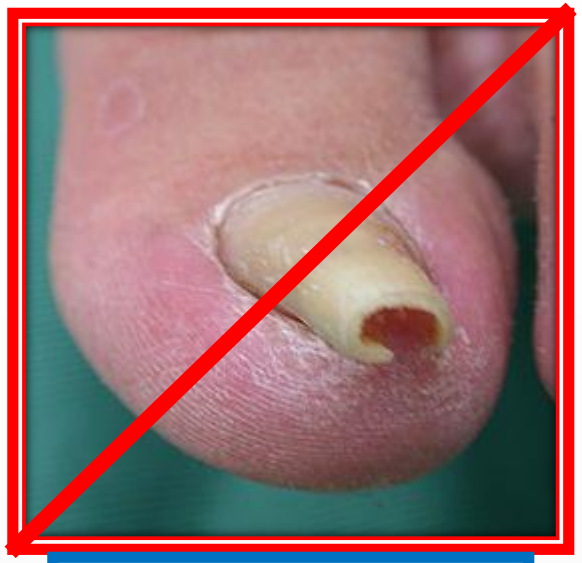
- **REFERRAL: If the above options fail to offer relief - please refer to Podiatry for more advanced care; e.g. prescriptive orthotics; CSI injection, and/or surgery. We will only recommend surgery for an appropriate candidate (details in upcoming slide).**

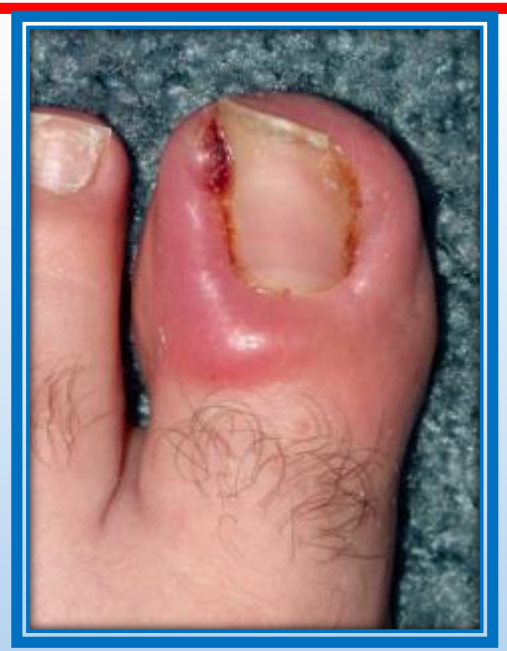
Ingrown Toenails



- **EDUCATION**: most ingrown toenails are caused by aggressive trimming or tearing nails too short, or wearing tight fitting shoes for long periods.
- **SOAKS**: 1/3 cup epsom salt in basin with warm (not hot) water for 15 minutes; pat dry; leave open to air when indoors (if clean) and cover when outdoors / wearing socks and shoes.
- **ANTIBIOTICS**: only needed if not removing nail.
  - Non-DM: Keflex 500 mg BID to QID x 7 days
  - DM: Augmentin 875 mg T BID x 7 days
- **TEMPORARY REMOVAL**: should be done at the initial visit with PCP or ED; it is not reasonable to have the patient wait for Podiatry to remove toenails temporarily. 50%+ chance of recurrence with ingrown nail.

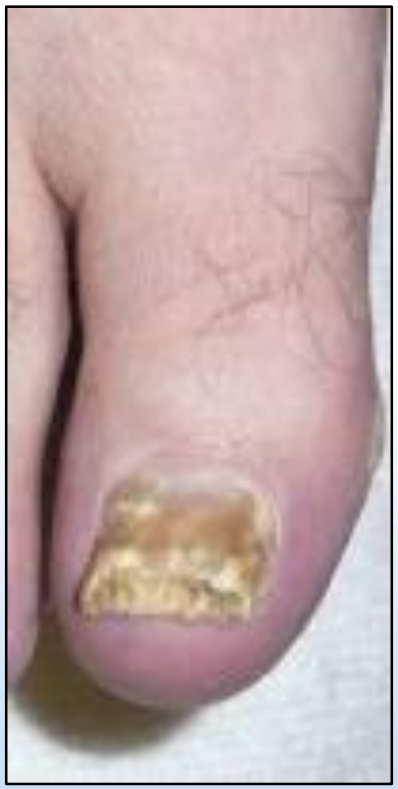
Ingrown Toenails





- **REFERRAL:** If the above options fail to offer relief, the patient develops recurrence of ingrown toenail, or the patient desires PERMANENT toenail removal - please refer to Podiatry for more advanced care; usually Chemical ablation via Phenol and Alcohol Matricectomy.
- We will only recommend surgery for an appropriate candidate (details in upcoming slide).

Fungal Toenails



- **HYGIENE:** daily soap/water, dry powder between toes, frequent sock changes, clean dry shoes and boots daily
- **SHOES:** proper length + deep toe box will keep pressure off thick toenails and nearly always eliminate pain without risks or need for further care.
- **TOPICAL/OTC:** (anecdotal evidence only): daily application Vicks or Tea Tree Oil for 1 to 2 years may thin nails
- **ORAL:** check LFT's; if normal, advise no EtOH, Rx Terbinafine 250 mg PO QDay x 90 days, or Fluconazole 200 mg PO QWeek x 24 weeks (contraindicated with Statins).
- **REFERRAL: If the above options fail to offer relief OR the patient desires PERMANENT toenail removal - please refer to Podiatry for surgical ablation. We will only recommend surgery for an appropriate candidate (details in upcoming slide).**

Appropriate Surgical Candidates

1. Controlled blood sugars: Hg A1c < 7.0%
2. Controlled psychiatric disorders
3. No smoking tobacco for minimum 6 weeks both before and after surgery
4. No alcohol dependence
5. Stable home in which to convalesce
6. Reliable escort
7. Reasonable postoperative expectations

- Please remind all patients that there is no surgery that cannot make their foot worse!

Telepodiatry

Telepodiatry is very appropriate for may conditions in Podiatry; feel free to use this resource!

Relevant clinical information and quality digital photographs are appreciated. If X-rays were taken; digital photographs of those are also appreciated.


Thank you!