

Foot problems in the elderly: Podiatric assessment and management

Scope

After the age of 75, fewer than 30% of patients can still look after their feet themselves because they can't see well, they can't reach their feet, they lack grip strength or have cognitive disorders.

These guidelines address the following:

- identifying foot problems in elderly subjects (Individuals aged 75 or over who can walk or stand upright.)
- management of foot problems by a podiatrist.

Exclusions: treatment for specific causal factors (diabetes, rheumatoid arthritis, onychomycosis).

Key messages

- **Don't forget to carry out a clinical examination** of the feet at least once a year, during a regular appointment.
- **Identify risk factors** for secondary complications before giving any pedicure treatment.
- **Adapt pedicure techniques** if the patient:
 - has a neurological or vascular disorder
 - is taking drugs such as anticoagulants or corticosteroids.
- **Educate the patient** and/or carers to check feet and establish what type of care they can provide without risk.

¹ For full guidelines (in English) and supporting scientific evidence (in French), see *Le pied de la personne âgée : approche médicale et prise en charge de pédicurie-podologie* (July 2005) - www.has-sante.fr

Actions: health professionals, doctors and podiatrists

	All professionals	Doctors
Clinical examination	<p>Attend to any foot problems that patients complain of</p> <ul style="list-style-type: none"> • Identify any problems the patient has in: <ul style="list-style-type: none"> - carrying out daily foot care and cutting toenails - finding appropriate footwear - getting about because of foot problems 	<p>Carry out a careful clinical examination of the feet of all elderly subjects at least once a year, during a regular appointment</p> <ul style="list-style-type: none"> • Look for: <ul style="list-style-type: none"> - foot problems - factors that could encourage skin complications on the foot, or functional incapacity related to a foot problem • Identify patients who are unable to: <ul style="list-style-type: none"> - look after their feet themselves - cut their own nails - check the skin on their feet particularly if there is underlying disease.
Referral to another professional		<p>Refer to a podiatrist if</p> <ul style="list-style-type: none"> • skin disorders (apart from wounds) or postural disorders of the foot related to neurological or vascular disorders • foot problem combined with walking problems, or a history of falls • indication for foot orthotic • patient or carer unable to perform everyday foot care such as cutting toenails • hyperkeratosis needs to be reduced.
Communication between professionals	<p>Keep a shared record that is left with the patient</p> <ul style="list-style-type: none"> • Keep professionals mutually informed of: <ul style="list-style-type: none"> - the patient's foot problems - any functional repercussions - actions taken. 	<p>Letter to podiatrist should state</p> <ul style="list-style-type: none"> • reason for appointment, aim of any treatment or orthotics prescribed, and any issues that fall within the podiatrist's field of competence • history and disorders that could affect walking and/or which represent special risks in relation to any orthotics or treatment prescribed • any drugs being taken (anticoagulants, corticosteroids etc.); • any treatment by other health professionals

Podiatrists			
	Carry out a clinical examination before giving any podiatry treatment		
Clinical examination	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>Information to record</p> <ul style="list-style-type: none"> • home environment (living conditions, social and family environment, carers) • details of other professionals caring for the patient • medical and surgical history (diabetes, vascular disease, neuropathy, allergy, infection, etc.) • previous foot problems, treatment, and outcomes • current treatment • time spent standing, walking range and walking aids, history of falls. </td> <td style="vertical-align: top; width: 50%;"> <p>Further clinical assessment</p> <ul style="list-style-type: none"> • Identify risk factors for complications: <ul style="list-style-type: none"> - posterior tibial and pedal pulses - capillary refill time after manual pressure on plantar surface of halluces - superficial sensitivity other than in areas of hyperkeratosis (perception of a 10 g monofilament). • Identify foot problems: <ul style="list-style-type: none"> - pain: use the same validated scale before and after treatment, to measure treatment impact - falls: assess structural and postural problems, joint mobility and neuromuscular function of the foot and ankle. • Assess shoe fit in relation to: <ul style="list-style-type: none"> - foot width and length; forefoot height; - foot problems and any treatment (dressings, etc.). • Assess functional repercussions on balance and walking: <ul style="list-style-type: none"> - length of time patient can stand on one leg; - timed up and go test (get up, walk 3 m, come back). </td> </tr> </table>	<p>Information to record</p> <ul style="list-style-type: none"> • home environment (living conditions, social and family environment, carers) • details of other professionals caring for the patient • medical and surgical history (diabetes, vascular disease, neuropathy, allergy, infection, etc.) • previous foot problems, treatment, and outcomes • current treatment • time spent standing, walking range and walking aids, history of falls. 	<p>Further clinical assessment</p> <ul style="list-style-type: none"> • Identify risk factors for complications: <ul style="list-style-type: none"> - posterior tibial and pedal pulses - capillary refill time after manual pressure on plantar surface of halluces - superficial sensitivity other than in areas of hyperkeratosis (perception of a 10 g monofilament). • Identify foot problems: <ul style="list-style-type: none"> - pain: use the same validated scale before and after treatment, to measure treatment impact - falls: assess structural and postural problems, joint mobility and neuromuscular function of the foot and ankle. • Assess shoe fit in relation to: <ul style="list-style-type: none"> - foot width and length; forefoot height; - foot problems and any treatment (dressings, etc.). • Assess functional repercussions on balance and walking: <ul style="list-style-type: none"> - length of time patient can stand on one leg; - timed up and go test (get up, walk 3 m, come back).
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Referral to another professional	<p>Refer to patient's doctor</p> <ul style="list-style-type: none"> • if there are signs suggesting general disease (neuropathy, vascular disorder, signs of infection, etc) or local and/or tumour disease • if concomitant drug therapy is likely to improve the outcome of podiatry treatment • if the podiatry treatment given is not effective 		
Communication between professionals	<p>Letter to doctor should state</p> <ul style="list-style-type: none"> • the podiatrist's diagnosis within his/her field of competence, highlighting disabilities and deficiencies and, in particular, an opinion on the patient's walking autonomy • proposed podiatry treatment strategy and goals • frequency of care sessions, advice for follow-up, advice on footwear • any new factors arising during treatment • unsatisfactory results after the treatment strategy has been applied • results obtained at end of treatment. 		

How to treat

Patient/carer education	<ul style="list-style-type: none"> ▪ Tailor education to the patient's risk of foot problems: <ul style="list-style-type: none"> - How to check skin and wash feet every day - How to cut toenails correctly - What to avoid (movements and objects) - Choosing footwear for the foot problems or level of disability - How to fit, look after, and monitor orthotics.
Pedicure techniques	<ul style="list-style-type: none"> ▪ Look for risk factors before giving any care involving instruments (weigh up benefits and risks). ▪ Choose the least aggressive techniques for fragile skin. ▪ Control the volume of hypertrophied nail plates by regular filing, preserving the curvature of the nail. ▪ Don't file just the centre of the nail when treating ingrown toenails. ▪ Treat excess nail curvature if it is causing the nail to dig into skin folds, by local care of the nail grooves or by other methods, if indicated (nail braces, surgery, etc.).
Footwear	<ul style="list-style-type: none"> ▪ Off-the-shelf therapeutic shoes for temporary or long-term use, or made-to-measure shoes (to be prescribed by the doctor if standard off-the-shelf shoes are not suitable)

Main indications for orthotics

Nail braces

To modify excessive nail curvature.

Artificial nail plates

To prevent anterior ingrowth when tissue build-up is preventing nail growth.

Toe splints

To protect skin on toes and realign painful and uncomfortable toe deformities that can be reduced under load (walking, shoes).

Orthotic insoles

To maintain or improve functional capacity by:

- reducing pain
- compensating for or preventing aggravation of orthopaedic deformities
- reducing or eliminating areas of excess pressure to encourage wound healing
- preventing skin problems by optimum distribution of plantar pressure and reducing friction.

Prescribing orthotics

- Obtain informed consent from the patient or family members (dementia).
- Give the patient and/or carers and other health professionals detailed instructions on using and looking after the orthotic.
- Give the patient an appointment for a check-up to adjust the orthotic if necessary.
- Assess the results obtained from orthotic therapy in relation to expected effects (reduction in the symptoms the orthotic was prescribed to alleviate, no warning signs), any side effects, pain, functional capacity standing and walking.