

## Diabetes management for allied health: Foot screening and low risk foot care

**Recipient site advanced allied health assistant – Kathy:** G'day Jane, I'm Kathy. How are you?

**Client – Jane:** Good, thank you.

**Recipient site advanced allied health assistant – Kathy:** Alright, we'll just put this under your feet, and we'll start with a foot screen. Do you get any numbness or tingling in your feet?

**Client – Jane:** No, not at all.

**Recipient site advanced allied health assistant – Kathy:** Any burning in your calves when you're walking?

**Client – Jane:** No, no.

**Recipient site advanced allied health assistant – Kathy:** Well, we can start, and we'll have a look at your feet if that's alright?

**Client – Jane:** Yep.

**Recipient site advanced allied health assistant – Kathy:** What's happened to your ankle?

**Client – Jane:** I fell over and just cut myself a little bit, but it's alright.

**Recipient site advanced allied health assistant – Kathy:** It's alright?

**Client – Jane:** Yeah, I check it.

**Recipient site advanced allied health assistant – Kathy:** Alright, let's have a look at your toe, between your toes. Sorry.

**Client – Jane:** No worries, it's cold.

**Recipient site advanced allied health assistant – Kathy:** Okay, you've got a spot between that toe there. You've got another spot under here.

**Client – Jane:** Oh, have I?

**Recipient site advanced allied health assistant – Kathy:** Yeah.

**Client – Jane:** Must be new.

**Recipient site advanced allied health assistant – Kathy:** Is it?

**Client – Jane:** Yeah, I don't really check my feet that much, but I haven't really took much notice of it – how long it's been there.

**Recipient site advanced allied health assistant – Kathy:** Okay, would you mind if I get the podiatrist to have a look at it?

**Client – Jane:** No.

**Recipient site advanced allied health assistant – Kathy:** Because that's out of my scope and I'd like to be able to talk to the podiatrist, if that's alright with you?

**Client – Jane:** Yeah no, that's no problem.

**Recipient site advanced allied health assistant – Kathy:** Alright, well, no worries, well we'll do the screen and then we'll contact her.

Now we'll just feel your pulses. That's good. That's good. Alright, that's all good.

Now what I want to do is just to see how much feeling you have under your feet. So, I'm just going to give you a little prick under your feet. Just let me know if you can feel it. I'll put it on your hand, and we'll show you how it feels.

**Client – Jane:** Yep

**Recipient site advanced allied health assistant – Kathy:** Alright, now you close your eyes. You just tell me; you say "Yes" when you can feel it.

**Client – Jane:** Yes. Yep. Yes. Yes.

**Recipient site advanced allied health assistant – Kathy:** Wonderful.

**Client – Jane:** Yes. Yep. Yep. Yep.

**Recipient site advanced allied health assistant – Kathy:** Beauty. Well done. Alright then. Well, we might have a chat to the podiatrist if that's alright with you. I'll just dial in to her.

**Recipient site advanced allied health assistant – Kathy:** Hello Jac. It's Kathy, how are you?

**Host site podiatrist – Jaclyn:** Hi Kathy. Good. You?

**Recipient site advanced allied health assistant – Kathy:** Sorry, I've got Jane with me. What I've noticed is that she's got a couple of spots, one under her foot and one between her toes. She's saying that they haven't been there that long, and she hasn't noticed them, and I was just wondering if you could take a look.

**Host site podiatrist – Jaclyn:** Okay sure. Can you show me?

**Recipient site advanced allied health assistant – Kathy:** Yep, won't be a minute. Hi Jac, can you see that?

**Host site podiatrist – Jaclyn:** Yes, I can.

**Recipient site advanced allied health assistant – Kathy:** Is that far enough in?

**Host site podiatrist – Jaclyn:** Yeah, that's good. I can see a brown mark underneath that metatarsal head. Is that what you're wanting me to see?

**Recipient site advanced allied health assistant – Kathy:** Yeah, there was one there and one between the toes.

**Host site podiatrist – Jaclyn:** Okay. So, um, what sort of history was there with this? Has, the patient, has Jane had them for long?

**Recipient site advanced allied health assistant – Kathy:** No, she was saying she hadn't noticed them before.

**Host site podiatrist – Jaclyn:** Okay so they've suddenly appeared, fairly suddenly.

**Recipient site advanced allied health assistant – Kathy:** Yeah.

**Host site podiatrist – Jaclyn:** Okay, and are they getting bigger, does she think?

**Recipient site advanced allied health assistant – Kathy:** Do you think they're getting bigger.

**Client – Jane:** No, I'm not quite sure because I really haven't took much notice.

**Recipient site advanced allied health assistant – Kathy:** You see that?

**Host site podiatrist – Jaclyn:** Yes, I can. Yes. Look, I would say that this would be a case for Jane to go and see her GP and show him those spots and just find out what they are. Sometimes they can be nasty so it's worthwhile following through and checking up.

**Recipient site advanced allied health assistant – Kathy:** Are you happy for me to go through with the low-risk toenail cutting?

**Host site podiatrist – Jaclyn:** So, everything else has checked out okay? Got good pulses? Good feeling? And no problem with the toenails?

**Recipient site advanced allied health assistant – Kathy:** Yeah, no, there's no other problems, no.

**Host site podiatrist – Jaclyn:** OK, Yeah, that's fine. Just so long as Jane's aware that next time she's at the GP she should show him those marks.

**Advanced Allied Health Assistant:** Yeah okay, thanks Jac.

**Host site podiatrist – Jaclyn:** Alright, thanks mate. See you again. Bye.

**Recipient site advanced allied health assistant – Kathy:** Rightio! Alright, so yeah, when you go to the GP next, get them to have a look at your spots. And then they can investigate further if they think they need to.

-----

### **What telehealth intervention did you provide today?**

**Host site podiatrist – Jaclyn:** Today I provided support for Kathy, who's our allied health assistant, and she's been trained in low-risk foot care. So, she does screening, and she does low-risk foot care but today she ran into some situation that she wasn't familiar with and that's where she has been trained to ring a podiatrist and get onto telehealth and show me what it is that she's concerned about. So, in the instance today, she showed me something that I knew was a medical condition and have advised her client to seek medical opinion on the particular problem.

### **What telehealth model did you choose for this intervention?**

The model was the health professional to allied health assistant. And in this particular situation we're trialling a model where an allied health assistant, called Kathy, has been trained in low-risk foot care. And she's been trained to screen; she's been trained to treat low risk footcare. She's also been given a low-risk screening tool, or a screening tool that sorts out low risk from high risk.

So, Kathy and I spent over a month together, looking at her, observing me. And then her slowly starting to work on feet. Looking at a screening tool. Going through that screening tool until she was very familiar with it. We completed a competency assessment at the end of that. So, I watched her treating people. I watched her screening people.

### **What technology did you use for this intervention?**

So, from my end, which was the host site, I used a MOVI camera that was mounted on a computer. And for Kathy, at the recipient site, she used an iPad. And the iPad's a really good tool because it can get in close and have a look at the details. Anything she's concerned about that she wants to show me up close, so that I can make a decision about what it is and what's needed from there.

### **Do you have to modify your intervention to provide it via telehealth?**

So, podiatry is a very hands-on type of job. So, Kathy really needs to be an extension of me, and she needs to be able to describe what she's seeing, describe how it feels and she needs to be able to use the tools – the screening tools – so that she can work out definitely this person is low risk or definitely they're high risk.

So, it's important to have extended training and a lot of time together and the competency assessment at the end. A good clear screening tool so that we're all on the same page and so that Kathy knows when to stop treatment, when it goes beyond her scope and when it's gone into podiatry scope and when she needs to get some supervision; some idea of how do we go from here.

### **What are the benefits of providing this service by telehealth?**

In this case Dalby has no public podiatrist. Dalby's in the western cluster of Darling Downs Health District and Kathy is able to provide low risk foot care for diabetics and she has me to contact when she feels like she's getting out of her zone. When she recognises that she's gone, we're now in this higher risk category. She can call me and see what the process should be from here. She's able to then, safely, continue with treatment, or she's able to definitely say this is a podiatry job and off you go to a podiatrist. So, together we can help cover Dalby, the Dalby district, on that level safely and provide footcare for diabetics.

-----

## **D-FCo<sub>1</sub> Foot screening including pedal pulses and monofilament testing**

**Host site podiatrist – Jaclyn:** G'day Jane. Jackie Glover's my name. I'm a podiatrist and I'm here to do a foot screen on you. First of all, can I just check your date of birth please?

**Client – Jane:** Yeah, it's the 11<sup>th</sup> of the eighth, fifty-eight.

**Host site podiatrist – Jaclyn:** Okay, thank you. That's good. Now, are you okay with me doing this for you?

**Client – Jane:** Yes, I am.

**Host site podiatrist – Jaclyn:** And I understand you're a diabetic?

**Client – Jane:** Yes, I am.

**Host site podiatrist – Jaclyn:** Alright. Okay, so I'll just run through a few little things, and I'll ask you a few questions. We'll give you just a bit of a wipe down first. You're ticklish. Okay so, I can see you can feel something.

**Client – Jane:** Yes.

**Host site podiatrist – Jaclyn:** Alright, so do you ever feel any tingling, numbness, burning?

**Client – Jane:** Nothing like that, no.

**Host site podiatrist – Jaclyn:** What about if you walk – say if you walked from here to the hospital, would you get any pain in your calves?

**Client – Jane:** No, I don't.

**Host site podiatrist – Jaclyn:** You don't get any pain, okay. That's good. So, you haven't had any history of any recent ulcerations or sores that wouldn't go away on your feet?

**Client – Jane:** No, but I just hurt my leg the other day, so yeah, but it's all good.

**Host site podiatrist – Jaclyn:** That's alright now? Okay good. So, all of that's okay, alright. I'll just have a quick look around. So, they look good. The skin condition is good. You must put some cream on them.

**Client – Jane:** I use baby oil.

**Host site podiatrist – Jaclyn:** Well good on you. That's good. Okay, and the toenails look good too. And I'm not seeing any tinea or anything. I can see some little spots on your feet here. You might need to talk to the doctor about those.

**Client – Jane:** Yep, I will.

**Host site podiatrist – Jaclyn:** So, I'm just going to have a look and feel your pulses right now. You've got two main pulses in your feet. I can feel that one. That's a nice one. And there's that one too. And there's a good one. They're strong.

**Client – Jane:** That's good.

**Host site podiatrist – Jaclyn:** And there's that one. So, they're good. You've got good blood supply down to your feet. Now the next thing I'm going to do is just test your feeling. This little thing is called a monofilament. I'll just show you on your hand what it's like. So that's all it is. It's just a really small thing. So, if you feel something small, that's it. So, what I'm trying to find out is can you feel something this small. So, can you close your eyes and when I press it and you feel it, you tell me yes.

**Client – Jane:** Yes. Yes. Yes. Yes. Yes. Yes. Yes. Yes.

**Host site podiatrist – Jaclyn:** Good. Okay, that's great. So, we'll just have a look at your shoes. Are these the shoes that you normally wear?

**Client – Jane:** Yeah, they're brand new.

**Host site podiatrist – Jaclyn:** Brand new. They look like a great style. So, they're not catching you anywhere on your toes?

**Client – Jane:** No.

**Host site podiatrist – Jaclyn:** Okay that's good. And good condition, plenty of grip and they fit you well?

**Client – Jane:** Yes.

**Host site podiatrist – Jaclyn:** Good. Good on you. That's good. You have diabetes. Do you understand that diabetes can be dangerous?

**Client – Jane:** Yes, that's why you've got to check your feet all the time.

**Host site podiatrist – Jaclyn:** Yeah, good on you. So, do you check your feet every night?

**Client – Jane:** Yeah, night and day. When I get up and have a shower and all that, so yeah.

**Host site podiatrist – Jaclyn:** Good on you. So, if you ever see anything different like a rub mark or a blister or something. Treat it, wash it, give it a little dressing, and make sure you know why it happened. If it was a pair of shoes, take them off and don't wear them again.

**Client – Jane:** Okay then. Yep.

**Host site podiatrist – Jaclyn:** Your feet look great. They look like they are really well looked after, so you're doing well there. That's good. And how's your vision? Can you see well enough?

**Client – Jane:** I can, but sometimes I'll blink sort of, only because my blood pressure goes up. But otherwise, I'm pretty good at seeing, yeah.

**Host site podiatrist – Jaclyn:** So, I'm just wondering, can you reach your feet adequately? Are you able to cut your toenails?

**Client – Jane:** No, I can't, because I do have back problems. And when I do bend over it stops me reaching for my toes.

**Host site podiatrist – Jaclyn:** Alright, yeah, you can't reach your feet. Because you're low risk, we can book you in to see the allied health assistant, but today I'll cut your toenails and then we'll book you in for another six weeks.

**Client – Jane:** Okay then. That's fair.

-----

## **D-FCo<sub>4</sub> Low risk foot care**

**Host site podiatrist – Jaclyn:** So, Jane, I'm ready to cut your toenails now. Can you just confirm what your date of birth is again please?

**Client – Jane:** Yeah, it's eleven of the eight, fifty-eight.

**Host site podiatrist – Jaclyn:** Thank you and are you alright with me cutting your toenails?

**Client – Jane:** Yes, I am.

**Host site podiatrist – Jaclyn:** So, I'll just cut the ones that need cutting. The longer ones. Some of them are short, so I'll just leave them.

**Client – Jane:** Yep.

**Host site podiatrist – Jaclyn:** So, I'll just give you a bit of a clean down first. Alright so I've wiped you down now, Jane. So, I'll get going.

So those two are quite short, aren't they? So, we can go from here.

So, stabilise the toe with your two fingers and then get it ready and put your finger over the top when that comes flying off, so it doesn't go flying out anywhere dangerous. That's it. Same with this one. Just get the nippers on it and put the finger over the top and stop the flying bits.

Okay, so I'm just going to file your toenails now. Just tell me if it feels uncomfortable.

So, when I'm filing, we go from dorsal to plantar, so it doesn't set your teeth on edge.

**Client – Jane:** Okay, yep.

**Host site podiatrist – Jaclyn:** And I've got another little file, which we use sometimes, just if there's something under the toenail that needs to come out. And I just noticed a little bit here. So, don't use this very often because you can dig people with it. So, just use it a little bit.

I'm ready to finish off now, usually I finish off with a little bit of cream, just to keep the skin in good condition.

**Client – Jane:** So, baby oil's not good?

**Host site podiatrist – Jaclyn:** Baby oil's alright. Just make sure when you finish putting it on, you don't stand up and slide over. That's the same with any cream. I usually put it on and then wipe it off. Just so you're not at risk of falling, slipping. Okay, looks good.

**Client – Jane:** Thank you.

**Host site podiatrist – Jaclyn:** Thank you. So, what I'll do now is we'll book you in for about six weeks to see the advanced allied health assistant and she'll be treating you from now on.

**Client – Jane:** Okay then, thank you.