

# Primary Care Guide to Foot Care Care Guide

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CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

## SUMMARY

### GOALS

- ✓ Identify patients with foot conditions that can be managed by primary care and those that require a specialty referral and/or special foot wear
- ✓ Maintain foot health and improve quality of life
- ✓ Encourage patient self-care of feet and nails when appropriate

### ALERTS

- Patients with Loss of Protective Sensation (LOPS) from diabetic or other neuropathy are at high risk for serious complications and specialty referral should be considered
- Patients with Peripheral Artery Disease (PAD) or other vascular compromise are at high risk of non-healing infection and other pathology

### EVALUATION

#### History:

- Identify the location of pain, timing of onset, patient's underlying medical conditions, any recent weight gain, or change in activity level
- Assess risk for vascular or neurologic compromise that can lead to poor wound healing or other complications such as: HTN, DM, PVD, PAD, ESRD, Cerebrovascular disease. Note prior ulcers or amputations
- Also note the patient's foot care practices/shoe wear

**Physical Examination:** Examine the foot without socks or shoes and while the patient is both sitting and standing (i.e., while weight-bearing). Observe:

- Swelling, color change, the height and shape of the arch
- Abnormalities or asymmetries, such as abnormal callus patterns on the plantar surface, toenail deformity
- Asymmetry in the forefoot width or arch height
- Hammering of the toes, bunions or bunionettes, splaying of the toes, or abnormally short metatarsal segments
- Neurovascular examination, pulses, sensation, monofilament test, ulcers/wounds, capillary refill
- Gait as the patient enters the examination room to see if there is a limp or any other sign of injury

#### Diagnostics (if indicated):

- CBC, CMP, HgA1C, Plain radiography, Ankle Brachial Index (ABI)

### TREATMENT

Foot/toe/nail conditions are common in primary care and can be a result of many factors including disordered biomechanics, obesity, and in some instances, shoe wear. Modifying activity and/or shoe wear (when available) is important.

- Assess if condition can be appropriately managed initially in the primary care setting, which is often the case
- Utilize modalities available for conservative management—stretching exercises, NSAIDs, physical therapy, activity and lifestyle changes
- Refer patients with foot wounds, ulcers, or infections (including diabetic ulcers) to CCHCS Wound Care Team
- Refer patients to short-term physical therapy or podiatry if criteria met
- Educate all patients in self-care such as appropriate foot care and hygiene
- For patients with normal neurovascular status, instruct in self-care related to proper toe nail trimming
- For patients with abnormal neurovascular status, develop institutional process for routine toenail and callus care

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**MONITORING/FOOT/NAIL CARE**

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- Ensure both length and width of shoes are appropriate size
- Toenail and callus trimming at regular intervals as indicated
- Patients with abnormal neurovascular status should do daily self-foot exams
- Diabetic patients should receive a barefoot exam regularly with annual mono-filament testing for neuropathy.