SPRING 2021
Vol 86 No 1

THE SMAE INSTITUTE™

THE JOURNAL OF

Podiatric Medicine

For the Private Practitioner

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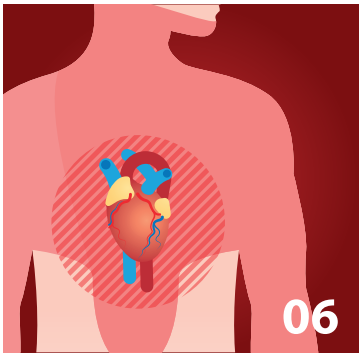

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Editorial

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We are now well into 2021 and we thought 2020 was a difficult year, so what will this year bring? This is the question that we are asking ourselves.

It is good to note that the workshops are doing extremely well and also so much online is being achieved. It is very disappointing that we could not run the Summer School and Convention last year. We had hoped to run both events this year (fingers were tightly crossed!) because they are important events. We enjoy meeting everybody and discussing not only the program, but any individual problems the members have, or, better still, the success of their practices. Since the release of the Government's Roadmap we have looked at all viable options and it is with a heavy heart that we tell you that we have had to postpone the 2021 Summer School until 27th & 28th May 2022. Those who have booked will be contacted and bookings remain open for the 2022 event.

We know how much everyone enjoys our Summer School and will be saddened to hear of its postponement, and so in its place we are hosting a complimentary virtual Summer Seminar! This event is complimentary for those who are booked to attend the 2022 Summer School. You can find full details on page 10 and we hope you will be able to join us.

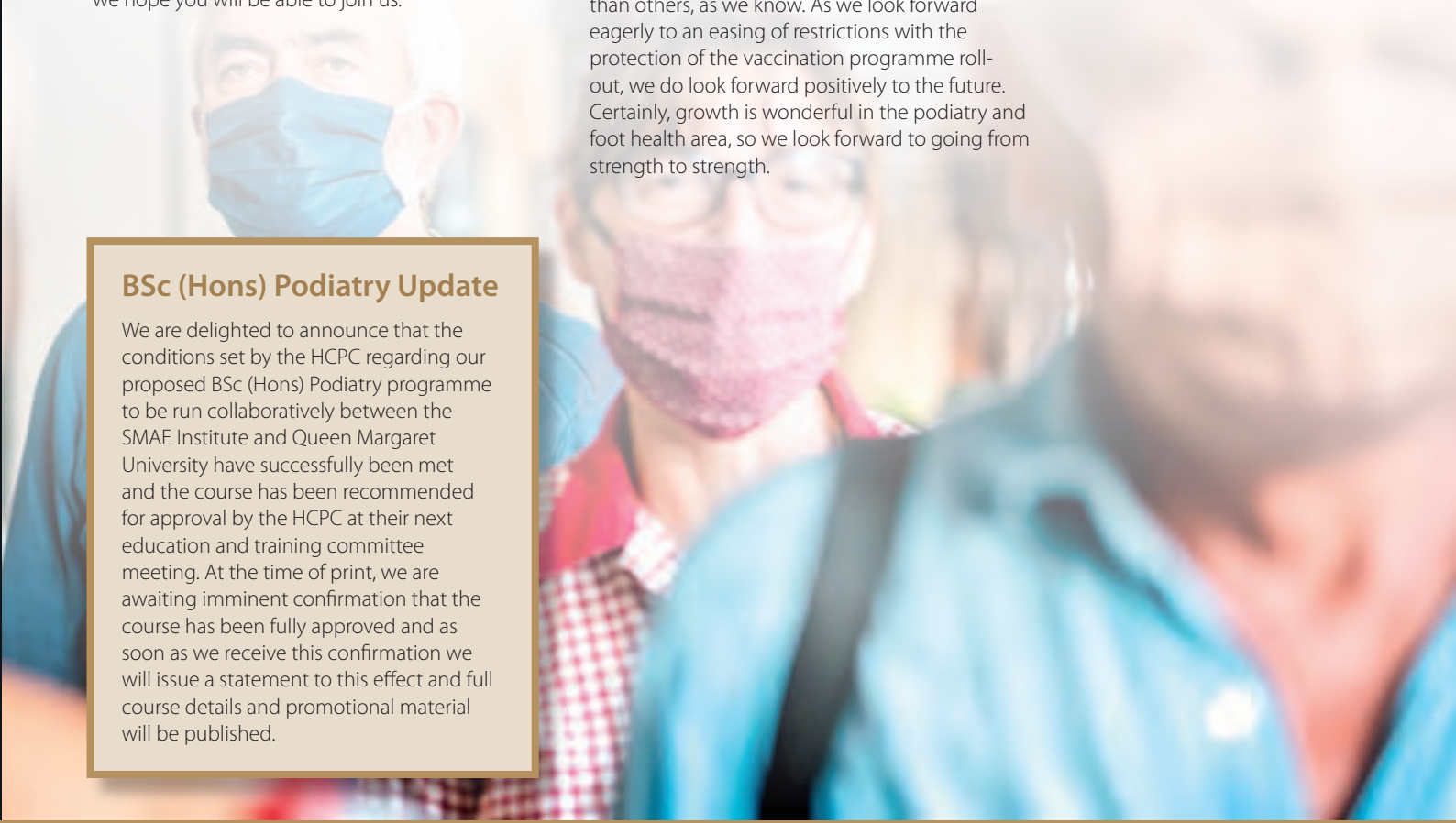
We still hope to be able to host our Annual Convention in early October and remain positive that we can do so. We will of course keep you updated if changes are required, but we remain optimistic it will go ahead as planned.

Nobody could foresee the problems of the pandemic which has taken its toll on so many people. The one inspiring person throughout has been without a doubt Captain Tom Moore, who was made an honorary colonel of the British Army. He was a great inspiration to us all, and I think he spurred us on at the right time. It is wonderful that he was knighted by Her Majesty this year in the grounds of Windsor Castle.

As we head into 2021, we are starting our constant battle to contain any increases that the underwriters put to us in terms of membership insurance. We have been very successful over the years, but we can expect there to be a slight rise this year, because of extra administration costs, and the market as it stands. To date I can report that we have not had any claims that should affect the premium. Therefore, we are hoping that the change will be minimal and that we can continue to provide value for money and good quality.

Naturally none of us knew this pandemic was going to hit us all, and it has hit some areas worse than others, as we know. As we look forward eagerly to an easing of restrictions with the protection of the vaccination programme roll-out, we do look forward positively to the future. Certainly, growth is wonderful in the podiatry and foot health area, so we look forward to going from strength to strength.

By Mike Batt



BSc (Hons) Podiatry Update

We are delighted to announce that the conditions set by the HCPC regarding our proposed BSc (Hons) Podiatry programme to be run collaboratively between the SMAE Institute and Queen Margaret University have successfully been met and the course has been recommended for approval by the HCPC at their next education and training committee meeting. At the time of print, we are awaiting imminent confirmation that the course has been fully approved and as soon as we receive this confirmation we will issue a statement to this effect and full course details and promotional material will be published.

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COVID-19 UPDATE

In our earlier correspondence we indicated that, based upon clinical judgement, routine clinical practice could be resumed as usual. This advice remains in place and it is appropriate that you can be seeing the vast majority of patients within your caseload. It is crucial that above all else this is done carefully so as to protect your own health and well-being, and the health and well-being of the other members of your household.

Please note that the most recent guidance from Government DOES NOT impact your ability to provide treatment to patients as health care practices are allowed to continue within the guidelines. To that effect the main guidance that we provided you via our last update remains in place:

- ***If you or anyone in your household is displaying COVID-19 symptoms (fever and a new continuous cough) OR has had a case of COVID-19 confirmed, there is to be no service provided for a minimum of 14 days – and you will need to get a test for the virus***
- ***If your patient or anyone in their household is displaying COVID-19 symptoms (fever and a new continuous cough) OR has had a case of COVID-19 confirmed, there is to be no service provided for a minimum of 14 days – and you will need to enquire about whether they have booked a test / received a result***
- ***If you provide services to a residential home, you MUST liaise with the home to ensure that you can work within their plans and policies that are in place to protect their residents***
- ***In all other circumstances, you are fine to proceed, but you MUST exercise careful clinical judgement before a decision is taken to provide treatment.***

You must still continue to make clinical judgements on whom to treat and when based upon these two considerations:

- ***How likely is it that failure to provide treatment to this patient will likely stretch precious NHS resource further and unnecessarily?***
- ***Is the risk to the patients' health and well-being of no treatment greater than the risk of them potentially contracting COVID-19?***

It remains an appropriate plan to tend to the needs of your most urgent and pressing cases first and gradually work towards those in less urgent need of foot care. These needs can, and should, be established via telephone consultation first where you can run through a series of screening questions related to their general health, potential infection / symptoms of Covid-19 and any foot problems that they may have.

The other main consideration that you will need to have at this time relates to safe working practices. This includes both the working environment and personal protective equipment (PPE). In accordance with this need, we are issuing the following advice in conjunction with advice from Public Health England (links here: **https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe** and **https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care**).

Vaccinations

It is with great relief that the COVID-19 vaccine programme is rolling out across the UK at pace in the early part of 2021.

Priority for the vaccine is for the most clinically vulnerable and front line health care professionals. We are aware that many of you are anxious to be vaccinated and non-NHS healthcare staff are included within the first 4 priority groups for vaccination.

Please observe some patience at this time and do keep in contact with your own GP hub to inform them of your status as a healthcare professional so that you can be considered within the first 4 priority groups.

Further details regarding the three vaccines currently authorised for use in the UK can be found at the following NHS webpage: https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/

In essence the general advice is along the following lines:

- ***Make sure that all patients are pre-screened over the phone to ensure that attending to them is safe, required and possible (i.e. if their problem is likely to be out of your scope – please seek to arrange that remotely so that they minimise the amount of people they have to see to sort their problem out)***
- ***You may need to reduce the amount of patient caseloads that you see in a day – ensure that you have sufficient gaps between patient caseloads so as to allow for disposal of PPE items and decontamination of any accessory items that you would use patient-to-patient***
- ***You will need to seek to minimise the amount of time spent with patients WITHOUT reducing the quality of care that you provide. Prolonged exposure to individuals increases the risk of disease transmission. This might include completing the patient record card after you have left the company of your patient***
- ***Where possible, practical, appropriate and agreeable with the patient, seek to provide treatments in an outdoor environment or at least with good ventilation***
- ***Ensure that you employ the strictest infection control practices and have adequate PPE***
- ***Where possible seek to take payment over the phone or via card transaction***

PPE Guidelines

- You will be ***required to use surgical gloves*** that are disposed of after every treatment and/or after they have become damaged or visibly soiled with bodily fluids (as is usual practice)
- ***Hand-washing*** has to be thorough and rigorous before donning PPE and immediately after removing PPE
- ***DO NOT touch your face at any point*** whilst wearing PPE or once it is removed until you have thoroughly washed your hands
- ***FFP2 or FFP3 masks*** would be optimal BUT surgical face masks are appropriate where treating a patient where there is low suspicion of them having COVD-19. Surgical face masks are to be disposed of after every appointment. FFP2 or FFP3 masks may be reused up to 3 times if they have not become damaged or soiled AND/OR where you have not been in close contact with the face or upper-respiratory tract of a person with suspected (or confirmed) COVID-19.
- ***Patients should be offered and encouraged to wear a surgical face mask*** for the duration of their contact with you and they can dispose of them following their contact with you
- A ***face face shield / visor OR eye protection is recommended*** but not essential during the consultation (these can be wiped clean thoroughly with a disinfectant between patients)
- Regular aprons will suffice but you may wish to wear full-length sleeved gowns

Whilst it is not possible to fully socially distance whilst providing treatment to patients, we are fortunate that we are working at the distal end of their body and are typically >1m away from their face, mouth and nose. Thus, risk of transmission is relatively low compared to in other health and care profession contexts. Outside of the moments of treatment, you should seek to place a distance of >2m between you and the patient and you and anyone else in their households.

If you have any queries, please do not hesitate to contact us and please do continue to keep safe and well.

Understanding medication and pharmacotherapy:

Part 2 – Managing cardiovascular conditions

By Andrew Hill
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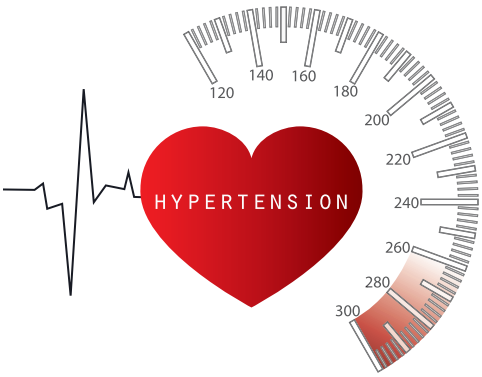
Medical pharmacology is the study of chemicals (drugs) that interact with the human body. It is a core aspect of medical interventions and all health professionals should take account of the medications that patients are taking. This can be a daunting and challenging area to understand well but it is crucial to develop a strong working knowledge of pharmacotherapy in the interests of patient safety and well-being. In the previous article in this series, underpinning pharmacological principles were presented to provide necessary context to understand the ways in which drugs interact with our bodies to exert certain chemical reactions and processes. When these are in a specific, targeted and therapeutic way, they are a powerful form of medical intervention to improve, prolong and save lives. This second article in the series looks at commonly prescribed drugs to manage conditions of the cardiovascular system. Subsequent articles in the series will consider drugs commonly used to manage other conditions.

IT IS CRUCIAL TO DEVELOP A STRONG WORKING KNOWLEDGE OF PHARMACOTHERAPY IN THE INTERESTS OF PATIENT SAFETY AND WELL-BEING

Drugs used in hypertension



Hypertension (high blood pressure) is associated with decreased life expectancy and increased risk of stroke, coronary heart disease and other end-organ disease (Nwabuo et al., 2020). Neal (2015) points out that one of the challenges of hypertension is that the risk is graded and so there is no obvious line between patients who should be treated and those who should not. Non-pharmaceutical interventions – such as dietary changes and lifestyle modification – may well be advised and considered in lower hypertension thresholds but the line as to when commence pharmacological interventions may be harder to establish. Nwabuo et al. (2020) suggest that lowering the blood pressure of those with diastolic blood pressure of above 90mmHg decreases mortality and morbidity, but up to 25% of the population may be in that category. Indeed, in the UK, the National Institute for Clinical Excellence [NICE] (2019) recommend starting antihypertensive drug therapy in individuals who persistently have blood pressure at or above 150mmHg / 90mmHg. It is worth noting, however, that in many instances hypertension does not exist in isolation and is often associated with other factors such as obesity, diabetes, hyperlipidaemia etc and the co-presence of other health problems may lower the threshold for treatment.

Where pharmaceutical treatment is to commence, several groups of drugs are known to reduce blood pressure – albeit via different mechanisms. This section of the article will consider these sequentially.

Thiazide Diuretics

Thiazides were developed from the carbonic anhydrase inhibitors, however, the diuretic activity of these drugs is not related to their effects on this enzyme. These drugs are widely used in the management of heart failure and hypertension where they have been shown to reduce the incidence of stroke (Neal, 2015). There are many thiazides but the main difference between them is their duration of action. Bendroflumethiazide is probably the most widely used of these drugs.

Thiazides act mainly on the early segments of distal tubule of the kidney where they inhibit sodium chloride reabsorption. Excretion of chlorine, sodium and accompanying water is increased. The increased sodium load in the distal tubule stimulates sodium exchange with potassium and hydrogen, increasing their excretion and causing hypokalaemia (low potassium) and metabolic alkalosis (Neal, 2015). The mechanism by which they work on reducing arterial blood pressure is unknown. Initially, blood pressure falls by reducing blood volume (through greater excretion of water), reducing venous return and reducing cardiac output. However, gradually, the cardiac output returns to normal but the hypertensive effect remains because the peripheral resistance has decreased (Neal, 2015). Diuretic drugs have no direct effect on vascular smooth muscle and the vasodilation they cause seems to be associated with a small, but persistent reduction in body sodium. This, theoretically, may result in a secondary reduction in intracellular calcium so that the muscle becomes less responsive to endogenous vasoconstrictors, though this remains unproven. Potential side effects of thiazide diuretics includes diabetes, hypokalaemia and gout (Waller and Sampson, 2017).

β-Adrenoreceptor antagonists

β-blockers initially produce a fall in blood pressure by decreasing the cardiac output (Joint Formulary Committee, 2019). With continued treatment, cardiac output returns to normal but blood pressure remains low owing to a mechanism not fully understood or identified. Essentially, though, the peripheral vascular resistance is 'reset' at a lower level and this keeps blood pressure lower (Neal, 2015). Disadvantages of β-blockers are the common adverse effects such as cold hands, fatigue and (less commonly) the provocation of asthma (Joint Formulary Committee, 2019). These drugs also tend to raise serum triglyceride levels and reduce high-density lipoprotein ('good' cholesterol) levels. Whilst all β-blockers reduce blood pressure, some of the side-effects can be reduced by using cardioselective and hydrophilic versions (i.e. those without liver metabolism or brain penetration) such as atenolol (Waller and Sampson, 2017).

Vasodilator Drugs

ACE Inhibitors

Angiotensin II is a powerful circulating vasoconstrictor and stopping its production in hypertensive individuals results in a fall in peripheral resistance and a subsequent lowering of blood pressure (Neal, 2015). These drugs work at the level of preventing angiotensin I from being converted into angiotensin II but do not impair cardiovascular reflexes and are devoid of many of the adverse effects associated with diuretics and β-blockers (Waller and Sampson, 2017). A common unwanted effect of this drug may be a dry cough that may be due to increased bradykinin. Rare, but serious, adverse events of ACE inhibitors include angioedema, proteinuria and neutropenia (Joint Formulary Committee, 2019). One of the most commonly prescribed ACE inhibitors is Ramipril.

Angiotensin-receptor antagonists

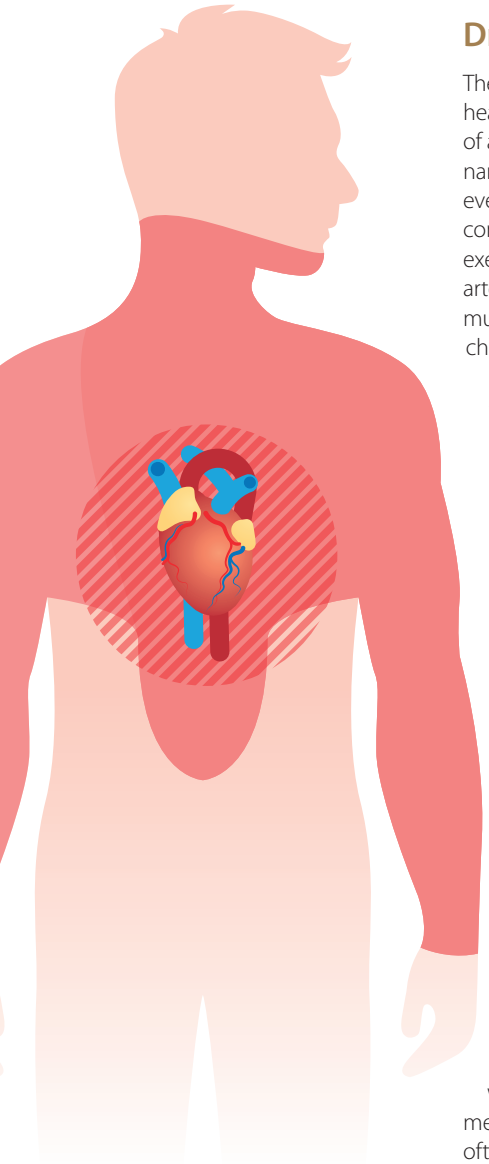
Losartan is a classic example of an angiotensin-receptor antagonist and these drugs lower the blood pressure by blocking angiotensin receptors from angiotensin II (rather than blocking the production of angiotensin II). Essentially, these drugs have a similar range of properties to ACE inhibitors but do not cause a cough (Neal, 2015). They are a line of drugs given to patients who cannot tolerate ACE inhibitors.

Calcium-Channel Blockers

The tone of vascular smooth muscle is determined by the intracellular calcium concentration. This is increased by α1-adrenoceptor activation which triggers calcium release (Neal, 2015). There are also receptor-operated cation channels that are important because the entry of cations through them depolarises the cell, opening voltage-dependent calcium channels and causing additional calcium to enter the cell (Waller and Sampson, 2017). Calcium-channel blocker drugs, such as amlodipine, bind to the voltage-dependent channels and, by blocking the entry of calcium into the cell, cause relaxation of the arteriolar smooth muscle. This reduces the peripheral resistance and results in a fall in blood pressure

Notes:

Understanding medication and pharmacotherapy



(Neal, 2015). The efficacy of these drugs is similar to ACE inhibitors and thiazide diuretics and the most common adverse effects are the result of excessive vasodilation – dizziness, hypotension, flushing and ankle oedema (Joint Formulary Committee, 2019).

α1-Adrenoceptor antagonists

Doxazosin causes vasodilation by selectively blocking vascular α1-adrenoceptors. Unlike unselective α-blockers, α1-selective drugs are not likely to cause tachycardia but they may cause postural hypotension (Waller and Sampson, 2017). These tend to be used in combination with other antihypertensive drugs in cases of persistent and resistant hypertension.

Drugs used in angina

The coronary arteries supply blood to the heart. Angina occurs due to the development of atheromatous plaques which progressively narrow the arteries and obstruction of blood flow eventually becomes so severe that when oxygen consumption of the heart increases (i.e. following exercise) not enough blood can pass through the arteries to supply it (Balla et al, 2018). The ischaemic muscle, devoid of adequate oxygen, produces the characteristic chest pain of angina pectoris.

The basic aim of drug treatment in angina is to reduce the workload of the heart and, thus, reduce its oxygen demand (Neal, 2015).

Nitrates

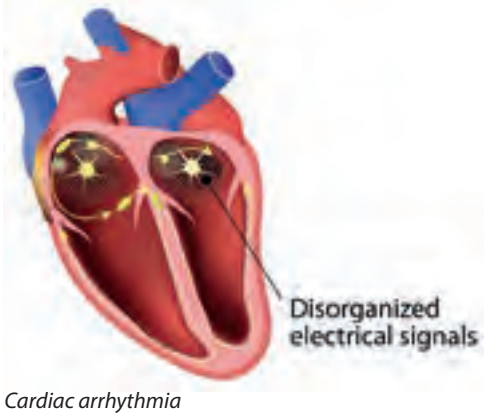
The nitrates are first-line drugs in the management of angina. Their main effect is to cause peripheral vasodilation, especially in the veins, by undertaking action on the vascular smooth muscle that involves the formation of nitric oxide and an increase in intracellular cyclic guanosine monophosphate (cGMP) (Waller and Sampson, 2017). The resulting pooling of blood in the veins reduces the venous return and the end-diastolic ventricular volume is decreased (Neal, 2015). Reduction in the distension of the heart wall decreases oxygen demand and the pain is quickly relieved. The most common type of nitrate used to manage acute anginal 'attacks' is glyceryl trinitrate (GTN) which is given sublingually to avoid first-pass metabolism. If this is required to be taken more often than twice a week, then an additional drug – such as a β-blocker or a calcium channel blocker (previously discussed) is added to the regimen to reduce the incidence of anginal attacks (NICE, 2016).

The main adverse effects associated with the nitrates includes headaches, hypotension and syncope (fainting). Reflex tachycardia might sometimes occur but this can be countered by the prescription of a β-blocker (Joint Formulary Committee, 2019).

Antiarrhythmic Drugs

The rhythm of the heart is normally determined by pacemaker cells in the sinoatrial node, but it can be disrupted in different ways resulting in anything from occasional discomfort through to heart failure and even sudden death (Franciosi et al, 2017). The rhythm of the heart is affected by both acetylcholine (Ach) and norepinephrine released from the parasympathetic and sympathetic nerves, respectively (Franciosi et al, 2017).

Supraventricular arrhythmias arise in the atrial myocardium or atrio-ventricular node (AVN), whereas ventricular arrhythmias originate in the ventricles. Many antiarrhythmic drugs have local anaesthetic activity (i.e. block voltage-dependent sodium channels) or are calcium channel blockers. Those actions decrease the automaticity of the pacemaker cells and increase the refractory period of the atrial, ventricular and Purkinje fibres (Neal, 2015).



Cardiac arrhythmia

Arrythmias associated with stress conditions in which there is an increase in adrenergic activity (such as via emotion or exercise) may be treated with β-blockers (Waller and Sampson, 2017). Whilst different drug classes are used depending on whether the arrhythmia is supraventricular, ventricular or both, the most commonly encountered drugs used in the management of arrhythmias are those used for the management of supraventricular arrhythmias. These include: Adenosine, Digoxin and Verapamil.

Adenosine stimulates A1-adenosine receptors and opens acetylcholine (Ach) sensitive potassium channels. This hyperpolarises the

cell membrane in the atrio-ventricular node and, by inhibiting the calcium channels, slows conduction in the atrio-ventricular node (Neal, 2015). Adenosine is rapidly inactivated and so side-effects are short-lived.

Digoxin stimulates vagal activity promoting the release of acetylcholine which slows conduction and prolongs the refractory period in the atrio-ventricular node (Waller and Sampson, 2017). Oral administration of digoxin is used to treat atrial fibrillation (where the atria beat at such a fast rate that the ventricles can only follow irregularly) (Joint Formulary Committee, 2019). By delaying atrio-ventricular conductance, digoxin increases the degree of block and slows and strengthens the ventricular beat (Neal, 2015).

Verapamil acts by blocking voltage-dependent (L-type) calcium channels and has a particularly potent effect on the atrio-ventricular nodes where conduction is entirely dependent on calcium spikes (Waller and Sampson, 2017). Verapamil also inhibits the influx of calcium during the plateau phase the action potential and therefore has a negatively modifying effect on the force of cardiac muscle contraction. Oral verapamil is primarily used prophylactically of supraventricular tachycardia but should not be used in conjunction with β-blockers because of the cumulative effect of reduction to the force of cardiac muscle contraction (Joint Formulary Committee, 2019).

Drugs used to affect blood coagulation

Anticoagulant drugs – particularly warfarin and heparin – are widely used in the prevention and treatment of venous thrombosis and embolism (e.g. DVT, prevention of post-operative thrombosis, atrial fibrillation etc) (Neal, 2015). The main adverse effect of anticoagulants is haemorrhage (Joint Formulary Committee, 2019).

Heparin is short-acting and given by injection and its anticoagulant effect requires the presence of a protease inhibitor in the blood (antithrombin III) (Waller and Sampson, 2017). Heparin increases the rate of complex formation 1000-fold which causes the almost instantaneous inactivation of thrombin. The heparin-antithrombin III complex also inhibits factor Xa as well as some others with the next effect of marked reduction in blood coagulability (Neal, 2015).

Blood coagulation

Warfarin is active orally and is a coumarin derivative with a structure similar to that of vitamin K (Neal, 2015). Warfarin has a complex mechanism of action but it essentially causes the production of modified factors VII, IX, X and prothrombin (II) which are inactive at promoting coagulation. The net effect is reduced capability for blood to coagulate but the effects can take several days to occur (Waller and Sampson, 2017), thus if there is an urgent need to reduce blood coagulation, Heparin must be given in addition (Joint Formulary Committee, 2019).

Anticoagulant drugs are not so effective at preventing arterial thrombosis because the thrombi in fast-flowing arterial vessels are composed mainly of platelets with little fibrin (Neal, 2015). Instead, antiplatelets are instead used to be more efficacious for the prevention of arterial thrombosis. Antiplatelet drugs (such as Aspirin or Clopidogrel) reduce platelet aggregation and arterial thrombosis. Antiplatelets drugs have been shown to reduce the risk of myocardial infarction in patients with unstable angina, increase the survival of patients who have had a myocardial infarction and reduce the risk of strokes in patients at increased risk of them (Neal, 2015).

Aspirin works as an antiplatelet by the inhibition of platelet TXA2 synthesis. TXA2 is a powerful inducer of platelet aggregation, whilst Clopidogrel reduces aggregation by irreversibly blocking the effects of ADP on platelets (Waller and Sampson, 2017). Clopidogrel has a synergistic action when given with Aspirin.

Summary

This article has focused on some of the most common conditions affecting the cardiovascular system and the common drugs used to manage these conditions. The next edition of the journal will continue with this pharmacology series and look at another of the broad systems that can be impacted by common conditions / disease states and consider the pharmacotherapy employed to manage such conditions / diseases.

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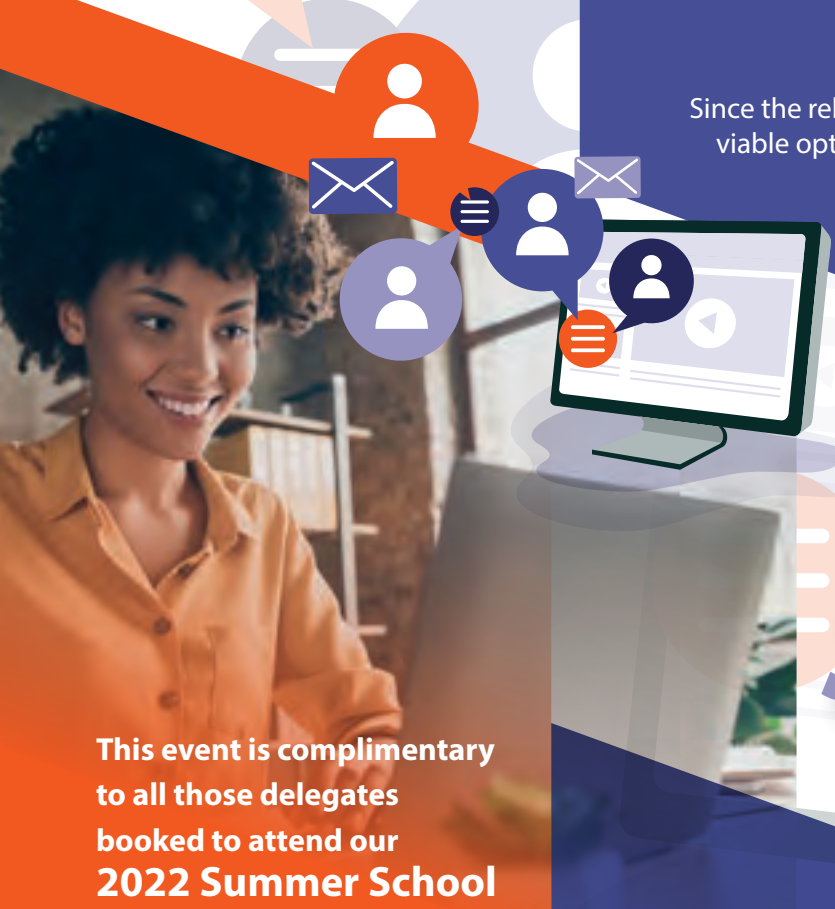

Since the release of the Government's Roadmap we have looked at all viable options for the 2021 Summer School and unfortunately have made the decision to postpone the 2021 event.

We know how much everyone enjoys our Summer School, and so in its place we are hosting a complimentary virtual Summer Seminar!

SMAE Summer Seminar

FRIDAY 4TH JUNE 2021

This event is complimentary to all those delegates booked to attend our 2022 Summer School on 27th / 28th May 2022, so if you would like to join us for a fantastic day of CPD all in the comfort of your home, simply contact Janet McKane at jmckane@smaeinstitute.co.uk or on 01628 560654 to secure your place.

AGENDA

9.30am – 10.20am

Tracey O'Keeffe

Dementia – understanding to provide quality

As foot clinicians, we will come across individual's with dementia. This lecture will consider some of the different types of dementia and their different presentations. It will discuss how symptoms can impact the person and how this affect our work. Some of those challenges will explored as the more we understand, the better chance we have of providing quality, person-centred care and treatment.

10.35am – 11.25am

Gordon Burrow

HMSN - a case study

This lecture will look at what Hereditary Motor and Sensory Neuropathy is and how it might present itself to Foot Health Practitioners and Podiatrists, and how to manage someone presenting with this condition. It will be presented in the context of a real-life case study and will outline a number of issues such as podiatric care, footwear, orthoses, joint working between orthopaedic surgeons and podiatric surgery, anaesthesia between podiatrist and consultant anaesthetist and outline matters such as a psychological areas of management and genetic counselling.

11.40am – 12.30pm

Belinda Longhurst

Nail the diagnosis

In this lecture we review the anatomy and function of the nail unit. We will also discuss assessment and diagnosis of common and rare nail disorders in practice.

1.30pm – 2.20pm

Robert Isaacs

Fibromyalgia, a multi axial approach

Fibromyalgia is a very common chronic pain condition, affecting almost as many people in the UK as diabetes. However it is still poorly understood by patients and clinicians alike. In this talk we examine this condition in detail. What it is, what it isn't, and how all of us in healthcare have a role in helping our clients to manage it.

2.20pm – 3.10pm

Andrew Hill

Pathways to ulceration in Diabetes - a roadmap to help avoid amputation

The foot in diabetes presents unique challenges for health and medical care and, often, once a foot ulceration has occurred the focus becomes about delaying and limiting the potential harms caused by that. Increasing focus is on preventing ulcers from developing in the first place. To this end, this lecture seeks to outline the typical pathways to ulceration in diabetes to help all clinicians be cognisant of the precipitating factors which can help with screening and referral practices that may just help prevent ulcers developing and, ultimately, limbs being lost.

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FRIDAY 27TH & SATURDAY 28TH MAY 2022

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2nd Prize - **Free Online CPD**
(one subject of your choice)

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Meet Our Lecturers

Peter Allton

MCPod DPodM, Clinical Director - Circle Podiatry, CEO of Undefeeted CIC, Author of Undefeeted by Diabetes

Peter has run a successful private podiatry business Circle Podiatry for over 18 years now having been practicing in the NHS for some 13 years previously. Peter has always pursued excellence to ensure that his patients receive the best of treatment outcomes and has led his team to win no fewer than 9 business awards since 2008 including the best business for Customer service in London at the FSB London awards 2017. He was awarded the College Of Podiatry's Meritous award for services to the profession.

Peter's passion for helping people with diabetes stems from 3 sources: more than 30 years experience as a Podiatrist dealing with the devastating effects of the disease on people's feet : his personal battle with Type 2 diabetes and his experience with his daughter's diagnosis with type 1. He and his wife Tina founded the multi award winning not for profit organisation Undefeeted whose mission is to help people with diabetes prevent foot complications and amputations by helping them live as safely as possible with their disease. Peter is the author of Undefeeted by Diabetes. He walks his talk having successfully reversed his Type 2 diabetes and remains off all his meds 3 years on.

He also presents 2 weekly radio shows on UK Health Radio – The Diabetes Show and The Foot Health Show and writes 2 regular columns for the Health Triangle Magazine – The Diabetes Sweet Spot and Foot Notes.

He is also a Christian, a husband, Dad to 7 Kids and has one granddaughter . In all his spare time Peter loves running, gardening and modelling (steam trains not on the catwalk)

Find the radio shows at www.ukhealthradio.com. Find out how Undefeeted can help your patients at www.undefeeted.org.

Andrew Hill

MSc Podiatry, BSc (Hons), PGCert L&T, MSSCh, MBChA, FHEA, HCPC Registered, Clinical Services Manager of The SMAE Institute

Andrew graduated from the University of Brighton in 2006 with a BSc (Hons) in Podiatry. He has worked as a Podiatrist in both the NHS and Private sector – both in the UK and Australia. Since 2008 he has worked at The SMAE Institute as an educator ascending to the role of Clinical Services Manager and Programme lead in 2012. In addition to his post graduate teaching qualification in higher education, Andrew obtained his MSc in Podiatry from QMU in 2015 and is currently undertaking his professional doctorate at the University of Bath looking specifically at the barriers and facilitators to good foot self-care behaviours in people with diabetes. Diabetes is a core area of professional interest for Andrew and he has a publications within peer-reviewed journals on patient education and self-care in diabetes. In 2018 Andrew was made a Fellow of the British Chiropody and Podiatry Association and in 2019 Andrew became a Fellow of the Faculty of Podiatric Medicine within the Royal College of Physicians and Surgeons of Glasgow where he has recently been appointed as a regional advisor for Podiatry within London. Andrew's key professional goal is to help develop and drive high quality of training and education at levels within the foot health & Podiatry sector, which in turn can lead to recognition for all levels of clinician in foot health and ultimately help to best serve the public. Andrew's current roles involve his educational lead on the SMAE's FHP; Diploma in Higher Education (Podiatry Assistant); Local Anaesthesia and Prescription Only Medicines courses. He also maintains private practice work, is a peer-reviewer for Patient Education and Counselling and The Diabetic Foot Journals. Andrew also works as an education visitor for the Health and Care Professions council.

Robert Isaacs

Bsc.pod.M. M.Ch.S, HCPC Registered Podiatrist

Robert is a podiatrist in full time clinic practice, both within the NHS and private practice. He has held a specialist post in biomechanics for 15 years and has lectured internationally on biomechanics and MSK podiatry.

Belinda Longhurst

Podiatrist / Lecturer BSc (Hons), HCPC registered podiatrist, MCPod

Belinda graduated from the University of Southampton, where she was awarded a first-class BSc (Hons) degree in Podiatry, with a distinction in clinical practice and has worked as a private practitioner from 2003 until 2017. She is a Trustee and volunteer coordinator for the registered charity Forgotten Feet, which offers free footcare to the homeless and socially isolated. As a post graduate student at QMU Edinburgh, she continues to research in her area of special interest: podiatric dermatology - and has frequently presented her published work at both national and international conferences.

Tracey O'Keeffe

MA, BSc, RN, PGCE, MCFHP MAFHP, Part-time Tutor/Lecturer at The SMAE Institute

Tracey qualified as a nurse in 1992 and her career has taken her through many different specialities including intensive care, neurology and cardiac before working in the community as a Rapid Response Nurse. She has also been a Senior Lecturer teaching nursing in university and currently works as an Education Facilitator for Primary Care. Tracey is Smae trained and has her own private practice. She is a part-time Tutor for the Smae Institute FHP Diploma, Diploma in Higher Education (Podiatry Assistant); Local Anaesthesia and Prescription Only Medicines courses.

Raymond Robinson

Clinical Lecturer, BSc BSc Hons PgCert MSc

Raymond has been a Clinical Lecturer in Podiatry since 2004 and is a Fellow of the Higher Education Academy. He graduated with a BSc in Genetics and Microbiology from Queens University (QUB) in 1990 and a BSc Hons in Podiatric Medicine in 1998 from QUB. He has a PgCert in HE Practice from Ulster (2007) and PgCerts in Steroid and Silicone Injection Therapy (2010).

He completed his MSc (Distinction) in Podiatric Medicine from QMU/GCU in 2014. His main areas of teaching and interest include anatomy, biomechanics, injection and physical therapies. Raymond works in clinical practice and is currently undertaking a PhD by publication.

Deborah Rockell

Podiatrist / Lecturer DipPodMed; MSSCh

Deborah is a Podiatrist who qualified at The SMAE Institute in 2002 following a distinguished career in the Police force. Since 2002, Deborah has worked in private practice both in the UK and Dubai and has worked as clinical tutor at The SMAE Institute. As of June 2018, Deborah has been working full-time as a Clinical lecturer at SMAE providing the day-to-day overseeing of the students practical experience in the clinic and facilitating all aspects of their clinical assessment. Deborah also teaches on SMAE CPD programmes – most notably the Nail Reconstruction course.

Charlotte Vannet

MRes, BSc(Hons), FHEA, MCPod Podiatry Programme Leader, University of East London

Charlotte graduated from University College London in 1997 with a BSc (Hons) in Podiatry. She worked in the NHS before returning to UCL as a Podiatry lecturer. It was during her time working in the teaching clinics at the London Foot Hospital whilst managing the case load of patients with diabetic neuropathic ulceration that her enthusiasm for endocrinology and its impact on the feet took hold. Since 2004 she has worked at the University of East London and is currently the programme leader for the undergraduate Podiatry programme within the department of Health & Nursing. Charlotte's academic teaching focuses on the diabetic foot, vascular pathologies and pharmacology. She leads the clinical practice modules and enjoys working with the students in the onsite NHS clinic to further develop their clinical skills and facilitate the application of theory into action. She has previously presented her work at national and international level and regularly provides updates for continuing professional development across the medical community.

AGENDA SUMMER SCHOOL 2022

Friday 27th May

8.30am – 9.20am Registration & Trade Stands

9.20am – 9.30am Introductory Welcome

9.30am – 10.30am ***Raymond Robinson*** *MSc, BSc, BMedSci, PgCHEP, Course Director Podiatry, Ulster University*

Pulsed radiofrequency energy (PRFE) – a little known gem in the armoury of physical therapies for MSK management?

Radiofrequency energy treatment has been used for some decades in the management of musculoskeletal (MSK) pain. More recently, devices have become miniaturised, portable and available in the UK as an over-the-counter (OTC) 'topical' analgesic for localized MSK pain and injury (ActiPatch® BioElectronics Corporation, MD, USA).

As an acute muscle pain treatment, the ActiPatch device has been demonstrated to significantly reduce postoperative pain and the requirement for narcotic pain medications in submuscular breast augmentation patients. In two chronic musculoskeletal pain conditions, plantar fasciitis and osteoarthritis of the knee, the device was also found to significantly reduce pain and medication use.

This talk will review the efficacy, safety and cost effectiveness of this form of physical therapy to assist practitioners in decision making on the use of this treatment for their patients.

10.30am – 11.15am Tea/Coffee Break – Trade Stands

11.15am – 12.15pm ***Andrew Hill*** *MSc Podiatry, BSc (Hons), PGCert L&T, MSSCh, MBChA, FHEA, HCPC Registered, Clinical Services Manager of The SMAE Institute*

Sticks and stones…the nocebic power of words

Words have the power to 'elevate or destroy'. Language is powerful and can have a strong impact on perceptions, behaviour and experiences. Language is the principle vehicle for sharing of knowledge and understanding. Words are immediately shaped into meanings when people hear or read them and those meanings can affect how a person views him- or herself. In 2017, psychiatrist Arthur Barsky wrote an article entitled "The iatrogenic potential of the physician's words" which has had an impact at continuing to understand the concept of nocebo and nocebic language (Barsky, 2017). The article is extremely useful at shining a light on how communication with patients can affect the outcome (and expected outcome) of medical treatment. It is this notion of the potentially (and almost always unintentionally) detrimental impact of the choice of words or turn of phrase the clinician uses that will be the topic of this lecture. Recognising how this may present in the world of Podiatry and foot health and how we can become ever more reflective in practice to try and reduce our own potential of using nocebic language in our clinical encounters with patients.

12.15pm – 1.30pm Lunch Break (Buffet) – Trade Stands

12.40pm – 1.25pm Practical Breakout Session (Optional) £12pp

Neurological assessment workshop with Andrew Hill

Many FHPs and Podiatrists are used to undertaking 10g monofilament and tuning fork assessments but there are a plethora of neurological assessments that can be performed on the lower limb. This practical breakout session is designed to give you a demonstration of a comprehensive neurological examination of the foot with a test-by-test explanation of the individual examinations being performed. This workshop aims to refresh your knowledge of neurological assessment of the lower limb and provide you with the confidence to improve this aspect of your clinical practice.

1.30pm – 2.30pm ***Charlotte Vannet*** *MRes, BSc(Hons), FHEA, MCPod Podiatry Programme Leader, University of East London*

Thyroid Disease – What happens in the foot?

We commonly see patients with thyroid disease in our clinics, but do we fully appreciate the consequences changes in thyroid hormone can have on normal physiology and the range of clinical symptoms that may present with these conditions. This lecture will provide an overview of thyroid function and hormone regulation and explore the effects of hypo and hypersecretion of thyroid hormones and the associated pathological abnormalities that arise, focusing on the impact to foot health.

2.30pm – 3.00pm Tea/Coffee Break – Trade Stands

3.00pm – 4.00pm ***Belinda Longhurst*** *Podiatrist / Lecturer (BSc (Hons) MCPod, HCPC Registered Podiatrist, Member of the British Dermatological Nursing Group)*

The Good (benign), The Bad (pre-malignant) and The Ugly (Malignant) Skin Lesions

This lecture will cover diagnosis, treatment, when and where to refer skin tumours of the lower limb and assist practitioners in formulating appropriate referral pathways.

Saturday 28th May

8.30am – 9.20am Registration & Trade Stands

9.20am – 9.30am Introductory Welcome

9.30am – 10.30am ***Robert Isaac*** *Bsc.pod.M. M.Ch.S, HCPC Registered Podiatrist*

Biomechanics Update

This lecture will consider the current concepts and understanding in biomechanics with a focus on how these concepts play out in the context of presenting biomechanical symptoms and the strategies used to tackle them.

10.30am – 11.15am Tea/Coffee Break – Trade Stands

11.15am – 12.15pm ***Peter Allton*** *MCPod DPodM Clinical Director - Circle Podiatry, CEO of Undefeeted CIC, Author of Undefeeted by Diabetes*

Should education play a bigger part in preventing Diabetic foot complications and amputations?

The aim of the lecture is to inspire and motivate practitioners to take raising awareness to the next level, giving them tools to help build into their practices robust down to earth methods of educating their patients on how to keep their feet healthy for life especially whilst living with Diabetes.

Including an introduction to Undefeeted's SATNAV Diabetic foot risk assessment tool.

12.15pm – 1.30pm Lunch Break (Buffet) – Trade Stands

12.40pm – 1.25pm Practical Breakout Session (Optional) £12pp

Vascular Assessment with Andrew Hill

A vascular assessment is a crucial aspect of Podiatric and FHP practice. This practical session will guide you through the practicalities of basic vascular assessment as well as a consideration of use of Doppler and interpreting Doppler sounds. Ideal for the newly qualified, as well as those looking for a refresher. All materials/equipment supplied.

1.30pm – 2.30pm ***Deborah Rockell*** *Podiatrist / Lecturer DipPodMed; MSSCh*

Nail Reconstruction – An Important Part of Aesthetics in the Foot Health Arena

There are many reasons why nails can look unsightly and the impact that this can have on patients is real and, sometimes, considerable. Nail reconstruction offers a fantastic cosmetic outcome that can significantly improve the appearance of unsightly nails and have a very beneficial impact upon our patients accordingly. This lecture will seek to discuss the techniques involved and its clinical utility.

2.30pm – 3.00pm Tea/Coffee Break – Trade Stands

3.00pm – 4.00pm ***Tracey O'Keeffe*** *MA, BSc, RN, PGCE, MCFHP MAFHP, Part-time Tutor/Lecturer at The SMAE Institute*

On My Lonesome…

As foot health clinicians, we often work alone rather than surrounded by work colleagues. This is more evident in domiciliary care where we enter people's own homes. This lecture will consider some of the risks associated with this and it will explore strategies to keep us safe - personally, professionally and clinically.

The SMAE Institute reserves the right to alter the agenda if necessary. It cannot be held responsible for events outside of its control. Please always check for updates on our website www.smaeinstitute.co.uk/events - Summer School 2022

Diploma in Local Anaesthesia

www.smae-la.co.uk

The timetable for the 2021 Diploma is as follows:

Open / Registration Day (Location: The SMAE Institute)
Saturday 27th March 2021
This is a pre-requisite for those who wish to enrol

Introductory Lectures (Location: The SMAE Institute)
Friday 21st May 2021

Module 1 (Location: e-Learning)
Begins: Monday 24th May 2021

Module 1 Assessment Submission
Friday 20th August 2021

Module 2 (Location: e-Learning)
Begins: Monday 27th September 2021

Module 2 Assessment Submission
Friday 10th December 2021

Clinical Practice
Early 2022

The **Open Day for the 2021 Cohort** will be held on Saturday 27th March 2021. If you are interested and would like to attend please contact Gill Hawkins at **ghawkins@smaeinstitute.co.uk**
More information about this Diploma can be found at **www.smae-la.co.uk**

Please note: Those wishing to enrol onto this course must provide evidence of registration with the HCPC.

*** Installment Option Available**

Diploma in Prescription Only Medicines

www.smae-poms.co.uk

Our next cohort begins December 2021. More information about the 2021 cohort can be found at www.smae-poms.co.uk

Open / Registration Day (Location: The SMAE Institute)
Saturday 6th November 2021
This was a pre-requisite for those who wish to enrol

Introductory Lectures (Location: The SMAE Institute)
Friday 26th November 2021

Module 1 (Location: e-Learning)
Begins: Monday 29th November 2021

Module 1 Assessment Submission
Monday 4th April 2022

Examination (Location: The SMAE Institute)
TBC (2022)

If you are interested in the 2021 POMs Cohort, please contact Gill Hawkins at **ghawkins@smaeinstitute.co.uk** for more information and to book yourself a place on the upcoming Open/Registration Day.

Please note: Those wishing to enrol onto this course must provide evidence of registration with the HCPC and demonstrate annotation in LA on the HCPC Register.

*** Installment Option Available**

hcpc health & care professions council

Regulation, learning and prevention at the hcpc health & care professions council

Introduction

The HCPC has published its new corporate strategy, setting out its clear vision and direction for the years ahead. Tested by the pandemic, HCPC has made huge strides, collaborating with others to solve problems at pace. Our new strategy ensures that we build on this.

Direction and priorities

Learning

Our work enables us to collect a wealth of information about our professions: the effectiveness of their education; their diversity and demographics; their working locations and approach to practice; and the risks that they present. The ability to identify, extract, analyse and share our learning from this information is crucial to our public protection role.

We are, therefore, increasing our ability to learn from data and research to inform decision-making, identify risks and share insights to support our professions and influence wider policy development.

Prevention

This represents our move away from the traditional thinking and approach to regulation to one that provides greater influence of, collaboration with and support for our stakeholders.

By promoting professionalism, ethical behaviours and enabling current and future registrants to embed and achieve high professional standards, we aim to prevent things from going wrong and protect service users from harm.

Our Professionalism and prevention framework identifies how we will support professionalism and help to prevent harm. It outlines the developments we plan to take in the next two years to support our shift away from the traditional thinking and approach to regulation.

We will continue our regulation role and assure the quality of education, set standards, register professionals, and respond to fitness to practise concerns. We will improve the quality and timeliness of our fitness to practise work and embed a more human approach by increasing our engagements, understanding and support for those involved in the fitness to practise process. Our Registrant health and wellbeing strategy identifies how we will achieve this, you can find this on our website.

Diversity

We are committed to being an inclusive and diverse regulator and ensuring that our services are accessible and free from discrimination.

Increasing our understanding of the diversity of our registrants forms an important part of our learning. Improving this knowledge will enable us to ensure that our policies, regulatory processes and strategies are inclusive, fair and accurately reflect the diversity of our registrants. This is why we are asking all of our registrants to get involved and to ensure they complete our recent Diversity Data Survey, and spread the word using #HCPCMyEDI.

We are developing our Equality, diversity and inclusion strategy, which will confirm our vision to be recognised as an actively anti-discriminatory organisation, upholding and promoting best practice in equality, diversity and inclusion and as active allies for change.

Professional Liaison

To support the delivery of prevention work, we are establishing the Professional liaison service to increase our engagements with and support for registrants. Our Professional liaison consultants will deliver educational workshops, webinars and talks that bring the standards to life and explore those areas that are more challenging to achieve in everyday practice. We started this work with our #MyHCPCStandards webinar series, which explores each of the 10 Standards of conduct, performance and ethics. You can catch up on previous webinars on our YouTube channel and register for future sessions here.

This year our Professional liaison consultants will begin delivering workshops and learning in the workplace. Our Professionalism in practice workshop programme will explore how to meet those more challenging standards.

Working with employers

We know from our research that the culture in which professionals work and the support and recognition they receive in their workplace makes a real difference to their levels of engagement and ability to meet high standards. A key part of our prevention work, therefore, will include engagements with and influence of employers – those who manage and employ HCPC registrants.

We began this work with the launch of our new Employer hub providing important resources to support employers' understanding of the responsibilities and needs of HCPC registrants. Informative articles and learning are shared through our employer email and this year we will be delivering a programme of employer events.

Sharing stories

Sharing registrant stories help others, particularly of the tough circumstances many have worked through during the pandemic. If you would like to contribute a story on your experiences working through COVID-19 or meeting one of our standards please email Communications@hcpc-uk.org.

Connect with us

To keep in touch and up-to-date on our latest developments, follow us on social media. You can:

> **Tweet us @The_HCPC**
> **Follow us on www.linkedin.com**
> **Find us on www.facebook.com/hcpcuk**
> **Watch us on www.youtube.com/user/HCPCuk**
> **Visit our website on www.hcpc-uk.org**
> **You can contact our Professional liaison service at professional.liaison@hcpc-uk.org.**

In-toeing and Out-toeing Gait

By Dr. T. Javed
MBChA, FSSCh

THESE CONDITIONS ARE LIKELY TO RUN WITHIN A FAMILY, ALTHOUGH THEY MAY OCCUR ON THEIR OWN OR THEY MIGHT BE ASSOCIATED WITH OTHER ORTHOPAEDIC PROBLEMS

ABSTRACT

In-toeing gait can be associated with osseous or soft tissue involvement. It is also associated with physiological genu valgum and fatigue. The aetiology of in-toe gait arising from the hip and femur has particular consequences on the lower leg and the foot with implications in metatarsus. In out-toeing gait, there is an outward rotation of the legs that is generally associated with soft tissue influence at the hip. In this article, a brief overview of some of the key aspects of these conditions are briefly discussed.

1. INTRODUCTION

The term "in-toeing gait" is used to describe the feet when they turn inward rather than pointing straight during walking or running. This condition is commonly found to occur in children of varying age and for different reasons[1]. It mostly corrects without the need for treatment as the child gets older. The cause of in-toeing is dependent on the change in alignment as to whether it is at the central point. The three common conditions which cause in-toeing are:

- Metatarsus Adductus (Curved Foot);
- Tibia Torsion (Twisted Shin);
- Increased Femoral Anteversion (Twisted Thigh Bone).

Ganley and Ganley (1992)[2] reported that metatarsus adductus can present in one of six distinct forms including:-

- Simple metatarsus adductus – transverse;
- Simple metatarsus adductus – frontal;
- Metatarsus primus adductus;
- Complex metatarsus adductus;
- Talipes equinovarus;
- Cavo adducto varus.

At the age of four, 30% of children may develop in-toeing gait. Of those only 4% may persist into adulthood. Resolution of the in-toeing gait usually occurs between the ages of four to eleven.

These conditions are likely to run within a family, although they may occur on their own or they might be associated with other orthopaedic problems. It is largely understood that prevention is not usually possible since they result from uncontrollable genetic or developmental disorders. In-toeing gait can be associated with osseous or soft tissue involvement.

2. DISCUSSION

2.1. Metatarsus Adductus and In-toeing Gait

2.1.1. Aetiology

Ganley and Ganley, Katz et al[3] and Valmassy [4,5] concluded that the most significant cause of this deformity is the effects of intra uterine moulding in the later weeks of pregnancy. They reported a higher incidence of metatarsus adductus in first born children, who in general are under greater compression in uterine than the following children. The condition is affected by:-

- congenitally tight or malinserted abductor hallucis tendon;
- tight/malpositioned anterior tibial tendon;
- absent medial cuneiform of the abnormal insertion of the anterior tibial tendon into the base of the first ray;
- Hereditary factors and arrested development of the foot in utero at 8 to 9 weeks of gestation.

2.1.2. Clinical Examination

- The lateral border is convex with the medial border concave;
- A prominent styloid process;
- Gap between the first and second toes;
- Both feet are not equally affected[6] (Helal and Wilson,1988).

Valmassy (1996) suggests that it can be visualised by placing the child's foot into a 'V' formed between the second and third fingers of the examiner's hand. One of the most important tools in the identification and evaluation of a metatarsus adductus deformity[7-9] is the use of a radiographic examination.

The use of standard weight-bearing dorsal plantar films was suggested by Valmassy - the radiographic angle of metatarsus adductus is measured by bisecting the second metatarsal shaft relative to a perpendicular bisection of the lesser tarsus.

It was thus highlighted that the bases of the fifth and first metatarsals are used as reference points to establish a perpendicular bisection of the lesser tarsus. The second metatarsal shaft can then be bisected.

Another measurement on the same film as the measurement of the metatarsus adductus angle is the angle of the forefoot adductus. According to Valmassy, this measurement is obtained by bisecting the second metatarsal shaft and intersected with a line representing the longitudinal bisection of the rearfoot. This is obtained by drawing a line parallel to the lateral border of the calcaneus.

2.1.3. Aetiology of gait arising from hip/ femur

Some other contributory factors include:-

1. Anterior placement of the acetabulum on the pelvic wall;
2. Spastic contraction of the internal hip rotators i.e. cerebral palsy
3. Increased femoral antetorsion i.e. lack of external rotation;
4. Cannot be a treatment (Tx) with physio, exercise or bracing. Need to consider what other Tx would be of choice;
5. Increased femoral anteversion due to joint capsule, muscle, ligament or a combination of these factors;
6. Medial hamstrings tightness. This is the commonest cause of an in-toeing gait. It is functional in nature.

Whilst standing the angle and base of gait is normal when the child walks however the tightness will cause a toe in gait[10-13]. This is due to the restriction by the tight hamstring just prior to heel contact. As the leg extends the hamstrings cause the leg to abruptly rotate internally.

A metatarsus adductus angle of 20 - 30 degrees at birth is considered to be normal. This should decrease to 15 - 20 degrees in a young walker and 10 - 12 degrees in an adult (Tax, 1985).

2.1.4. Internal genicular position

This is one clinical examination that could be undertaken when the tibial torsion is normal but the whole tibia is internally rotated on the knee. Clinically this presents as extreme internal rotation of the tibia sometimes up to 45 degrees occurs. Normal values are 10-20 degrees. Tends to resolve by 5-6 years of age. Note a variety of forms of "Talipes" all with varying degree of rotation also exist.

In High Valgus Tibial Osteotomy (HVTO), the body weight applies on the knee through the femoro-tibial mechanical axis of the limb and passes across the centre of the knee. Thus HTVO is the realignment of the varus osteoarthritic knee to better distribute the forces.

HTVO is usually indicated in patients aged 40 to 60 years, who although are still active, but do not have a sensitive joint although they may have knee pain. Examination reveals that the degree of deformity varies depending on the deformity.

Notes:

In-toeing and Out-toeing Gait

2.1.5. Foot

During gait, weight stresses pass along the lateral aspect of the foot across the metatarsals. In particular, Talipes equino varus and Metatarsus adductus. When the patient attempts to push off, the distal lateral phalange inhibits that motion. The foot therefore falls medially to allow dorsiflexion at the first, second and third metatarsophalangeal joints.

As this occurs, the net effect is to force the forefoot to abduct. It is worthy of mention here that a rare deformity of the foot attracted great attention. It was notably one of the "World Mysteries" presenting nine toes on each feet. Is it flatfeet in-toeing or out-toeing?

2.1.6. Physiological Consequences

- In-toeing gait can also be associated with physiological genu valgum and fatigue in younger children, particularly with stiff heavy shoes;
- Children who walk normally in the early part of the day often in-toe towards the end of the day;
- Sleeping and sitting positions can exaggerate an in-toe gait i.e. the reverse Tailor Position. It is not known whether these positions are caused by internal femoral torsion or anteversion or due to them.

2.1.7. Treatment of Metatarsus Adductus

Bleck (1983)[14-15] identified that treatment results were statistically significantly better when treated between the age of 1 day old to 8 months. The following are some of the conservative options available:-

- stretching and manipulation;
- plaster/serial casting;
- splints and braces;
- modification of sleeping habits;
- shoe therapy;
- combinations of the above.

DURING GAIT, WEIGHT STRESSES PASS ALONG THE LATERAL ASPECT OF THE FOOT ACROSS THE METATARSALS

McCrea (1985)[16] – concluded that the rearfoot is maintained in neutral with one hand, whilst the other hand is used to mobilise the metatarsals laterally on the transverse plane. This position is then held for a period of about 15 - 20 seconds, then released. This should be continued for about 10 to 15 minutes.

In summary:-

- Ganley and Ganley (1992) suggests - serial casting;
- McCrea (1985) - cast should be changed every 4 to 7 days. One or two casts over a period of 2 - 4 weeks is enough to achieve a full correction of the deformity;
- Ganley splint - shoe which has been divided into a forefoot and a rearfoot component. These two parts are then linked by a bar which can be altered to alter the position of the forefoot in relation to the rearfoot.

Tax [17-18] suggests an open-toed padded club foot shoe. A pad is added to the cuboid area of the shoe, as well as on the medial aspect of the first metarsophalangeal joint. Staheli [19-20] concluded that the use of reverse last outflared shoes after a period of casting and manipulation.

The alteration of sleeping or sitting habits is advocated by Ganley and Ganley (1992). Belly sleeping and sitting in the W position or sitting with the feet tucked under the buttocks, are examples of such detrimental positions.

3. Out-toeing Gait

When initially assessing a child with in-toeing gait, it is very important the clinician focuses on the position of the patella. Out-toeing gait is less common. The natural tendency in the early walker is one of external rotation of the extremities and an abducted gait with a wide base. This outward rotation of the legs seems to be associated more with soft tissue influence at the hip and foetal in-utero position. This should improve in the first two years.

3.1. Other Causes of Out-Toeing

1. Acetabulum facing more posteriorly in the pelvis;
2. Weak internal rotators of the hip;
3. Excessive femoral torsion (Note: Rare);
4. External tibial torsion;
5. Exaggerated sleeping position.

3.2. Lower Leg

- Internal tibial torsion;
- Lack of tibial external rotation;
- Associated neuromuscular disease.

4. Treatment

4.1. Conservative

- Inform / educate parents;
- Address any abnormal sleeping/sitting positions;
- Encourage stretching exercises – hamstrings;
- Games to promote out-toeing;
- Strapping depending on aetiology;
- A multi-disciplinary approach may be required.

4.2. Insoles: Gait plates

- Can only be used normally on children above two. They can be used to promote in-toeing or out-toeing. The gait plate must be rigid with the shoe flexible.
- A gait plate to force out-toeing is fabricated with a lateral phalange that extends beyond the fourth and fifth metatarsophalangeal joints (MTPJ) to approximately the level of the fourth and fifth toe sulci whilst the medial portion remains behind the 1st metatarsal head.
- During gait, weight stresses pass along the lateral aspect of the foot across the metatarsals. When the patient attempts to push off, the distal lateral phalange inhibits that motion. The foot therefore falls medially to allow dorsiflexion at the 1st, 2nd and 3rd MTPJ. As this occurs, the net effect is to force the forefoot to abduct.

4.3. Medial hamstrings tightness

This is the commonest cause of an in-toeing gait. It is functional in nature. Whilst standing, the angle and base of gait is normal when the child walks however the tightness will cause an in-toe gait. This is due to the restriction by the tight hamstring just prior to heel contact; as the leg extends, the hamstrings cause the leg to abruptly rotate internally.

4.4. Splints and Braces

The following splints and braces are more common:-

- Counter Rotational Systems;
- Denis Brown splints;
- Ganley splint;
- Wheaton brace.

4.5. Surgery

Surgical management of persistent in-toeing gait due to increased internal tibial torsion in children is possible by rotational osteotomy. In-toeing gait in most cases resolves with growth. Persistent in-toeing gait, due to internal tibial torsion may disrupt gait function. When the primary cause is increased internal tibial torsion, surgical correction by supramalleolar tibial rotational osteotomy is recommended as reported by Davids et al[21]. Significant improvements were observed with respect to tripping, falling, foot/ankle pain, and knee pain following surgery.

In-toeing and Out-toeing Gait

CONCLUSION

In summary, increased internal tibial torsion is characteristic of primary and compensatory gait deviations in children with symptomatic in-toeing gait due to increased weight at the knee. Correction by rotation osteotomy although leads to improvement without normalisation of gait deviations associated with the in-toeing gait.

The link between degenerative arthritis of the knee in adults and increased internal tibial torsion is reported to be a consequence of longstanding with increased loading at the knee joint associated with the kinematic gait deviations seen in in-toeing gait.

In podopediatrics in-toeing is a common problem. Several levels of the lower limb are responsible for in-toeing. Metatarsus adductus is a deformity of the foot which can lead to an in-toed gait. It is recommended to carry out early assessment of the deformity to plan an effective treatment. Conservative treatment is usually successful for complete recovery of the deformity providing the deformity is diagnosed and evaluated early on in life.

ACKNOWLEDGEMENTS

The author is indebted to researchers who are cited herein for their excellent work and publications. Readers should advance their knowledge and understanding further with particular attention to the existing and newer surgical procedures reported by other workers.

IN SUMMARY, INCREASED INTERNAL TIBIAL TORSION IS CHARACTERISTIC OF PRIMARY AND COMPENSATORY GAIT DEVIATIONS IN CHILDREN WITH SYMPTOMATIC IN-TOEING GAIT DUE TO INCREASED WEIGHT AT THE KNEE.

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Practitioner of the Year Award 2020

By Jemma Wilson
BA (Hons) LM, PG Cert (ODE), Cert Mgmt, Cert Bus Stud, MInstLM, General Manager of The Smae Institute

Many of our Members go above and beyond the call of duty and so 2012 saw the introduction of our award for "Practitioner of the Year" to enable us to recognise those who do so.

Over the last twelve months we have been inundated with nominations from patients and fellow practitioners for a variety of Members, based not only on the superb care that they offer and their passion for their work, but also for their contribution to their local community and the profession. Based on the number of nominations received, we are delighted to announce the Winner and Runners-Up of the "Practitioner of the Year 2020".

Winner
PRACTITIONER OF THE YEAR 2020

Lesley Tanner
MCFHP MAFHP

Lesley, in Essex, joined The Smae Institute as a Member in 2010, after qualifying as a Foot Health Professional and was previously awarded Practitioner of the Year in 2017. Once again Lesley received a large number of compliments within her nominations, detailing her hard work, caring character, professionalism and support during the pandemic from her enormously satisfied patients..

Here are just a snippet of comments received from Lesley's patients alongside the nominations:

"Lesley carries out her daily clinic to the highest standard, always polite and courteous, not only looks after my feet but always takes the time to talk to her customers and is willing to listen, my feet have never been so good since she has taken care of them, she always ensures that she has the correct PPE, before entering the property so as to ensure the safety and being of her customers at this time". B Web

"I am so very grateful to a friend who recommended foot practitioner Lesley Tanner. Lesley has been able to deal with all the problems I have had with my feet that no other could. She is always on time when she visits me at home, always so cheerful and so very up to date with all hygiene regulations". S McFadyen

"Firstly, Lesley keeps my mum's feet in great health and takes great care and attention whilst treating mum's feet. She has very good knowledge and experience of her craft. Her manor and cheery nature, gives her clients comfort and she exudes confidence in her work. My mum really enjoys her treatments and foot care and loves to chat with Lesley as she is wonderful with my mum and people in general" G Diaferia

"Lesley has been coming to us for 10 years. Our feet feel wonderful after each visit. We could not manage them ourselves. During lockdown we really missed her, our feet were in a terrible state. She is very chatty and listens to what we have been doing between visits". M.A Bromley

"She has kept in check hard skin and an ingrowing toenail. When Covid-19 came she had to stop, but when she returned in full PPE she had to start again. My husband also started having his nails cut etc. Lesley is very respectful and pleasant she certainly knows her job. Lesley also volunteered as a helper in lockdown." E&J Last

"I always get a friendly welcome from her. My feet feel really refreshed and softer to walk on after my visit to her. It is good value for money, and she is doing a great job for the community." A. Jones

Lesley says, "Not very easy to write about myself but I feel very worthy of practitioner of the year as I value my job, my patients and the role I play in the community.

As a single person I probably relate more easily to the patients I have, who also live alone, especially this last year of COVID which has highlighted the loneliness and isolation that living alone can bring when services like myself in the first lockdown were suspended and really made life difficult for the elderly.

I not only consider myself a professional who cares for other's feet, but a person to offer company, help if required in the home and luckily the ability to talk about anything and everything!

As well as having the desire to listen, which as we all know is so necessary in our work, not just regarding foot problems but for our patients to offload about family and to have a good moan about the cleaner or the gardener!

During the first lock down I was lucky enough to have loads of patients that I shopped for, keeping me busy and sane at the same time.

I also have three little dogs which also got walked round to say hello to my patients on the doorstep ... just to brighten their day."

As the winner of "Practitioner of the Year 2020" Lesley receives a complimentary place at one of our eagerly anticipated events (either the Summer School or Annual Convention), as well as a Practitioner of the Year Trophy and certificate detailing her award. **Congratulations Lesley!**

LESLEY WAS PREVIOUSLY AWARDED 'PRACTITIONER OF THE YEAR' IN 2017. ONCE AGAIN, LESLEY RECEIVED A LARGE NUMBER OF COMPLIMENTS WITHIN HER NOMINATIONS, DETAILING HER HARD WORK, CARING CHARACTER, PROFESSIONALISM AND SUPPORT DURING THE PANDEMIC FROM HER ENORMOUSLY SATISFIED PATIENTS.

Joint Runners-Up

THE SMAE INSTITUTE™

Lee Shulton
MSSCh MBChA

Lee, in Essex, joined The SMAE Institute as a Member in 1995 after qualifying as a Chiropodist. Lee received a large number of compliments within his nominations, with one particular patient saying:

"Lee has been our Chiropodist for 25 years. He first visited me having recently qualified and even then, I was impressed with his professional manner and his caring attitude. He is so caring and thoughtful and I have recommended him to many others.

It's not just being a good chiropodist that I feel he needs recognition for but being a good person and a good advertisement for your organisation.

He has provided a service to many care homes, entertaining residents while working on them and bringing a lot of fun and laughter to them as well as caring for their feet."

Lee says "I qualified with the SMAE in 1995 and can honestly say that from that moment have had a career that has been most rewarding in so many ways.

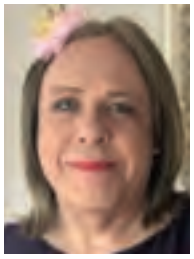
I still see many of my original patients who are in their 90s and have the pleasure of also seeing many of their sons and daughters and grandchildren who come to me for care and advice.

I have only ever tried to do my best, to be honest and kind and to help those who need my services.

The SMAE gave me this opportunity 25 years ago and I am grateful to you all still for helping me start on this journey and will hopefully continue to help people, make friends and be a proud professional for many years to come..."

As joint runner-up of "Practitioner of the Year 2020", Lee receives a complimentary CPD subject of his choice from either our Workshop or CPD@Home range. **Congratulations Lee!**

"I NOT ONLY CONSIDER MYSELF A PROFESSIONAL WHO CARES FOR OTHER'S FEET, BUT A PERSON TO OFFER COMPANY, HELP IF REQUIRED IN THE HOME AND LUCKILY THE ABILITY TO TALK ABOUT ANYTHING AND EVERYTHING!"



Helena Bowyer
MCFHP MAFHP

Helena, in Warwickshire, joined The SMAE Institute as a Member in 2011 after qualifying as a Foot Health Professional. Helena too received a large number of complimentary nominations, with one particular patient saying::

"Going beyond expectations when we were seen by Helena as an emergency. My partner's toe was very, very painful and was seen as an emergency. The toe was infected and Helena went the extra mile to contact 111 and speak to a doctor to get a prescription for antibiotics at a local pharmacy. The toe is now healing well and the whole experience was so much better than it might have been, thank you". S Hughes

Helena says "Having been in practice for over ten years now, it is rewarding to know that my patients have taken the time to nominate me.

My work ethic has always been to provide the highest possible level of care to my patients, in a pleasant, welcoming and clean environment, where they feel confident and safe in my knowledge and skills to treat them professionally. Moreover, I have always prided myself on my desire to help others wherever I can, so find added pleasure in my work in this respect".

"I decided to transition late in 2018 and was very worried that many of my nearly 600 patients might shun my practice as a result. In fact, I only lost ten patients, so was bolstered by this huge vote of confidence and loyalty in my service and me personally. It has not been easy during my transition into Helena, but that has never affected my professionalism and confidence during treatments."

As joint runner-up of "Practitioner of the Year 2020", Helena receives a complimentary CPD subject of her choice from either our Workshop or CPD@Home range. **Congratulations Helena!**

"It is always lovely to see practitioners so well thought of by their patients for the crucial role they play in improving and promoting their health and well-being. One particular aspect to practice that is becoming ever-more important in an age of people living longer with chronic health conditions is that of health promotion. Any health care practitioner who spends time (or needs to spend time) encouraging patients to consider behaviour change, may find that this sort of communication can come with challenge. The growing reality of a population heavily burdened by living with and managing chronic disease / conditions means that health care providers are no longer just technical physicians within their specialism, but need to have an acute appreciation for the role that self-care plays in the short, medium and long-term management of their condition(s). This is not a bold or new insight. Most practitioners already do their best to encourage, persuade, counsel or advise their patients to make certain changes. However, they have seldom received training and/or preparation for how to effectively promote health behaviour change and often only have short windows of time to undertake this in the face of competing clinical pressures. Accordingly, The SMAE Institute offers CPD (both via the CPD@Home range and the live, workshop format) designed to start addressing these issues by discussing much of what underpins patient decision-making and will introduce to you the approaches to promoting behaviour change in patients to help foster good self-care behaviours including techniques such as 'Motivational Interviewing'."

Andrew Hill

Action Learning Sets: A Way Forward for Clinical Supervision in Private Practice Podiatry

Part II: An explanation of Action Learning Sets

By Tracey O'Keeffe
MA (Education), BSc (Critical Care), RN, MAFHP, MCFHP - and Action Learning Set Facilitator

Introduction

This article is the second part of a two-part exploration into Clinical Supervision. Part I considered the concept of Clinical Supervision and how it can provide a "trellis" of support for clinicians enabling reflective examination of complex issues. Despite potential barriers, it would seem that the positive outcomes are powerful reasons to engage with the process and yet hesitation still exists for many clinicians. This appears perhaps even more of an uphill struggle in private practice where individuals work in isolation, but the irony here is the benefits may be even more impactful. The first part introduced the concept of Action Learning Sets as a possible way forward for this, and Part II now details how their ethos, how they work and the facilitation methodology.

So, what are Action Learning Sets?

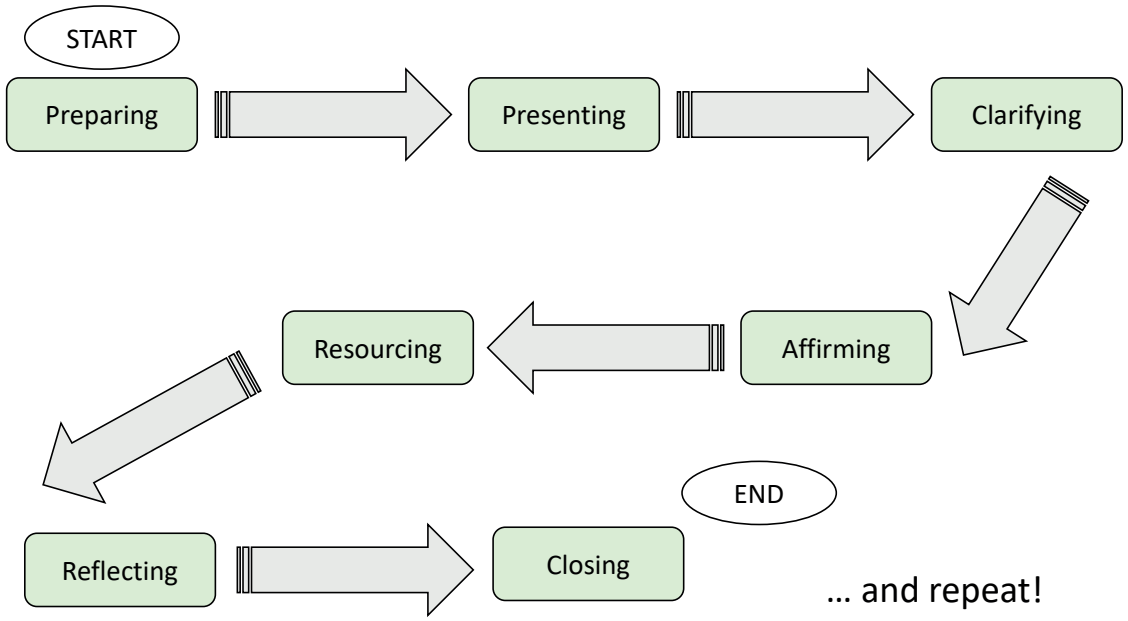
The General Principles of Action Learning Sets

Before breaking down the fine detail of Action Learning Sets (ALS), it is perhaps useful to remind ourselves how they fit with Clinical Supervision (see Figure 1 from Part I). As such, ALS are a framework (Nursing Times, 2012) which uses colleague support to unravel complex and challenging clinical dilemmas. The mechanism used is a reflective process with the "intention of getting things done" (McGill and Beatty, 2001;11). This concept is important as it highlights the fact that ALS should be productive rather than purely contemplative.

Figure 1: Action Learning and Clinical Supervision comparison

Action Learning	Clinical Supervision
"A method of both individual and organisational development based upon small groups of colleagues meeting over time to tackle real problems or issues in order to get things done - reflecting and learning with and from their experience and from each other as they attempt to change things" (Edmonstone, 2011 p 5)	"an accountable process which supports, assures and develops the knowledge skills and values of an individual group or team" (Skills for Care, 2007) The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work (Care Quality Commission, 2013)

Figure 2: The Action Learning Process – A Journey or Pathway



They fall into the group of collaborative or peer learning approaches which Launer (2015) suggests help remove the limitations and constraints of individual experience and perspective through group learning. The premise of ALS is that the individual has the ability to work out a solution for themselves (Launer, 2015) and this process helps to achieve this through reflective inquiry and critical thinking (Lamont et al., 2010). The individual is the "Presenter" with a narrative to tell. The group around them (Set Members) have a role to listen attentively and explore that issue without necessarily focusing on a solution; they almost instead focus on the problem itself meaning the Presenter keeps personal ownership of the issue they brought to the table.

Although it could be considered a somewhat less formal approach to Clinical Supervision, ALS usually do have a clear structure and format. Adhering to this is essential to gain the maximum benefit. One element of this is a "ban on advice" and Launer (2015; 473) suggests that "presenters want to air their narratives and expose these to the curiosity of others, without being bombarded with suggestions".

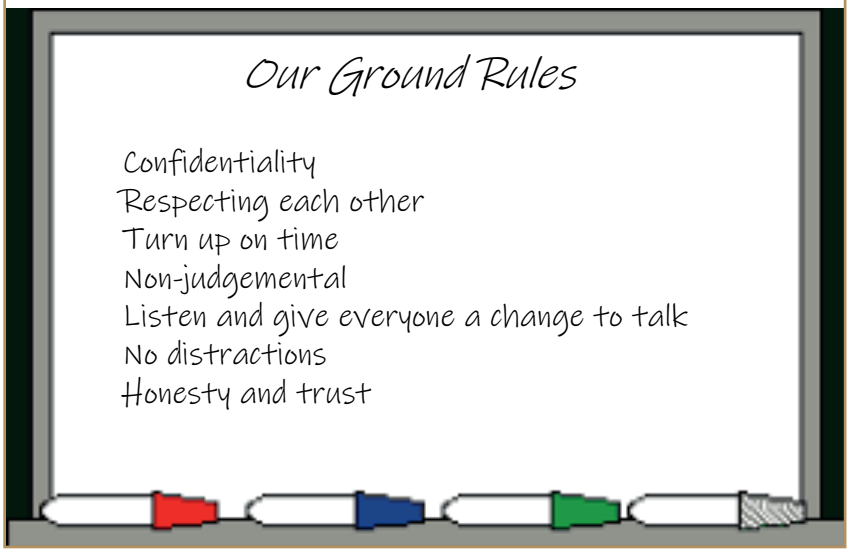
The Structure and Format of ALS

Haith and Whittingham (2012) suggest that the process of ALS is dynamic and that people approach it in different ways, creating a structure to suit them and which evolve over time. This article will explore one structure which sees ALS as a journey or pathway (see Figure 2).

As with any journey, there is a starting point and in this case it begins with setting ground rules and boundaries within the group. These need to be agreed by every Set Member and help to ensure a level of openness, trust and commitment is reached quickly. Figure 3 gives an example of ground rules. The agreement also needs to encompass issues such as commitment to the Set, how frequent the meetings will be and also what people consider reasonable in terms of non-attendance. This may sound quite regimented and officious, but perhaps one of the most beneficial elements of ALS is the sense of continuity and the allegiance of Members to the group. A group with longevity and progression can often enable a deeper sense of connection and subsequent learning. Nevertheless, the starting point for some may be setting clear ground rules which identify a finite period of time for which the group will exist, sometimes being based on its relationship to a course or programme of study.

ONE OF THE MOST BENEFICIAL ELEMENTS OF ALS IS THE SENSE OF CONTINUITY AND THE ALLEGIANCE OF MEMBERS TO THE GROUP

Figure 3: An Example of Ground Rules



As well as timings and commitment, the Set will need to decide a mechanism for facilitation. This can come from within the Set itself or it could be external, but Haith and Whittingham (2012) suggest it should not be managerial. Often the position of facilitator will rotate between Set members. This decision can be made at the start of each meeting and similarly a consensus will be reached about who is to present. The Presenter from the last Set session will be invited to feedback on actions taken since the last meeting and how they are feeling about their situation now and also what action they may have taken. Wilson et al. (2003) suggest that this concept of taking action following the Set is fundamental to the process. This all forms part of the "Preparing" stage of the journey. Once this initial preparatory stage is completed, the heart of the exploration of the issue can then begin through the series of steps seen in Figure 2. Each element is timed and this somewhat restrictive approach, it enables productivity by focusing the Set. It also mitigates against one particular subject taking up the whole session. An explanation of each element of the ALS journey is detailed in Figure 4.

Learning through Action Learning Sets

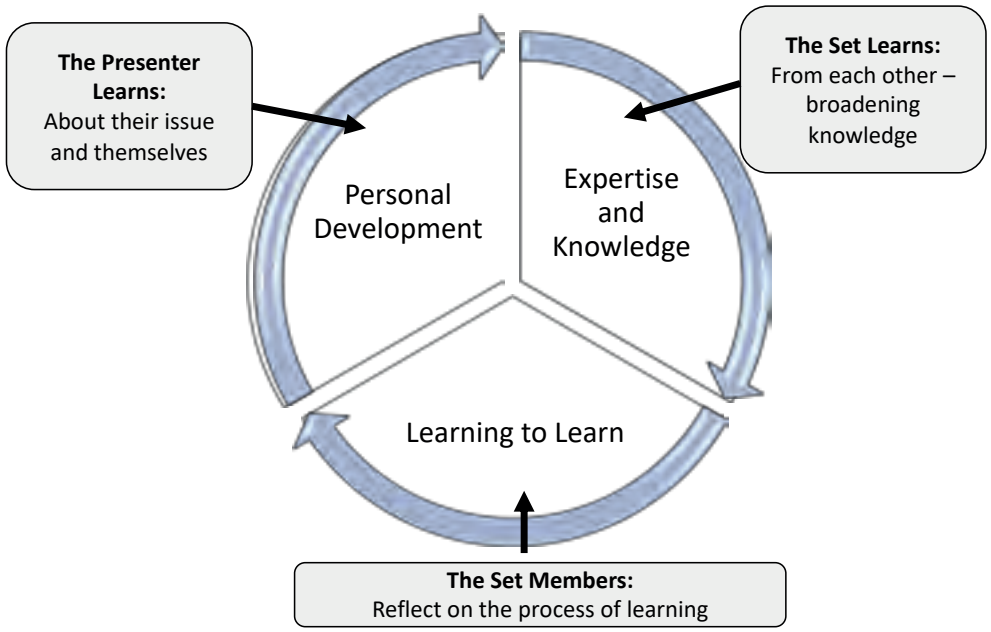
Three Levels of Learning

The learning that takes place through ALS is multi-factorial and can be seen to occur on three different levels (see Figure 5). The first, and perhaps the most obvious learning, is for the Presenter themselves. As they talk about their issue, answer questions posed and reflect on what they hear the Set say, they begin to unravel some of the layers of complexity that have been preventing them move forward. Lamont et al. (2010) suggest this enables positive outcomes through a problem-solving approach or indeed to view an issue differently so that the ownership of the problem sits elsewhere. The second tier of learning comes from each individual Set member growing from hearing the Presenter's issue and from exploring it with them. This can be visualised as learning in parallel as the Presenter's dilemma mimicks and reflects the past, current or indeed future experiences of others. Gokhale (1995) discusses how peer collaboration and exchange in discussion can result in the development of critical thinking through reflection which acts as a further enabler of problem-solving (Boychuk Duchscher 2001, Platzer 2000). The learning can be translated to each individual's own situation.

Figure 4: The Principle Elements of the ALS Journey

Element	Timings (based on a 50 min Set)	Description	Purpose
Preparing	10 minutes	Review of Ground Rules Decisions about Facilitators and Presenters Setting Timings Reflections from previous Set's Presenter	To check that pre-set agreements still feel relevant and appropriate To create agreed structure/timings To support the individual who presented last time
Presenting	5 minutes	The Presenter will talk about the situation or issue they wish to discuss. This will be uninterrupted. The Facilitator will ask at the end about their goals for the session and the approach they would like.	To allow the Presenter to speak freely from their own perspective To allow the Set to hear the basis of the issue To allow the Facilitator to manage the process
Clarifying	10 minutes	The Set take turns to ask the Presenter questions Closed questions are used less frequently but they can help check a specific query Open-ended questions form the basis of this section	To seek clarification of facts or to delve a little deeper into the reality of what is happening and how the Presenter feels about feels about the situation surrounding them
Affirming	5 minutes	Each Set Member expresses very briefly a positive response to the Presenter	To show appreciation of what they have brought to the discussion
Resourcing	10 minutes	The Presenter removes themselves from the group but remains in ear-shot, often with note pad and pen The Set take turns to hypothesis about what they heard and how they see the situation (not giving advice)	To allow the Set to discuss freely without directing the response to the Presenter To elucidate different perspectives for the Presenter and to help them form possible solutions or actions
Reflecting	5 minutes	The Presenter returns to the Set and is invited to reflect on what they have heard (always a choice to say no)	To give the Presenter some time to articulate their feelings and how they will take the issue forward
Closing	5 minutes	The Set come together to discuss the meeting and to consider what went well and what they have learnt	To close the session and to ensure that any planning for future meetings is arranged

Figure 5: Three Levels of Learning in ALS



The final and overarching level of learning develops as the Set learn about their whole process of learning. This will include organisational skills in terms of ensuring the meetings happen, run to time and are productive. It will also encompass learning to be reflective in terms of personal and professional self. Further important skills are also grown through the process such as facilitation, listening and questioning. These techniques and proficiencies can be valuable adjuncts to clinical practice as well as vital interpersonal qualities used in more peripheral avenues.

The Role of the Facilitator

Learning to facilitate and taking on that role can be challenging (Lamont et al. 2010). Although the members of the Set have equal standing, it could be argued that for that particular discussion, the Facilitator plays more of a leadership role, guiding the Set and ensuring that process is followed. Moreover, Harvey et al. (2001) describe the role as central to help develop critical thinking and reflection within the group enabling growth for all whilst maintaining focus and direction. Lamont et al. (2010) recognised that although individuals find it quite difficult to be the facilitator, they also welcome the opportunity to develop that skill and expertise. Becoming proficient entails active learning and engaged thought so feedback and reflection are vital. Formal qualifications exist for facilitators as lack of robustness in this area can result in a failed or potentially detrimental ALS.

Listening and Questioning

Effective listening and skilful questioning are two other areas of learning for ALS participants. Both of these are vital to the success of the Set. Bodie et al. (2008) highlight a key outcome of listening is understanding and it can be seen that this is essential in ALS. Without gaining clarity on the situation, it would be impossible for the Set Members to develop pertinent questions which will help to elucidate a clear way forward for the Presenter. One important element in ALS is the concept of listening in silence so that the Presenter has time to speak without interruption and this is also reflected in allowing other Set Members to ask questions with individuals waiting their turn. The listening here should be focused so that understanding is extended further. This may result in questions and challenges being adjusted in line with what has been heard, rather than just listening whilst waiting to speak with pre-conceived ideas. This silent listening should contain body language which demonstrates acknowledgement but, as already discussed, it will not necessarily be followed by advice.

Interestingly, Le Blanc (2004) suggests that confirming listening, (such as active or empathic listening), can be more satisfying than disconfirming listening (giving advice) and this seems to support the general concept of ALS in that the Presenter themselves will find a solution that sits comfortably with them.

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It can be seen that a thoughtful approach to listening enables questions which are useful to the Presenter and ALS process. Lamont et al. (2010) discuss how the nature of questioning inquiry should reflect Daloz's (1986) concept of high challenge and high support. Essentially this means that questions that have very high support with little challenge can result in an almost too comfortable situation which does not push the person to think differently or to critically reflect. Conversely, high challenge with little support has the risk of the individual backing away and instigating avoidance tactics as the alternative seems too frightening or threatening to explore.

Enabling the desired critical thinking development can be supported by the use of Socratic questions (Oermann 1977) which are open-ended, inviting deeper exploration. They may be potentially controversial or challenging (as indicated above) and raise an alternative perspective or angle of discussion. The support that surrounds this comes from the trust and cohesiveness gained within the group from the onset and from demonstration of empathy and non-judgement.

A Review of the Guiding Principles and Ways Forward

Key Principles

Action Learning Sets are a mechanism to learn from experience by addressing and unravelling complex issues. The structure that supports them creates a space for the development of individuals to a place where they are empowered for action. The resources in the room help them find their own solution, which resonates with their view of the issue and their context. ALS principles fundamentally believe that each individual has the ability to problem solve and to choose actions which suit them and their purpose. The Sets are structured, timed and allow everyone to have a voice but the focus is always on being in service to the Presenter. Nevertheless, learning occurs for all and outcomes are generally positive with skills nurtured that support both personal and professional development as well impacting clinical practice.

Ways Forward

An Action Learning Set can be formed by already connected individuals contacting each other and discussing a way forward. However, there is also the opportunity to create a group of so-called "strangers" working together and this can in some ways be more powerful. With the current technology that has evolved and expanded since COVID, on-line meetings are now much more common-place and accepted. This means that ALS can run successfully remotely and with Set Members be geographically distanced.

The SMAE Institute is keen to support clinicians wanting to take this forward and would welcome enquiries (see Figure 6). It is envisaged that a workshop approach will be taken to learn the necessary skills surrounding the process and/or to link people together to form an ALS going forward from that session. Action Learning Sets are a valid and useful means of undertaking Clinical Supervision and thereby supporting reflective Continuing Professional Development.

Figure 6: Ways Forward

Smae Members Shield

Have you requested the Members Shield? Get yours now and show you are a valid Member!

This new Shield is designed to underline only those with this emblem are current practicing Members of The SMAE Institute and its associated professional association(s).

All other shields, logos and images relating to The SMAE Institute, and/or its professional associations have been discontinued and should not be used. These have now been superseded by the Members Shield.

You can request a copy of the shield by emailing Carol O'Brien at **cobrien@smaeinstitute.co.uk**. Remember to include your Membership Number in the communication.

Medical Emergency Procedures Courses

As you are aware, Medical Emergency Procedures Courses are valid for 3 years, at which point Practitioners are required to undertake a refresher course.

To ensure our records are up to date, please ensure we receive a copy of any recently completed first aid course certificates that you may have for inclusion on your file. If you have a current certificate, please email a copy to Karen Cooper (Membership Department) at **kcooper@smaeinstitute.co.uk** for her to update your records.

If you would like to book a place on our popular Medical Emergency Procedures Course with Tracey O'Keeffe, you will find a copy of the Booking Form enclosed with this Journal. Simply return the form to Gill Hawkins at **ghawkins@smaeinstitute.co.uk** or via the postal address detailed on the form.

CONTINUAL PROFESSIONAL DEVELOPMENT

www.smaecpd.com

NEW Workshop Format

virtual (zoom) and in-house

in-house only

Whilst many have enjoyed the new virtual workshops we have put in place, there are some members that would prefer to attend workshops in-house. For this reason, we are delighted to announce that the majority* of our workshops can be attended either virtually via Zoom or in-house, the choice is yours! When booking a place you simply need to let us know your preference of in-house or virtual and you will be booked on accordingly.

** The hands-on workshops can only be attended in-house.*

THE SMAE INSTITUTE

Visit the Smae CPD website where you can find more details about our workshops, CPD@Home range and our annual CPD events!

You can also download booking forms for these events and access your online CPD subjects.

The Institute reserves the right to postpone and reschedule lectures.
Fees paid are non refundable or transferable.

SUMMER SCHOOL 4TH - 5TH JUNE 2021

ANNUAL CONVENTION 1ST - 2ND OCTOBER 2021

Workshops

NEW Workshop Format

Our workshops can be attended either virtually via Zoom or in-house, the choice is yours! When booking a place you simply need to let us know your preference of in-house or virtual and you will be booked on accordingly.

** The hands-on workshops can only be attended in-house.*

virtual (zoom) and in-house

in-house only

Medical Emergency Procedures Courses

24th April - Fully Booked	**19th May**
25th April - Fully Booked	**20th June**
6th May - Fully Booked	**17th July**
7th May - Fully Booked	**18th July**
9th May - Fully Booked	**31st July**
22nd May - Fully Booked	**31st August**
23rd May	

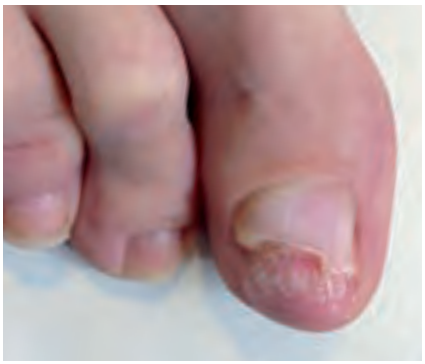
In keeping with safety in Foot Health practice, it is essential that every clinician undertakes medical emergency training every 3 years. To help facilitate this, the Institute runs an in-house bespoke training day to fulfil this requirement.

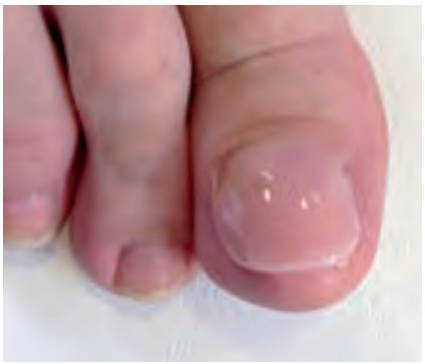
The day is fun, informative and relevant to the clinical situation. It is also a great opportunity to network with like minded professionals.

The Medical Emergency Procedures day covers amongst other things:

- Carrying out emergency procedures single handed including basic life support / CPR
- Principles of recognition of collapse, diagnosis, treatment and referral
- Coping with medical emergencies including the unconscious patient and respiratory and circulatory disorders
- A basic overview of minor injuries

Cost: £110.00
(A certificate is provided upon satisfactory completion)





Nail Reconstruction Techniques

Please contact Gill Hawkins at info@smaeinstitute.co.uk for upcoming date

09.00am - 4.30pm

Lecturer: Deborah Rockell

A popular accessory to foot health treatments, this cosmetic procedure is suitable for treating patients with one, or more malformed or dystrophic nails. Using gel cured by UV light, the nail reconstruction takes less than 10 minutes to administer in your practice and will improve the aesthetics immediately. This course provides you with the relevant training to promote safe practice and bolster your patients` confidence for special occasions.

NB: Course fee includes a full Gel kit including lamp. Max. 6 students per course.

Cost: £285

Gait Analysis

A Step-by-Step Approach

25th March 2021 - Limited Places Available

10.00am - 4.30pm

Lecturer: Andrew Hill

What is Gait Analysis? What can it tell us? What do different walks mean potentially to me as a clinician? How do commonly occurring pathologies impact on gait? How can I undertake gait analysis on my patient? Gait analysis is a great tool to use to identify potential underlying pathomechanics and the smallest of interventions can prevent pain and improve quality of life. Come for a fun filled day and learn the basics within a small and friendly group of colleagues. What does your gait say about you?

Cost: £56.00

An age-old problem: The Podo-geriatric Foot

14th April 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

As the population continues to age, there is ever more demand for healthcare services. As healthcare professionals look to provide the best care possible for people as they get older, foot care is an area that will continue to see huge demand. The aging foot provides often unique challenges and pathologies that are not seen in other demographics whilst still suffering from ailments that affect feet of any age. This workshop looks to assess the considerations of treatment in the geriatric foot and will be of benefit to practitioners irrespective of clinical experience.

Cost: £56.00

Dementia – How best to manage this identity thief?

7th May 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

MEMBERS FAVOURITE

Dementia is an ever-increasing mental health condition that requires all manner of specialist care and attention. As a practitioner having to provide foot treatment to somebody with dementia there can be a whole host of scenarios and situations in which you feel underprepared. This workshop is designed to explore dementia to help the practitioner gather an understanding of the condition as well as discussion and focus on how to manage potentially troublesome situations.

Cost: £56.00

Simple Insoles

8th April 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

MEMBERS FAVOURITE

Would you like to be able to increase your scope of practice and revenue?

Wish you could make a simple insole for your patients and offer something more permanent than padding alone?

Now is your chance to learn how to make simple insoles for your patients in a fun and supportive environment. This one-day CPD Workshop will focus on how to make insoles for your patients, including which materials to use, and techniques for measuring, making and fitting them for your patients whilst they wait. All materials are included when on the Workshop and attendees will get to take the designed insoles home.

Cost: £75.00

Fungal Infection of the Skin and Nails – Can you recognise it?

26th April 2021

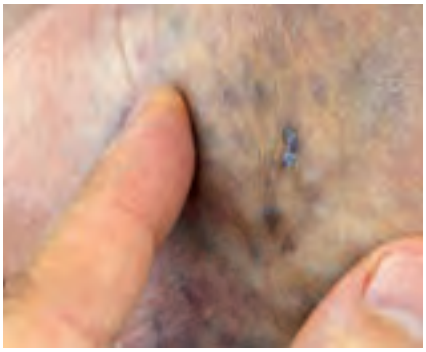
10.00am - 4.30pm

Lecturer: Belinda Longhurst

MEMBERS FAVOURITE

This presentation identifies which organisms are responsible for both tinea pedis and onychomycosis and how to take appropriate tissue samples for microscopy and culture, as well as clinical testing for dermatophytosis. We examine the evidence base for treatments and discuss patient and species specific treatment plans for what is the most common skin condition of the foot.

Cost: £56.00



Neurological & Vascular Assessment

27th May 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

MEMBERS FAVOURITE

Neurological and Vascular assessments form a fundamental part of good practice and offer an invaluable screening tool for practitioners, patients and whoever the patient is referred onto depending on their results. This workshop looks to discuss both of these body systems in detail with a view on how and why they go wrong as well as what observable signs and symptoms may present to practitioner. This will be further enhanced by an in-depth discussion about the assessments we can conduct as practitioners and how to document any findings.

Cost: £56.00

Referral Pathways – when to involve the GP or the Multi-disciplinary team

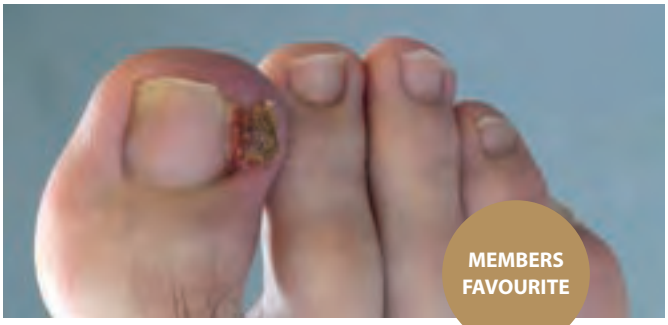
18th May 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

All practitioners encounter patients that they need to refer on, but there isn't an exact science to determine who and when the referral should be made. This workshop looks to explore both acute and sub-acute clinical situations in which referral may or may not be necessary and looks into the most appropriate course of action a practitioner should take in such situations which aims to clear up elements of doubt or confusion.

Cost: £56.00



What is the best way to deal with Onychocryptosis?

9th June 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

This workshop provides a more in-depth look into ingrowing toenails. It will provide confidence to identify different presentations of Onychocryptosis as well as give practical experience in treating the condition. The course will outline conventional treatments as well as alternative ones (such as scalpel and beaver blade use). Referral pathways and surgical interventions will also be explored. The practical session will be practiced on prosthetic toes.

Cost: £56.00

What is so important about my Patients' medication?

11th June 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

A vast majority of patients who come to have their feet treated by a professional will be on some form of medication. As medicines work by inducing chemical reactions in the body, it is no surprise that there are many side effects associated with a patient's medication. These side effects can be responsible for a lot of pathologies in patients and their feet, as well as masking other underlying problems.

It is the aim of this workshop to provide a basic overview into the most common medicines being taken by patients and the reason why they are taking them. The workshop aims to outline the side effects of these medications and how they implicate podiatric practices.

Cost: £56.00

Skin and nail conditions – an introduction to dermoscopy

14th June 2021

10.00am - 4.30pm

Lecturer: Belinda Longhurst

NEW

A day of improving dermatological assessments and lesion recognition skills via history taking, visual clues and further investigations to improve patient outcomes. The day includes an introduction to using a dermatoscope in clinical practice and formulating appropriate referral pathways for suspicious lesions.

Cost: £56.00

What makes a foot 'High Risk'?

2nd July 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

Many conditions commonly encountered in the population render the foot 'high risk'. This particular focus is often centred on the development and management of chronic wounds that can and do occur in the foot.

This workshop will identify and look at the various conditions that mark the foot as being 'high risk' and will look at the development of chronic wounds in these conditions. There will also be an exploration of the various treatment modalities currently advocated for wound management. The relevance to private practice will also be discussed.

Cost: £56.00

How does Parkinson's affect the patient and their feet?

13th July 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

Parkinsonism is a common condition found in the older population. Whilst it is not a disease that primarily attacks the feet, the neurological nature of the condition can certainly impact upon the feet and compound the debilitating nature of the later stages of the condition. This workshop looks holistically at Parkinsonism and considers the pedal impact for both the patient and the practitioner.

Cost: £56.00

Biomechanics Level 1

A Beginners Guide

20th & 21st July 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

A 2 day introduction into the world of biomechanics including functional lower limb anatomy, common biomechanical foot complaints and how to manage them, pedorthic examination, and comprehensive assessment of the foot & ankle. Run as a Step-by-Step hands on workshop aimed at practitioners wishing to add another lucrative dimension to their clinical skills.

Cost: £289.00

Verrucae & Tumours

Recognition and Management

9th August 2021

10.00am - 4.30pm

Lecturer: Belinda Longhurst

MEMBERS FAVOURITE

This presentation is a refresher on the aetiology of verrucae and other benign, pre-malignant and malignant tumours we encounter in practice. We examine the evidence base of treatments and discuss practitioner assessments along with timesensitive referral pathways for those which require further investigation.

Cost: £56.00

Fostering Improvements in Patient Health Behaviour

12th August 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

This workshop is aimed at Podiatrists and FHPs who spend time (or need to spend time) encouraging patients to consider behaviour change as a means to manage their condition(s) more optimally. Whilst this is a growing 'ask' of all health professionals to help encourage healthy and positive behaviours in patients, it is not something that they are collectively trained to do in any meaningful way. Accordingly, there is often a communication breakdown that ensues from this (well intentioned) attempt to influence a patients behaviour. This workshop is designed to help you start addressing communication in the context of promoting behaviour change in patients. It will introduce concepts related to reasons underpinning patient decision-making; ambivalence; your role as a communicator and tie all of this together in the context of motivational interviewing as a technique to improve this aspect of growing importance in clinical practice.

Cost: £56.00

Podopaediatrics

How would you deal with a Child's Foot Problem?

23rd August 2021

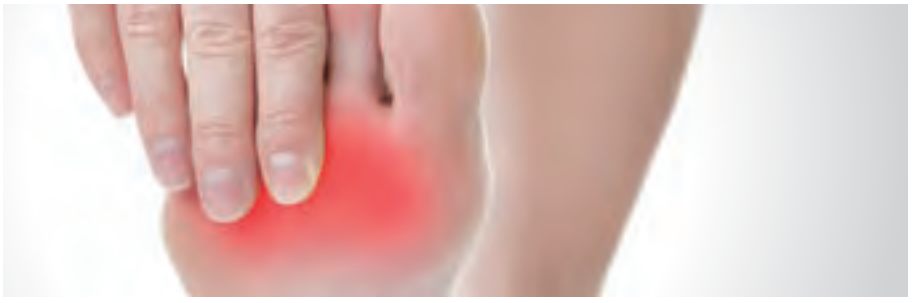
10.00am - 4.30pm

Lecturer: Andrew Hill

The child foot encounters large amounts of change as it grows and adapts to the environment. During these formative years, the foot can be at its most vulnerable as it is having to take the load of the whole body as well as changing its shape and size. Therefore any extra stresses or pressures can have long-term and potentially serious effects.

The field of Podopaediatrics is one that explores the natural development of the foot as well as any pathological conditions that are commonly found in children's feet. Podopaediatrics is a specialist area as the child foot and the adult foot are vastly different, and so treatment options for adult's feet are not always directly transferable into the child foot. This workshop is designed to help you in practice to identify foot pathologies in children, and undertake appropriate treatment regimes for them.

Cost: £56.00



What is that persistent pain in the ball of the foot?

Exploring Metatarsalgia

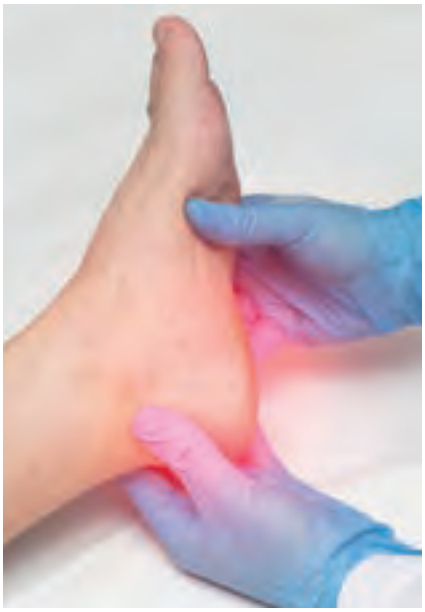
1st September 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

An umbrella term used to describe generalised forefoot pain. Whilst extremely common, the causes of Metatarsalgia are extremely varied and correctly diagnosing the cause is half of the battle when looking to relieve the pain. This workshop comprehensively covers each established cause of Metatarsalgia and discusses diagnosis and management of each of them. Ideal for practitioners new and experienced alike!

Cost: £56.00



What Type Of Joint Problem Does Your Patient Have?

16 September 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

The arthritides cause sufferers chronic pain and make daily tasks difficult. This workshop looks at these conditions, and how we as practitioners can provide relief to the pain that these conditions can cause the feet.

We will look at:

Rheumatoid Arthritis

- RA and pathogenesis / epidemiology
- Process of synovial inflammation and progression to erosive arthritis
- Treatment / general principles / flowchart including DMARDS
- Particular problems of RA with respect to ulceration, vascular disease and infection
- Deformities and biomechanical problems associated with RA

Other Rheumatological / Inflammatory Problems and other arthritides

- Other forms of arthritis and its management
- Metatarsalgia in more detail and its various causes (other than RA)
- Ankle and mid-tarsal problems
- Achilles tendonitis and Bursitis
- General advice with respect to exercise
- Patient advice and information sheets,useful sources e.g. ARC

Cost: £56

Heel Pain – is it just another case of Plantar Fasciitis?

8th October 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

Heel pain is an all too common complaint for a number of people with terms like 'Policeman's heel' and 'heel spurs' being widely used by the general public. In more recent years, a greater public awareness of 'Plantar Fasciitis' has emerged meaning that not only are patients self-diagnosing (often erroneously) but also a great many practitioners are too quick to assume that any heel pain is plantar fasciitis. This workshop looks into what is occurring in the heel anatomically and how these structures can lead to pain development when they become injured or malfunction. It is hoped that this can lead to more accurate diagnosis and treatment regimes accordingly.

Cost: £56.00

Padding and Taping

Alleviate Pain in Minutes

10th September 2021 - Limited Places Available

MEMBERS FAVOURITE

10.00am - 4.30pm

Lecturer: Andrew Hill

Would you like a hands-on practical workshop learning how to alleviate your patient's pain in just 5 minutes, but are worried about delving into biomechanics?

Padding and Taping can offer fantastic results for short and medium term pain relief and is the basis of lower limb biomechanics.

The following padding and tapings are taught:

Padding

- Plantar cover
- 'U' and winged plantar cover
- Plantar metatarsal pad
- Crescent pad
- Horseshoe pad
- Oval pad
- Shaft pad including extended shaft pad

- **Taping**
- Low dye
- High dye (ankle instability)
- Plantar fascial
- Posterior tibial tendonitis
- Achilles tendonosis
- Ray stabilisation

Cost: £56.00

Biomechanics Level 2

A Focus on Pathology

28th & 29th September 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

A 2 day hands on workshop focused on further exploration of lower limb anatomy, biomechanics and pathomechanics including assessment of the knee and hip, leg length discrepancy, static and dynamic weight bearing examination and concepts of human motion.

NB: Successful completion of biomechanics Level 1 is a prerequisite for this course.

Cost: £289.00

The Sharp End of the Job

Scalpel Debridement & Enucleation Technique

19th October 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

In this workshop we will be looking at the anatomy of the skin, epidermal and dermal tissue, and its relation to the development of callus and of various heloma formations.

This workshop will present how to assess and treat callus and helomas, focusing on scalpel debridement and introducing an effective method for heloma enucleation using the scalpel 15T blade. The morning session will be based on theory, with the afternoon being a practical session on scalpel debridement with heloma enucleation on artificial corns.

Cost: £56.00

Are you promoting evidence-based practice?

3rd November 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

This workshop will look at the importance of evidenced-based practice and how this feeds into rationale and decision making in a clinical context. It will also consider the effect of dangerous claims and look at treatment myths that can have bad outcomes for you and your patients.

Cost: £56.00

Common Foot Conditions

Things that you cannot afford not to know about

16th November 2021

10.00am - 4.30pm

Lecturer: Debbie Rockell

This workshop provides the practitioner with the general conditions that present at their practice. The conditions that will be discussed will range from various basic dermatology conditions, neurological conditions, vascular conditions and musculoskeletal disorders. It is a great refresher course and can direct the practitioner into desired fields.

Cost: £56.00

Biomechanics Level 3

Therapeutic interventions & Prescription writing

24th & 25th November 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

A 2 day hands on workshop focused on consolidating patient centred assessments of the foot, ankle, knees and hips, as well as comprehensive gait analysis. It includes interpretation of all findings in the context of insole and orthotic prescription writing; including how to take templates or casts, and how to correct any identified pathomechanics of the lower extremities. On completion, the practitioner will have the knowledge and skill to confidently incorporate biomechanics into their practice.

NB: Successful completion of biomechanics Levels 1 & 2 are a prerequisite for this course.

Cost: £289.00

Tropical Diseases of the Foot

1st December 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

Given that in today's society people can travel the world quickly and relatively easily – it is plausible that foot conditions of a curious origin could well be encountered within the UK. It also takes an interesting look at how our podiatric colleagues in different parts of the world face different challenges that we do in Western Europe.

This workshop will look at the various foot conditions that can be encountered that do not have a common domestic cause. Many conditions will be explored in how virulent bacterial strains can cause all manner of serious foot problems.

Cost: £56.00

How Would You Look After A Patient With Chronic Pain?

10th December 2021

10.00am - 4.30pm

Lecturer: Andrew Hill

This workshop is designed to explore the concept of chronic pain and its management. A variety of chronic pain conditions will be discussed and differences between the types of pain will be explored.

This session will look at not only the pharmacological and alternative methods of pain relief, but also how this impacts your patient and your treatments for these patients.

Cost: £56.00

Study from home

ONLINE COURSES

CPD@home

(Online only)

- Infection Control
- Padding and Taping
- Dermatology
- Rheumatology
- Biomechanics
- Podopaediatrics

Cost: £45 each

Fostering improvements in patient health behaviour

NEW

(Online only)

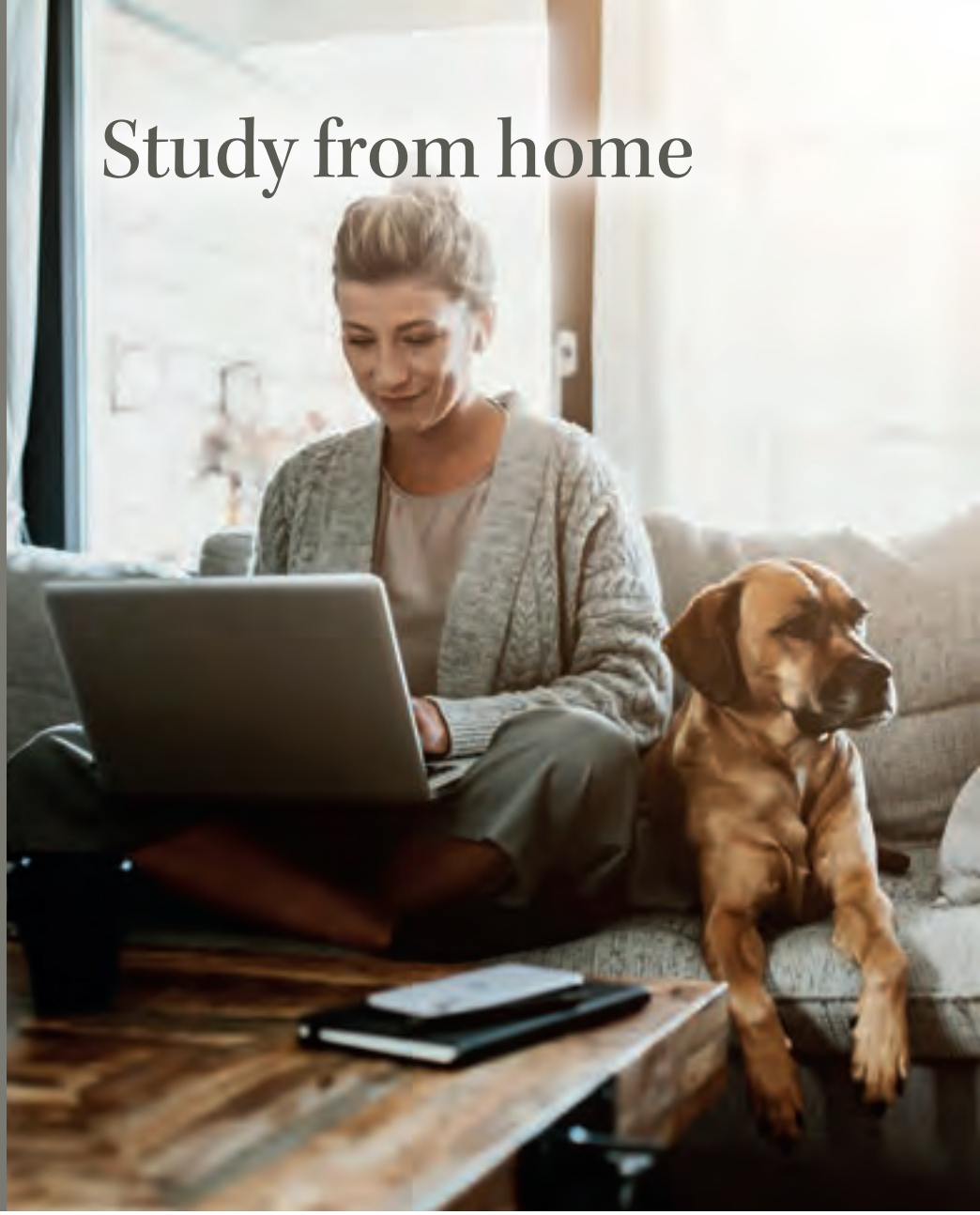
With a changing landscape of public health comes a change in the way that healthcare is delivered and received. In more recent years, healthcare professional across a wide number of disciplines have been moving away from a more traditional, didactic view of the patient-practitioner relationship towards notions of concordance and equity of decision making between both parties.

This change of direction, whilst far from complete, has re-defined the way in which healthcare professionals might best deliver their care within the context of facilitating behaviour change in patients and changing the mind-set away from considering a patient as 'adherent' / 'non-adherent' or 'compliant' / 'non-compliant'. This is particularly true in the delivery of healthcare for patients with more chronic health conditions in which altered lifestyle and amended behaviours are a cornerstone of disease management. As perspectives on healthcare delivery change, the emergence of different approaches towards delivering care to the patient is a logical consequence.

This CPD aims to explore patient-practitioner relationships and how we can improve our consultation skills to best help patients to to make beneficial decisions about their health and to foster any change in behaviour for the longer term.

Cost: £45

Study from home



The On-Going Challenge of Ulcer and Wound Management

(Online only)

Ulcers and wounds are a large problem facing many individuals who are 'at risk'. Identifying the risk factors can certainly help to reduce the incidence and impact of these debilitating lesions. This CPD looks to address what a practitioner should do when encountering a wound or ulcer and help to alleviate the apprehension and fear that a practitioner may otherwise face by arming them with information and guidance.

This CPD covers:

- Structure and function of the skin
- Concept and issues of tissue viability
- The 'high-risk' patient
- Prevention of wound development and complications
- General considerations for treating high-risk patients
- Examining the wound
- Identifying and treating infection
- Osteomyelitis
- Treating the wound
- Dressings
- Other aspects of wound management
- Conclusions

Cost: £45

Anatomy, Cell Biology and Physiology Series: The Endocrine System

(Online only)

The endocrine system is made up of a network of glands. These glands secrete hormones to regulate many bodily functions, including growth and metabolism. Endocrine diseases are common and usually occur when glands produce an incorrect amount of hormones or when the hormones cease to work effectively. Thus, when these diseases occur many –if not all- body systems can be adversely affected leading to many life-altering, and possibly life threatening, outcomes. This CPD seeks to explore the main principles and anatomy and physiology of the endocrine system with a focus on pathology and management of endocrine disorders.

Cost: £45

Anatomy, Cell Biology and Physiology Series: The Cardiovascular System

(Online only)

Anatomy, cell biology and physiology are key and underpinning subject areas for all health disciplines. Understanding the way that the body works on both the micro- and macro scale allows us not only understand normal physiological function, but also to understand pathology of various body systems and how medicinal approaches can remedy these pathologies. Within this series of CPD subjects, this one in particular focuses on the Cardiovascular System.

Cost: £45

Anatomy, Cell Biology and Physiology Series: The Respiratory System

(Online only)

The respiratory system contributes to homeostasis by facilitating the exchange of gases – oxygen (O_2) and carbon dioxide (CO_2) – between the atmospheric air, blood and tissue cells. It also plays a role in adjusting the pH of body fluids. Oxygen is the single most important substance that our body requires. Without it death would occur in minutes. Therefore, the importance of the respiratory system is evident and when it doesn't work properly there are serious health implications. This CPD covers the anatomy and physiology of the respiratory system to provide context to help explain and understand respiratory conditions and how they affect the whole body.

Cost: £45

What is that pain in the foot my patient is complaining of?

(Online only)

Pain across the metatarsal region of the foot is very common, yet pinning down exactly what is causing it can be tricky. The term 'metatarsalgia' is used to describe such pain but this term only describes the symptoms - pain in the metatarsal region of the foot. This CPD looks to explore this area of the foot both anatomically as well as pathologically and covers the various conditions that can given rise to pain in the ball of the foot. This CPD is ideal for new and experienced practitioners alike and will help support and direct clinical assessments and treatments of this all too common problem.

Cost: £45

Can you avert a potential disaster?

Managing the foot in Diabetes

(Online only)

With diabetes mellitus consuming 10% of the entire NHS budget for England and Wales and a significant portion of that amount (some £300m) being spent on managing avoidable foot-related complications, there is a considerable focus on developing tools and strategies to minimise both the individual and financial cost of this devastating disease. The role, therefore, that podiatrists and foot health professionals play in the reduction of morbidity and mortality of the disease as well as improving patients' quality of life cannot be overstated. Against this backdrop this CPD will discuss diabetes mellitus from pathophysiology through to complications and implications for practitioners.

Cost: £45

Tackling the Nerves

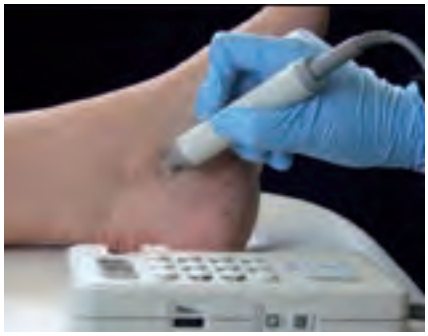
(Online only)

The nerves are a crucial part of our anatomy and neurological disorders in the lower extremity result from disease processes that involve sensory, motor and autonomic nervous systems. This can follow a metabolic or hereditary process or indeed an injury or trauma which can create progressive or static deformity and be treatable or incurable. Any process which impacts on the delicate nervous tissue and its ability to process electrical signals can create significant issues within the body, not least the lower limb. This CPD looks to assess the nervous system and tackle nervous system pathologies to help practitioners in their management of patients with neurological disorders.

Cost: £45

VISIT **WWW.SMAECPD.COM**

FOR MORE DETAILS ABOUT OUR CPD@HOME RANGE



Are you performing vascular assessments properly?

(Online only)

Vascular assessments are a crucial part of the patient appointment, but are significantly devalued if they are not being done regularly or correctly. The aim of this CPD program is to improve the diagnostic skills of practitioners in their assessment of the vascular system.

By applying more evidence-based actions to their clinical practice, the benefits to patients are significant. This is a must-do CPD for practitioners to ensure that they are providing excellent care for their patients.

Cost: £45

BEST SELLER

Commonly Used Medications And Their Side Effects

(Online only)

The aim of this CPD is to educate the practitioner in the effects, both adverse and otherwise, of common medicinal interventions for equally common conditions. This CPD will go on to explore how these effects will influence the symptoms of your patients foot problems as well as the treatments that can be offered.

Cost: £45

Tropical Diseases of the Foot

(Online only)

This CPD looks to introduce various pathologies that have traditionally been encountered in foot health and Podiatry clinics within tropical climates. It is the responsibility of the modern and competent practitioner to identify certain tropical diseases of the foot and at least have a rudimental understanding of them and their treatments given that more round the world travel is ever more common meaning that more and more of these conditions are being seen more frequently in temperate climates – certainly including the UK.

Cost: £45

BEST SELLER

Common Conditions Affecting The Elderly

(Online only)

Elderly patients make up a very large proportion of our clients. It is also this demographic of patients who tend to have more underlying pathologies and chronic foot problems. The elderly foot, therefore, can present in many different ways and provide a complex set of challenges. This CPD will discuss the symptoms and treatments of various pathologies that are commonly seen in the elderly foot.

Conditions that will be discussed include:

- Arthritis
- Parkinson's Disease
- Peripheral Vascular Disease
- Peripheral Neuropathy
- Common Biomechanical pathologies in the elderly foot
- And many, many more

Cost: £45

BEST SELLER

Is It Fungal Or Isn't It?

A guide to this most common of Skin and Nail Pathologies

(Online only)

The presentation of a fungal infection in the skin and / or nails is often considered easily distinguishable – however, as this CPD will explore, that is often far from the case with many fungal infections incorrectly labelled as being something else entirely, or a fungal infection going undiagnosed for long periods of time. This certainly can render treatments ineffective, which makes the already tricky task of effective treatment all the more complicated.

This CPD looks to cover all this and more:

- Structure and function of the skin
- Structure and function of the nails
- Types of fungal infection
- Fungal infection of the skin
- Fungal infection of the nails
- Prognosis and future considerations

Cost: £45

Are you a Modern Practitioner?

The Growing Need for Health Promotion & Patient Education

(Online only)

This CPD tackles the area of patient education and health promotion. It is easy for health professionals to slip into an isolated view of themselves in the context of their patients' overall health and the role that they may play in improving that.

Certainly within the context of many widespread and serious health conditions such as diabetes mellitus, concepts of 'patient empowerment' and patient-led management is a recent paradigm shift. As such, modern day Podiatrists and FHPs need to take a significant role in the multidisciplinary approach to healthcare. The CPD looks to discuss this theory and provide some useful and insightful guidance on this growing and changing landscape.

Cost: £45

BEST SELLER

Treating the Persistent Verruca CPD

(Online only)

This CPD tackles the area of patient Verrucas are one of the most common conditions treated by podiatrists and FHPs. Sometimes they resolve quickly and very often spontaneously. However, there is a large number that take many months (if not years) to resolve. These lesions are what are termed 'persistent verrucas' and successful treatment of them can be elusive.

This CPD explores this condition from pathophysiology of the condition through to the treatment modalities available to the patient. This serves as a useful guide to practitioners looking to keep up to date with treatment options (standard and contemporary) as well as providing theoretical interest for those looking to broaden their understanding of this common condition.

Areas covered include:

- Overview and Background of Verruca Pedis
- Types of Verruca
- Structure and function of skin
- Clinical Features
- Treatment options:
  - Sharp debridement + occlusion
  - Caustic treatment
  - 'Natural remedies'
  - Cryotherapy
  - Laser Treatment
  - Bleomycin
  - 'Needling'
  - Surgical intervention
- Patient suitability and prognosis

Cost: £45

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DVD Onychocryptosis

Have you been treating it correctly?

Onychocryptosis has always been widely regarded as one of the most common nail problems that face foot health practitioners and Podiatrists.

In this DVD we will be exploring exactly what constitutes the term Onychocryptosis and its causes. This CPD will look at the structure and function of nails, the various conditions that pre-dispose patients to Onychocryptosis, as well as the correct management for this very common condition.

(DVD) Approx. 45 minutes.
Best viewed in 4.3 ratio

Cost: £65

DVD Infection Control And Your Practice

Don't Get Caught Out!

An important part of any healthcare practice is that of infection control. The risk of healthcare workers becoming infected or passing on infection to others is greater than in most other professions. This is because of the greater number of potentially infective people that healthcare workers come into contact with. This DVD looks at the different types of infections, the mode of transmission and infection, all the way through to the best forms of prevention, as well as what to do in the event of exposure to infection.

The following areas are covered:

- Infectious Disease
- The Nature of 'Resistance'
- Blood-Borne Infections
- Common Pathogens affecting the Feet
- Patient-Practitioner Cross Infection

(DVD) Approx. 45 minutes.
Best viewed in 4.3 ratio

Cost: £65

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IN MEMORIAM

Terence William Wragg MSSCh MBChA

It is with great sorrow that we have to report the passing of Terence Wragg on 21st July 2020. Terence was an excellent practitioner and had a long and distinguished career. During this time, he established a solid client base and became more of a friend with a scalpel, than a chiropodist to many of his patients. He had an excellent practice. He was also a founder member of the East Midlands Branch, and served as Chairman for a number of years.

In 2001 his son Shaun qualified with the SMAE and worked alongside his father, until he retired in 2015. Terence had lots of hobbies and interests which he pursued with passion. He was an accomplished musician and an excellent piano player. He studied music and progressed very well for a number of years.

At the age of seventy he started to study another language and at this time he turned his attention to Gujarati, in which he was able to speak, read and write to an acceptable degree. This is quite an achievement.

It was sadly in the summer of 2019 he was having an examination and tumours were found in his bowel and lungs. Having had several chemotherapy sessions, it did not give him the extended life he had hoped for.

Terry very sadly passed away very peacefully at home.

He will be missed by all that knew him and especially, of course, by his family and friends.

Classifieds

For Sale, Wanted and Services

Advertising Deadline

Post or email your advertisements to Carol O'Brien at COBrien@smaeinstitute.co.uk by 6th April 2021

For Sale

Practice - Devon

Barnstaple

An opportunity has arisen for a Podiatrist/FHP to share/Purchase an established practice (30 years) in Barnstaple.

Turnover approximately £50K/£60K, working 2.5 days a week, although this is flexible. Business could easily accommodate two people. I would be happy to work alongside the new owners initially if required.

Accommodation available if needed.

For further information please email me on martinjmalcolm@hotmail.com
Tel: 07970 207044

British Chiropody & Podiatry Association

The British Association of Foot Health Professionals

REGIONAL BRANCHES & CONTACT DETAILS

Hon. President

Michael J. Batt
info@smaeinstitute.co.uk
Tel: 01628 621100

The SMAE Institute (1919) Ltd,
The New Hall, 149 Bath Road,
Maidenhead, Berkshire SL6 4LA

Chairman of BCPA / BAFHP

Deborah Mercer
chairman@bcpa-uk.org
Tel: 01268 741019 / 07932 928113

120 Bull Lane, Rayleigh, Essex SS6 8NQ

East Anglia Branch

Chairman: Alex Hepburn
alexhepburn30@hotmail.com

Treasurer: Deborah Hart
deborahhartuk@yahoo.com

Venue: The Army Reserve Centre,
Blenheim Camp, Newmarket Road,
Bury St. Edmunds IP33 3SW | 9am – 12:30pm

East Midlands Branch

Chairman: Ruth Cranmer
ruth.cranmer@feetaid.co.uk

Secretary: Julie Astill
thefootings@gmail.com

Facebook: East Midlands British Chiropody & Pod Assoc + FHPs (unofficial)

Venue: Forest Hill Golf & Conference Centre,
Markfield Lane, Leicester LE9 9FH | 10am-1pm

Essex & East London Branch

Chairman: Deborah Mercer
deborah.mercer2@btinternet.com

Vice Chairman: Michele Pyne
michele.pyne@btinternet.com

Secretary: Anna Mapp
anna.mapp773@gmail.com

Venue: Bulphan Village Hall, Church Road,
Bulphan, Upminster, Essex RM14 3RU
1:30pm – 4:30pm

Kent Branch

Chairman: Graham Seath
foothealthcare@yahoo.co.uk

Secretary: Sally Johnston
sallyjohnston76@gmail.com

Venue: Davis Estate Community Centre,
Barberry Avenue, Chatham, Kent ME5 9TE
9am – 12noon

North West Branch

Chairman: Christopher Hunter
Christophe0@aol.com

Secretary: Angela Fenton
angela_fenton@hotmail.co.uk

Venue: Ormskirk Civic Hall, Southport Road,
Ormskirk L39 1LN
12noon – 3:30pm

Scottish Branch (Dundee)

Chairman: James Fisher
shirleyfisher411@btinternet.com

Secretary: Fiona Morgan
fiona.morgan22@btinternet.com

Venue: Diocese of Dunkeld,
24-28 Lawside Road, Dundee DD3 6XY
9am – 4:30pm

South East Branch

Chairman: Clare Dicker
clare_dicker@hotmail.co.uk

Venue: Copthorne Hotel Gatwick,
Copthorne Way, Copthorne,
West Sussex RH10 3PG
9am – 4pm

South West Branch

Chairman: Jayne Chudley
jaynechudley1@gmail.com

Secretary: Katharine Hardisty
katharinehardisty@yahoo.co.uk

Venue: St. Cuthbert's Conference Centre,
Buckfast Abbey, Northwood Lane,
Buckfast, Devon TQ11 0EG
9am – 5pm

Thames Valley Branch

Chairman: Sue Davies
sue.davies63@yahoo.co.uk

Secretary: Lindsey Webster
lamweb@hotmail.com

Venue: Boyn Hill Cricket Club,
Boyn Grove, Highway Road,
Maidenhead, Berkshire SL6 5AE
7:30pm – 9:30pm

West Midlands Branch

Chairman: Elena Serafinas Broom
elenapodiatry@hotmail.com

Venue: Aldridge Community Centre,
Anchor Meadow, Middlemore Lane,
Aldridge, Walsall, West Midlands WS9 8AN
12noon – 4pm

The Benevolent Fund

William J. Liggins (Bill)
wj.sjliggins@gmail.com

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