SUMMER 2022
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THE SMAE INSTITUTE™

THE JOURNAL OF

Podiatric Medicine

For the Private Practitioner

Aging - Theories and Fall-Out

Part IV - implications for the lower limb and associated challenges

PAGE 38

The role of different humectants in moisturising preparations

PAGE 28

Why is dog walking so good for your feet?

PAGE 6

PLUS

All Regular Features!

What's inside…

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Contents

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Editorial

THE SMAE INSTITUTE™

As we enter into the last six months of this year it is of little value just to look back over the various difficulties we have all encountered due to the pandemic and other sources of aggravation. Needless to say, most things are working well now, following all these difficulties.

We hope you enjoyed the recent extended bank holiday weekend in celebration of the Queen's Jubilee. Here at SMAE, we got into the spirit by decorating the grounds with bunting and know many who attended street parties with their neighbours. It was wonderful to see the country coming together to celebrate.

We now look forward to what is the delayed Summer School, which for this year is being run at The Holiday Inn in High Wycombe. It is very conveniently located being just off the M40, with wonderful facilities. We have an extremely good trade exhibition with more and more traders wanting to join our events, which is most encouraging. We both very much look forward to seeing you there.

The SMAE BSc Podiatry Degree Programme is successfully coming to the end of its first academic year and we are delighted to hear how much our students are enjoying it. Very best of luck to Years 1, 2, and 3 with your remaining modules.

We recently held the Open Day for the 2022 cohort of the BSc Podiatry Degree, with many joining us to find out more about the course and ask questions they had, progressing to apply if they wished. This cohort will see students studying across Years 1 – 4, with those in Year 4 looking to graduate in the Summer of 2023! Congratulations to all the students who have been offered a place on the degree programme, whether you are just starting or in your final year – we wish you the very best of luck!

As you know, Members of The SMAE Institute receive a complimentary copy of the SMAE Diary every year this year's diary is already in production. We are aware that some do not require one for various reasons and therefore, to reduce waste, we contacted members asking them to let us know their preference; thank you to everyone who has informed us. If you are yet to let us know your preference, you can still do so when you renew your membership and insurance, or by simply visiting this link: https://www.surveymonkey.co.uk/r/SmaeDiary2023

And so, we look forward to seeing you at the Summer School in Autumn and both hope you all have a wonderful summer - let's hope the weather is kind!

Mike Batt
Joint Principal

Nicky Batt
Joint Principal

Submission of articles

Content of submitted articles should be Podiatry or Foot Health related. Please ensure you include your full name, post nominals and a photo of yourself.

Please include references to any books or papers mentioned in your article.

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COVID-19

UPDATE ON GUIDANCE

As of March/April 2022, the UK Government have moved to 'living with COVID' and all legal restrictions have ended. In addition, testing requirements have been lifted and free access to lateral flow tests (LFTs) has also ended. This means that rapid, self-testing is not so readily accessible and those who wish to keep routine testing will need to pay to do so unless they have specific exemptions on the basis of health or particular vulnerability. Some health professionals may be able to procure free LFTs but they will need to check directly with Gov.uk. Given some regional difference in rules around face covering and the like, it is always important to check with your own local authorities about the specifics of the guidance and rules.

At this point, you should all be able to see any patient in your caseload requiring treatment and it is advised that you work in a careful and cautious way that seeks to help your patients feel safe and well cared for. The following rules still apply but they may change in the months ahead as the UK Government consider changing rules around self-isolation. We will provide an update if and when this happens.

- *If you feel unwell, have a high temperature, a loss of taste or smell and/or a new continuous cough, you should presume that you may have COVID-19 and should refrain from treating any patients until you have recovered. If you do get access to testing and you test positive, you may return to work after negative LFTs on days 5 and 6 or on day 10 if you feel well but are still testing positive.*
- *If your patient has had a case of COVID-19 confirmed, there is to be no service provided for a minimum of 10 days (or 6 if they have 2 negative lateral flow test results on days 5 and 6)*
- *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 maintain good infection control practices*

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).

In essence the general advice is along the following lines:

- *Whilst it is no longer essential to pre-screen all patients to gauge the seriousness of their foot complaint – you may wish to continue to phone ahead in order to check that the patient is happy for treatment to go ahead*
- *Ensure that you employ the strictest infection control practices and have adequate PPE*

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. 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 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. However, this should not be routinely considered to be a condition of treatment and people who are exempt from wearing face coverings are not obligated to provide proof of their exemption*
- *A face shield / visor OR eye protection is optional*
- *Regular aprons will suffice*

All of the PPE items listed above should be available through Podiacare. Please note that due to local, national and global supply and demand issues it may not be possible for Podiacare to supply all items on that list immediately but they are working very hard to make sure that they can, so do please keep contacting Podiacare with your orders.

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

Why is dog walking so good for your feet?

By Jonathan Brocklehurst
MRCPod, BSc (Hons), DipFH, ARSM.

SMAE Lecturer

IN MY OWN EXPERIENCE OF DOG WALKS WITH MY FAMILY'S LITTLE CUTE (AND MISCHIEVOUS) CAVAPOO, THE BENEFITS OF WALKING HAVE BEEN NOTABLE

Introduction

According to recent surveys from Statista, 33% of the United Kingdom's population own a dog. The Covid-19 pandemic has increased the demand for dogs as companions in an increasingly lonely world; this is particularly true for older adult populations (Carr et al. 2021; Oliva and Johnston 2021). According to a recent study in Sweden by Ballin et al. (2021), higher rates of light physical activity were reported more commonly in 70-year-old dog owners. Dogs and exercise complement each other nicely, which is why we will be focusing on the benefits to our feet.

*In the case of individuals with existing health conditions, it is important to note that walking a dog is only one of many ways to exercise, and appropriate advice should be sought from their GP before considering a dog to look after and or walk.

The World Health Organisation has defined physical activity as "any bodily movement produced by skeletal muscles that requires energy expenditure".

What do my feet do while walking?

The main parts of our foot anatomy that we use when walking our dogs are as follows:

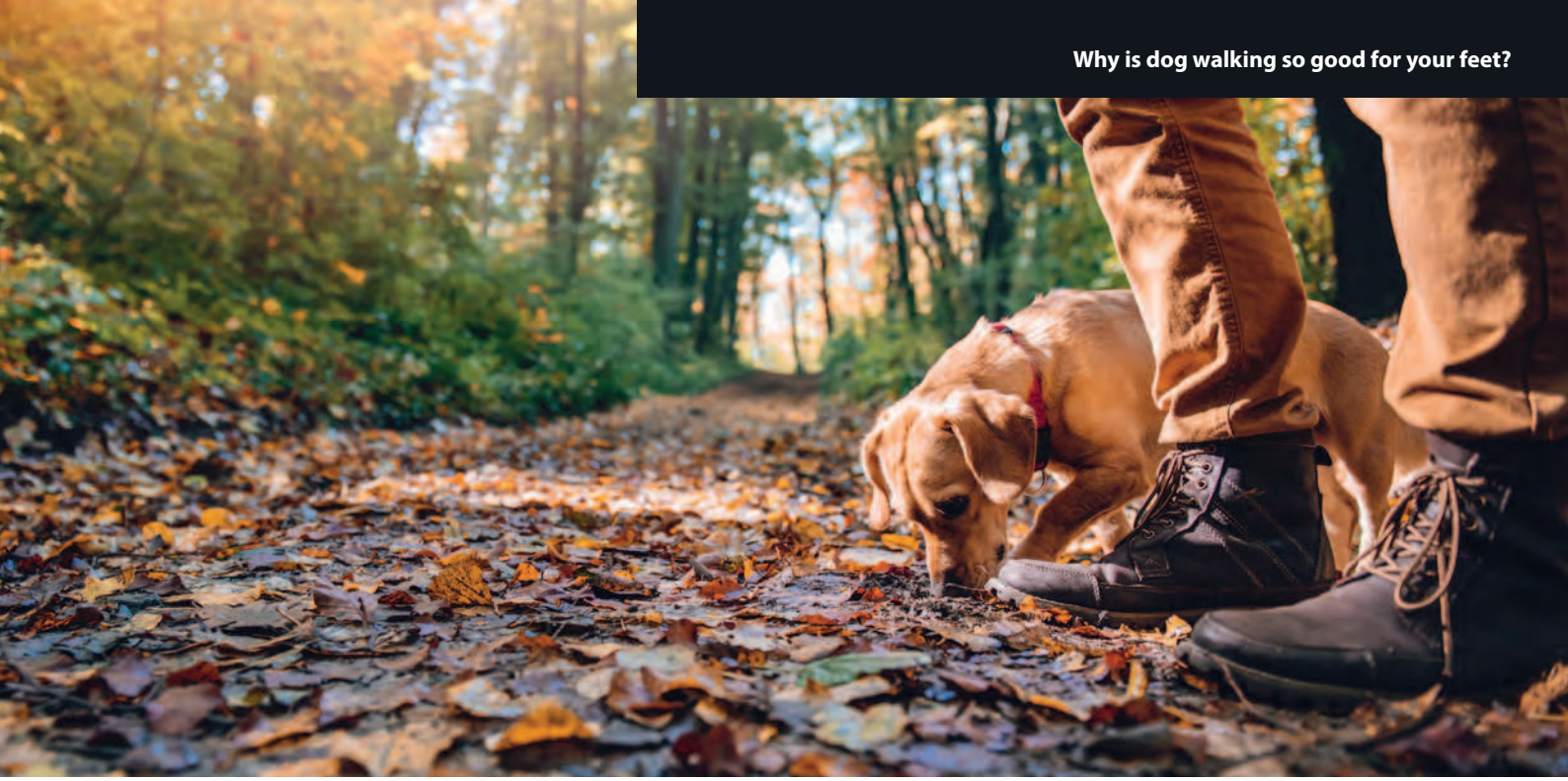
Figure 1.

Achilles' tendon
Plantar aponeurosis (fascia)
1st Metatarsal Phalangeal Joint (MTPJ)
Talus bone
Dorsalis Pedis and Posterior Tibial arteries
Dermatomes (nerves of the feet)

These all play a key role in walking our dog. The Achilles' tendon stabilises the hindfoot for balance purposes. The plantar aponeurosis (connective tissue) stabilises the arch of the foot, absorbs pressure from ground reactive force, and allows flexion of the 1st Metatarsal. This maintains balance during gait (manner of walking). When transitioning between the 'toe-on, heel off' stage of the gait cycle, the 1st MTPJ takes most of the weight bearing (Molyneux et al. 2022). This is important because the greater the range of motion in the 1st MTPJ, the more stable the overall movement of the foot during gait (Vulcano et al. 2016). Meanwhile, the Talus bone enables the transfer of weight and pressure forces at the ankle for changes of direction while walking (Russell and Byerly 2021). These movements are fed by a rich blood supply from the Dorsalis Pedis and Posterior Tibial arteries in the foot (Viswambharan et al. 2021). Ultimately the feeling and detection of movement and objects are pronounced by the Dermatomes of the foot (De Maeseneer et al. 2015).

Of course, our variable foot shapes, surrounding terrain, and pre-existing health conditions, can become limitations on our ability to participate in dog walking on a long-term basis. For example, hikers with Pes Cavus ('high arch') feet are more likely to experience increased loading on their plantar metatarsalphalangeal joints and plantar calcaneal area. This can further stretch and strain the plantar fascia which can place the foot at increased risk of conditions such as plantar fasciitis and posterior tibial tendon dysfunction. As always, your GP should be consulted if you have concerns of any recent developments to limited motion you may be experiencing.

Me and the family Cavapoo



Walks with my dog

In my own experience of dog walks with my In my own experience of dog walks with my family's little cute (and mischievous) Cavapoo, the benefits of walking have been notable. Not least, exciting for my two-year-old son. Dogs can motivate change. A daily walk for a dog is an all-round winner. Both the dog and owner exercise and benefit their health and wellbeing, but also the type and season of exercise is crucial (Hall et al. 2021). I like to take my dog for walks with the family to country parks and the beach in the spring and summer time. When I can, in Autumn and Winter I like to walk the dog in areas with closer proximity to a dog-friendly pub (with a nice warm fireplace). The very habit of walking with the dog has provided a structure to the day for my own exercise needs and the dog's. Discipline is key. This routine can only be channelled correctly, utilising correct footwear.

Footwear – a critical component

The four most important ingredients for adaptable footwear are as follows:

Figure 2.

Deep and wide toe box
Secure midfoot fastening (Velcro/Laces)
Stable heel counter
Cushioning insole

Why are good old 'wellies' not as useful as we think? Well, we could take the line of "they do the job in muddy and harsh weathers". However, 'wellies', when worn for lengthy stretches of time can be counterproductive to our foot health as they do not possess a secure midfoot fastening (Chuter et al. 2016). The resulting condition of our feet is particularly evident when dog walking with 'wellies' on. When I first tried taking my Cavapoo for walks in 'wellies' and ended up regretting the blisters and rubbing, I realised something had to change. It can be so tempting to take the 'easy route'. Switching to lace-up walking boots to the correct fitting (see figure 2.) can transform the stability and comfortability of our feet (Menant et al. 2008). It is important to consult a Podiatrist about appropriate footwear.

If I can slip in an analogy here. Without these three ingredients, the pastry won't rise properly and both cakes will often feel squashed and flattened at the end. So it is with our feet, the extent of our foot motion is dependent on the shoes we wear.

What does dog walking do for my feet?

According to Bupa, dog walking at a moderate pace can increase our heart rate levels and vascular output. In turn, this has a beneficial impact on our overall health by increasing serotonin uptake, reducing stress, and lowering blood pressure. A study by Opdebeeck et al. (2020) highlighted that individual's with Dementia who were involved in the care of the dog were more likely to increase their walking time by three hours per week and lower feelings of loneliness. This double-benefit of exercise and mental wellbeing shows a powerful synergy that positively affects our feet and vice versa.

WHILE DOG WALKING POSITIVELY IMPACTS INDIVIDUALS WITH PHYSICAL CONDITIONS, IT ALSO IMPROVES MENTAL HEALTH AND WELLBEING TOO

By walking a dog, the tendons, muscles, and bones in our foot can be strengthened by the adaption to increased load capacity and blood supply.

Tendons, which are typically high in tensile strength and flexibility, benefit from increased exercise as they can maintain these qualities (Docking and Cook 2019). It is important to note that over-use of our feet can result in excessive tensile strain and compression of muscles and tendons causing pathologies, so moderation is key (Docking and Cook 2019).

Additionally, muscles benefit significantly from exercise, with increased oxygen diffusion and energy production in the form of Adenosine Triphosphate (ATP) (Ruegsegger and Booth 2018).

Recent research suggests that bone health deterioration is slowed by walking (Benedetti et al. 2018). Current evidence suggests that this trend is also true in the case of foot wounds which can experience enhanced wound healing from exercise (Brousseau-Foley and Blanchette 2021). These points indicate that dog walking could therefore contribute to the healthy maintenance of bone health and wound healing.

Can dog walking help other conditions I may have?

Dog walking can be beneficial for individuals with Diabetes Mellitus Type 1&2.

Peripheral Arterial Disease (PAD) closely interweaves with Diabetes Mellitus Types 1 and 2 in respect to the associated increase in blood glucose levels (Soyoye et al. 2021). Podiatrists detect possible PAD by discovering an absent pulse following manual palpation and audibly confirming a 'monophasic' pulse (appendix) using a doppler ultrasound (Novakovic et al. 2017). These pulses are investigated in both the dorsalis pedis and posterior tibial arteries; sometimes the anterior tibial artery is checked too (Mowlavi 2002). A referral to the individual's GP is key to confirming a diagnosis. According to recent research (Rosenfeldt et al. 2019), dog walking can also have a positive impact on older adult populations recovering post-stroke.

While dog walking positively impacts individuals with physical conditions, it also improves mental health and wellbeing too. According to a recent study by Barcelos et al. (2021), results highlighted that dog walking improved the wellbeing and sense of purpose in individuals with Autism and accounted for a 16% improvement in suicide prevention.

Conclusion

It's a no-brainer to see the correlation between dog walking and improved foot health. The 'why' to that is enshrined mainly in haemostasis. The improved internal homeostasis of the body instigated from dog walking exercise, directly affects our foot health (Ballin et al. 2021). Increased heart rate, reduced cortisol, and increased serotonin form part of dog walking's benefit to foot health (Akiyama and Ohta 2021). According to recent research, exercise is linked with improved wound healing too (Brousseau-Foley and Blanchette 2021). Dog walking could be an important way to motivate an individual to habituate positive foot health routines.

However, these benefits can only be truly punctuated through the importance of footwear choice. The four key ingredients. Deep and wide toe box. Secure midfoot fastening. Stable heel counter. Cushioning insole.

Appendix

Clinical Indications of PAD
Intermittent claudication (cramps)
Rest pain
Monophasic doppler pulse
Cyanotic appearance of toes
Hairless and shiny skin

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FRIDAY 7TH & SATURDAY 8TH OCTOBER 2022

Summer SCHOOL IN THE FALL




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Howard Gardner

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AGENDA SUMMER SCHOOL IN THE FALL OCTOBER 2022

Friday 7th October

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 ***Robert Isaacs*** *Bsc.pod.M. M.Ch.S, HCPC Registered Podiatrist*

Beyond Bunions, a beginners guide to 1st MPJ pathology

The 1st MPJ is a very busy joint. It has a lot of jobs to do during gait, and can suffer from a variety of very different problems, requiring a variety of very different treatment approaches. In this talk, we will look at some of the common complaints which patients will come to you with, and some simple, straightforward conservative treatment approaches.

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

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

Neurological assessment workshop with Andrew Hill

FULLY BOOKED

Many FHPs and Podiatrists are used to undertaking 10g monofilament and tuning fork assessments but there are a pletho[illegible]al assessments that can be performed o[illegible]out session is designed to g[illegible] of a comprehensive neurological examination of t[illegible] 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 ***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.

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

3.00pm – 4.00pm ***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.

Saturday 8th October

8.30am – 9.20am Registration & Trade Stands

9.20am – 9.30am Introductory Welcome

9.30am – 10.30am ***Jonathan Brocklehurst*** *MRCpod, BSc (Hons), ARSM, HCPC Registered Podiatrist*

The international impact of fungal infections on the foot.

Mycetoma is a chronic infection in the skin and is classically defined as a 'tropical disease'. This talk will look to discuss what Mycetoma might tell us about neglected diseases; how climate change may play a role in fungal foot infections; the role of foot health education in preventing disease; how we, as practitioners, can address diseases affecting the feet and the Global Action For Fungal Infections.

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

FULLY BOOKED

A vascular assessment is a crucial a[illegible]ractice. This practical session [illegible]cticalities of basic vascular assessment as w[illegible]sideration 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*

What's in a shoe?

This lecture will discuss the features to look for and discuss with your patients, to help treat their foot problems.

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

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.

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 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.

Summer SCHOOL IN THE FALL

Friday 7th October
Saturday 8th October

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 as a clinical tutor at The SMAE Institute.

Jonathan Brocklehurst

MRCpod, BSc (Hons), ARSM, HCPC Registered Podiatrist

Jonathan is a Podiatrist, clinical tutor at The SMAE Institute, former NHS Diabetes Specialist Podiatrist, and Presenter on UK Health Radio's Foot Health Show. His career has recently spanned to writing, most recently for Wounds UK Journal on wound care ethics. His interests have also broadened to Dermatology, with Mycetoma of particular note.

MEMBER OF
THE SMAE INSTITUTE

Smae Members Shield

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

This 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.

THE SMAE INSTITUTE

CLOSING DATE FOR NOMINATIONS 7 JANUARY 2023

Do you know a Practitioner that excels in the care for their patients?

Someone who deserves recognition for their role within the community?

Put your selected nominee forward for 'Practitioner of the Year 2022 Award'

We want to reward those members who continue to develop themselves professionally, go the extra mile, and enjoy their role within the community. The winner of "Practitioner of the Year 2022" shall receive a place at one of our 2023 CPD Events (Summer School or Annual Conference) and a certificate, along with publicity on the SMAE Institute Website and in the 2023 Quarterly Journal. The runner up shall receive a CPD of their choice, from our Workshop or CPD@Home range.

The nomination process is straightforward and can be completed easily by an involved third party (a colleague, or client). The winner will be announced in Spring 2023 Journal.

HOW THE NOMINATIONS WORK:

- Nominees should be Members of The SMAE Institute.
- A nomination will only be accepted for a named individual or individuals.
- Third-party nominations are accepted.
- Nominations must be supported by client referees prepared to provide testimony if your nomination is shortlisted.

Let us decide who the winners are - don't count yourself out of the application process - YOU could be an award winner!

Please email the following details to Jane Rhodes at jrhodes@smaeinstitute.co.uk

- Details of why you feel the nominee/nominees deserve to be rewarded
- Yours and the nominees name and address

Previous Winners

2018 Ian Mitchell
MSSCh MBChA

2019 Trish Parker
MCFHP MAFHP

2020 Lesley Tanner
MCFHP MAFHP

2021 Trish Parker
MCFHP MAFHP

2022 WINNER
THIS COULD BE YOU!

Have you joined your local BCPA Branch?

Below the BCPA Branch Chairmen give details about their branch meetings, alongside explaining why joining your local branch has many advantages for you as a practitioner.

East Anglia Branch

"The East Anglia Branch hold its meetings on a Saturday, twice a year, at the Village Hall, Sapiston, Bury St Edmunds, from 9am to 4pm. We have speakers attend from various departments and organisations, as well as various Traders from a variety of companies offering goods for our profession. We also offer First Aid training at a reasonable price.

There is an opportunity to talk to other practitioners, as well as group discussions, workshops, and possibly pick up a few tips on treatments, all with lunch provided".

For more information, please contact the Chairman, Alex Hepburn, at alexhepburn30@hotmail.com

East Midlands Branch

"We are a small BCPA branch based in the East Midlands and our meetings are held 4 times per year at The Cedars Hotel in Loughborough. Our meetings are informal and friendly and we have a guest speaker at each meeting for Continued Personal Development (CPD). Suppliers come with trade stands or offer a discount code for attendees. We arrange group "First Aid at work" training courses with a local trainer to comply with the SMAE membership requirement. We also offer Autoclave Servicing once a year for members.".

For more information, please contact the Chairman, Ruth Cranmer, at ruth.cranmer@feetaid.co.uk

Essex & East London Branch

"We are a friendly branch, with a present membership of around 50, who meet at Bulphan Village Hall, Upminster, Essex. We hold 4 meetings a year (January, April, July & October). Our July meeting is virtual, but the rest are in person. We offer excellent speakers, some with hands-on training, and trade stands at our face-to-face meetings. Our October meeting offers discounted Autoclave Servicing and a hot food buffet. First Aid training is organised at a discounted rate every 3 years, to comply with insurance requirements. We are a mix of Chiropodists, Podiatrists, FHP's, and students and are always on hand to offer support, friendship, and advice to each other".

For more information, please contact the Chairman, Deborah Mercer, at deborah.mercer2@btinternet.com

Kent Branch

"The Kent BCPA branch offers a relaxed venue in a local community centre which is conveniently located just off the M2 at Chatham. We have a brand new committee for 2022, who are dedicated to attaining quality speakers for your CPD, and trade stalls for you to buy your essential equipment. Suggestions for CPD subjects are always welcome and students are very welcome to join too.

We offer two meetings a year and have autoclave servicing available in our April meeting".

For more information please contact the Chairman, Emma Thorpe, at emmathorpefoothealth@gmail.com

North West Branch

"As chair of the North West Branch, myself and all the members would gladly appreciate more new faces to grow this friendly branch. We meet every quarter and endeavour to bring a mixture of CPD that benefits all who attend. A lovely light lunch is included on the day".

For more information, please contact the Chairman, Chris Hunter, at christophe0@aol.com

Scottish Branch

"We are a friendly branch which covers a large area of Scotland and the borders. We meet 3 times a year, with 1 Zoom meeting and 2 face to face meetings. We aim to have a speaker at each meeting and demonstrations each time we meet in person, and also give members the chance to chat over lunch. We would like to invite any new members to join us as we will always provide quality CPD and friendly support".

For more information please contact the Chairman, Lorna Stronach, at lornastronach999@gmail.com

South East Branch

"Here at the South East Branch we pride ourselves on being welcoming, friendly and providing an excellent network of contacts and support for its members. The branch currently consists of 95 Members, including the chairman and 3 committee members.

It has 3 meetings a year, most often held in March, July, and November. The July meeting is a remote experience - a zoom meeting with a guest speaker. March and November are larger events at the Crowne Plaza Felbridge, East Grinstead. These larger events include a keynote speaker, a hot and cold buffet and at the November event, there is an autoclave inspection at a discounted price. We have organised First Aid training every 3 years for members at a compatible price and hope to continue this.

For more information, please contact the Branch Secretary, Kate Alexander, at kate.alexander1@hotmail.com

South West Branch

"We are always happy to welcome new members whether they are students, newly qualified or are an experienced practitioner. We offer two great priced day seminars each year along with regular subsidised training days, to increase your knowledge and support your practice.

We offer autoclave servicing at our day seminars and great trade stands that often give discounts on products. You'll be networking with like-minded practitioners which is invaluable in a sometimes lonely profession. Exclusive access to our Facebook page with notes from previous lectures is available when you become a member too. We'd like to offer newly qualified practitioners a free day seminar when they join our branch".

For more information, please contact the Branch Secretary, Katharine Hardisty, at katharinehardisty@yahoo.co.uk

West Midlands Branch

"The West Midlands Branch provides a warm welcome to you at a cost-effective yearly fee. We offer professional support for your business through three meetings a year, which include quality CPD from a prime speaker and companionship with colleagues from your area, helping you to build bridges with fellow practitioners, ask business-related questions, and have tea and cake with like-minded people. It's well worth the small fee and occasional commitment. Come and join us, you may win a raffle prize!!!"

For more information, please contact the Chairman, Elena Serifinas Broom, at elenapodiatry@hotmail.com

FOR FULL BRANCH DETAILS, PLEASE SEE PAGE 54-55

Diploma in Local Anaesthesia

www.smae-la.co.uk

The timetable for the 2023 Diploma is as follows:

Open / Registration Day (Location: The SMAE Institute)
Saturday 18th February 2023
This is a pre-requisite for those who wish to enrol

Introductory Lectures (Location: The SMAE Institute)
Friday 19th May 2023

Module 1 (Location: e-Learning)
Begins: Monday 22nd May 2023

Module 1 Assessment Submission
Friday 18th August 2023

Module 2 (Location: e-Learning)
Begins: Monday 25th September 2023

Module 2 Assessment Submission
Friday 8th December 2023

Clinical Practice
February 2024

The **Open Day for the 2023 Cohort** will be held on Saturday 18th February via Zoom. 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.

*** Instalment Option Available**

Diploma in Prescription Only Medicines

www.smae-poms.co.uk

Our next cohort begins December 2022. More information about the 2022 cohort can be found at www.smae-poms.co.uk

Open / Registration Day (Location: The SMAE Institute)
Saturday 5th November 2022
This is a pre-requisite for those who wish to enrol

Introductory Lectures (Location: The SMAE Institute)
Friday 25th November 2022

Module 1 (Location: e-Learning)
Begins: Monday 28th November 2022

Module 1 Assessment Submission
Monday 3rd April 2023

Examination (Location: The SMAE Institute)
May 2023 (tbc)

If you are interested in the 2022 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.

*** Instalment Option Available**

hcpc health & care professions council

hcpc health & care professions council

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

Notes:

Introducing our new online international application process

From April our international application process will be completely online. Applicants will be able to submit all their details through an online form, making this stage of the process quicker and easier.

This will replace the current paper-based system for international applications unless you are exempt (examples of exemptions can be found on our website).

The move is part of a wider drive to streamline our registration system and make it more customer friendly and efficient. We are also planning to move our UK application process online. This should come into effect in Summer 2022, before we receive the highest number of UK applications.

Taking this process online will reduce the time it takes to apply and improve the experience for applicants. The process was piloted with a small number of applicants over the last couple of months, and we would like to thank all participants for their time.

Updated guidance for international applications can be found here. **www.hcpc-uk.org/registration/feedback/international-pilot-feedback-form/**

Council approves first EDI plan

The HCPC's Council approved a bold new action plan setting out the ways in which the HCPC will deliver on its commitments to equality, diversity and inclusion (EDI)

The plan, the first of its kind for the HCPC, is part of our ongoing commitment to EDI. It lays out the actions we will take over the next four years to achieve our vision to be actively anti-discriminatory organisation that upholds and promotes best practice in EDI and an active ally for change.

These actions will see us improve on progress already made in initiatives such as our diversity data analysis, the introduction of new EDI objectives, strengthening our approach to EDI in its revised Standards of Proficiency and the successful launch of EDI monitoring through our registrant portal.

You can find out more about the plan here: **www.hcpc-uk.org/about-us/equality-diversity-and-inclusion/our-edi-strategy/**

Closure of the COVID-19 Temporary Register

The Government announced that the healthcare professions temporary registers, including the HCPC temporary register, are set to close on 30 September 2022.

The temporary register was a vital mechanism to support the rapid deployment of additional Allied Health Professionals, healthcare scientists and other professionals over the course of the COVID-19 pandemic, at a time when their skills and expertise had never been more acutely needed.

More than 22,000 former registrants were added to the register, giving them the chance to re-join the workforce and support patients, the public and other healthcare professionals.

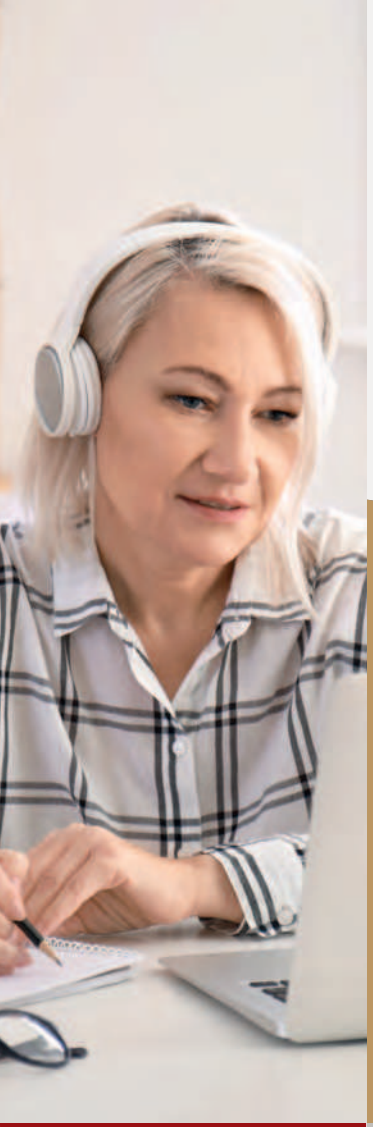
Those on the temporary register are welcome to join our main register if they wish to continue practicing. Details on joining the main HCPC register can be found online here. **www.hcpc-uk.org/registration/getting-on-the-register/**

Read the Department of Health and Social Care statement here **https://questions-statements.parliament.uk/written-statements/detail/2022-03-16/hcws686**

Latest updates from HCPC Chair Christine Elliott

Read the latest blogs from our Chair for updates of how HCPC are working to reach the key decisions and initiatives.

Find out about the latest updates about the revised health and character guidance, our fitness to practise improvement programme, regulatory reform, the HCPC professional liaison service and much more on the HCPC website: **www.hcpc-uk.org/news-and-events/blog/2021/celebrate-appreciate-inspire-and-connect-on-ahps-day/**



THE SMAE INSTITUTE™

BSc (Hons) PODIATRY

About the course

The SMAE Institute, in collaboration with Queen Margaret University (QMU), is proud to introduce this four-year distance based, blended elearning BSc (Hons) Podiatry course. On this course you'll gain the knowledge, practical skills and confidence that you'll need to practise as a registered podiatrist in the private sector or NHS.

This is a four-year, distance learning honours degree, at levels 7-10 on the Scottish Credit Qualification Framework (SCQF), that is designed to enable those who have successfully completed the SMAE Institute Diploma in Foot Health, which is credit rated by QMU, to progress to eligibility to apply for HCPC Registration.

Course Overview

Duration: 4 years distance learning

Start Date: September 2023

Format: Distance based, blended elearning

Fees: £3,999 per year (payment options available)

Awarding Body: QMU

Queen Margaret University
EDINBURGH
Collaborative Partner

This course will not only develop you to the standard required for eligibility to apply for HCPC registration, but will also give you the skills, attributes, clinical experience, plus personal and professional confidence to be at the forefront of the profession and to become the future influencers, managers and leaders of the profession. This course aims to develop a podiatrist who is a patient focused practitioner, reflective in all aspects of practice, and proactively engaged with learning and professional development to enhance and advance both their individual practice and their profession.

Course Structure

This course is delivered via blended e-learning, which means as a student you would be working at a distance via the internet (utilising a Virtual Learning Environment (VLE)) as well as attending lectures, practical and clinical sessions at The SMAE Institute. In addition to this, students will also attend placements in the private and third sector. Whilst most content is delivered online, lecturers will guide you through your learning and provide one-on-one and small group support throughout. Each year students will be required to attend clinical training and/or placements, and schedules.

Teaching, learning and assessment

This is a distance-based, blended e-learning course that requires dedicated hours of study commensurate with full-time learning. Each module has dedicated weekly live tutor chat sessions with the designated module leader (tutor), who is also available via personal email and telephone at scheduled times. There is also administrative support staff available online and via telephone daily. The module forums are accessible for each module to provide a virtual classroom environment and will be accessed and supported by staff and tutors alike. The assessment method varies from module to module and the majority of the course will be distance learning with some compulsory attendance. The dates of attendance required are given to students at the beginning of the course so that they can plan ahead.

Whilst The SMAE Institute is the organisation delivering your study, on this course you will be also be a student of Queen Margaret University (QMU). As such you'll be given access to their learning resources and have a QMU VLE (virtual learning environment) username and password.

Course Modules

YEAR ONE

Module Name	Module Description
Manual Handling	This module is designed to provide the student with the knowledge and skills required to develop an analytical, reflective and professional approach to implementing safe manual handling.
Clinical Studies 1	This module is designed to enable the student to acquire the knowledge and skills necessary to investigate, diagnose and manage a range of common lower limb pathologies seen in low risk patients.
Locomotory Science and Anatomy – The Foot and Ankle	This module introduces the student to the mechanical principles that underpin gait analysis and explores in detail the structural anatomy of the lower limb, with particular emphasis on the ankle and foot.
Locomotory Science and Anatomy 2 – Normal Gait	This module explores in detail the structural anatomy of the lower limb, with particular emphasis on the leg, knee and thigh as well as the gait cycle and normal developmental variants.

YEAR ONE

Module Name	Module Description
Cell Biology, Physiology and Microbiology	This module enables students to develop an understanding of the role of Podiatry and other health disciplines in the context of cell biology, physiology and microbiology. There is a focus on the structure, function and neuro-humoral regulation of the endocrine system, and its relationship to other major physiological systems as well as developing knowledge and understanding of microbial growth and survival emphasising features relevant to interactions with humans and human health.
Evidence Based Healthcare - Sourcing and selecting literature to understand and inform research	This module develops student understanding of the use of research in evidence-based health care delivery; through guided exploration of the ways in which research informs development and implementation of guidelines for clinical practice.

YEAR TWO

Module Name	Module Description
Clinical Studies 2a	This module enables a student to develop an understanding of the underlying principles of pharmacological therapy and the rationale for treatment relating to the cardiovascular, autonomic and inflammatory response. It also develops a student's theoretical knowledge and practical skills required to administer digital local analgesia (POM-A as per HCPC annotation).
Clinical Studies 2b	This module enables the student to investigate and diagnose a range of pathologies related to soft tissue and structural anomalies, and consider and demonstrate appropriate therapeutic regimes including the use of functional foot orthoses.
Pathophysiology	This module provides knowledge and understanding of the pathological processes relating to the systems covered in human physiology. It will introduce students to the concept of problem-based medicine and provide deeper understanding of physiological processes and the application to the clinical context. This module will also focus on the role of Podiatry within the broader context of multi-disciplinary care in managing patients with chronic and / or complex pathology.
Disorders and Management – Musculoskeletal conditions	The module provides the student with the necessary skills and knowledge base to diagnose and carry out effective management strategies for musculoskeletal conditions affecting the lower limb.

YEAR TWO

Professional Issues – Part 1 - Professionalism	This module prepares the student for registered practice as a Podiatrist by enabling them to critically examine and interpret the elements of professionalism within the contexts of delivering healthcare and podiatric practice. This will be considered against the backdrop of Interprofessional working,

YEAR THREE

Module Name	Module Description
Clinical Studies 3	This module develops students skills in examination, evaluation and management of the 'high risk' lower limb by developing high level psychomotor skills and by developing skills to undertake evidence based podiatric practice (in particular developing familiarity with NICE and SIGN guidelines). This module also enables students to gain experience of utilising POM-A in using digital block analgesia, and undertaking nail surgery procedures.
Locomotory Science and Anatomy 3 – The hip, pelvis, nerve supply and pathological gait	This module explores the structural anatomy of the lower limb with particular emphasis on the hip, pelvis and the motor & cutaneous nerve supply to the lower limb and helps students to develop a knowledge base and the skills required to distinguish between normal gait changes across the life cycle and pathological gait.
Disorders and Management 3	This module helps the student to develop a deep knowledge and understanding of the physical and psychosocial manifestation of systemic diseases related to Podiatric practice in association with relevant podiatric, pharmacological and surgical management through a problem based and shared learning approach. It further enables the student to critically analyse their own and other health professionals' roles, expertise and perspectives in healthcare practice in the context of lower limb pathology as well as service users' perspectives on self-care
Disorders and Management 3 – Dermatology of the lower limb	This module provides consideration of the differential diagnosis, potential impact and management of cutaneous and systemic disorders and diseases on the skin of the lower limb. It further enables the student to critically analyse their own and others' roles, expertise and perspectives in healthcare practice in the context of lower limb dermatology
Evidence-based Healthcare – Appraising the Evidence	This module enables students to develop their understanding of the importance of appraising evidence and helps them to develop their ability to constructively appraise evidence and to construct a focussed literature review.

YEAR FOUR

Module Name	Module Description
Clinical Studies 4	This module enables the student to fulfil the requirements for eligibility for HCPC registration by consolidating skills in examination, evaluation and management of the 'high risk' lower limb, to enable evidence-based practice. This module further helps the student to develop experience of new patient triage and referral, utilising POMS-S, psychomotor skills such as needling techniques, and anaesthetic techniques such as tibial block.
Disorders and Management 4 – Tissue Viability	This module enables the students to critically investigate/ study the evidence base for factors contributing to cutaneous ulceration, and the effectiveness of current management practices. It further enables the students to critically analyse their own and other health professionals' roles, expertise and perspectives in healthcare practice in the context of cutaneous ulceration.
Evidence-based healthcare – Clinical Audit	This module engages students in decision-making in the context of quality assurance, user perspectives, priorities of service delivery and practice development.
Developing Electronic Resources for Patient Education	This module enables the students to explore a topic of interest relating to patient education in Podiatry presented through electronic media for public broadcast.
Podiatric Mechanics (Elective)	This module enables the student to evaluate and apply current concepts in podiatric mechanics in the management of foot and lower limb pathology with particular reference to podiatric surgical intervention.
Medicine and Pathology (Elective)	This module enables the student to critically appreciate the clinical principles, philosophy and concepts which underpin critically relevant medical conditions and associated pathological changes in the foot.
Professional Issues – Preparation for Registration and Practice	This module provides an opportunity for students to critically consider the skills and attributes required to become an autonomous, HCPC registered private practitioner in the context of inter-professional collaborative working

Facilities / Placements

You'll consolidate your theoretical learning by working directly with patients during clinical sessions undertaken mainly at the SMAE Institute's purpose built clinic in Maidenhead, Berkshire. Some observational placements will be undertaken within specialist private practices and observational and practical placements will be undertaken in a third sector charity organisation. Academic staff will arrange and co-ordinate your placements, with the aim to be as local to the individual as possible. Where attendance is required, you will be informed of the dates at the beginning of the academic year to enable you to plan ahead.

A summary of clinical/placement attendance is detailed below, however please note that these time-frames are not specifically week blocks of time, but will be spread out across the academic year at a range of placement providers. Full details and dates are given to students at the start of the academic year.

Year One: Two weeks clinical/practical attendance

Year Two: Two weeks clinical/practical attendance

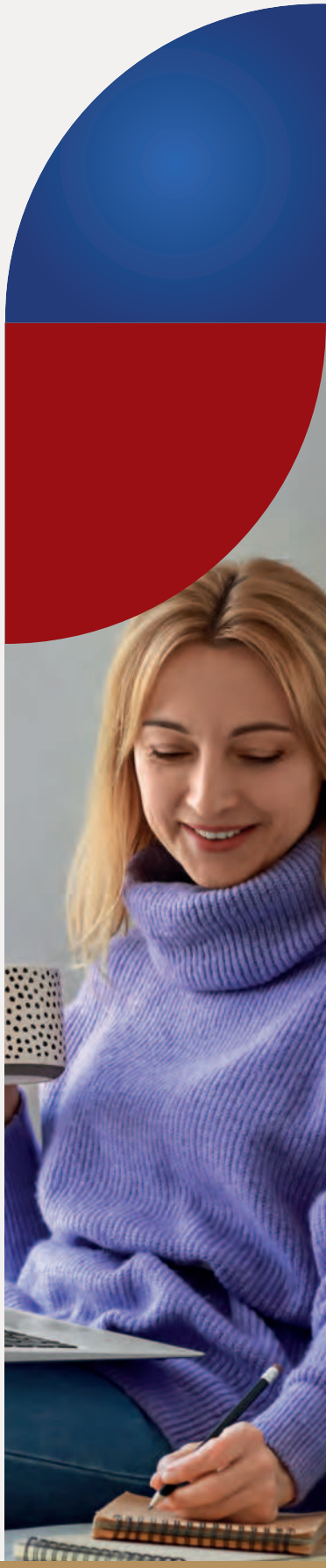
Year Three: Five weeks clinical/practical attendance

Year Four: Six weeks clinical/practical attendance

Qualification / Exit points

Successful completion of all four years will give you the award of BSc (Hons) Podiatry and eligibility to apply for HCPC registration.

In certain circumstances, a student may exit the course after completion of Year One with the award of Certificate in Higher Education (120 credits), Year Two with a Diploma in Higher Education (Assistant Practitioner – Podiatry) (240 credits) or Year Three with the award of BSc Health Studies (480 credits). Please note that by exiting the course in Year One, Two or Three, one is not eligible to register with the HCPC, only upon successful completion of Year Four and award of BSc (Hons) Podiatry entitles one to register.



Entry requirements

- The applicant has normally, within the last 5 years, completed one of the following:
  - successfully completed the SMAE Institute 60 credit diploma in foot health,
  - successfully completed the Diploma in Higher Education (Assistant Practitioner – Podiatry),
  - successfully completed the first year of a BSc (Hons) Podiatry at another University,
  - successfully completed a Foot Health course that can be mapped to the SMAE Institute's Diploma in Foot Health.
- The applicant has a current DBS certificate.
- The applicant has an up to date CPD portfolio (has attended at least one CPD event in the last 12 months and in addition can demonstrate ongoing professional development, for example, reading journal articles and applying them to practice)
- The applicant has up to date vaccination against Hep B, has had a recent eye sight test, and are encouraged to declare any disabilities (physical, mental or learning).
- The applicant has provided a suitable character reference (where the applicant is previously unknown to The SMAE Institute)
- If English is a second language the applicant has achieved an IELTS English equivalency level 6 or above (scoring above 5.5 in each section) (successful completion of the access courses outlined above would satisfy this).

Fees and funding

The course fees for this programme will be £3,999 per academic year.

Payment options (per academic year)

- A deposit of £424.00 followed by 11 monthly payments of £325.00 (0% Interest)
- A deposit of £710.00 followed by 11 monthly payments of £299.00 (0% Interest)
- One off payment (£3,999.00 per academic year)
- Sponsor (details of your sponsor would be requested)

What's included?

You may have to pay additional costs during your studies. A summary of the costs that you may be expected to pay, and what is included in your fees, while studying this course are listed here:

- DBS checks, where required, are included in the course fees.
- Access to learning resources through the virtual learning environment and the QMU library is included.
- Instruments used in clinical placements are provided by the establishment.
- Where your course includes a placement, travel costs are not included in the course fees.
- Insurance for your clinical practical placements is included.
- Clinical clothing, where required, is not included in the course fees. However, any relevant PPE will be provided to the student at placement sites.

Professional registration

This course is approved by the Health and Care Professions Council (HCPC). Successful completion enables application for registration with the Health and Care Professions Council as a Podiatrist.

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Open day and admissions

If you are interested in studying this course, please contact Jane Rhodes at The SMAE Institute (degree@smaeinstitute.co.uk) who will initially send you an application form to complete to ensure eligibility. This application form will provide pre-screening questions outlining the admission criteria (set out above). If you meet the entry criteria, The SMAE Institute shall then invite you to an open day followed by an informal interview. The interview panel will consist of one of the programme co-leads, the quality assurance manager and a service user (patient). All members of the interview panel pre-agree the questions that will be asked before the interview takes place. The interview process shall consist of cross-checking the pre-screened applications to see that prospective students do indeed meet the correct entry criteria.

Following the interview the SMAE Institute shall select appropriately qualified students for offer of admission as students of the Institute/University and formally offer them a place. Should you be unable to travel to the SMAE Institute for an interview then you may be offered an online virtual interview via Zoom.

The open day for the 2023 cohort will be held virtually on 20th May 2023. To register your interest in the 2023 cohort open day please email Jane Rhodes at degree@smaeinstitute.co.uk

The role of different humectants in moisturising preparations

Michael Ratcliffe
MRCPod FRCPodM FFPM
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Sales Training Manager -
Cuxson Gerrard

In the previous article we looked at the general structure and function of moisturising preparations (The Journal of Podiatric Medicine – Winter 2021), how the structure i.e., the combination of occlusive, humectant, emollient and barrier repair moisturisers is important in treating xerotic skin and examined the idea that by identifying the role of the individual ingredients within the preparation, we can make the most appropriate choice of which moisturising preparation to advise our patients to use.

In this article we will identify and describe the actions of commonly found substances that are classified as humectant moisturisers within moisturising preparations in order to inform us further when making a choice of which preparation to use.

Humectants are water attracting compounds, also known as hydrophilic or polar compounds found naturally in the corneocyte cells that comprise the stratum corneum (the top layer of the epidermis) that hydrate and maintain hydration by holding water molecules in this layer, enabling it to remain soft and flexible (Loden 2003) and so facilitating the skin to perform its crucial 'barrier' function against desiccation by the environment (Harding et al. 2000). Humectants attract and hold water from deeper layers of the epidermis and dermis and potentially from the external environment (Anderson and Dinulos 2009).

TO BE A HUMECTANT THERE MUST BE CERTAIN CHEMICAL GROUPS PRESENT WITHIN THE COMPOUND THAT CAN FORM SMALL ELECTRICAL BONDS, CALLED HYDROGEN BONDS, WITH WATER

To be a humectant there must be certain chemical groups present within the compound i.e., an oxygen and hydrogen (OH) group (found in the humectant glycerin) or a nitrogen and hydrogen (NH) group (found in the humectant urea) that can form small electrical bonds, called hydrogen bonds with water, the more OH or NH groups in the compound the better. Also, the compound should not evaporate easily from your skin, i.e., they must be non-volatile or it could take the water molecules it has bonded with from your skin as it evaporates. Alcohols such as ethanol and propanol have OH groups but they also evaporate rapidly when applied to the skin (labmuffin.com). Lastly the compound, to be a successful humectant, should have approximately 1 OH or NH group to every carbon atom otherwise if there are too many carbon atoms this will repel water molecules i.e. it is a non-polar compound (labmuffin.com), for example cetyl alcohol (see Figure 1) which works as a different type of moisturiser i.e., it is an emollient moisturiser which forms water repellent layers within the stratum corneum keeping water from evaporating rather than attracting water.

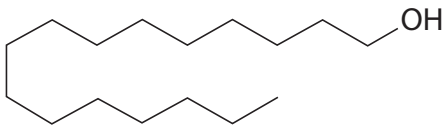

Fig. 1 – Chemical structure of the emollient moisturiser cetyl alcohol, it has a long (hydrophobic) hydrocarbon chain represented by the wavy line and just one OH group so it has more water repelling properties than water attracting properties (Wikipedia.com)

With these requirements in mind let's look at the commonly found humectant moisturisers in moisturising preparations which are shown in Table 1. Often each of these substances has additional functions/actions within the moisturising preparation e.g. keratolytic action depending on the quantity or concentration used and often how they react with other ingredients in the preparation.

Glycerin
Urea
Panthenol
Allantoin
Aloe Vera
Sodium Hyaluronate (and Hyaluronic Acid)
Sodium pyrrolidone carboxylic acid (Sodium PCA)
Propylene Glycol

Table 1. Commonly found humectant moisturising ingredients within moisturising preparations

Glycerine (or glycerol or propane-1,2,3-triol, from the Greek 'glykeros' meaning sweet) was originally derived from olive oil by the Swedish chemist Carl Scheele in 1779 and is a very common and powerful humectant as it has 3 OH groups per molecule to bond with water (H_2O) molecules i.e., it is highly hygroscopic (see Figure 2).

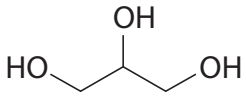

Fig. 2 A glycerine molecule with 3 OH groups available to bond with water molecules (Wikipedia.com)

Glycerine is produced naturally within the skin (therefore termed endogenous glycerol) for the purpose of humectancy within the pilosebaceous glands (Fluhr et. al 2008) and from the stratum basal region of the epidermis where it is transported throughout the epidermis by transport proteins called aquaporins (Augustin et al. 2019).

Glycerine has the additional actions of keeping the lipid layers between the corneocytes (the 'mortar' in Elias's 'bricks and mortar' model – Elias 1983) at the correct viscosity – not too liquid or not too thick and preventing the intercellular lipids from crystalising too much which is dependant on the amount of water held in the stratum corneum, reduction of which, particularly in dry skin would reduce the lipid layer's ability to reduce water loss (Fluhr et. al 2008).

Glycerin just keeps on giving – it facilitates the desquamation of dry, scaly skin cells in xerotic skin by degrading the protein junctions that hold the stratum corneum corneocytes together, the corneodesmosomes and reduces the irritancy in skin that can be produced by other excipient ingredients within moisturising preparations.

Generally then, glycerine/glycerol delivers (at around 10% concentration) in dry scaly skin, greater skin flexibility through hydration and skin smoothness through lipid layer viscosity maintenance and correct timely desquamation of stratum corneum corneocytes.

Urea (or carbamide) is a colourless, odourless solid that can be manufactured synthetically but is found naturally in the skin as a polar, hygroscopic compound, produced generally in the body by the metabolism of proteins and excreted in sweat and urine (Celleno 2018). In the epidermis urea forms part of the stratum corneum's natural moisturising factor (NMF) – a natural humectant and is in part, derived from breakdown of a protein called filaggrin which occupies younger keratinocytes as they develop into corneocytes in the stratum corneum.

Urea's chemical structure shows its ability to be a humectant as it has only 1 carbon atom and 2 NH2 groups (see Figure 3).

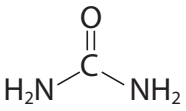

Fig.3 The chemical structure of urea (Wikipedia.com)

Urea has unique qualities in maintaining healthy skin, indeed it is classed a 'gold standard' in skin care and this has been recognised for over a century. At concentrations of 10% and under it is a powerful humectant, increasing water content in the stratum corneum (Alber et al. 2014) and it exhibits weak anti-microbial effects making it useful also as a preservative. At concentrations of over 10% urea also exerts a keratolytic effect being able to denature keratin proteins and the bonds between the keratinocyte cells in the

GLYCERINE (OR GLYCEROL OR PROPANE-1,2,3-TRIOL, FROM THE GREEK 'GLYKEROS' MEANING SWEET) WAS ORIGINALLY DERIVED FROM OLIVE OIL BY THE SWEDISH CHEMIST CARL SCHEELE IN 1779 AND IS A VERY COMMON AND POWERFUL HUMECTANT

The role of different humectants in moisturising preparations

UREA AT HIGHER CONCENTRATIONS IS BEST SUITED TO VERY DRY, HYPERKERATOTIC SKIN WHERE CALLUS REDUCTION AND ELASTICITY RESTORATION IS REQUIRED

epidermis (Celleno 2018). At this concentration an emollient effect has also been described by urea's accumulation in the 'mortar' inter corneocyte lipid bilayer improving elasticity and protecting against transepidermal water loss (Friedman et al. 2016)

Generally moisturising preparations containing urea at lower concentrations are ideal for restoring hydration to dry, brittle skin. Urea at higher concentrations is best suited to very dry, hyperkeratotic skin where callus reduction and elasticity restoration is required.

Panthenol (or dexpanthenol or pro-vitamin B5) a clear liquid at room temperature was originally discovered by Roger J. Williams in 1931 as pantothenic acid from which panthenol is an alcoholic derivative (Proksch et al. 2017). The chemical structure of panthenol indicates its suitability as a humectant which 3 OH and 1 NH groups available per molecule to bind with water in the stratum corneum (see Figure 4).

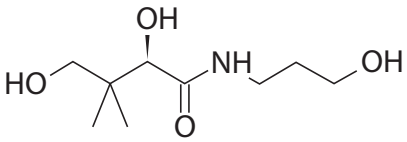

Fig. 4 A panthenol molecule (Wikipedia.com)

The role of panthenol is primarily that of a humectant, it has been found to interact with lipids in the lipid envelope that surrounds each corneocyte and with proteins within the corneocyte cell itself binding water to these areas and so increasing stratum corneum hydration and thus the skin's barrier function (Bjorklund et al. 2016). This specific rehydration of corneocytes has led to panthenol to be used in the management of scar tissue (when combined with silicone) resulting from burns or hypertrophic/keloid formation (Stettler et al. 2016).

In addition to its humectant action Panthenol helps in superficial wound healing via increasing fibroblast proliferation (cells that produce collagen) and accelerated epithelisation of the skin through its interaction with genes involved in wound healing (Proksch et al. 2017).

Generally moisturising preparations containing panthenol can be useful for dry/xerotic skin with cracks or fissures and where there is hypertrophied, erythematous scarring present.

Allantoin, a white, odourless powder at room temperature whose isolation was first credited to Italian physician Michele Francesco Buniva in 1800, is found within the body as a metabolic intermediate of uric acid but also within the leaves and stems of the comfrey plant and is generally manufactured synthetically (PubChem), (Wikipedia).

Looking at the chemical structure of allantoin it has 3 NH groups per molecule to bond with water that allows it to behave as a humectant which is its primary function in moisturising preparations, (see Figure 5)

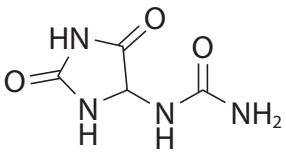

Fig.5 The chemical structure of the allantoin molecule (Wikipedia.com)

Allantoin is also credited with a keratolytic effect presumably acting in a similar way to urea i.e., it denatures the keratin protein with the corneocytes. In addition, allantoin has been shown to have an anti-inflammatory soothing action, through the inhibition of the chemotaxis of inflammatory cells in the site of the wound and a wound healing effect via fibroblastic proliferation and synthesis of extracellular matrix in the wound site. An anti-pruritus (anti-itch) effect has also been attributed to allantoin but the research from which this was inferred had allantoin as only part of the preparation under investigation so it is not clear whether this can be truly attributed to allantoin alone.

Generally moisturising preparations containing allantoin are useful for dry/xerotic skin that is inflamed and broken and requires soothing.

Aloe Vera (or Aloe Barbadensis) is a common evergreen perennial plant with over 500 species identified. It is found in hot, dry climates but is cultivated world wide because of its various cosmetic and medicinal qualities which have been recognised over millennia (Vogler and Ernst 1999).

The chemical structure of aloe vera (aloe emodin) shows its suitability as a good humectant with 3 OH groups per molecule available to bind with water, (see Figure 6)

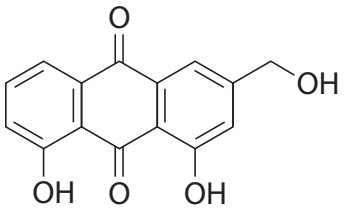

Fig.6 The chemical structure of the aloe emodin molecule, a chemical compound found in aloe vera leaf exudate and leaves (Wikipedia.com)

Dal'Belo et al. (2006) demonstrated from their study the hydrating effects of aloe vera within the stratum corneum which they attributed to its humectant action. Aloe vera though, has been shown to have wound healing benefits through increased cell migration to the wound area and assisting in fibroblast production of collagen. Anti-inflammatory properties have also been reported with a reduction in inflammatory prostaglandins (Hamman 2008).

Generally moisturising preparations containing aloe vera can be used to treat xerotic skin where this has led to small skin injuries and local inflammation.

Sodium Hyaluronate is classed as a glycosaminoglycan or sugar and is a sodium salt of hyaluronic acid (an important component in many body connective tissues and within the dermis and epidermis). Both sodium hyaluronate and hyaluronic acid are very powerful humectants due to the many OH and NH groups in each of its molecules (see Figure 7). In fact, hyaluronic acid is quoted as being able to bind up to 1000 times its weight in water (Bukhari et al. 2018).

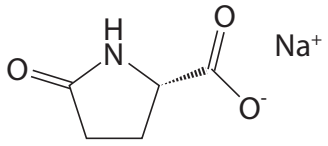

Fig. 7 The chemical structure of hyaluronic acid, the sodium salt has a sodium ion replacing the top left OH group (Wikipedia.com)

The main function of sodium hyaluronate in moisturising preparations is that of a humectant although some wound healing properties have been attributed to its presence as well (incidecoder.com) and its presence as an active ingredient signifies epidermal hydration in dry or healthy skin.

Sodium pyrrolidone carboxylic acid (or Sodium PCA), discovered in 1882 and a product of the breakdown of the keratinocyte protein filaggrin, this is one of the major components (around 12%) found in the epidermal NMF and about 2% of the overall weight of the stratum corneum (Loden 2003). Now made synthetically Sodium PCA is a very powerful humectant showing greater humectancy than sodium lactate (a derivative of lactic acid, another natural humectant) and even glycerin (Loden 2003). The small molecule has a single NH group but as a polymer (lots of molecules combined) it offers multiple biding sites for water (see Figure 8).

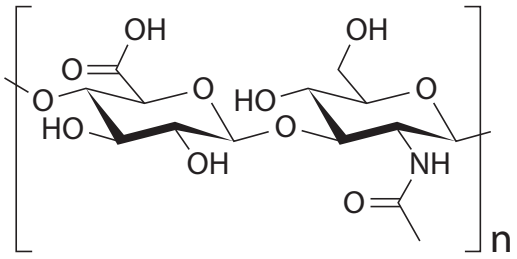

Fig. 8 the chemical structure of sodium PCA (Wikipedia.com)

Moisturising preparations containing sodium PCA are suited for rehydrating very dry/xerotic skin although because of the cost of this ingredient it is not used widely.

MOISTURISING PREPARATIONS CONTAINING SODIUM PCA ARE SUITED FOR REHYDRATING VERY DRY/XEROTIC SKIN ALTHOUGH BECAUSE OF THE COST OF THIS INGREDIENT IT IS NOT USED WIDELY.

The role of different humectants in moisturising preparations

Notes:

Propylene Glycol (or propane-1,2-diol) a viscous, colourless liquid that is manufactured synthetically and is used widely in many products including cosmetics and moisturising preparations as an excipient humectant, a solvent for other ingredients and skin penetration enhancer (Fiume et al. 2012). Epidermal penetration is enhanced through the re-arrangement of certain lipids in the 'mortar' bilipid layer of the stratum corneum allowing the passage of moisturising ingredients into this layer and to deeper layers (Carrer et al. 2020).

The structure of propylene glycol indicates that there are 2 OH groups available to bind with water (see Figure 9).

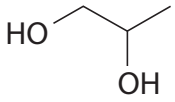

Fig.9 The chemical structure of propylene glycol (Wikipedia.com)

This excipient ingredient is generally found in most moisturising preparations and whilst there are irritancy concerns, the amount used is usually very small and of no concern (incidecoder.com)

Humectants, whilst they are only one part of the type of ingredients found in moisturising preparations, they are a vital to the delivery and holding of water in the skin's stratum corneum thereby contributing the its ability to be an effective barrier against desiccation from environmental agents. Understanding the actions of each humectant allows the clinician to choose which preparation will be the most effective for their patient.

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If you would like to submit something for publication, please send this to Carol O'Brien at CObrien@smaeinstitute.co.uk

The SMAE Institute reserves the right to edit or individual submissions as and when considered necessary. Opinions expressed are those of the individual author, and do not necessarily reflect the opinion of The SMAE Institute.

By Graham Andrews
MCFHP MAFHP **&**
Sarah Greenaway
MCFHP MAFHP

Did you know...

there is a 'SMAE FHPs and other colleagues (unofficial)' Facebook Group?.

Although the group is not an official group representing The SMAE Institute, we use the name with their permission and have developed a good working relationship based on certain self-imposed standards and rules for our mutual benefit.

When I started the Facebook group 10 years ago, I was looking for other SMAE qualified practitioners who understood how lonely it could be after training; people who, unlike my husband, didn't mind me talking fungal nails after supper; people to share the successes, and boost any lack of confidence any of us may feel from time to time. One of the first FHP friends I made was Sarah Greenaway, who soon became my hard-working Co-Admin and a real friend. At the time of writing, there are over 3,800 group members, and not just in the UK.

A few years ago, we opened the group up to FHPs and supportive Podiatrists who trained elsewhere with other colleges and training providers, with the hope of widening the network and experiences amongst our members, as well as encouraging people to use each other's experience and training to upskill themselves. Encouraging people to improve their knowledge and standards must be a good thing for the patients and, having this group has given many FHPs access to additional CPD training via SMAE which they may not have had access to before. Interestingly, I know of at least two group members who originally trained elsewhere and have since retrained with The SMAE to gain the credits to access the SMAE Podiatry Degree course.

We are quite strict with the rules. We keep it serious during the week and allow 'funnies' at the weekend, advertising is only allowed with prior permission and any form of bullying is not tolerated. We have a proforma for case studies which has to be used when asking others for advice on a potential diagnosis. These can lead to FHPs seeing something they don't know about, prompting further research of a topic. We run a basic directory to help find an FHP in another area when patients move and lots of other information in our 'files' section.

The Facebook group was especially useful during the Covid pandemic as a way of keeping each other going and disseminating information from The SMAE. As SMAE Members, we all got frequent updates via email but during the lockdown periods, Andrew Hill used the Facebook group to hold live chats about what was happening giving group members the opportunity to raise points and ask questions directly. On occasion, Andrew teamed up with Belinda Longhurst and friendly Pod Robert Issacs to chew the fat over a small libation; both entertaining and informative. Robert has also uploaded a series of CPDs for the group to watch along the same lines.

Among our FHPs and Pods we have surgeons, experts in dermatology, MSK and general practice as well as many ex and working nurses, health visitors, and members with backgrounds in social care and social services, banking and accounts, all willing to give their time and expertise for the benefit of other members.

We're not only a group on Facebook either, you may well have seen people with our 'SMAE Facebook Posse' badges at Conferences and, in some locations, members actually meet up in person for a social or a CPD session. Why not find us on Facebook and join in.

Local FHPs and Pods social


Switch Groups
SMAE FACEBOOK POSSE
SMAE FHPs and other colleagues (unofficial)
Private group · 3.8K members
Joined
+ Invite
Community home
Mentorship
Events
Discussion
Featured
Topics
Members
Media
Files
Questions
Sarah Greenaway
Admin · 21 May at 10:56
Morning all! I am extremely privileged to be one of the trustee's of Forgotten Feet. We're always looking for volunteers, so if you have a minimum of 1 years experience, feel you could be up for a very rewarding challenge and want more information, drop me a DM
Grant Taylor
27 April
A fantastic few days with the mighty East Kent Foot Care Team East Kent Foot Care
Jo Shapter
Ryan Oreilly
Keith Jones
Observed three nails surgery procedures, looked at MSD anaesthetic calculations, observed a condition called Marfan syndrome Thanks Jo and Ryan and your whole team for your time and input, to allow extra learning and help people like me This is all made possible because I am on the road to hopefully becoming a pod through SMAE BSc Podiatry course!
Hard work but already seeing the benefits, learning more, deeper knowledge and understanding which is helping more patients
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A group for mainly SMAE qualified (and studying) FHPs to network and support each other.. Chiropodists and FHPs from other colleges are welcomed... See more
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The Benevolent Fund has helped many members over the years; mostly with a single payment. The aim of the Fund is not to be a replacement for Private Health / Medical / Self-Employment Insurance, but to maybe help tide a Branch Member over for a few weeks…

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Aging – Theories and Fall-Out

Part IV – Implications for the Lower Limb and Associated Challenges

By Tracey O'Keeffe
MA (Education), BSc (Critical Care), RN, MAFHP, MCFHP

Programme Lead
(Diploma in Foot Health)

INTRODUCTION

This is the fourth paper is this series about aging and the effect on the body. So far, consideration has been given to the way people age and the existing theories underpinning those processes, before moving on to the changes in each body system. The discussion will now focus more specifically on the lower limb and foot. This article will explore some of the common changes seen in the elderly and also how they may impact functional capacity for the individual.

As changes occur within different body systems, localised foot and lower limb problems can manifest. The systemic changes in older adults are complex and, as a reminder from the previous two articles, a summary can be seen in Figure 1. This indicates some of the possible alterations that happen, but it is always worth remembering that every individual is unique in their response to aging. Assumptions cannot be made as biological age may not always reflect the reality of person presenting themselves.

AS CHANGES OCCUR WITHIN DIFFERENT BODY SYSTEMS, LOCALISED FOOT AND LOWER LIMB PROBLEMS CAN MANIFEST.

CONTRIBUTORY FACTORS

As we consider the body aging and how that affects the feet and lower limbs, it may be useful to use a wall as a metaphor. The stability of the individual is based on all systems working together to provide a stable and functioning structure which is fit for purpose. Each organ, tissue or cell has a role to play in maintaining that stability. If one section starts to fail, it can impact other areas. In this scenario, we can envisage some of the particular changes associated with aging that affect the person. As changes occur within the body and to the individual, each "solid brick" becomes more unstable, fragile and the shifting "cement" starts to loosen often ending up with a cascade of problems (see Figure 2).

Figure 1: a re-cap of key changes to body systems in relation to the lower limb and foot

Integumentary System	Changes to appearance, quality and function of the skin
	Thickened nails and reduction in hair
Musculoskeletal System	Decreased muscle mass, strength and flexibility
	Demineralisation of bone
	Stiffer collagen, poor hydration of connective tissue
Immunological System	Alteration in response to pathogens, vaccines and disease
	Potential inflammaging
Neuroendocrine	Changes to cognition and reflexes
	Shrinkage of glands with potential for alteration in function
Respiratory System	Reduction in respiratory function and aerobic capacity
Cardiovascular System	Reduction in cardiac output
	Changes to vascular efficiency and responsiveness
Gastrointestinal System	Alterations to the oral cavity and associated function
	Possible motility and absorption changes affecting digestion
Reproductive System	Relatively early functional decline with associated hormonal changes

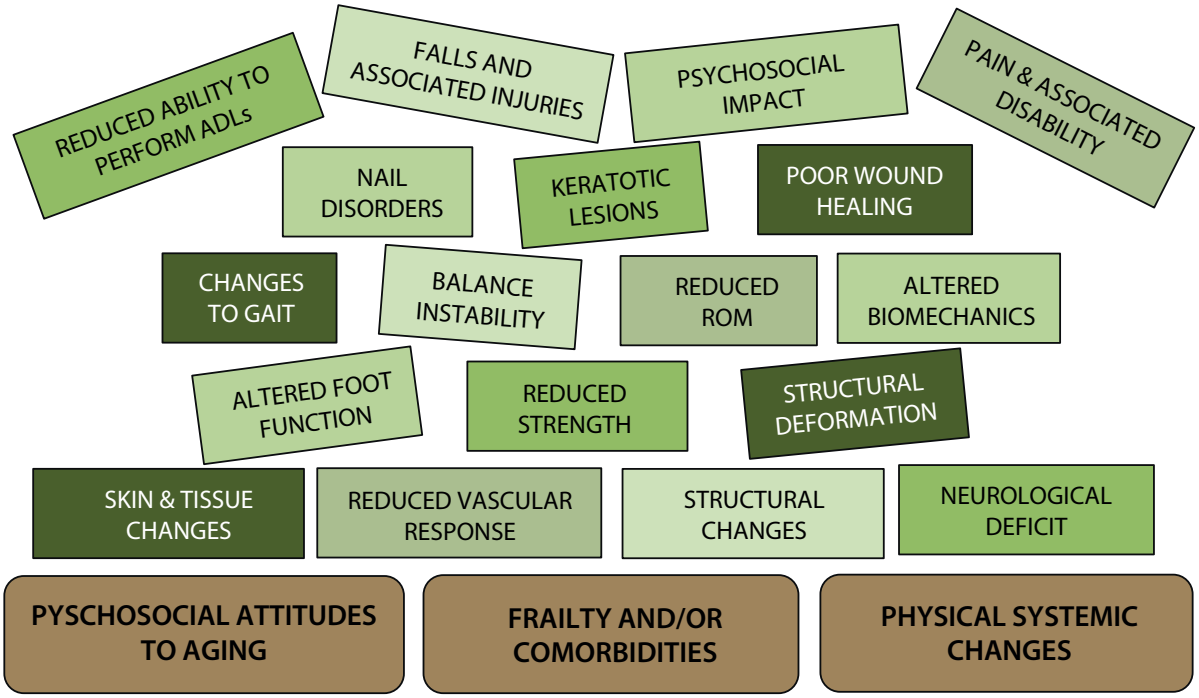

Figure 2: lower limb fragility and instability in older age

The Foundations

Major foundations at the bottom of the "wall" can be affected and change including alteration to structure and function of body systems (O'Keeffe 2021, O'Keeffe 2022) resulting in physical systemic changes. The older person is more likely to be affected by co-morbidities in the form of long-term conditions and possible frailty. There may also be psychosocial influences. These may or may not be manifesting as a consequence of the physical impact of aging and disease processes, or they may actually be the trigger or catalyst to deteriorating function. The relationship is often cyclical and may even result in a downward spiral of reduced physical and mental well-being with poorer quality of life.

As the foundations shift, the feet and lower limbs can start to be affected. Foot problems in the elderly are common (Rodriguez-Sanz et al. 2018, Menz 2008), with Stolt et al. (2012) suggesting they affect one third of that population group. Menz (2014) highlights changes that occur precipitating problems such as increased soft tissues stiffness and reduced joint mobility. Muchna et al. (2018) comment that the varied presentation can be multifactorial to include pain, neuropathy and deformation of the foot.

This article will now focus on the top layer of the "wall" by considering possible detrimental outcomes of the changes that occur with aging: foot pain, falls, psychosocial impact, and reduced ability to perform the activities of daily living (ADLs). As these are discussed, it will become apparent how the lower bricks forming the overall "wall" structure are contributory factors.

FOOT PAIN

Foot pain is a commonly reported problem in older adults with around one quarter of that demographic experiencing discomfort (Hannan et al. 2003, Hill et al. 2008, Dunn et al. 2004). The presence of pain can impact the individual in different ways including a reduction in functionality (Mickle et al. 2011, Menz et al. 2016), balance issues (Menz and Lord 2001) and increased risk of falls (Mickle et al. 2010). Indeed, Hill et al. (2008) suggest that foot pain can result in a general decline in health status from the individual's perspective. Roddy et al. (2011) discuss how the nature of foot pain can be persistent and disabling. Although more historically (Munro and Steele 1998) people would deem this an inevitable consequence of growing older, it would appear perhaps unacceptable today to assume suffering from pain is an unpreventable resulting of aging. Menz (2016) suggests there are some commonly experienced causes of foot discomfort which are more likely to be reported. These are summarised in Figure 3.

There are a number of risk factors associated with foot pain which demonstrate the complexity of the problem in terms of causative factors and treatment modalities. There is some evidence to suggest that women are more affected than men (Garrow et al. 2004) with forefoot and toe pain being particularly more prevalent (Thomas et al. 2011). The presence of pain in this gender group may also be linked to the more common presence of deformation of the lesser toes as well as hallux valgus, combined with the use of footwear with higher heels and a narrower toe box (Menz 2016). A second possible risk factor

THERE ARE A NUMBER OF RISK FACTORS ASSOCIATED WITH FOOT PAIN WHICH DEMONSTRATE THE COMPLEXITY OF THE PROBLEM IN TERMS OF CAUSATIVE FACTORS AND TREATMENT MODALITIES

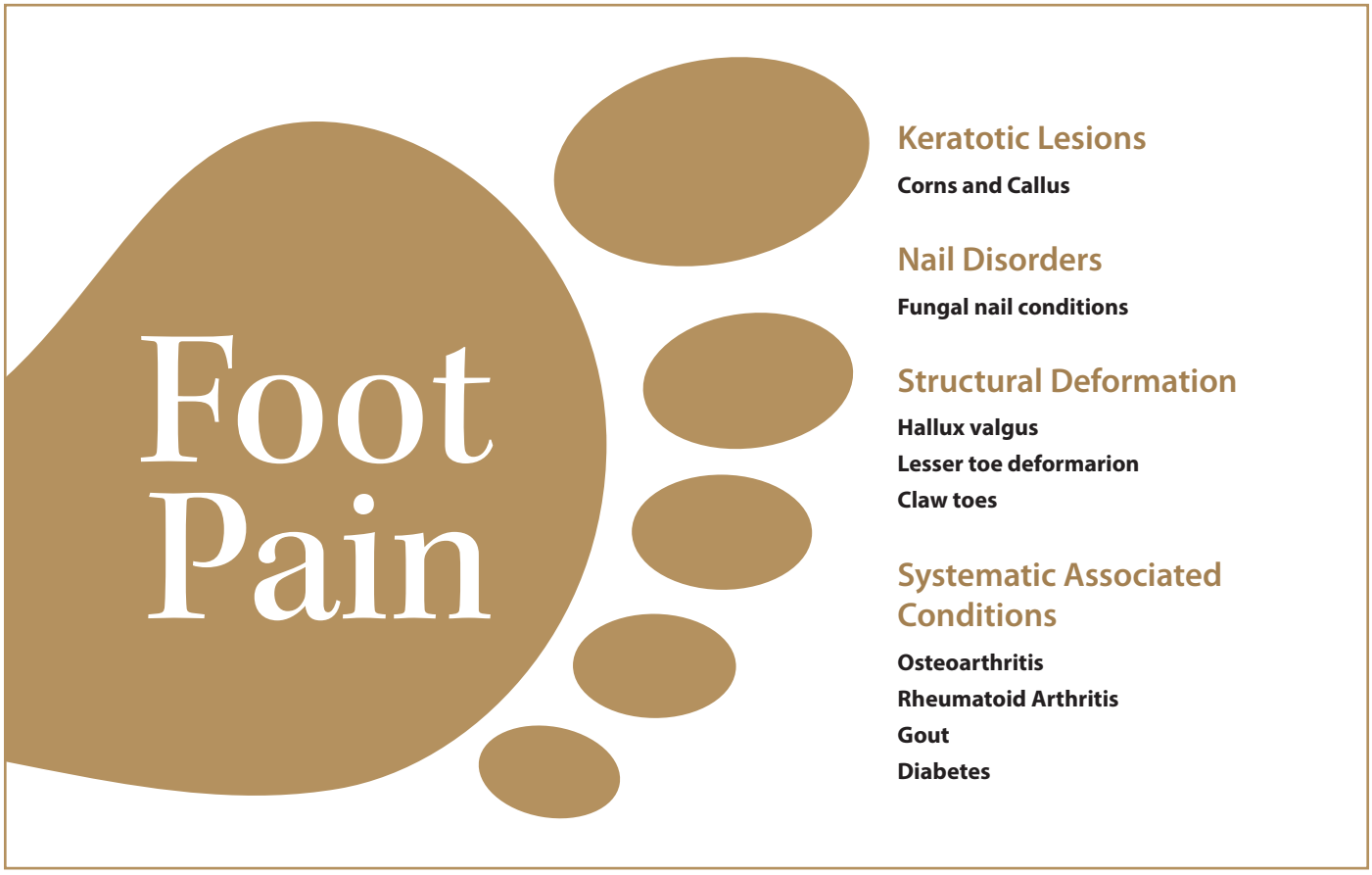

Figure 3: foot pain causes commonly observed and reported (based on Menz 2016)

is obesity (Gorter et al. 2000, Mickle and Steele 2015). This may have both metabolic (Butterworth et al. 2016) and mechanical (Monteiro et al. 2010) influences, as fat ratios change and body mass index (BMI) increases.

As these two risk factors are considered, it is evident that some of the physical changes occurring with age compound the issue. Skin changes including reduced collagen and elastin (Smith 1989), a harder plantar aspect (Periyasamy et al. 2012) and a more rapid development of hyperkeratosis and fissuring (Thomas et al. 1985), create a potentially less resilient foot in terms of skin quality. The soft tissues too undergo changes as increased stiffness in the plantar pads and heel pad (Kwan et al. 2010, Cheng et al. 2014) and associated loss of elasticity causes any weight-bearing movement to result in pressure distributed to deeper tissue structures with resultant discomfort (Menz 2014). An elevated BMI and/or inappropriate footwear may further predispose the individual to pain.

Socio-economic factors have also been explored with regard to foot pain, but Menz (2014) suggests these are ambiguous. Some studies reported educational and income influences. Although the evidence is not conclusive, it may be worth bearing these loose connections in mind when considering management options in terms of treatments.

UNTREATED AND POORLY MANAGED PAIN IN THE ELDERLY CAN PREDISPOSE THE INDIVIDUAL TO FALLS

FALLS

Untreated and poorly managed pain in the elderly can predispose the individual to falls. Awale et al. (2017) suggest that a pattern of recurrent falling may develop associated with moderate to severe pain, but correlation is less likely with mild pain. This again demonstrates the need to take an active therapeutic approach rather than one of acceptance. The connection between foot pain and falling may be related to a general decline in overall health (Menz and Lord 2001) and the likelihood of high-risk comorbidities. However, there are also structural and dynamic changes, either as a result of pain or as a precedent to pain, which increase the odds of falling.

Considering precedents first, it is clear that there is a general reduced muscle mass in the lower limbs (Menz 2014). Although this obviously will vary between individuals based on lifestyle interventions, several changes occur relating to a reduction in muscular efficiency. Chimenti et al. (2014) highlight decreased strength in plantar flexion affecting the ability to stand on tip toes. Interestingly, the toes become more important in balance with age, as sensory information is needed to maintain stability. Increased pressure is exerted through them (Tanaka et a. 1996), often with development of a grasping manoeuvre through toe plantarflexion in weight-bearing (Menz et al. 2005). Any age-associated atrophy

or deformation of the toes will reduce the individual's ability to compensate for altered stability (Stewart et al. 2013, Mickle et al. 2011), so creating a cyclical balance problem and increased risk of falling.

Awale et al. (2017) also suggest a planus foot posture increases the risks of falls and Chiu et al. (2013) and Hagedorn et al. (2013) highlight that a more pronated foot function is more common in the elderly. With added alterations to toe movement as discussed plus midfoot mobility decreasing (Arnold et al. 2014), the older person may lose efficient propulsion. Instead they may create forward movement by using more of a dragging rather than springing motion (Menz 2015). Overall range of motion of the foot may change with age to include reduced metatarsophalangeal dorsiflexion (Scott et al. 2007) and reduced ankle dorsiflexion (Menz et al. 2006) alongside a generalised increasing stiffness in the foot. This compounds any existing problems and may initiate gait changes counter productive to balance.

The added dimension of pain on mobilising can exacerbate the situation further by introducing an uneven antalgic gait or changes to speed, stride length and the time needed in double support (Muchna et al. 2018). As previously discussed, pain can manifest from structural deformation of the foot which in turn can influence footwear choices. Poor or inappropriate shoes may contribute to the risk of falls again. With associated comorbidities, there may be individuals who are experiencing neuropathic changes in terms of pain or altered sensation, layering the complexity even further.

It can be seen that falls pose a high risk to the older person and may be associated with structural and dynamic changes as well as to pain. Any impairment to balance or gait place the individual at risk of injury, hospitalisation and long-term difficulties due to falls.

PSYCHOSOCIAL IMPACT

Age-related changes to the feet and lower limbs can cause psychological and social problems. The connection here with falls is evident. Friedman et al. (2002) discuss how fear wraps around falling in that it may be a precursor to falling or be a reactive emotion to falling. As an individual becomes unsteady on their feet, anxiety and psychological apprehension may begin to take hold as the possibility of falling is predicted. This anticipation may alter gait, exacerbating the problem. However, Herman et al. (2005) suggest this fear can actually be a manifestation of underlying pathology and act as an appropriate response to unsteadiness, thereby altering gait beneficially, forcing the individual to seek help or, indeed, add in useful protective strategies and aids. If the individual has already experienced falls with possible consequential injury, concern can be elevated further. Any foot pain experienced may trigger worries about falling as well (Muchna et al. 2018).

As foot function declines, pain and possible increased fall risk develops, the older person may be more reluctant to mobilise. This can create social challenges in terms of human interaction and societal participation. The World Health Organisation (2015) emphasise the importance of active aging, but attempts at this can be thwarted if mobility is challenged through psychological or physical factors. Miikkola et al. (2019) stress the negative impact poor foot health can have on overall well-being. If well-being is considered from a holistic perspective to include good health in all its forms plus an individual feeling comfortable and at ease with themselves and their life, it is apparent that the feet and lower limbs cannot be ignored.

From a sense of self, status and role in society, even footwear can be impactful. Appropriate shoes can assist the individual to maintain steadiness, mobility and confidence in walking (Paton et al. 2013), but this does not necessarily mean those appropriate and sensible shoes feel congruent with the individual's self-perception and self-concept. This can create a lack of concordance in terms of educational advice given by the foot health clinician and the actions, wishes and desires of the person seeking treatment. Furthermore, physical changes in appearance to the feet may leave them feeling uncomfortable or embarrassed wearing the sandals or open-toed shoes that they once loved.

The psychological aspect of aging is complex and foot health is one minor part. Physical aging (as discussed in the lower limbs and feet) can impact so many other areas of the individual's well-being and life. This adds further value to an approach based on person-centred care and treatment to support aging in a positive way.

ACTIVITIES OF DAILY LIVING

Activities of daily living (ADLs) are the activities most fit, well and health people take for granted. They include washing, dressing, eating, and being able to use a toilet, to name a few. Oleson et al. (1994) suggest that deterioration in an ability to perform them can result in poorer health and an overall lower quality of life. This essentially can stem from the biopsychosocial changes that occur through age, resulting in a level of disability (Karakaya et al. 2009, Lopez-Hartmann et al. 2012).

ADLs require basic mobility in most cases. Foot pain as a causative factor for reduced ambulation (Thomas et al. 2011) has already been explained and it is clear that this can affect the individual's ability to undertake basic self-care functions (Gorter et al. 2000, Bowling and Grundy 1997).

THE WORLD HEALTH ORGANISATION (2015) EMPHASISE THE IMPORTANCE OF ACTIVE AGING, BUT ATTEMPTS AT THIS CAN BE THWARTED IF MOBILITY IS CHALLENGED THROUGH PSYCHOLOGICAL OR PHYSICAL FACTORS

FOR AN INDIVIDUAL STRUGGLING TO MAINTAIN THE FUNDAMENTAL NEEDS OF LIFE, CARING FOR THEIR FEET MAY NOT SEEM A PRIORITY. HOWEVER, IF THIS IS NEGLECTED, IT COULD LEAVE PROBLEMS UNDETECTED AND A GENERAL DECLINE IN FOOT HYGIENE

Any pain on standing or walking may prevent the person being able to shop, cook, shower or dress themselves. If the problem is further compounded by balance issues and resultant anxiety, it potentially leaves the person unable to safely mobilise to a toilet in a timely way resulting in functional incontinence. The psychosocial impact of this can be detrimental to self-esteem and socially isolating, with an overall reduction in quality of life.

Another potential consequence of aging is frailty. Muchna et al. (2018) highlight how changes to efficiency in locomotion and gait can increase exhaustion and fatigue in the older individual. The lack of energy can be physically and psychologically draining which may leave them feeling unable to self-care. As well as the day-to-day aspects of self-care and self-management like ADLs, the overlay here can transverse into foot care. For an individual struggling to maintain the fundamental needs of life, caring for their feet may not seem a priority. However, if this is neglected, it could leave problems undetected and a general decline in foot hygiene. Barriers and challenges to foot self-care in the elderly already exist (Mattricciani and Jones 2015), and Miikkola et al. (2019) highlight the need to recognise this and support individuals as much as possible to promote activity. However, this needs to be tailored to the capacity of each person so that there is more chance of positive outcome.

CONCLUSION

This final paper has discussed the "fall-out" of aging in terms of the impact on the feet and lower limbs. Growing older is a very complex process which can be viewed in terms of theories and science. However, the biopsychosocial experience of every individual may be very different as they move through life. The foot health clinician's role is to be educated and knowledgeable to help, but also to remain vigilant and interested so that they can recognise that person's specific challenges and foot health requirements. By using an empathetic and skilful holistic assessment process, the treatment plan created and delivered will be person-centred and have an increased chance of being successful for all concerned.

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Notes:

Classifieds

For Sale, Wanted and Services

Advertising Deadline

Post or email your advertisements to Carol O'Brien at COBrien@smaeinstitute.co.uk by 12th December 2022

Physiotherapy practice - Western Isles

Well established practice based in Stornoway golf club. Also house for sale in Crossbost which has separate flat with separate entrance at the rear.

Email:- sequester8@hotmail.com
Phone:- 01851 860633
Mobile:-07711882594

Patient Chair for sale

PLINTH 2000 electric foot pedal operated divided leg podiatry chair. Practitioner now domiciliary only. Good condition. £400.

Details: ray.pencavel@gmail.com

Qualified Podiatrist Wanted – London

To cover for a busy long-established practice in NW6 London area from 1st August to 15 September. Great potential and opportunity for takeover.

Enquiries 0207 624 4477.

CONTINUAL PROFESSIONAL DEVELOPMENT

www.smaecpd.com

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 continue offering the majority* of our workshops 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.

Ever considered teaching in the foot health field? If so, then we would love to hear from you!

Contact Andrew Hill at ahill@smaeinstitute.co.uk

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

SUMMER SCHOOL IN THE FALL - 7TH & 8TH OCTOBER 2022

Workshops

Workshop Format

Many of our workshops can now 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

Friday 29 July
Sunday 14 August
Saturday 24 September
Sunday 9 October

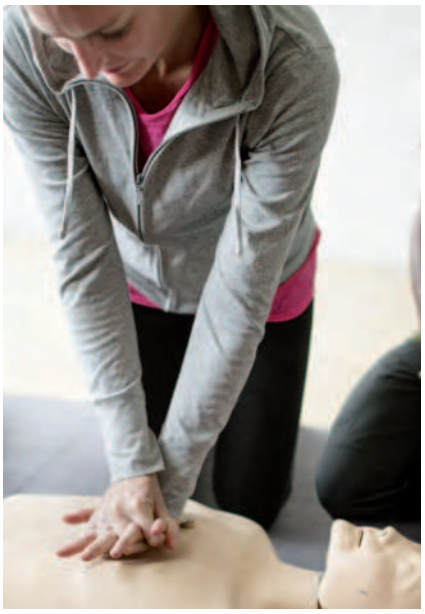
In keeping with safety in Foot Health practice, it is essential that every clinician undertakes medical emergency training every 3 years. To help facilitate this, the Institute runs an in-house bespoke training day to fulfil this requirement.

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)



Biomechanics Level 1

A Beginners Guide

18/19 January 2023
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

Biomechanics Level 2

A Focus on Pathology

22/23 March 2023
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

Biomechanics Level 3

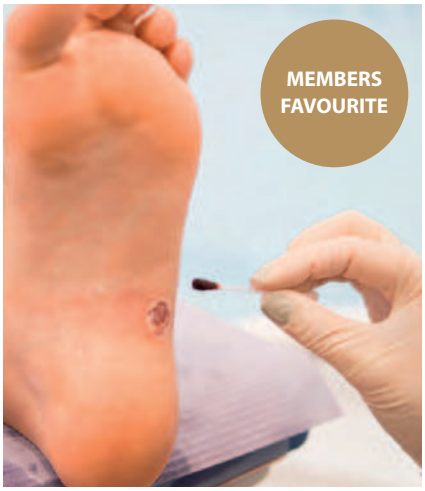
Therapeutic interventions & Prescription writing

17/18 May 2023
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



Verrucae & Tumours

Recognition and Management

9th August 2022

10.00am - 4.30pm

Lecturer: Belinda Longhurst

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 2022

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

Podopaedriatrics

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

31st August 2022

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 Podopaedriatrics is one that explores the natural development of the foot as well as any pathological conditions that are commonly found in children's feet. Podopaedriatrics 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

Ever considered teaching in the foot health field?

If so, we would love to hear from you!

Contact Andrew Hill at ahill@smaeinstitute.co.uk

What is the best way to deal with Onychocryptosis?

1st September 2022 **FULLY BOOKED**

MEMBERS FAVOURITE

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 that persistent pain in the ball of the foot?

Exploring Metatarsalgia

8th September 2022

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?

27th September 2022

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: £56.00

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

6th October 2022

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

The Sharp End of the Job

Scalpel Debridement & Enucleation Technique

19th October 2022

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 2022

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

15th November 2022

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

Tropical Diseases of the Foot

1st December 2022

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?

13th December 2022

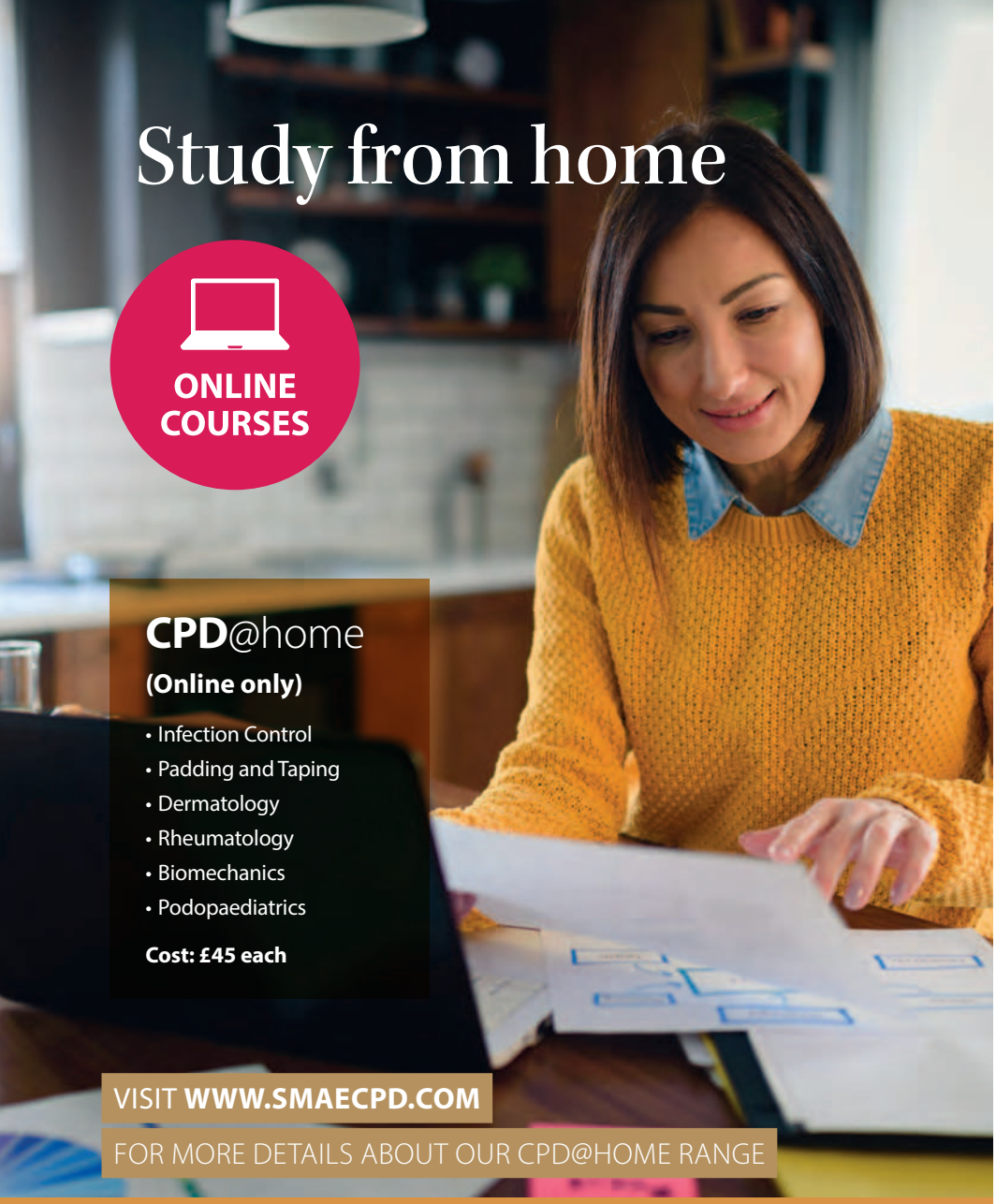
10.00am - 4.30pm

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



Fostering improvements in patient health behaviour

(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: £45.00

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: £45.00

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: £45.00

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: £45.00

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: £45.00

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: £45.00

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: £45.00

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: £45.00

Treating the Persistent Verruca CPD

(Online only)

BEST SELLER

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: £45.00

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: £45.00

Common Conditions Affecting The Elderly

BEST SELLER

(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: £45.00

Is It Fungal Or Isn't It?

BEST SELLER

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: £45.00

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: £45.00

Commonly Used Medications And Their Side Effects

BEST SELLER

(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: £45.00

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: £45.00

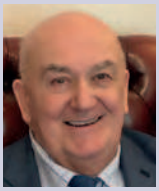
VISIT **WWW.SMAECPD.COM**

FOR MORE DETAILS ABOUT OUR CPD@HOME RANGE

British Chiropody & Podiatry Association

The British Association of Foot Health Professionals

REGIONAL BRANCHES & CONTACT DETAILS



Hon. President

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Chairman of BCPA / BAFHP

Deborah Mercer FSSCh MBChA
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120 Bull Lane, Rayleigh, Essex SS6 8NQ

East Anglia Branch

Chairman: Alex Hepburn
alexhepburn30@hotmail.com

Treasurer: Deborah Hart
deborahhartuk@yahoo.com

Secretary: Ashleigh Smaller
ash@thefootfairy.uk

Venue: Honington and Sapiston Village Hall,
Bardwell Road, Sapiston, Bury St Edmunds,
Suffolk, IP31 1RU | 9am – 4pm

East Midlands Branch

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

Secretary: Carl Eary

Treasurer: Toni-Maria Walter

Venue: The Cedars Hotel & Restaurant,
Cedar Road, Loughborough.
LE11 2AB | 10am – 1pm

Essex & East London Branch

Chairman: Deborah Mercer FSSCh MBChA
deborah.mercer2@btinternet.com

Secretary: Anna Mapp
anna.mapp773@gmail.com

Treasurer: Michele Pyne
michele.pyne@btinternet.com

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

Kent Branch

Chairman: Emma Thorpe
emmathorpefoothealth@gmail.com

Secretary: Heather Callaghan
heathercallaghan66@gmail.com

Vice Chairman: Graham Seath
foothealthcare@yahoo.co.uk

Treasurer: Marion Chapman
marion@lyffootcare.com

Venue: Davis Estate Community Centre,
Barberry Avenue, Chatham, Kent ME5 9TE
8.45am – 1pm

North West Branch

Chairman: Christopher Hunter
Christophe0@aol.com

Secretary: John Gobin
Jgobin@hotmail.com

Minutes Secretary: Angela Fenton
angela_fenton@hotmail.co.uk

Venue: Ormskirk Civic Hall, Southport Road,
Ormskirk L39 1LN
10am – 2pm

Scottish Branch

Chairman: Lorna Stronach
lornastronach999@gmail.com

Secretary: Fiona Morgan
fiona.morgan22@btinternet.com

Venue: The Landmark Hotel & Leisure Club,
Kingsway West, Dundee, DD2 5JT
10am – 3pm

South East Branch

Chairman: Marianne Elliott
thehappyfootcompany@icloud.com

Secretary: Verity Nicholls
veritynicholls@hotmail.co.uk

Treasurer: Kate Alexander
kate.alexander1@hotmail.co.uk

Venue:: The Crowne Plaza Felbridge Hotel, London Road, East Grinstead. RH19 2BH
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

West Midlands Branch

Chairman: Eléna Serafinas Broom
elenapodiatry@hotmail.com

Secretary: Emma Jones
completelyfeet@hotmail.com

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

The Benevolent Fund

Katharine Hardisty
katharinehardisty@yahoo.co.uk

Michelle Frost
frostm69@hotmail.co.uk

Elaine Hale
e_hale@hotmail.co.uk

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