Day in the life of a podiatrist

Podiatrists assess, diagnose and treat conditions or injuries which affect a patient’s gait (walking), lower leg, ankle or foot.

The speciality can be divided into four areas; musculoskeletal (MSK), acute specialist, nail surgery, and community.

As well as regular clinics, ABMU podiatrists also run a direct access clinic for patients to either telephone or drop into to self refer for help. Staff assess the patient’s symptoms, provide a diagnosis and develop a treatment plan.

David Hughes, Clinical Lead Podiatrist: Access, said:

“The direct access service enables patients to contact us as soon as they feel they have a problem. There is no need for the patient to take up an appointment with primary and secondary care to access podiatry services. The earlier we can diagnose the issue, the better the outcome for the patient. Direct access for all new patients is the safest and most cost effective model. Patients are now able to refer directly, at the moment they notice symptoms, to see the right person, in the right place, for the right treatment, at the right time.

“If it hasn’t become too severe, we are able to give them advice on things they can do, such as change their footwear or carry out certain exercises, which should stop the condition deteriorating.

“If we feel from what they are telling us that the patient’s condition is more serious, we refer them to one of the specialist podiatrists and arrange a clinic appointment as soon as possible. We also offer advice to manage the problem whilst they are waiting to be seen.

“I absolutely love my job. It is so rewarding to have patients limp into an appointment but be able to walk with ease once you have
finished. We are fortunate that it is an area in which we can see results very quickly.”

MSK podiatry looks at how joints, muscles, tendons and bones are functioning to see if there are movement related causes to the patient’s problems. Patients may have injured the area, and need help managing the injury whilst it heals. Others may have a condition which affects all or just one part of the limb, such as Achilles tendinopathy (pain and swelling in the tendon behind the ankle) or plantar fasciitis (a pain condition affecting the underneath of the foot).

Mark Smith is an MSK podiatrist and treats patients at the Princess of Wales Hospital and Port Talbot Resource Centre:

“Each day I see a mixture of new and follow up patients. New patients are normally referred to me by their GP or another healthcare professional, including podiatrists through our Access service.

“My patients can range from young children through to the elderly. For new patients, I start by taking a medical history and then test the limb’s flexibility, movement, strength and position to determine what is causing the patient’s discomfort. Once I have made a diagnosis, I then discuss what can be done to treat it and proceed with a treatment plan.

“A lot of the patients only need to be seen once or twice in clinic, as the treatments are things they can do at home. For example, it could be exercises, changing their footwear or posture, or wearing insoles or other devices we have prescribed. In some cases conditions are recurrent, so they may return to the clinic at a later date for continued input but in a lot of cases once a management plan is followed these conditions fully resolve.

“I thoroughly enjoy my job. The patients you meet and the conditions they have are so varied that every day is different. There is a real problem solving element to the role as you work through the symptoms and the diagnostic process.”

Acute specialist podiatrists work with patients who have medical conditions which are affecting the health of their lower limbs, such as diabetes.
Diabetes can damage the nerve endings in the body which leads to patients losing the feeling in their feet or lower leg. This can mean if they hurt or damage the foot in some way, for example by stepping on keys or a plug, patients wouldn’t realise they had hurt themselves. As a diabetic’s skin can’t tolerate minor traumas as well as normal skin can, simple things such as hot sand, a foot spa or even a sock lining can cause an ulcer.

*Picture: Claire Jones, Advanced Podiatrist in Diabetes*

Claire Jones, Advanced Podiatrist in Diabetes at the Princess of Wales Hospital, said:

“Diabetic patients with foot ulcers are usually referred to me by their GP, practice nurse or other health professional if they have developed a diabetic foot complication. When I first meet a patient, a full assessment is undertaken; this involves taking a full medical history and assessing their vascular status and neuropathic status.”

“The patient may attend on a regular basis for wound management. This may involve debridement of the wound, which means removing all of the dead, damaged or infected skin to promote healing. We may need to manufacture casts for some patients to keep the weight off the foot; this relieves the pressure to the area to improve healing outcomes.

“As well as myself, there are diabetes specialist nurses and consultants based in the Diabetes Centre. We all work closely as a team, and call on each others’ specialist skills when they can be of benefit to a patient. Every week myself and a Tissue Viability Nurse run a foot ulcer clinic for patients with acute diabetic foot complications.”

“I also work in partnership with orthopaedic and vascular surgeons and every three months we hold a joint clinic with patients who are at extremely high risk of needing surgical interventions. By working together we can do everything we can
to reduce the risk, but also prepare the patient if they do need the surgery.

“Education is a key part of the role as well. I give presentations to healthcare staff in all areas, as well as patients, to show them how to check feet for injuries or ulcers. I also explain about the importance of good foot care, for example not walking barefoot and monitoring their feet daily.

“I do enjoy my job. It can be a very challenging role, as some diabetic foot complications can take a long time to heal, and can easily recur, so I get to know my patients extremely well. We build up good relationships, as it can at times be a long term partnership.”

Podiatry services are also available in the community, in clinics which are held in GP surgeries and resource or health centres. Patients with general podiatry needs, such as nail or skin conditions can either by referred by themselves or by a representative acting on their behalf.

Sometimes patients with conditions which affect their toenails may need to be referred by the community podiatrist to a colleague who specialises in nail surgery podiatry. Following an initial assessment, the podiatrist can remove all or part of the nail to stop it causing discomfort and the problem recurring. A local anaesthetic is provided for this procedure.