

Resource

Who can look after my feet?

Podiatrists are part of the healthcare team that can help patients with RA. They are experts in foot health and can help in many different ways to minimise the effects of RA on the feet and make the feet more comfortable.

Print

Podiatrists are part of the healthcare team that works together to care for people with inflammatory arthritis. Most people will be familiar with the term 'chiropody', but this is being superseded by the term 'podiatry', this being the profession's preferred title. In essence, these are interchangeable protected titles. All chiropodists/podiatrists must be Health and Care Professions Council (HCPC) registered if they are to use this title. The HCPC role is to protect the public whether they receive care through the NHS or via a private practitioner, ensuring that practitioners update and develop knowledge and skills relevant to clinical practice. Check the register www.hcpc-uk.org to ensure that you are being treated by a registered podiatrist.

The podiatrist's role

The podiatrist role is to identify, diagnose and treat disorders, diseases and deformities of the feet and legs and implement appropriate and timely care. This may be provided directly by a podiatrist or in association with other healthcare team members as required by the individual's foot problems. The goal of the podiatry element of rheumatology care is to reduce foot-related pain, maintain/improve foot function and therefore mobility while protecting skin and other tissues from damage.

Range of treatments used by podiatry

Podiatry advice and treatments are based on information gained from the history and assessment of a person's foot problem.

It is important for the podiatrist to know the names of medications you are taking as these may have some impact on the diagnosis of your foot problems and also influence specific podiatry treatments. As smoking can affect the circulation to the lower limb as well as general health, it is important to disclose how many cigarettes you smoke (if you do). If you wish to give up smoking, then podiatrists can help in the initial discussions on what is available to help you. Long term, it is much better for you to give up smoking as it will affect how the RA progresses.

It is also important to disclose how much the RA affects your ability to walk and carry out daily tasks so your podiatrist may ask you about that aspect of your RA

An assessment of the lower limbs may include:

- Looking at the condition of your skin to see if you have any areas of hard skin (calluses or corns), any dryness or cracks in the skin or any signs of potential infections such as Athlete's foot or verrucae.

- Assessment of the blood and nerve supply to your feet and legs to make sure that the blood flow is normal and that you are able to feel different types of sensation such as your ability to sense pin-pricks, light touch and vibration. In this way, the podiatrist can ensure that any breaks that may occur in the skin will be at less risk of not healing and that you can feel sensations such as pain (which is protective although obviously unpleasant!)
- Assessment of the joints and soft tissue structures and foot shape (forms part of a 'biomechanical' assessment). This can help the podiatrist to decide if you require supportive or cushioning insoles/orthoses that will aid your foot function and reduce the risk of developing joint deformity (together with the use of disease-modifying anti-rheumatic drugs) from early on in your diagnosis.
- Assessment of the way you walk (your 'gait'). This is usually part of what is called a biomechanical assessment. By looking at the way your foot, ankle, knees and hips move during walking, Podiatrists can determine how your foot function impacts the way other joints function during gait and vice-versa. Again, this can help podiatrists decide on the need or type of insoles/orthoses you may require.
- Assessment of footwear. The podiatrist will assess the shoes that you wear on a day-to-day basis focussing upon the fit of the shoes to your foot shape, the heel height and the way the shoes are held on to your foot (slip-on, laces, buckle etc.)

The types of treatments used will be dependent on the individual's particular assessed problem/s with reference to wider health and social matters and wishes. Where appropriate, people are encouraged and enabled to manage their foot and ankle aspects of their condition. However, treatments may include:

- Palliative foot care. This may include assistance with general nail care, which may be made difficult due to hand-related problems or by the nails being distorted or altered in some way; treatment for areas of hard skin/ callus and corns. Professional guidance should always be sought with regard to self-treatment of hard skin and corns – you are advised not to use pedicure blades, corn plasters and paints on these areas. The reason for not using these is that they can remove good skin and cause breaks in the skin which bacteria can then invade and cause a serious infection.
- Specialist assessment and management of wounds/ulcers that can occur on the foot.
- Prescribing specialist orthoses for the feet, e.g. insoles, splints. These vary from soft devices that cushion tender areas under the foot to firmer devices that realign the foot, encouraging it to function better. Often these principles are combined in a device.
- Assessment and advice about appropriate footwear choices, footwear adaptations and

accessing specialist footwear services. Some NHS Podiatrist departments have footwear clinics, either independently or in association with an Orthotist or shoe-fitter ([click here for our section on problems with shoes, including information on specialist/prescribed footwear](#)).

- Advice related to the lower limb including joint protection, management of acute and chronic inflamed joints, appropriate exercise and potential surgical options ([click here for our foot surgery section](#)).
- Education groups in conjunction with the rheumatology education sessions. These help people to understand the workings of the foot, how RA can affect it and strategies that can be of help. They also give you an opportunity to ask questions of a qualified Health Professional regarding your own foot health and to connect with people who may be having similar experiences.

It is worth noting here that NRAS have local groups across the UK who meet on a regular basis and can determine what topics they wish to focus on at their meetings. It is entirely possible to invite a podiatrist from the local rheumatology unit to come along and talk about foot health problems. [For a list of groups, click here](#)

Accessing local chiropody/ podiatry practitioners

People with rheumatoid arthritis may require access to different levels and types of foot health service depending on the severity of foot-related symptoms they are experiencing at that time, how long they have had RA and the impact it has had on their feet, legs and mobility. Your needs may include:

- Prompt access to a podiatry assessment and the initiation of appropriate management/ treatment if indicated (see above), with access to specialist podiatry as necessary.
- Timely periodic review of care needs as indicated if your foot health should change.
- Processes in place to ensure that an annual foot check by a health professional (not necessarily a podiatrist) is carried out when appropriate.
- Timely and appropriate guidance to enable you to manage your own foot health.
- Access to a team of health professionals that meet your individual needs, including foot surgery.

If you receive your rheumatology care at a rheumatology department, you can expect that as part of the rheumatology team there will be a podiatrist specialising in musculoskeletal/ rheumatology foot conditions, either within the department or available via a referral by the rheumatology team. Similarly, GPs can refer you to community-based services. People can also access podiatry care via private practice. The Yellow pages (looking under 'chiropody') and word of mouth are the best way to find someone, but it is advised that you seek a podiatrist/chiropodist who is registered with the Health and Care Professions Council (HCPC) as previously mentioned (www.hcpc-uk.org). The College of Podiatry web site has a ['find a podiatrist'](#) page. Some employers, department stores and leisure centres also provide podiatry, although the latter is more likely to be sports-related.

Read more

Who can look after my feet?

Podiatrists are part of the healthcare team that can help patients with RA. They are experts in foot health and can help in many different ways to minimise the effects of RA on the feet and make the feet more comfortable.

This article was downloaded from www.nras.org.uk. National Rheumatoid Arthritis Society (NRAS) is a registered charity in England and Wales (1134859) and Scotland (SC039721). A private company limited by guarantee. Registered in England and Wales (7127101).