



Integration of specialist podiatry services within a rheumatology multidisciplinary team to enhance the patient experience

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Inflammatory arthritis (IA)

- Foot problems are common in people with IA
- International guidelines advocate integration of podiatry within rheumatology teams for rapid access to specialist foot care

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Key local challenges

- Unmet need for IA-related foot care
- Lack of specialist training and knowledge

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Multi-disciplinary approach

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Rheumatology



Imaging on-site



Physiotherapy



Diet and Nutrition



Remedial massage



Exercise Physiology

Clinical-academic partnership

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- Expert-led podiatry consultations for people with IA
- Rapid referral pathways
- Rheumatology-podiatry partnerships
- Under-graduate podiatry training in complex foot care and authentic MDT working

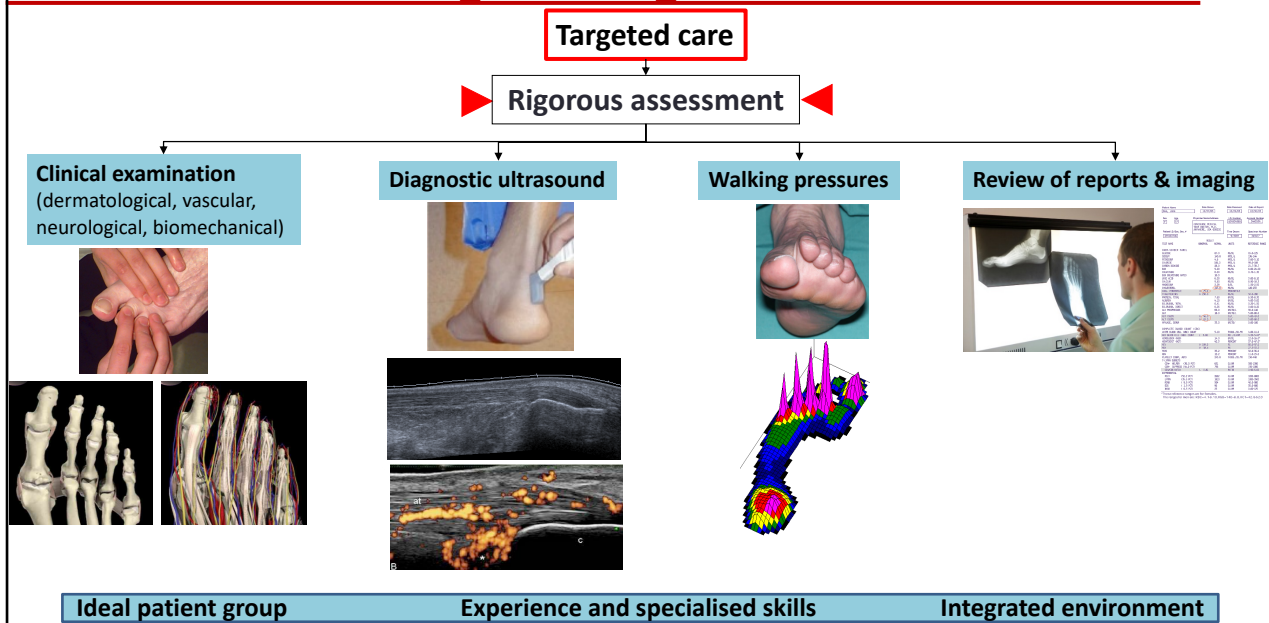


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Foot management goals

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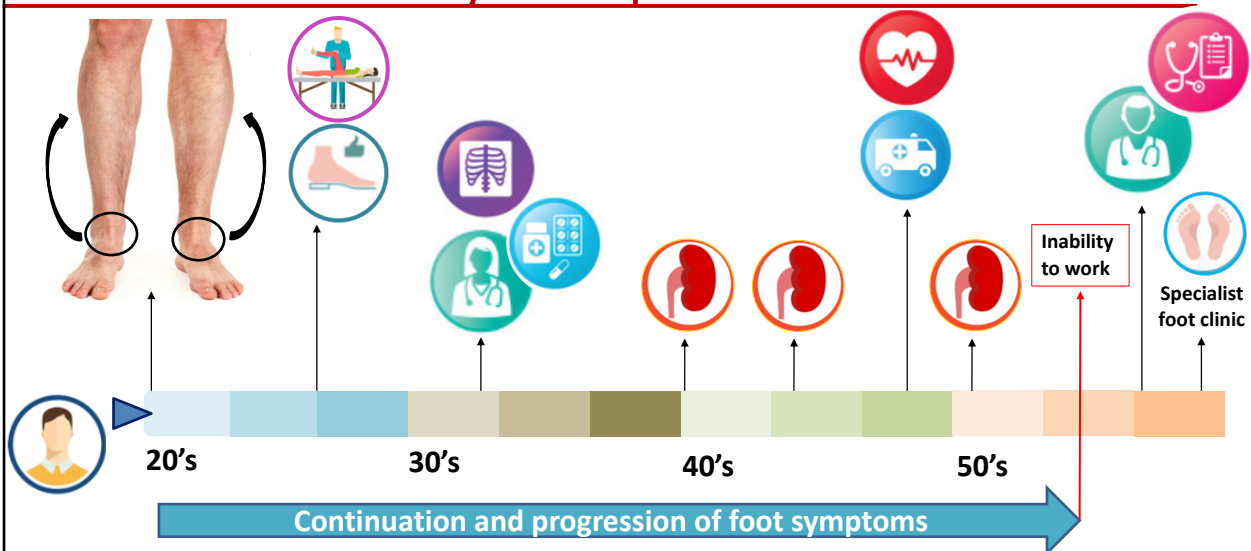
Key findings and priorities

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- Caseload data:
 - 2 year pilot (Jan 2017 - Jan 2019)
 - 1 hour appointment times, 30 minute reviews
 - Over 190 episodes of care and 100 people with IA, over 85 students
- Key challenges:
 - Origin of pain – foot, back, complex medical conditions
 - Inflammatory disease in the foot, mechanical impairment or a combination

Case history example 1 - Chris

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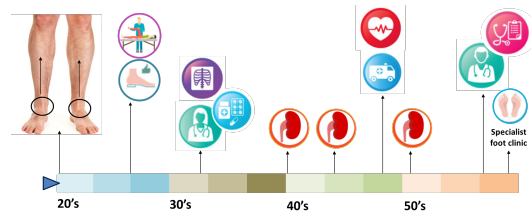
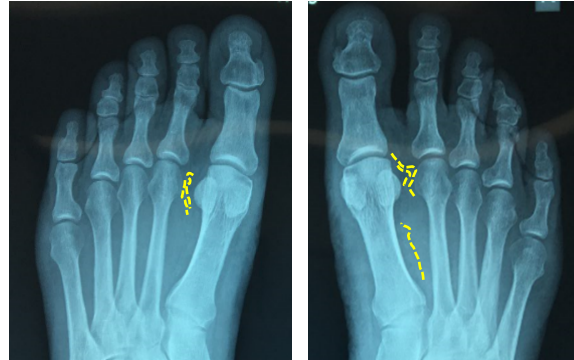


- Question: Chris' ankle pain is unchanged. The ankle pain is of mechanical origin rather than being inflammatory, can anything be done to help?

Case history example 1 - Chris

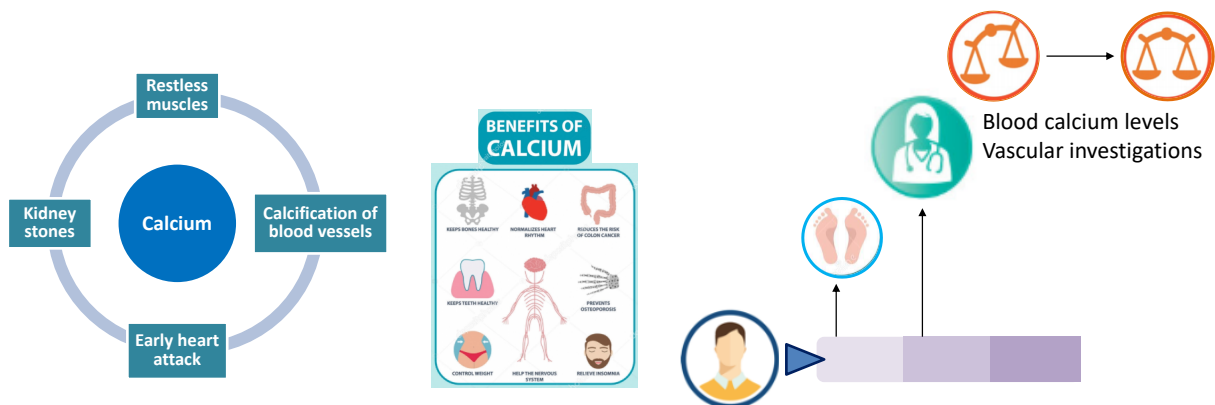
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Review of imaging



Case history example 1 - Chris

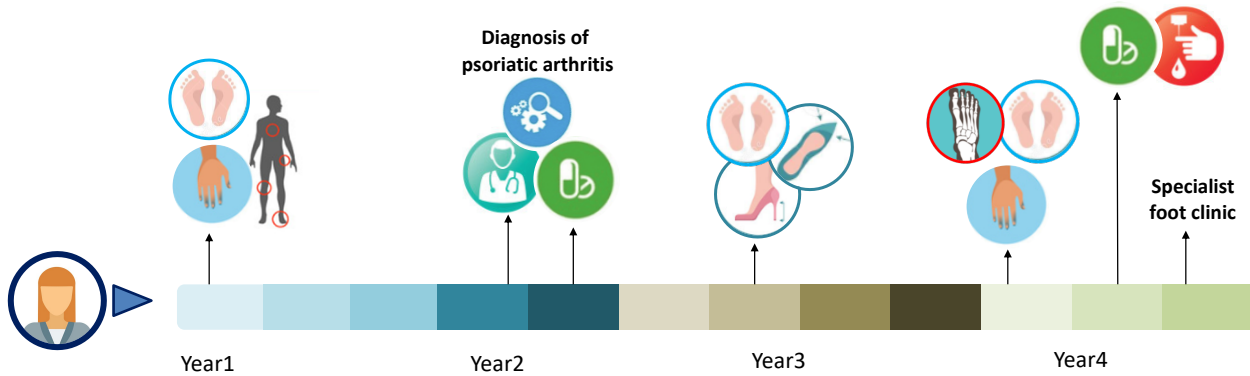
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Origin of pain, complex health conditions, integrated assessment

Case history example 2 - Jessica

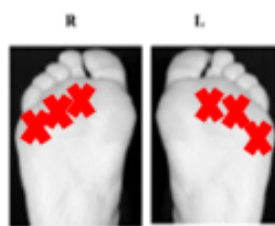
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- Questions:
 - Is it residual discomfort from the inflammatory process?
 - Is it a mechanical problem and would she benefit from an insole?

Case history example 2 - Jessica

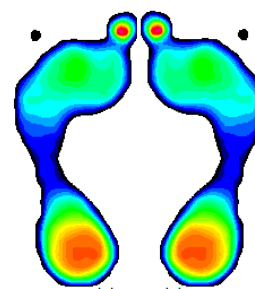
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Pain location



Walking pressures



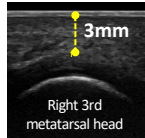
Standing pressures

Case history example 2 - Jessica

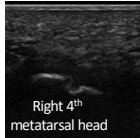
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Ultrasound imaging assessment

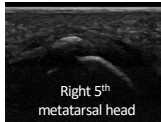
Reduced fat pad



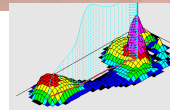
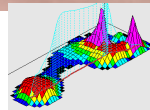
Joint erosion



Reflectors



Reflectors

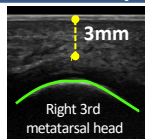


Case history example 2 - Jessica

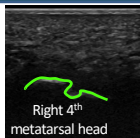
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Ultrasound imaging assessment

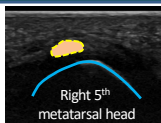
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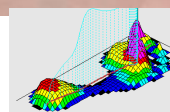
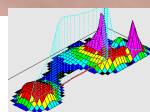
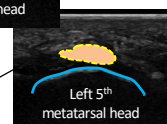
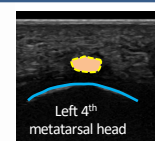
Joint erosion



Reflectors



Reflectors

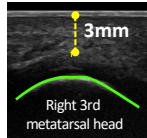


Case history example 2 - Jessica

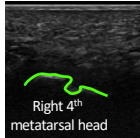
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Ultrasound imaging assessment

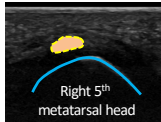
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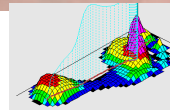
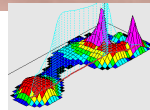
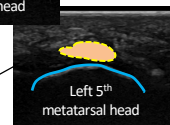
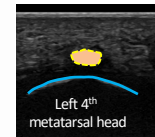
Joint erosion



Reflectors



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Case history example 2 - Jessica

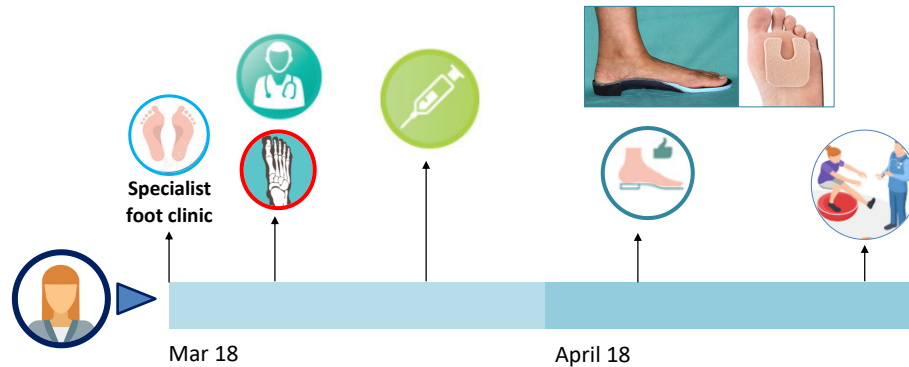
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Special view imaging



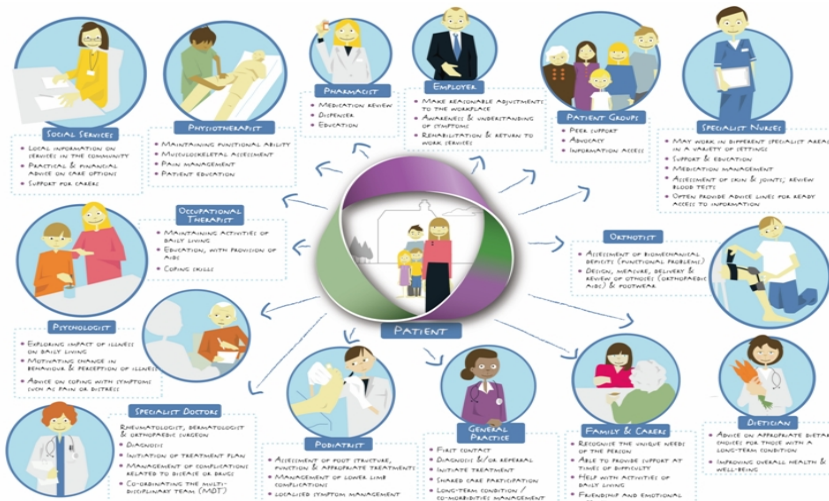
"What a relief, there is something there, I thought I was imagining it"

Case history example 2 - Jessica



Point of care imaging, targeted combination therapy, better understanding of foot problem, dedicated time, streamlined care

Key findings



"BJC really benefits the patient in terms of having access to not just podiatrists in terms of um ultrasound and using the gait plate but also um how that would then guide um the long term treatment of the patient in terms of um access to physios that are there, osteopaths and also the um doctors that can er treat the patient more holistically and in terms of rehabbing them into their everyday lives I guess."

Patient journey. Patient experience. Patient education
Health professional education and integration

Key findings

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#ISEETHEDIFFERENCE



Every day,
I make a
patient's day

I SEE THE
DIFFERENCE



"I am going to graduate, and if there was an opportunity in a career path where I could work in a multidisciplinary centre then I would definitely take it up. I think there needs to be more of it and I think that the students really enjoyed the experience!"



57 allied health
professionals

Any questions?

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