



ALASKA NATIVE MEDICAL CENTER



FOOT REFERRAL GUIDELINES

Diagnostic/Treatment Recommendations:

- **Arthritis:** advise the use of stiff-soled shoes and OTC arch supports, and the PRN use of NSAID's (see NSAID protocol)
- **Athletes Foot:** advise the patient to keep feet clean and dry, wear cotton or wool socks to absorb moisture, and consider prescribing Clotrimazole 1% Cream for QD-BID application to feet, or recommending OTC Lamisil Cream.
- **Bunions:** advise the patient to use shoes with wider and deeper toe-boxes, low heels, and try OTC arch supports such as "SuperFeet" (REI, Skinny Raven).
- **Corns and Calluses:** advise patient to use wider and deeper shoes with soft, supportive insoles and low heels, and consider toe spacers, pumice stones, and regular use of moisturizing cream.
- **Diabetes:** all patients with diabetes should have at least one annual foot checkup; more often if neuropathic, vasculopathic, or if bony deformities are present. See referral guidelines below.
 - **Any presence of infection or ulceration should be referred to Podiatry immediately.**
- **Flat Feet:** advise patient to wear good, supportive shoes (e.g. New Balance, Nike), use of soft (e.g. Dr. Scholl's, Spenco) or firm (e.g. SuperFeet) OTC arch supports.
- **Fractures:** Follow protocol for referral to Orthopedics.
- **Fungal Toenail (Non-diabetic):** advise patient to file nail periodically, and keep skin free of athlete's foot by maintaining clean and dry environment within shoes.
- **Gout:** advise patient on low-purine diet, recommend wide toe-box shoe, and Rx NSAID (e.g. Indocin).
- **Hammertoes:** advise patient to use supportive wide and deep toe-box shoes, OTC arch supports (e.g. Dr. Scholl's, Spenco, SuperFeet), and OTC pads (e.g. Silopads, Silopos, etc.).
- **Ingrown Toenail:** if infected, start on oral antibiotic (e.g. Keflex) and have the patient begin twice daily foot soaks in a basin with warm water and 1 cup of Epsom salt, and then cover with antibiotic ointment and a band aid after drying. Refer to Podiatry within 4-7 days for probable surgical avulsion of infected nail (earlier referral may prevent potential permanent nail matrixectomy procedure).

- **Interdigital Neuromas:** advise the patient to use a thick-soled shoe with a wide toe box, and to avoid high heels. An OTC arch support and NSAID may help.
- **Plantar Fasciitis/”Heel Spur”:** most cases resolve with conservative measures.
 - Advise the patient to purchase supportive shoes (e.g. New Balance, Nike),
 - Use an arch support such as “SuperFeet” (REI, Skinny Raven as much as possible,
 - Stretching (e.g. runner’s stretch, or standing on a step and lowering heels, behind slowly), ice/elevation, and massaging of the heel 2-3 times per day,
 - Avoid barefoot walking until symptoms resolve,
 - Short-term use of NSAID’s (see NSAID Protocol)
 - A weight-bearing, lateral x-ray can rule out stress fracture and bone cyst.
- **Sweating/Odor:** advise patient on keeping feet clean and dry, the use of natural fiber socks (e.g. cotton, wool) and avoidance of rubberized insoles in shoes.
- **Toenails:** if not infected/ingrown, advise patient to let toenails grow beyond the skin and cut or file in a straight line from side-to-side.

Patient Handouts:

- **Foot Fact Sheets, Booklets and Brochures**
- **Diabetic Patients:** refer to Podiatry in either the
 - PT Department for routine diabetic foot care and evaluation (i.e. toenails, corns, calluses, ulcer prevention, wound care, etc.),
 - Orthopedic Clinic for bunions, hammertoes, heel pain, etc.
- **Orthopedic/Dermatologic conditions:** use the above guidelines as initial treatment plan for these conditions. If unsuccessful, then refer to Podiatry. Please obtain X-rays (3 weight-bearing views) of the involved foot for arthritis, bunions, hammertoes, gout, neuromas/ metatarsal ball pain, and plantar fasciitis, prior to referral.
- **Walk-In’s/Same Day Access:** This service is currently restricted to diabetic foot infections.

Formal Referrals: Please fax to the appropriate Department:

- Orthopedics: 1634
- Physical Therapy: 1260