

# Full Assessment of the Foot and its Function

## Session 1

### Getting to know Your Patient



Presented By  
Paul Graham

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Paul Graham  
B.App.Sc.(Pod.) F.A.A.P.S.M.

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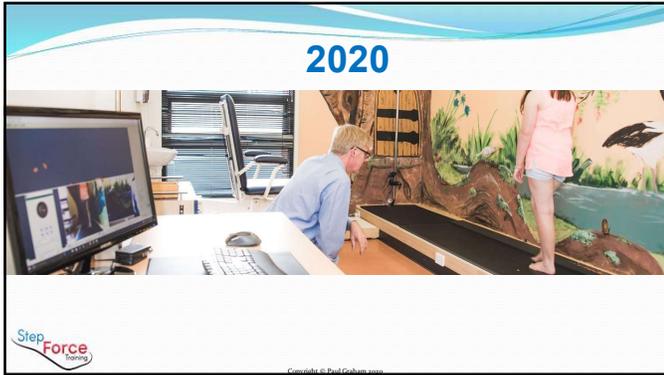
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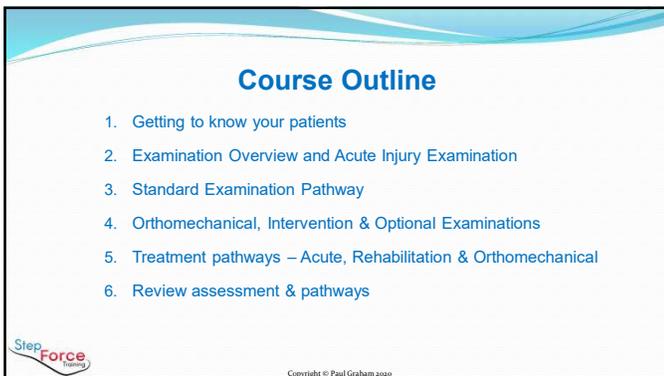
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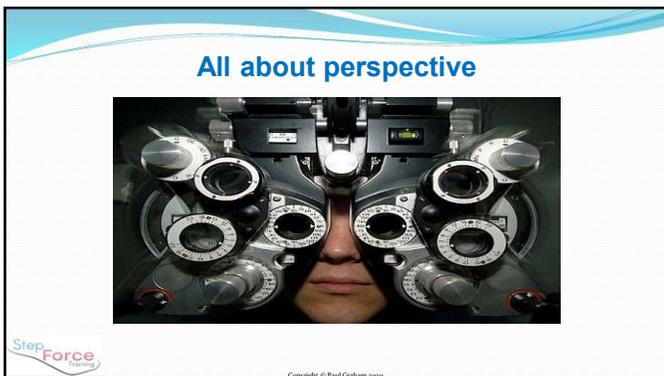
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## Recommended Patient Journey pathway

- Pre Initial appointment
- Initial appointment
- 1st review
- 3 week review
- 6 week review

- Subsequent Reviews
  - > 3 month
  - > 6 month
  - > 12 month



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## Pre Initial Appointment connection

**Initial Patient data process:**

1. Process explained to patient
2. Form emailed to patient
3. Patient opens form in Pdf reader (important)
4. Patient fills in form and saves
5. Patient emails completed form back to your clinic

Patient Details

Consent:  I agree

**Personal Details**

Title:  First Name:  Surname:  Patient:

Address:

Suburb:  Post Code:

Best Contact:

Email Address:  Can we email you?  Please select

Date of Birth:  Occupation:

Parent/Guardian (if under 16):

Address (if different from above):

Emergency Contact:  Phone:

Medicare #  Private Health  Concession:

Is your Account paid by a third party?  Please select

If 'Yes', please provide details below

Entity Name:  Contact Name:  Client Number:

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## Pre Initial Appointment connection

Initial Patient data enables you to obtain:

- Current Health Status
  - Medical history

**Personal Medical Details**

Your Doctor:  When was your last visit?

Address:

Are you happy for us to keep your doctor informed?  Please select

Have you seen a Podiatrist before?  Please select  When?

**Your Routine**

Your assessment includes a comprehensive/painful pressure assessment which requires the following information to calibrate the equipment.

Weight:  kg Height:  cm Shoe Size:  Size

**Referrals**

We appreciate people who feel that our care is worth sharing with their friends and family. This is how our practice continues to grow and we are thanking the people who refer to us.

How did you hear about us?

Health Professional Name:  Medical Centre:

Online  Friend / Family Name:

Other Please Specify:

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## Pre Initial Appointment connection

Initial Patient data enables you to:

**Triage**

- Acute
- Chronic
- Complex

The screenshot shows a form titled "Your Main Concerns" with the following fields: "Describe your main concern", "How long have you had this problem?", "What activities / sports do you do at present?", "How did it start?", "Describe your pain out of 10 (1 = not at all, 10 = severe)", "Is it getting better/worse?", "In the past?", "When is the problem worst?", "What makes things worse?", "How is it better now?", "What made it better then?", "What do you believe is causing your pain?", and "Do you think you will get better?".

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## Pre Initial Appointment connection

Initial Patient data enables you to:

**Triage**

- Acute
- Chronic
- Complex

The screenshot shows a form titled "Other Areas of Pain such as Arms, Back or Neck" with the following fields: "Describe your other concerns/pain", "How long have you had this problem?", "How did it start?", "Describe your pain out of 10 (1 = not at all, 10 = severe)", "In the past?", "When is the problem worst?", "What makes things worse?", "How is it better now?", "What made it better then?", "What do you believe is causing your pain?", and "Do you think you will get better?".

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## Pre Initial Appointment connection

Initial Patient data enables you to obtain:

**Goals**

- Confidence
- Importance
- Motivation level

The screenshot shows a form titled "Rate how much the pain is preventing / reducing your ability to perform your preferred activities out of 10." with the following fields: "Rate this problem, How important is this to be addressed out of 10?", "What goal would you like to achieve and feel confident to work towards?", "And, how urgent?", "What would you like to be able to do which you are currently not able to do because of the pain / condition?", and "Please note any practitioners you have already seen about this problem and what tests/ treatment has been done".

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## Get to know your Patient

### Set a S.M.A.R.T. Goal

- S.** Specific – Clear and well defined weekly
- M.** Measurable – Set defined milestones and celebrate each Milestone
- A.** Achievable – Set goals that are challenging but attainable
- R.** Relevant – Ask the Patient to explain why this goal is so important
- T.** Time-based – Have your patient set a deadline



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## Get to know your Patient

### What's their Significant Emotional Motivator? (SEM)

- How their concern is affecting their lifestyle, work, future prospects?
- To get a better understanding of this key issue, ask:
  - > "How is the pain / condition affecting your life?"
  - > "What does it limit you from doing?"
  - > "If you didn't have the pain, what would you be doing that you are not now?"



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## Examination Form Preparation

**To prepare the Pdf form:**

1. Admin opens Pdf form
2. Click 'Prepare Summary'
3. Select all text in text box
4. Copy this into a notepad file and save on desktop

Office Use Only

Prepare Summary

```

[img alt="Screenshot of a PDF form with a 'Prepare Summary' button and a text box containing patient information." data-bbox="248 755 465 855"/>

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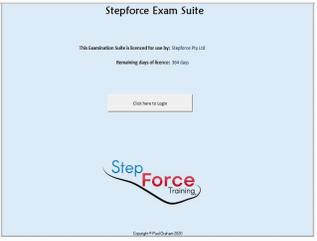
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## Examination Form Preparation

**To open the Examination Suite™**

1. Open Exam Suite™
2. Enable button to enable macros and content
3. Click on the 'Login' button



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## Examination Form Preparation

**To open the Examination Suite™**

1. Enter your 'Username' \*
2. Enter your 'Password' \*
3. Press the Login button

\* - You will find these details on the email that the Examination Suite™ is attached to



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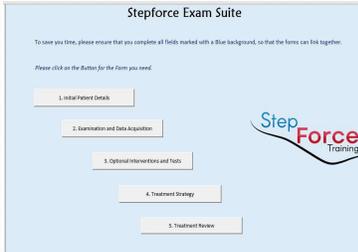
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## Examination Form Preparation

**To transfer the Pdf form:**

Click on the 'Initial Patient details' button to open this section



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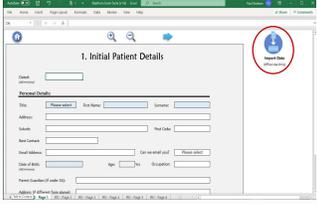
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## Examination Form Preparation

**To transfer the Pdf Details:**

1. Click the 'Import Data' button
2. Select the text file containing the data from the Pdf
3. Click 'Open'
4. The Initial Patient details field will be populated automatically



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## Get to know your Patient

**The rule of Three**

- 3 Seconds to make a strong first impression
- 30 Seconds to find common ground
- 3 Minutes to build rapport

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## Get to know your Patient

**Key communication points:**

- Listen for the exact keywords the patient uses and repeat back to them.
- Adjectives are powerful words that the patient connects to as they really mean something to them.
- If you use these key words, phrases and adjectives, your patients usually will be significantly more engaged.

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### Get to know your Patient

**A good history provides you with:**

- information on their concern and how the body has compensated for it
- the opportunity to demonstrate your care and confidence
- how the patient's condition is really affecting them
- how motivated they are to actually resolve the problem

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### Get to know your Patient

**S.P.I.N. questioning:**

- S. Situation:** what is the activity you are doing when you feel the pain?
- P. Problem:** What is the exact issue you have when doing that activity?
- I. Implication:** How does this issue affect you?
- N. Need:** What do you and your patient need to do in terms of assessment, planning and treatment to address this concern?

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### Optimal Appointment Schedule

----- Ideal consultation schedule  
 ..... Rushed Consultation Schedule

Connection    Assessment, Analysis and Diagnosis    Plan & Finish

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## Get to know your Patient

**1. Clarify & confirm History**  
*(aim for 5 - 10 Minutes)*

- First ask, then offer
- Assess the patient's knowledge of their issues
- Correct misconceptions

Other Information:

If there is any further information you want to give us, please write below:

We look forward to helping you achieve what you are, working with you step by step towards your desired outcome.

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## Get to know your Patient

**2. Assessment, Analysis and Diagnosis**  
*(aim for 20 Minutes)*

- Based on triage decision choose which appointment type
  - Acute Examination
  - Standard Examination
- Includes basic analysis to aid you to form provisional diagnosis from your initial hypothesis

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## Why do we examine?

**In our examination process, what are we looking for?**

- The reason for the presenting complaint ✓
- A provisional diagnosis ✓
- What we can do to help ✓
- But if it's not an injury, what is really the cause?

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**Kinetics not Kinematics**

**Effect of inverted orthoses on lower-extremity mechanics in runners 2003.**  
Williams DS 3rd<sup>1</sup>, McClay Davis I, Baitch SP.

Their Study found:  
*The reduction in force loading was the only statistically significant change provided by orthotics*



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**Kinetics not Kinematics**

**Influence of a custom foot orthotic intervention on lower extremity dynamics in healthy runners, 2006**  
Williams DS 3rd<sup>1</sup>, McClay Davis I, Baitch SP.

Their Study found:  
*Orthotics changed max rearfoot eversion by 1° in 10/15*  
**But**  
*Orthotics reduced the ankle inversion moment up to 70% in 14/15*



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*We have to think about **force, loading**  
and the **adaptations** of the tissues*

**not just**

**posture and alignment**



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### Forces we live with daily



Gravity



Ground Reaction Force

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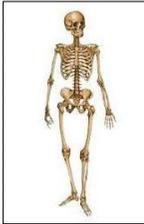
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### How they are transmitted



Forces mediated through skeleton



Supported by connective tissues

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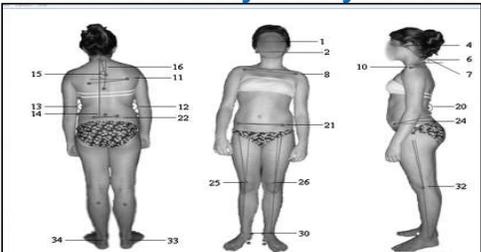
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### Skeletal Asymmetry



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### Why do we examine?

In our examination process, how do we find the cause?

- The patient's skeletal structure, on which the forces act
- Asymmetry or misalignments affecting the trajectory of forces
- Dysfunction & overloading of tissues

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### How we compensate for our structural idiosyncrasies

- **Neural direction and management**
  - From postural and peripheral Inputs
- **Using:**
  - Muscle Strength
  - Connective tissue elasticity
  - Joint Mobility

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### Postural Inputs

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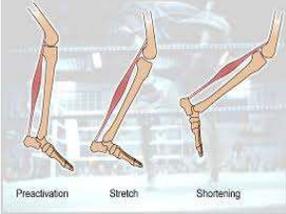
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### Muscle Strength and Soft Tissue Elasticity

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### Joint Mobility



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### Why do we examine?

**In our examination process, how do we find the cause?**

- The patient's skeletal structure, on which the forces act
- The ability for the body to compensate these misalignments
  - How is the patient's muscle function?
  - How elastic are the soft tissues?
  - What is the range of motion available in the joints?

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### Complicated by our Life Experience

- Current episode of pain
- Pregnancy
- Age
- Work habits
- Over training
- Being overweight
- Footwear
- Medical conditions
- Previous injury
- Surgical outcomes

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### Why do we examine?

**In our examination process, how do we find the cause?**

- The patient's skeletal structure, on which the forces act
- The ability for the body to compensate these misalignments
- What are the adaptations that are present?

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### Clinical signs of lack of Compensation

- Clumsy gait, "Oh, I'm just clumsy"
- Abductory twist after heel lift
- Side to side gait
- Kangaroo gait in growth spurts
- Gait becomes 'strange' when patient runs or is fatigued

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## Why do we examine?

**How do our findings lead us to a Treatment Strategy?**

- Chronic inflammation requires anti-inflammatory therapy
- Injured tissue requires offloading
- Contracted or adapted soft tissues require release therapies
- Muscle weakness and imbalance requires strengthening
- Joint dysfunction requires mobilisation or re-alignment

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## Get to know your Patient

**3. Plan and Finish**  
*(aim for 10 – 15 Minutes)*

- Explain your hypothesis
- Provide a clear plan
- Initial Strategy
  - Diagnostic taping
  - Treatment program
  - Further assessment



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## Questions?



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