

CAFCN Newsletter

The mission of the CAFCN is to advance the practice of foot care through a collaborative and networking process for all individuals providing foot care.



Message from the President

Pat MacDonald

As I start to write this message, Halloween is tomorrow and the stores are already bursting with Christmas decorations and gift ideas. I don't know about you, but time is flying by, Grandma said that was a sign of getting older! I hope you were able to spend time with family and enjoy some well-deserved rest and relaxation this summer.

I want to give a warm welcome to our new President Elect Kirsten Hanson and Treasurer/Membership Chair Debbie Fleming.

Since the 7th Annual AGM & Conference in Montreal, CAFCN has been busy with a few things. I won't go into a lot of detail on the Competency project as you can read Dr. Collins report on that.

We are currently looking into a Government grant to help with the cost of translating the website. The website is getting a tremendous number of hits, with the number of emails doubling in the past year. There is a lot of interest in the competency project, with employers and foot care nurses asking many questions.



Plans are underway for the 8th AGM & Annual Conference in Saint John, New Brunswick. The venue is the Hilton Saint John on the harbor. It is part of the Bay of Fundy, a UNESCO World Heritage Site. Most of the city's best attractions are within walking distance and connected to the Inside Connection Pedway which will allow you to explore the city in comfort. You have already received the "Save the Date" flyer, so mark your calendar and share it with anyone who you think may be interested. A special room rate has been reserved for CAFCN conference participants, with details on the website. A complete conference agenda will be posted on the website (www.cafcncan.ca) when available.

CAFCN attended the CAWC conference as a vendor Nov 3-6, 2016 in Niagara Falls. Thanks to Mariam Botros, CAWC for the invitation as a participant and as a vendor. I was able to make several key connections with other vendors as well as many wound/foot care nurses. CAFCN looks forward to opportunities of continued collaboration. We are very excited to be working with Brigitte Pilon of Alliance Pro-Sante based in Montreal. She will assist us in a membership drive and a marketing campaign. Watch for new branding in the coming months.

On behalf of the Provincial/Territorial Advisor & the Executive:

*May the magic and wonder of the
holiday season stay with you
through the coming year!*

Recognizing Contributions

CAFCN would like to thank the following people for their dedication in serving as Provincial/Territorial Advisors. Without the efforts of volunteers, CAFCN would not be where it is today.

- Seygolene Clot – Quebec
- Nathalie O'Shay – Quebec
- Colleen Stanga – North West Territories
- Alison Petten – Nova Scotia
- Pat VanWoensel – Manitoba
- Philina Sky – Ontario
- Phim Walsh - Alberta

CAFCN welcomes the following new Provincial Advisors:

- Anna Marie Baumann – Saskatchewan
- Ginette Thivierge – Ontario
- Sandra Bird - Manitoba

CAFCN is looking for Provincial Advisors for the following Provinces/Territories:

- Quebec
- North West Territories
- Nova Scotia
- Prince Edward Island

Anyone who is interested can contact the president, Pat MacDonald at president@cafcn.ca



Thank you

Welcoming New CAFCN Board Members

CAFCN PRESIDENT ELECT



Kirsten Hansen was elected as President Elect at the CAFCN annual general meeting in May 2016.

Kirsten is an RPN living in Ottawa, ON, though is originally from Saint John, NB. She is a graduate of Algonquin College of Applied Arts and Technology, Foot Care Kingston, and The Michener Institute of Education at UHN for her diabetes education certificate. Recently Kirsten began teaching as an educator/clinical instructor for the Foot Care Nursing Program at Algonquin College.

Foot care and diabetes became an interest to Kirsten when she realized the role a nurse can play in foot health, as well as prevention of infection, ulcers, and amputations.

As a member of the CAFCN executive committee, Kirsten hopes to help promote education while working collaboratively with nurses across the country towards building standards and recognition for foot care nurses.

CAFCN INCOMING MEMBERSHIP CHAIR AND TREASURER



Debbie Fleming was elected our incoming Membership Chair and Treasurer at the CAFCN annual general meeting in May 2016 to serve a two-year term.

As a member of the militia and as a military family member, she has been active in community service for over 30 years in Nova Scotia, PEI, Kentucky, Ontario, and currently in Alberta.

As a recent graduate, she now holds a Bachelor of Science in Nursing degree and is an Alberta Registered Nurse. She has received foot care training and mentorship from Lori Ralph of Devon Foot Care in Alberta and from Dr. Julia Overstreet of Rainier Medical Education in Seattle, Washington.

With several years of experience as a business manager and bookkeeper for a professional corporation, she is prepared to serve as the CAFCN Treasurer.

Debbie's intent as a member of the CAFCN executive committee team is to encourage collaborative communication and networking of all members to strengthen this national association. Members' active constructive involvement is welcomed and will be supported.

Award Announcement

CAFCN

Nancy Dennis Award – Education Bursary \$500.00

Sponsored by Devon Foot Care



Criteria:

- Current member of CAFCN
- Holds their certificate in Foot Care Nursing
- Practising foot care (can be retired and receive nomination no later than 1 (one) year past retirement)

The Nancy Dennis award is an education bursary to assist in paying for the foot care nurse to attend the CAFCN conference. Nominations are open to all CAFCN members and must be submitted to the CAFCN executive for review no later than December 31.

The nominees are reviewed and the winner determined by the executive and Lori Ralph, owner Devon Foot Care. The bursary covers the cost of the full conference fee (at the Early Bird member price) as well as any other incidentals or expenses accrued and directly related to the conference for a total amount up to \$500.00.

The winner can submit receipts to Devon Foot Care for reimbursement once the conference has past.

The winner of the Nancy Dennis Award will be formally announced at the CAFCN conference.

NOTE: The nominee must attend the CAFCN conference to obtain the bursary and this is valid only for that conference held that year.

Nomination process:

The foot care nurse is nominated by their peers. To enter, submit the portion below and write a short paragraph to describe how the nominee reflects the professionalism and dedication to their position as a foot care nurse and how they demonstrate outstanding medical foot care services to their patients. Any other additional relevant information is welcome.

Name of Nominee

Brief description of why you feel this foot care nurse should be the recipient of the Nancy Dennis Award – Education Bursary:

Note: The application for the Nancy Dennis Award is available on the CAFCN website.

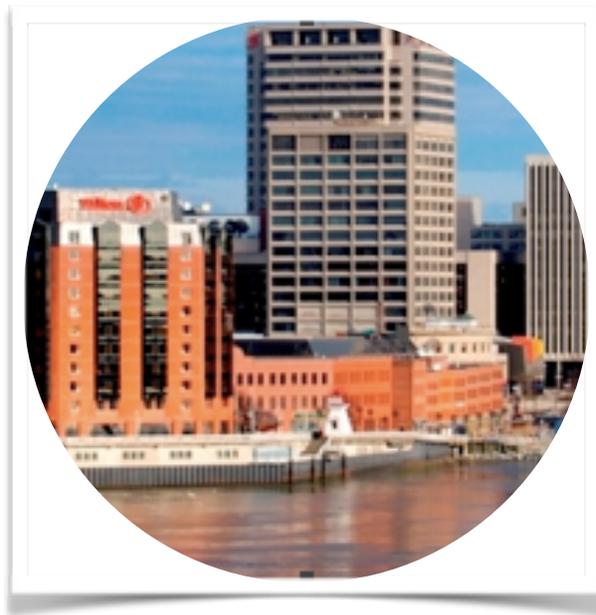
CAFCN

8th AGM & Conference

Saint John, New Brunswick

May 26-28, 2017

**Hilton Saint John/
Saint John Trade &
Convention Centre**



Hilton Saint John offers a magnificent location on the harbor – part of the Bay of Fundy and a UNESCO World Heritage Site. Most of the city's best attractions are within walking distance and we're even connected to the Inside Connection Pedway, allowing you to explore the city in comfort.

A special room rate of \$149.00 has been reserved for CAFCN Conference participants at the Hilton Saint John. The special room rate will be available until May 4, 2017 or until the group book is sold-out, whichever comes first. Based on availability, this room rate will be honored 3 days pre & 3 days post conference. Conference information will be posted www.cafcncanada.ca as it becomes available. To book your room, click:

http://www.hilton.com/en/hi/groups/personalized/S/STJHIHH-FOOA17-20170525/index.jhtml?WT.mc_id=POG

Why should you attend?

- Take part in evidence-based education (regardless if you are a novice or a seasoned practitioner)
- Learn, share and enjoy a stimulating and challenging environment
- Enhance your practice through new products and techniques
- Network with colleagues to share successes and challenges
- Return to your practice with new perspectives on improving client outcomes

CALL for ABSTRACTS

The Canadian Association of Foot Care Nurses invites you to submit an abstract for a session at the 8th annual conference to be held in Saint John, New Brunswick, May 26-28, 2017. Be a part of the CAFCN national meeting!

Abstract Form Submission

Submission Deadline:

Must be received by CAFCN by **midnight January 15, 2017**. No extensions will be granted. Acknowledgement that proposal arrived on time will be sent via email.

Submission Format:

Submissions must be completed and submitted online. This form can be found on the CAFCN website.

Abstract Selection and Notification:

The Conference Committee will meet in to select presentations. If your abstract is accepted for presentation, you will be notified by email January 31, 2017. This notice is sent to the contact person.

Conference Registration Fee:

All presenters are expected to assume costs related to travel, accommodations, and registration. CAFCN members receive a registration fee discount.

If the primary author is unable to attend the conference and has made arrangements for someone else to present the paper or poster, that person must register for the conference and pay the applicable registration fee.

Abstract Criteria

1. **All proposals must be in English.**
2. **Please use standard abbreviation. Place special or unusual abbreviations in parenthesis after the full work when it appears for the first time.**
3. **All communications will be directed only to the presenting author.**
4. **Abstracts must not exceed 250 words (excluding the abstract headings, if used).**
5. **An individual may submit more than one abstract.**
6. **There is no fee to submit an abstract.**

Presentation Format:

All presentations are podium delivered.

There are two options for oral presentations:

- 30 minute presentation (includes 5 minutes for Q&A)
- 45 minute presentation (includes 10 minutes for Q&A)

Important Dates to Remember:

Deadline for submission of proposals
- January 15, 2017

Proposals reviewed by CAFCN Conference Planning Committee
- January 15-30, 2017

Invitations are issued to selected Speakers
- January 31, 2017

Email notification is sent to those not selected
- January 31, 2017

**Canadian Association of Foot Care Nurses
Abstract Submission Application**

Abstract Presenter(s): _____

Date of Submission: _____

Presenter Credentials: _____

Position/Job Title: _____

Address, Telephone & Email: _____

CAFCN Member: Yes _____ No _____

Abstract Title: _____

Objectives: (list 3) _____

Abstract Description: (Max. 250 Words) _____

Proposals will be evaluated based on the following criteria:

- ✓ Title: clear description of presentation and its contents
- ✓ Conciseness, coherence, clarity and focus of presentation
- ✓ Relevance, currency, appropriateness and significance of the topic/issue/problem
- ✓ Theoretical and/or practical application to the field
- ✓ Originality
- ✓ The abstract presents issues of relevance & importance based on current evidence based practice

Factors disqualifying a proposal:

- ✓ The presentation promotes commercial interests.

Book Review

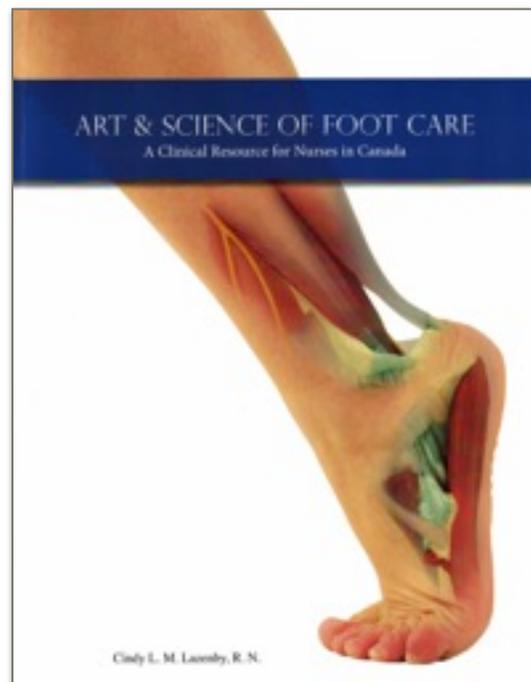
By: Kathleen Stevens Phd (c) RN

The Art and Science of Foot Care: A Clinical Resource for Nurses in Canada authored by **Cindy Lazenby RN** is a much needed reference text for foot care nurses in Canada. This book was published by Foot Care Kingston in 2015 with contributions from experienced health care professionals in the area of foot health and can be purchased from <http://footcarekingston.com/> for 99.99 plus tax and shipping. A pdf of the first chapter of the book can be downloaded from the website as a preview.

Each chapter has exercises and assignments that reinforce the content. Many key content areas for provision of nursing foot care are covered such as anatomy of the lower leg; foot and nail conditions; infection control; foot and ankle conditioning; footwear and orthotics; foot care and diabetes; and wound care. There are many illustrations and colour pictures of foot and nail conditions throughout the text. The glossary is comprehensive and is a clear reference found at the end of the book. It is highlighted in light green, which makes it easy to find. The book concludes with appendices that include resources such as assessment tools.

Some content is unique to this book and to nursing foot care practice. For example, an overview of the evolution of nursing foot care in Canada is provided at the beginning of the book. As well, there is a chapter dedicated to career opportunities in foot care and another chapter to nursing foot care practice with exercises related to mentorship, suppliers, and instruments. Another unique and interesting aspect of this text is inclusion of "Peer Perspectives". This feature provides personal practice experiences from experienced foot health providers that relate to the adjacent content.

Being self-published this book does not have the formal editing style that would be found with an established publisher. The chapter on evidence-informed practice is brief and does not give a comprehensive overview of critical appraisal. I would suggest referring to a nursing research text for this content. Overall, I think this book fills a gap for nursing foot care texts and would recommend it as a resource. I look forward to seeing further editions of this text with more refined formatting and stronger content related to evidence-informed practice.



What's Involved in an Orthotic Assessment?

By: Brendan Walsh
Certified Pedorthist

The orthotic assessment involves a patient interview to collect information related to: demographics; history of the problem; pain; activities; any current injury or history of injury to the area; and past surgeries and illnesses. The observation and examination include an anterior and posterior postural scan to assess for postural imbalances, muscle bulk similarities, and positional deformities. As well, a physical examination for muscle tightness, tenderness, and range of motion is completed.

Arch height of each foot is assessed. Gait analysis is also completed to determine any abnormalities in the main four stages of the cycle (heel strike, midstance, propulsion and swing). Following the assessment, the orthodist explains the findings to the client. Based upon these conclusions, proper treatment is recommended considering the physical, social, and financial needs of the client. Treatment can include: custom molded orthoses; orthopaedic footwear; and/or custom modified footwear.

These treatments can be used in conjunction with one another, and if the examiner deems it beneficial to the client, further medical referral can be recommended if the pathologies are outside the scope of practice of the orthodist.



Photo taken on the lateral side of the foot to highlight the bunionette (which is medial deviation of the 5th metatarsal). Note the red mark where the head of the bone as edged outwards.



Note the differences in the two feet. The right foot is 2 sizes larger than the left, as the client has cerebral palsy which affects the left side. There is little motor control on this side, as a result. Because the muscles are being used on this side, the motor muscle pump is not very effective, and the blood and fluid is retained at the foot/ankle area, causing swelling, which can be seen in the photos. (The left foot is swollen and the right is not). Finally, the right foot has an arch that is noticeable, whereas the left is flat.

Report from the CAFCN Conference 2016 - Montreal

By: Alison Petten RN

Hats off to the planning committee for providing this wonderful opportunity for learning and networking as 100 foot care nurses from Newfoundland and Labrador to British Columbia and Yukon/North West Territories to Massachusetts gathered in Montreal. The staff of the lovely airport Marriott was incredibly friendly and helpful and the venue was just a 30-minute shuttle to the beautiful, historic vieux-port de Montreal. Most attendees took advantage of the planned opportunity to hop on a bus and wander around the 'old port' experiencing aspects of the French culture; wonderful cuisine and outdoor restaurants, les caleches clopping by, buskers and beautiful historic buildings that strengthen our connection to our French heritage and history. A la ville de Montreal, the hotel staff and planning committee....merci beaucoup!

Pat MacDonald, President, greeted attendees warmly and outlined some of the association's recent activities and future plans before introducing the first speaker.

Dorace Ramage RN did the opening presentation on Saturday and provided easy to understand information about an amazing little device that is simply attached to the lower leg to promote venous and arterial circulation by gently stimulating the calf muscle pump. More information about the Geko®, a neuromuscular electro-stimulating device, and how it can help heal both ischemic and venous ulcers can be found at www.gekodevices.com. The reports of helping some very challenging diabetic foot ulcers was intriguing to say the least. A number of nurses were seen sporting the device in order to experience how it worked for themselves.

Ainslie Davies, DIP, has much experience in the identification of various types of skin cancer and hails from the skin cancer capitol of the world, Australia. She provided some excellent tips and picture examples to help nurses screen skin and nail lesions to help in the vital role of ensuring appropriate follow-up and referral as needed.



The importance of physical activity to maintain health, strength and balance for older adults was explained by Cindy Lazenby RN, who is now a certified fitness instructor. She encouraged us to stay fit and help our clients to do so too by setting personal goals, considering a buddy system and aiming for 150 minutes of moderate activity per week. Canadian Physical Activity Guidelines for older adults can be seen at www.csep.ca/guidelines and be sure to check to see if the Victorian Order of Nurses in your area has a SMART Program.

Footman Tony Feretytki, RN provided a detailed overview of the steps in instrument reprocessing using steam autoclaves and a review of relevant sections of the new Canadian Standards Association (CSA) codes. Tony offered many helpful tips for the steps of reprocessing as well as care of instruments. He recommends that those using a steam autoclave also have certification in Medical Device Reprocessing to be sure that all requirements of codes are met.

With the expanding use of electronic health records (EHR) and a growing but hesitant interest, it was helpful to hear from Tom Fiser RN who has ventured forth into the electronic realm. Tom provided a comprehensive list of considerations for those who are keen to move in this direction. He also kindly held an impromptu 15-minute session on two new nail bracing techniques in response to his colleagues' requests. This will be available as an online demonstration in the near future.

Photo dynamic therapy, the science behind it and the practical application in conjunction with methylene blue 1% to treat onychomycosis, was reviewed in detail with many references by Dr. Paul Ziemer. He reported that this is the least toxic method with a "99% kill rate" and is an 'over the counter' product in Ontario.

For more information about this reportedly simple fast and effective therapy see www.toefungussolutions.com.

A draft of the CAFCN competencies for foot care nurses was provided on Saturday in preparation for a review of the process by Dr. John Collins RN on Sunday morning. John has been engaged as a consultant to facilitate this process for a committee of CAFCN members from all over Canada. It is a challenging process to outline common definitions and competencies for foot care nursing in all provinces and territories. There was some opportunity to provide input at the conference as nurses worked in some small groups to answer John's questions and give feedback.

Mariam Botros, Executive Director of CAWC, reviewed the Inlow 60-Second Foot Exam with excellent, relevant, practical tips for each of the 12 components. This simple but comprehensive screening assessment tool helps foot care nurses and others to assess arterial blood supply and sensation. With Mariam's usual insightful knowledge and effective communication, we could have kept her for a day long Q&A.

Krisztine Grad RN provided an excellent and detailed overview of the use of burrs with an effective mix of pictures and videos. There were suggestions for both novices and experienced nurses. Krisztine offered tips for safe, effective nail reduction/reshaping as well as some to help us make wise investments when considering the various rotary files and diamond vs. carbide burrs. She reminded us that the fine particulate matter containing multiple hazardous components can remain airborne for up to 10 hours and easily enters the bronchioles and alveoli.

Plantar fasciitis is a common and challenging problem for many of our clients. Dr. Stephen Davis', DPM, presentation with very clear anatomical pictures was a good review of risk factors, causes, differential diagnosis and interventions for acute and long term management. He reminded the attendees of the importance of quick referral to prevent longterm problems.

An energetic and practical session was provided by Christine Rawlins LPN. Chris showed us numerous tips and modifications to enable self care at home for those with limited range of motion and or strength. She demonstrated various adaptive tools to wash/dry between toes, apply moisturizer, put on socks/shoes/

compression socks and more. Sometimes all we need is a paint stir stick and some duct tape to make an important self care task doable. Nurse MacGyver, that's Chris! She also provided the attendees with copies of two booklets from Primary Care Network, Edmonton North; 'The Foot Book' and 'Modified Foot Care'.

Nurses are incredible advocates to help people stay safe, mobile, independent and healthy according to foot care nurse and PhD candidate Mary Kate Clayton-Jones RN. She encouraged us to clearly communicate the positive outcomes of our foot care so that our role in preventing falls and other problems is better understood. Data about nursing foot care can be used to help allocate nursing and healthcare resources. Kate's understanding of the importance of holistic nursing foot care and her passion to help others was obvious and inspiring.

The final speaker at our 7th Annual Conference was nurse-lawyer Pricilla Akyea, RN who encouraged us to be very clear, comprehensive and timely with all of our documentation. She reminded all nurses of the need to know and follow our standards of nursing practice and codes of ethics. Although no court cases directly related to nursing foot care are known, she reviewed some unfortunate situations that have occurred in relation to circulation and/or wound care that could have been prevented by following the nursing process and having effective communication, including documentation. Pricilla works with the Canadian Nurses Protective Society (CNPS) and encouraged all nurses to use the resources found at www.cnps.ca. Some webinars are available through CNPS as well.

Overall, another successful conference with attendees already looking forward to the next one which will be in beautiful Saint John, NB. Mark your calendars for May 26 - 28, 2017 and visit www.CAFCN.ca for more details to be posted soon.

National Competency Project Update

By: Dr. John Collins

For the past year and a half CAFCN has been working on the development of national competencies for nursing foot care. A draft document of the proposed competencies was presented to an informed audience in Montreal at the CAFCN conference on May 29, 2016.

The contributions from this group were reviewed and the next draft of the document was created. Following this work, the draft document was shared with external stakeholders across the country.

The stakeholders were asked to respond by September 15, 2016. As the deadline approached, several stakeholders contacted Dr. Collins to ask for more time to respond. An extension was granted until October 11, 2016. Even after this date, more responses were received until a final cut-off date was established on

October 18, 2016. The CAFCN working group (all of whom are foot care nurses from across Canada and members of CAFCN) started to review all of the comments that were received. After a detailed review of the competencies by this group and the Consultant, the final draft of the document is currently being completed and should be ready for publication by mid-December, 2016.

Our thanks go to all of our external stakeholders and to those CAFCN members who participated in this important work

WINNERS:

FROM THE 2016 AGM/CONFERENCE

The early bird member winners of the FitBits were:

- Cathy Thompson
- Naima Hachichi

The \$100 Visa gift card winners were:

- Stephaine Shelstad
- Giselle Daghri
- Clifford Daillebrust
- Lynda Seewald
- Carol Perks
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FROM THE EDITORS:

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- We are pleased to present the 2016 edition of the CAFCN newsletter. We hope the content keeps you informed about the work of the CAFCN and also provides you with practical information to support your practice. If you have any suggestions for topics to include in the newsletter please contact us.

Sincerely,
Kathleen Stevens PhD (c) RN
kathleen.stevens@mun.ca

Pamela Ward PhD RN
pamela.ward@mun

Barriers to Preventative Foot Care: Vital Information for Foot Care Nursing Practice

By: Kathleen Stevens PhD (c) RN

The evidence is strong that preventative foot care is very effective for preventing foot health complications in populations at risk such as people with diabetes. A primary reason that individuals do not receive treatment is related to barriers to accessing foot care services. There are barriers from the perspective of government, healthcare agencies, health professionals, and the individuals seeking service.

There are several barriers from a government, healthcare agency, and health professional standpoint. The strategic barriers identified by healthcare professionals who were striving to develop a diabetes foot care program for First Nations communities included: jurisdiction issues; operational funding; availability of health professionals with the expertise; technology and connectivity limitations; and education and capacity building shortcomings (Diabetes Integration Project, 2008). Authors of an evaluation of community-based resources for the management of diabetes foot problems in Australia utilized survey results from 69 community podiatry clinics and found similar results. These authors reported that perceived barriers to the provision of foot care also included availability of adequate staffing and access to specialists such as a vascular surgeon (Bergin, Brand, Colman, & Campbell, 2009). An additional barrier was reported as being the



perceived lack of confidence by health professionals in the ability of the podiatrist to manage diabetic foot problems. The lack of understanding of the role of podiatry in medical education could be a reason some of these barriers, such as access to a specialist, exist (Brodie, 2001). These findings have implications for policy and curriculum development related to ensuring clear communication between acute and community settings and understanding of scope of practice of team members (Bergin et al., 2009).

Barriers are also present from the individual perspective. Age and fragility of individuals needing preventative foot care can be a barrier for accessing services. As well, many older people view foot problems as a normal part of ageing and as a result few of them seek help from a foot health provider (Chan et al., 2012). Many determinants of health may impact peoples' ability to care for their feet or seek help when needed. Economics, geography, social factors, literacy level, and personal health beliefs have been identified as factors impacting decision-making regarding foot health for diabetic clients. These factors would limit an individual's choices about what they can do to care for their feet

(Nova Scotia Department of Health, 2007). Access to foot care or podiatric services is for many restricted by income (Brodie, 2001). The financial cost for those who require intervention poses a significant ongoing outlay of funds. For example, transportation to clinics, payment to foot care providers, and proper footwear are all potential financial costs that are ongoing if an individual with foot care problems wants to maintain their foot health.

A qualitative study that utilized focus groups with individuals with rheumatoid arthritis (RA) identified barriers to accessing foot health education from their podiatrist. The overall theme was that barriers existed for patients when trying to get the information they needed from a podiatrist. Two primary barriers included limited consultation time and information not being tailored to their needs (too little or overwhelming information). This resulted in individuals seeking information elsewhere which often led to confusion and fear. The most often used source of information was the internet, however, patients were unsure what information was important for the safe self-management of their feet (Graham, Hammond Williams & Walmsley, 2012).

Another qualitative study echoed similar themes. A phenomenology study conducted in the UK explored patients' experiences of foot problems associated with RA. Researchers found that there was a great difference between what participants needed and the care they received. The participants expressed frustration, anger, and desperation regarding their feet being ignored. Themes included: lack of knowledge of foot symptoms; delays and difficulties accessing foot care; and needed improvements to foot care interventions. The participants felt that as soon as they received the diagnosis of RA, their family doctor should have referred them to podiatry (Williams & Graham, 2012).

In conclusion, it is important as foot care nurses that we recognize that there are barriers to preventative foot health that exist on many different levels. These barriers may be related to government processes, healthcare agencies, health professionals, and the individuals seeking service. This is vital information that we need to be cognizant of as we develop foot health programming and services for Canadians.

References:

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