**The role of the rheumatoid specialist podiatrist in patient management and care**

***Can you tell me your name and role?***

States name and position within the NHS Fife Podiatry department.

***What is the role of the rheumatoid specialist podiatrist and its relevance to public health?***

When we receive referrals from the rheumatoid consultants, any person in fife who has been recently diagnosed with inflammatory arthritis is automatically referred to the Podiatrist for a lower limb biomechanics assessment. The reason we do this is that evidence suggest that patients with inflammatory arthritis with over-pronation in their feet which is not controlled would go on to present with future painful foot and ankle pathologies which can impact on their activities of daily life.

Inflammatory arthritis, impacts on the patients feet resulting in inflammation around the joints which stretches the ligaments and supporting structures. When the inflammation resolves, the supporting structures are no longer as effective as they were previously, leading to fore foot and rear foot pathologies such as overpronation, joint subluxation, Hallux Abducto-Valgus (Bunions) and the displacement of the fibro fatty paddings. These pathologies result in painful foot and ankle which impacts on patients’ activities of daily life.

***What do you do in terms of follow-up after the initial assessment?***

After their first treatment, if they are asymptomatic and they need devices (i.e., orthotics), this is supplied and reviewed in 3 months to check that they are getting on ok with the device. If the patient is happy with the device, they are left in the books for a couple of years to see how long the devices last and put them on the review list and replace the devices as required afterwards. Patients who have painful pathologies at the first visit, if insoles are indicated, we supply them and review in 3 months. They may also require stretching or strengthening exercises, walking aids or adaptations to the insoles prescribed, and/or footwear advice or adaptations. The patients who have ongoing inflammation in their joints which is not settling with insoles, or with the prescribed Disease-Modifying Anti-Rheumatic drugs (DMARDs) have their joints scanned with the diagnostic ultrasound and if the joints are still actively inflamed, the joints can be injected with corticosteroids if required. If there are more than 3 actively inflamed joints in the foot, we opt for intra-muscular Dopemedrone into hip or buttocks which hopefully settles the inflamed joints. If the joints are still not settling, the patient is then escalated to the consultants for medication review to biologics which is the next step of treatment cascade for inflammatory arthritis. The patient may also need to be referred to a physiotherapist, an occupational therapist, the nursing team, or the psychologist, depending on what else is going on and the impact on the daily life and activities. All the practitioners involved in the patient care work really closely as a team, emailing and virtual clinics for the patients benefit and welfare.

***Are all treatments based in the clinic or do you do home visits?***

No, they are all based in the clinics as we cannot do scans or intra-articular injections in people’s homes. If they need transport, they arrange their own transport.

***With regards to your role what would be the ultimate outcome for the patients?***

The ultimate outcome would be to have pain free joints and that they would be able to do their activities of daily living without any adverse impact due to their inflammatory arthritis.

**Further scenarios below were emailed in. The Podiatrist is one of 2 rheumatoid specialist podiatrists with NHS Fife, she gives consent for our discussion to be used but without her name. I hope this is OK.**

1. A patient with pain and swelling in her feet (MTP’s) due to inflammatory arthritis attends clinic as she is struggling to look after her young children walking them to/from school and is having to get help from other older family members. She also has pain and swelling in her hands which means that making meals is difficult for her too and she is relying on her partner to do these tasks after he gets in from work. All this is making her feel useless as a care giver and impacting on her mental health. Podiatry is able to give this patient an intramuscular steroid injection which settles down the inflammation and pain in both her hands and her feet. This has the effect that she in now able to walk her children to school and back pain free and is able to resume her normal domestic and caring activities without requiring assistance of others. Her mental health improved as a result.

1. A patient with inflammatory arthritis attends clinic with ongoing foot pain despite a recent change in her medication. Her other joints are all ok and responded well to the new medication. She is a nursery school assistant and is on her feet all day. She needs to spend time crouched down for periods of time each looking after small children and by the end of the day she is exhausted with her foot pain and does not know how she is going to cope in the long term and she is even considering giving up her job which she loves. All this is causing her emotional distress. Podiatry to able to use the ultrasound scanner to establish that she still has some active inflammation in several joints in her feet. This finding is passed onto the consultant rheumatologist who re-assesses her in light of this new information and establishes that she now qualifies for new drug intervention that she didn’t previously qualify for. Once the new medication is started her foot pain subsides and she is able to continue with her job in comfort.