

Integrated Lower-Limb Preservation (LLP) CoP Webinar:

Topic: LLP Clinical Deep Dive



[Link to recording](#)

September 12 , 2024



**Ontario
Health**



Land Acknowledgement

Agenda

TIME	TOPIC	NAME
8:00 am	Land Acknowledgement	Aiman Mohammad
8:05 am	Welcome & Introductions Housekeeping	Dr. Varun Kapila
8:10 am	LLP Clinical Deep Dive	Nicola Bartley
	Q&A	Dr. Varun Kapila
8:50 am	Wrap Up	Lyndsay Orr & Dr. Varun Kapila

Housekeeping



- Please keep yourself on mute unless you are speaking.



- We encourage you to type your questions or comments in the chat box. The chat box is monitored throughout the webinar. Questions will be addressed directly in the chat box or in the discussion following the presentations.



- We also encourage you to share any suggestions/topics for future webinars.

- This meeting will be recorded. A copy of the webinar recording, and slides will be available on the virtual CoP shared space.

LLP Clinical Deep Dive



Speaker: Nicola Bartley



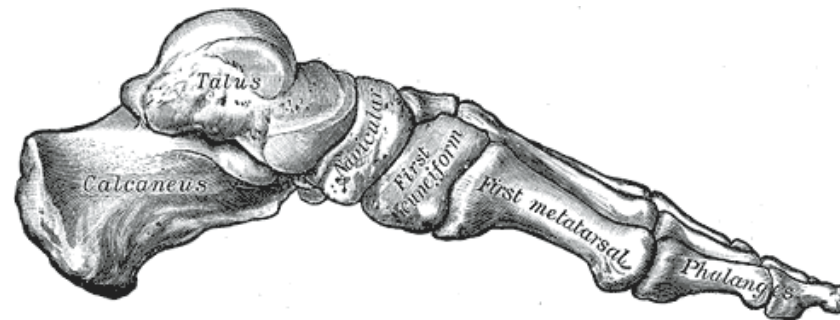
LLP Community of Practice

LLP Clinical Deep Dive

Nicola Bartley MCISc (Wound Healing), D. Ch
Chiropodist/Integrated Care Clinician for Mid-West Toronto OHT Lower Limb Preservation Demonstration
Project

What is a Chiroprapist?

- Chiroprapists provide assessment, treatment and management of acute and chronic conditions of the foot
- We treat various foot and lower limb issues, caused by diseases and injuries and promote proper foot health and overall well-being
- Chiroprapists are primary care providers



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What Can Chiropractors Do?

- Chiropractors provide medical treatment of nail and skin concerns such as; abnormal nails, corns, and calluses to promote healthy, pain-free feet
- Chiropractors can perform nail, skin and soft tissue surgical procedures
- Biomechanical and Gait analysis
- Custom foot orthotics/Offloading
- Chiropractors have prescription rights
- Wound Care



Where Chiropractors Work

- Hospitals
- Community Health Centres
- Family Health Teams
- Long-term care homes/Retirement Homes
- House Calls
- Private Practice



Chiropractors in Ontario

- Chiropractic services are not covered by OHIP
- Extended Health Care Benefits
- Veteran's Affairs
- NIHB (Non-Insured Health Benefits for First Nations and Inuit)



Lower Limb Complications in Ontario

- Over 800 Chiropractors in Ontario to serve 15 million people
- 29% of Ontarians live with diabetes or pre-diabetes
- 10% live with diagnosed diabetes
- Foot ulceration affects an estimated 15%– 25% of people with diabetes in their lifetime
- One-third of amputations in 2011–2012 were performed on people reporting a diabetic foot wound
- People with lower socio-economic status/racialized/Indigenous individuals have a higher incidence of lower limb complications and amputations
- First Line of Defense/Recurrence

Mid-West Toronto OHT Community Diabetic Foot Clinic Workflow



Patient Identification

Patient identified by community partners (Auduzhe, Scott Mission, St. Stephen's-Community Drop-In, Parkdale Queen West Community Health Centre) to receive Chiropody services at upcoming community foot care clinic



Community Diabetic Foot Clinic

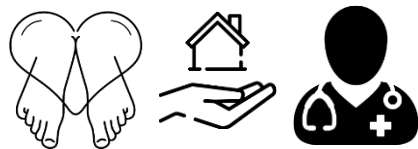
MWT-OHT LLP team to hold monthly Diabetic Foot Clinics at community setting



Chiropody Appointment

LLP Chiropodist to screen, assess and treat identified patient and recommend appropriate next steps.

If patient is diabetic, pre-diabetic, has peripheral vascular disease, or has a foot wound, they will receive foot screening using the Inlow's 60 Second Diabetic foot screen. I will then perform treatment as indicated



Transition Back to Community

Integrated Care Lead transitions patient back to primary care - for unattached/poorly attached, Integrated Care Clinician works with community partners) for primary care options



Integrated Care Clinician & Patient Navigation

Referral review by Integrated Care Clinician for care plan development and patient navigation

In partnership with the patient and Hub NP, Integrated Care Clinician implements care plan needs, such as referrals to medical/surgical specialist, HCCSS now Ontario Health @ Home



Connected Care Hub Referral

If patient scores moderate risk or higher on their foot screening, the Chiropodist will send a referral to the our virtual administrative Hub for advanced care and patient navigation

Mid-West Toronto OHT Community Education & Screening Workflow



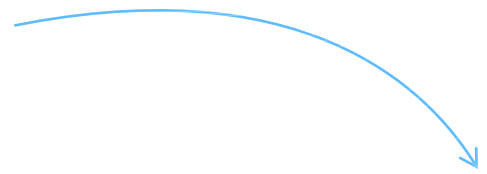
Community Education

Community Partners receive training on how to conduct the Inlow's 60 Second Diabetic Foot Screening and identify appropriate patients to conduct assessment



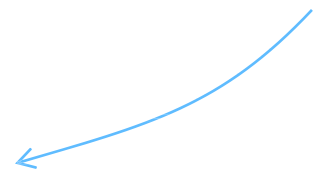
Foot Screening

If patient has foot wound or is diabetic/pre-diabetic, has peripheral vascular disease, or poor foot health (i.e. skin/nail changes, loss of sensation) they will receive a Foot Screen by community partners/clinicians



Connected Care Hub Referral

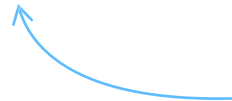
If patient scores high risk or above on Foot Screen, community partner/clinician to send referral to Hub for advanced care and patient navigation through OCEAN e-referral or manual fax



Integrated Care Clinician & Patient Navigation

Referral review by Integrated Care Clinician or care plan development and patient navigation.

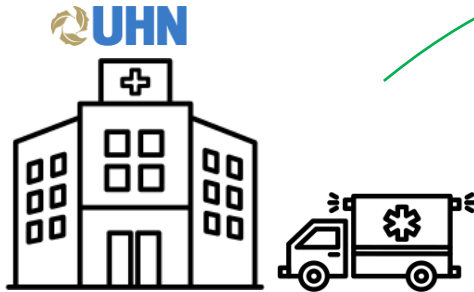
In partnership with patient and Hub NP, Integrated Care Lead implements care plan needs, such as referrals to medical/surgical specialist, HCCSS



Transition Back to Community

Integrated Care Lead transitions patient back to primary care - for unattached/poorly attached, Integrated Care Lead works with community partners for primary care options

Mid West Toronto UHN only Emergency Department & GIM Workflow



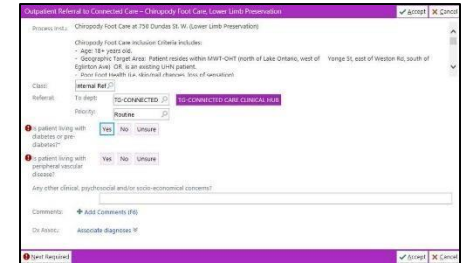
Patient presents to ED or GIM Clinic

Patient presents to UHN Emergency Department or TWH GIM Wound & Soft Tissue Outpatient Clinic



UHN ED or GIM Outpatient Clinic Visit

Patient to be triaged seen by ED or GIM clinician. If patient has diabetes, pre-diabetes, peripheral vascular disease and/or poor foot health (i.e. skin/nail changes, loss of sensation), they qualify for 'Chiropody Foot Care'



Connected Care Hub Referral

If patient qualifies for 'Chiropody Foot Care', ED or GIM clinician to complete Connected Care Hub referral in Epic; ED/GIM clinician to ensure patient has contact information listed in Epic



Community Clinic

Chiropody Foot Care Clinic to occur monthly at Parkdale Queen West CHC.

LLP Chiropodist to screen, assess, treat and recommend appropriate next steps for patient. LLP Chiropodist to work with Hub NP to arrange any medical/specialists/HCCSS referrals or to adjust medications as needed



Connected Care Hub

Referral review by Hub admin and patient scheduled for upcoming Chiropody Foot Care Clinic at UHN or at a community site (**Parkdale Queen West CHC**); Connected Care Hub admin to contact patient to provide info on upcoming clinic

Mid-West Toronto OHT SCOPE Community Chiropody Referral Workflow



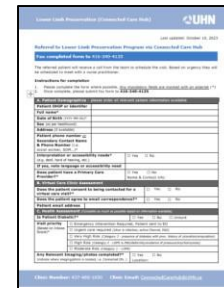
Patient Identification

Patient identified by SCOPE Primary Care Provider



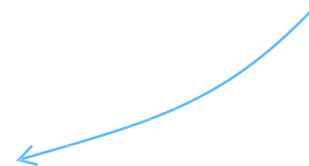
Foot Screening

If patient has foot wound or is diabetic/pre-diabetic, has peripheral vascular disease, or poor foot health (i.e. skin/nail changes, loss of sensation) they will receive foot screen by SCOPE Primary care Provider



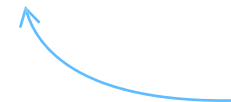
Connected Care Hub Referral

If patient scores high risk or above on Foot Screen, and requires Chiropody services, SCOPE Primary Care Provider to send referral to Hub through OCEAN e-referral



Integrated Care Clinician & Patient Navigation

Referral review by Hub admin and patient Community site. Connected Care Hub admin to contact patient to provide info on upcoming clinic



Community Clinic

Chiropody Foot Care Clinic to occur monthly at Parkdale Queen West CHC.

LLP Chiropodist to screen, assess, treat and recommend appropriate next steps for patient. LLP Chiropodist to work with Hub NP to arrange any medical/specialists/HCCSS referrals or to adjust medications as needed









The Inlow's 60-second Diabetic Foot Screen

Inlow's 60-second Diabetic Foot Screen
2022 RISK SCREENING AND PLAN OF CARE

WoundsCANADA®

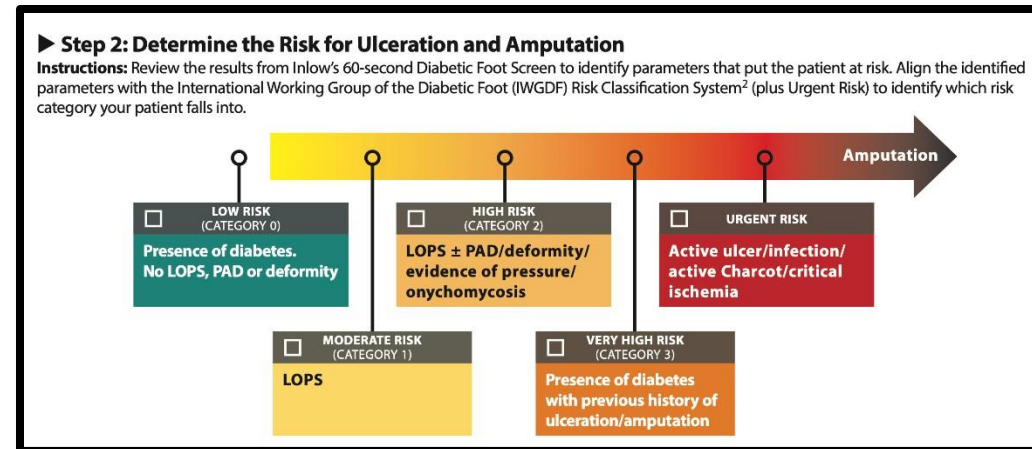
Patient Name: _____ Clinician Signature: _____
ID number: _____ Date: _____

► Step 1: Complete Screen of the Right and Left Feet
Instructions: Screen both feet using the parameters identified within Inlow's 60-second Diabetic Foot Screen¹ to identify clinical indicators and/or care concerns. Once each parameter has been assessed move on to Steps 2 and 3.

Self-Reported Risk Factors/Comorbidities			
<input type="checkbox"/> Retinopathy <input type="checkbox"/> Nephropathy <input type="checkbox"/> Poor glycemic control <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Peripheral Arterial Disease <input type="checkbox"/> Smoking			
RIGHT FOOT	1. Screen for Foot Skin and Nail Changes	LEFT FOOT	Risk Status and Care Planning
	Skin: <input type="checkbox"/> Intact and healthy <input type="checkbox"/> Dry with fungus or light callus <input type="checkbox"/> Heavy callus build-up <input type="checkbox"/> Prior ulceration <input type="checkbox"/> Fisting ulceration (= warmth and erythema) <input type="checkbox"/> Macerated web space Nails: <input type="checkbox"/> Well groomed and appropriate length <input type="checkbox"/> Unkempt and ragged <input type="checkbox"/> Thick, damaged, or infected		
RIGHT FOOT	2. Screen for Loss of Protective Sensation	LEFT FOOT	Risk Status and Care Planning
	Foot Sensation – do they ever: <input type="checkbox"/> feel numb? <input type="checkbox"/> tingle? <input type="checkbox"/> burn? <input type="checkbox"/> feel like insects are crawling on them? Foot Sensation – monofilament testing: <input type="checkbox"/> No loss of protective sensation was not detected (sensation was present at all sites) <input type="checkbox"/> Yes: Loss of protective sensation detected (sensation was missing at one or more sites)		
RIGHT FOOT	3. Screen for Peripheral Arterial Disease	LEFT FOOT	Risk Status and Care Planning
	Pain: <input type="checkbox"/> Pain in the feet or legs when walking, limiting mobility Dependent rubor: <input type="checkbox"/> No <input type="checkbox"/> Yes Cool foot: <input type="checkbox"/> No <input type="checkbox"/> Yes Pedal Pulses: <input type="checkbox"/> Present <input type="checkbox"/> Absent		
RIGHT FOOT	4. Screen for Bony Deformity (and Footwear)	LEFT FOOT	Risk Status and Care Planning
	Deformity: <input type="checkbox"/> No deformity <input type="checkbox"/> Deformity (i.e. dropped metatarsal heads or bunions, chronic Charcot changes, hammertoes) <input type="checkbox"/> Prior lower extremity amputation <input type="checkbox"/> Acute Charcot (= warmth and erythema) Range of Motion: <input type="checkbox"/> Full range in hallux <input type="checkbox"/> Limited range of motion in hallux <input type="checkbox"/> Rigid hallux Footwear: <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Causing trauma		

¹ Refer to Steps 2 and 3 before completing this area.

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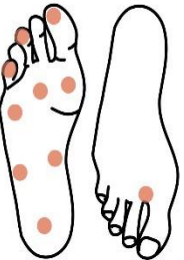
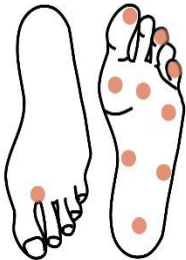
► Step 3: Create a Plan of Care with Your Patient Based on Identified Risks
Instructions: Based on the risk classification and clinical indicators develop a plan of care with your patient that best meets their needs.

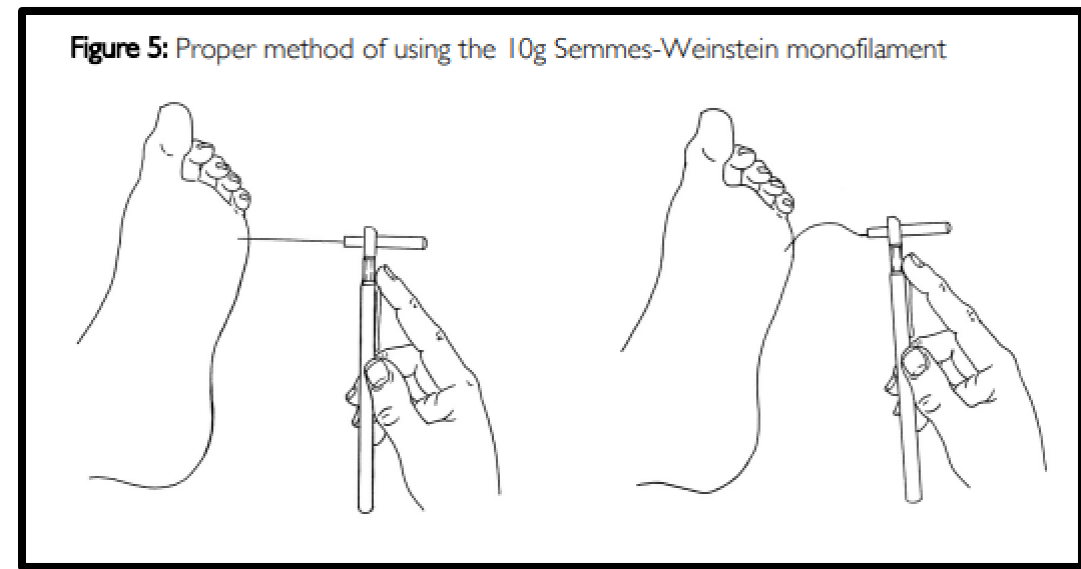
Risk Classification	Clinical Indicators	Screening Frequency	Recommendations and Actions**
Low Risk (Category 0)	Presence of diabetes. No LOPS, PAD or deformity	Screen every 12 months	<input type="checkbox"/> Education on healthy foot habits and risk factors [†] <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Appropriate foot and nail care <input type="checkbox"/> Well-fitting shoes, exercise as able
Moderate Risk (Category 1)	LOPS	Screen every 6 months	<input type="checkbox"/> Education on LOPS [†] <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Professional foot care, fitted shoes, custom full-contact orthotics and diabetic socks <input type="checkbox"/> Referral to a rehab specialist to provide a plan for fitness (exercise prescription) based on risk factors
High Risk (Category 2)	LOPS ± PAD/deformity/ evidence of pressure/ onychomycosis	Screen every 3–6 months	<input type="checkbox"/> Education on PAD, deformity, pressure and/or onychomycosis [†] <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Professional foot care, fitted shoes, custom full-contact orthotics and diabetic socks <input type="checkbox"/> Vascular studies ± referral if appropriate <input type="checkbox"/> Pain management for ischemic pain, if present <input type="checkbox"/> Deformity addressed if present with orthotic shoes <input type="checkbox"/> Orthopedic referral if required <input type="checkbox"/> Referral to a rehab specialist to provide a plan for fitness (exercise prescription) based on risk factors
Very High Risk (Category 3)	Presence of diabetes with previous history of ulceration/amputation	Screen every 1–3 months	<input type="checkbox"/> Education on risk of recurrence [†] <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Professional foot care, fitted shoes, custom full-contact orthotics and diabetic socks <input type="checkbox"/> Referral to a rehab specialist to provide a plan for fitness (exercise prescription) based on risk factors <input type="checkbox"/> Modified footwear and/or prosthesis based on level of amputation
Urgent Risk	Ulcer ± infection, active Charcot, PAD (gangrene, acute ischemia)	Urgent care required	<input type="checkbox"/> Referral to services such as a wound or limb salvage clinic

** These recommendations and actions are not all-inclusive. Actions need to be customized to meet each patient's needs. Encourage patients to manage their glycemic levels, triglycerides, weight, hypertension, and lifestyle choices such as smoking. Ensure the patient knows where to access professional assistance in the event of an urgent foot complication.

[†] Tools and educational materials are available online from Wounds Canada.
For patients: <https://www.woundscanada.ca/for-patients-public/240-diabetic-healthy-feet-and-you/for-patients-and-public/267-information-about-diabetes-and-healthy-feet>
For clinicians: <https://www.woundscanada.ca/for-clinicians>

Inlow's Testing

RIGHT FOOT	2. Screen for Loss of Protective Sensation	LEFT FOOT
	<p>Foot Sensation – do they ever:</p> <ul style="list-style-type: none"> <input type="checkbox"/> • feel numb? <input type="checkbox"/> • tingle? <input type="checkbox"/> • burn? <input type="checkbox"/> • feel like insects are crawling on them? <p>Foot Sensation – monofilament testing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No: Loss of protective sensation was not detected (sensation was present at all sites) <input type="checkbox"/> Yes: Loss of protective sensation detected (sensation was missing at one or more sites) 	



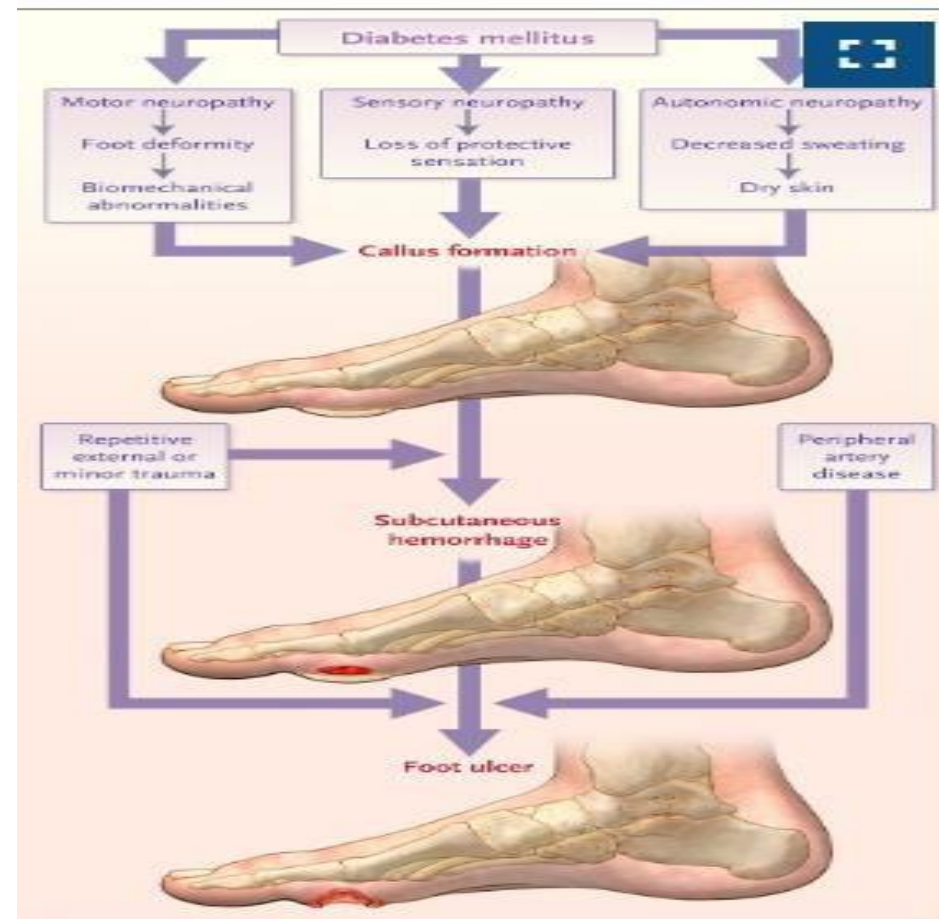


How Diabetic Foot Ulcers Develop

- Peripheral Neuropathy
- Peripheral Arterial Disease
- Diagnosis of end-stage renal disease
- Presence or progression of foot deformity
- Limited foot and ankle joint mobility
- Excess Callus
- Any pre-ulcerative lesion or ulcer on the foot (i.e. blisters, fissures or bruising)
- Minor Trauma (ill-fitting footwear, walking barefoot)
- Poor glycemc control

(International Working Group of the Diabetic Foot, 2023)

How Diabetic Foot Ulcers Develop





Prevention of Diabetic Foot Ulcers

- Identification of the at-risk foot (risk stratification)
- Regular inspection and examination of at-risk foot
- Education of patient, family and health care providers
- Routine wearing of appropriate footwear
- Treatment of pre-ulcerative signs (callus removal and regular footcare)

(International Working Group of the Diabetic Foot, 2023)



Risk Management

“Screening foot examinations are unlikely to reduce the incidence of foot complications unless they eventuate in appropriate specialist referral”

(Singh, Armstrong & Lipsky, 2005)

Shoes and Socks Off



Patient Assessment

- Vascular
- Neurological
- Dermatological
- Biomechanical
- Footwear
- Indoor, outdoor, activity related, occupational etc..



[\(Broken Shoe.JPG - Wikimedia Commons\)](#)

Nine “C’s” of Wound Assessment

1. Causes of the Wound
2. Clear picture of what the wound looks like
3. Comprehensive picture of the patient
4. Contributing factors
5. Components of wound care plan
6. Communication to the other healthcare providers
7. Continuity of care
8. Centralized location for wound care information
9. Complications from the wound



<https://www.mdedge.com/familymedicine/article/65979/foot-ulcer>

Wound Assessments

Wound

Odour

Ulcer category, staging or classification

Necrotic Tissue

Dimension

Pain

Induration

Colour of Wound Bed

Tunneling

Undermining

Redness

Edge of Skin

Measurement

Exudate

Appearance of the Wound

Bed

Suffering

Undermining

Re-evaluate

Edge

(Keast, D. H. et al., 2004)



Baranoski, S. & Ayello, E.A.(2020). Wound Care Essentials (5th Ed.)

Treatment Goals

Category	Description
Healable	<ul style="list-style-type: none">• Factors interfering with healing HAS been addressed/removed• Wound healing can occur in a predictable way
Maintenance/ Non-healing	<ul style="list-style-type: none">• Factors interfering with healing has NOT been addressed/removed
Non-healable	<ul style="list-style-type: none">• Factors interfering with healing CANNOT be removed• Usually related to lack of blood supply/perfusion



Wound Classification Systems

- DFU classification systems allow wound care clinicians to adequately assess and classify the stage and grade of diabetic foot ulcers
- Classification systems act as a guide for clinicians to select appropriate treatment
- Provides a common language
- Many to choose from

DFUs Classification Systems

Wagner	U of Texas
<ul style="list-style-type: none"> • Grade 0-5 • Depth • Presence of gangrene 	<ul style="list-style-type: none"> • 0-3 = Depth • B = Infection • C = Ischemia • D = Both

PEDIS	Wifi	SINBAD
<ul style="list-style-type: none"> • Perfusion (1-3) • Extent/Size • Depth of tissue loss (1-3) • Infection (1-4) • Sensation (1-2) 	<ul style="list-style-type: none"> • W = Extent of wound (0-3) • If = Extent of infection (0-3) • I = Toe pressure/TcPO₂ • Predicts 1-yr likelihood of amputation • Predicts 1-yr benefits of surgery 	<ul style="list-style-type: none"> • Site • Ischemia • Neuropathy • Bacterial infection • Area • Depth • Score out of 6 (3/6 is significant)

DFU

- **Diabetes Management**
 - Optimise glycaemic control, if necessary, with insulin
 - Treat edema or malnutrition, if present
 - Treat cardiovascular risk factors
 - Treat depression or other psycho-social difficulties
- **Find the cause**
 - Footwear, self care, trauma
 - Callus Buildup
 - Biomechanical Issues
 - Bony/Structural Deformities (changes in feet, previous amputations)
 - Educate
- **Ulcer**
 - Location
 - Size (length, width, depth)
 - Exudate
 - Odour



(International Working Group of Diabetic Foot 2023)

VIPs

- **Vascular Supply**

- Pulses, ABIs, TBIs, arterial dopplers
- Peripheral artery disease (PAD) is present in up to 50% of patients with a DFU (Schaper et al., 2015)

- **Infection**

- Clinical signs & symptoms
- Bacterial Balance
- Wound swabs, deep tissue/bone culture
- Imaging

- **Pressure Relief**

- Pressure is a factor in 90% of plantar ulcers (Orsted et al., 2006)
- Appropriate Footwear
- Offloading devices
- Decrease weightbearing activities

VIPs

- **Sharp Debridement**
 - Reduction of callus and non-viable tissue (Sibbald et al., 2003; IWGDF, 2023)



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Offloading

- Total contact casts
- Removable Cast Walkers
- Below Ankle-High Offloading Device (i.e post-op healing shoe)
- Felted Foam (i.e. semi-compressed felt)

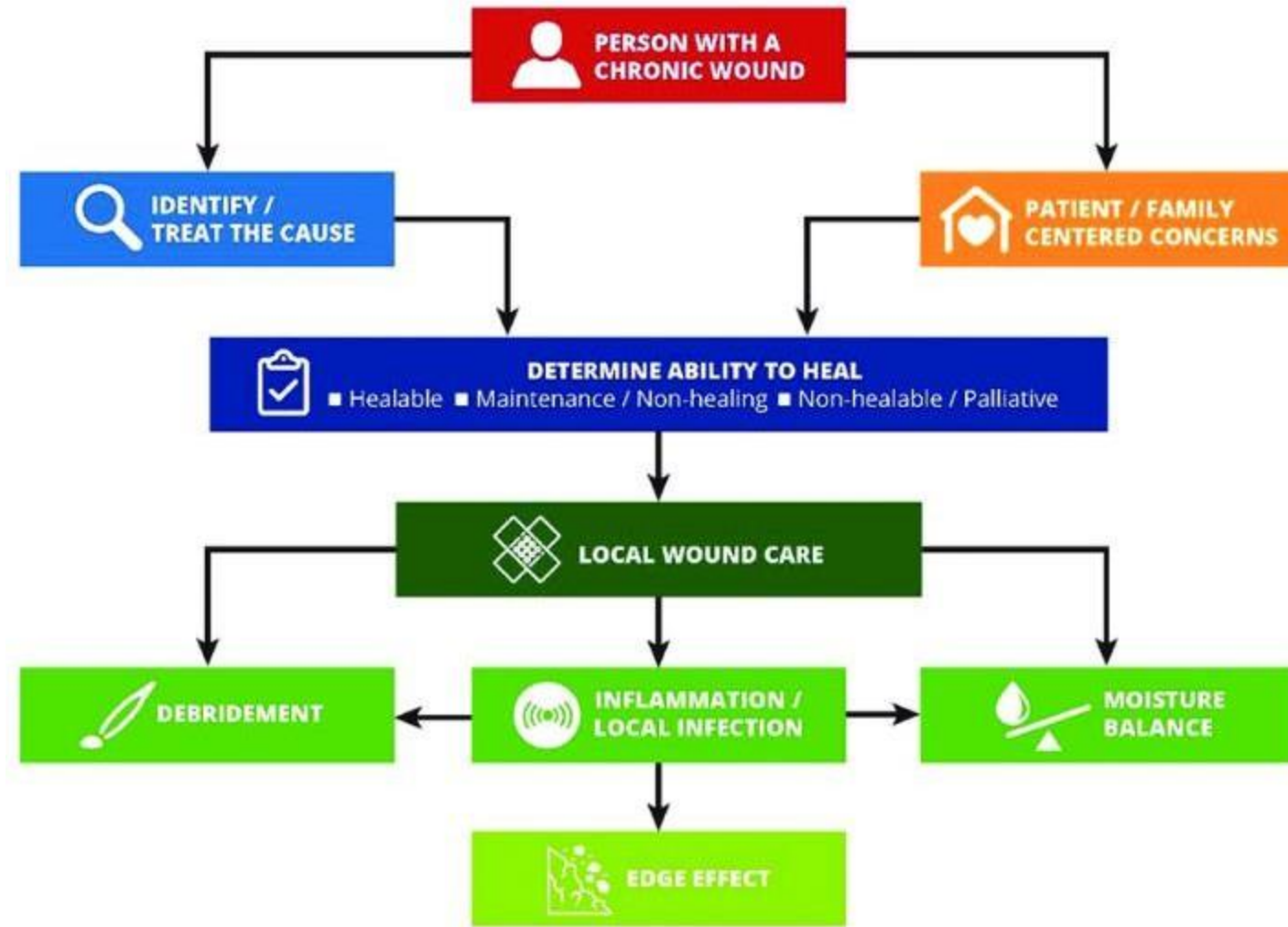




Role of Chiroprody in Wound Care

- Determine the severity of wounds and develop personalized treatment plans tailored to each patient's needs
- Oversee ongoing wound management and maintenance
- Sharp Debridement
- Application of Dressings and other interventions to facilitate healing
- Offloading Devices/Customizing Devices (i.e. foot bed of air cast boot)
- Follow up and ongoing care
- Prevention and Education
- Part of Interprofessional team (coordinate and connect) → **Improved patient outcomes!!!** (Alleyne, 2023)

Wound Bed Prep/Local Wound Care



WOUND BED PREPARATION 2021 PARADIGM

Thank You

References

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Wrap Up



- Subscribe to Updates



Integrated Lower-Limb Preservation CoP

This CoP is for all providers of LLP care and their system partners to work together and leverage the OHT model to deliver a full and coordinated continuum of care to improve outcomes and experiences for patients at risk for non-traumatic major lower-limb amputation.

This CoP brings together local and regional interprofessional teams including, but not limited to, clinical leads, change management leads, project managers, and front-line clinicians from primary care, home & community care, and acute care, as well as patients and caregivers with lived experience, using a collaborative approach to accelerate integrated, LLP care in Ontario.

This CoP is facilitated by the Ontario Health provincial LLP team, in collaboration with the OH Regions, and will be operationalized via this interactive online space that includes a discussion forum, document library of tools and resources, and a member directory for networking. The CoP also includes live touchpoints (i.e., interactive webinars) relevant to either the larger LLP community and/or subgroups within the CoP.

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Mon Jan 09 2023
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HF CoP Playlist: https://youtube.com/playlist?list=PLmh_Q_RMqA8BIhpLBwVCEtKO5SQxnPDnS&si=eQvLfjwLBxTBaMSV

LLP CoP Playlist: https://youtube.com/playlist?list=PLmh_Q_RMqA8B3tX8rcUo7WvTYkJE-WFXv&si=3LEZQ34zUz4B0xzM

COPD CoP Playlist: https://youtube.com/playlist?list=PLmh_Q_RMqA8CxKimz-_mJ3P0oG0iQImXn&si=L1qZOI3IC6RDjZlw

All OHT Webinar Playlist: All OHT - ICP Community of Practice Webinars - YouTube

📄 If you would like to view a copy of the relevant webinar slide deck, you can find them by going to Attachments and clicking the "Webinar" folder for respective CoPs.

📄 ICP Youtube Playlists Poster638591671280752563.pdf

Housekeeping



- LLP YouTube Playlist

LLP CoP Playlist:

https://youtube.com/playlist?list=PLmh_Q_RMqA8B3tX8rcUo7VvTYkjE-WFXv&si=3LEZQ34zUz4BoxzM

We will continue to post here for future webinars, stay tuned for more!

Want to learn more about ICPs?

Visit the
**ICP Community of Practice Webinars
YouTube Playlists**
to learn more about the
HF, LLP & COPD Demonstration Sites.

Playlists currently available

- [HF CoP Playlist](#)
- [LLP CoP Playlist](#)
- [COPD CoP Playlist](#)
- [All OHT Webinar Playlist](#)

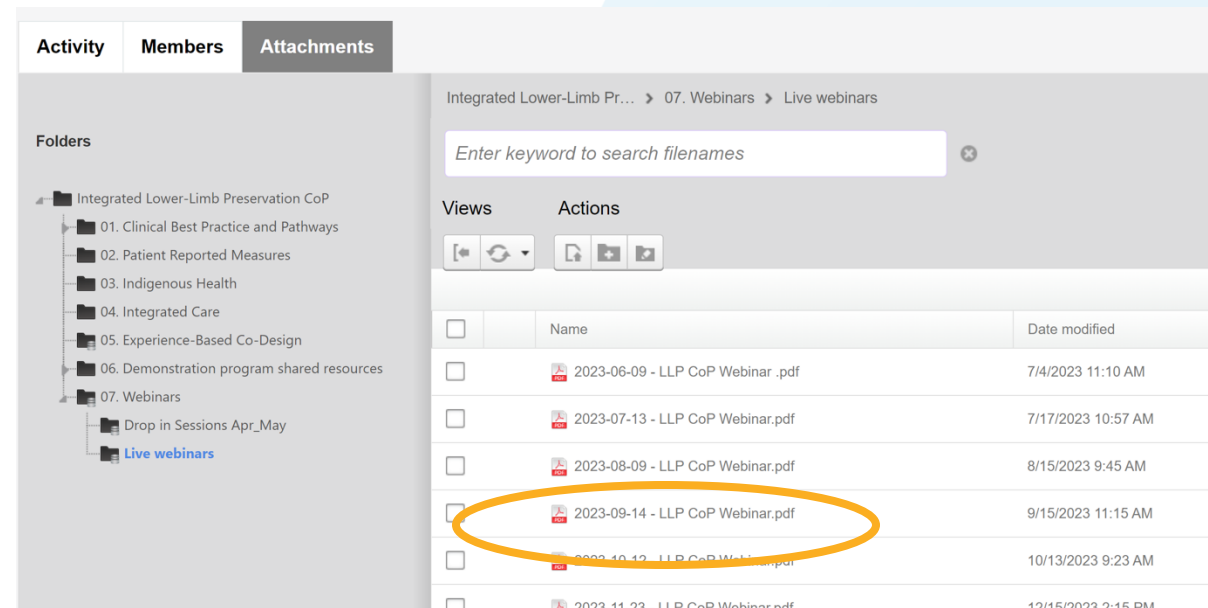
...we will continue to post here for future webinars, stay tuned!

Sharing of Demonstration Site Resources

LLP demonstration program teams have requested sharing of Demonstration Site Resources on the Community of Practice (CoP) online shared space.

Reminder:

The [September 14, 2023 CoP webinar](#) includes an overview from every LLP demonstration program of their planned change initiatives/pathways



The screenshot displays a file management interface with three tabs: Activity, Members, and Attachments. The Attachments tab is active, showing a breadcrumb path: Integrated Lower-Limb Pr... > 07. Webinars > Live webinars. A search bar is present with the placeholder text "Enter keyword to search filenames". Below the search bar are "Views" and "Actions" sections. A table lists files with columns for checkboxes, Name, and Date modified. The file "2023-09-14 - LLP CoP Webinar.pdf" is circled in orange.

	Name	Date modified
<input type="checkbox"/>	2023-06-09 - LLP CoP Webinar .pdf	7/4/2023 11:10 AM
<input type="checkbox"/>	2023-07-13 - LLP CoP Webinar.pdf	7/17/2023 10:57 AM
<input type="checkbox"/>	2023-08-09 - LLP CoP Webinar.pdf	8/15/2023 9:45 AM
<input type="checkbox"/>	2023-09-14 - LLP CoP Webinar.pdf	9/15/2023 11:15 AM
<input type="checkbox"/>	2023-10-12 - LLP CoP Webinar.pdf	10/13/2023 9:23 AM
<input type="checkbox"/>	2023-11-23 - LLP CoP Webinar.pdf	12/15/2023 2:15 PM



Thank You

OH LLP Project Team