



Australian Government
Department of Veterans' Affairs



Basic Foot Care

A resource reference for
Personal Care Workers



Introduction

The Department of Veterans' Affairs (DVA) is focused on promoting a person-centred approach across all programs delivering services to veterans and their families. By 'person-centred', I mean care that is determined by the needs of the veteran, or entitled family member. DVA is committed to assisting Community Nurses and Personal Care Workers deliver the very best person-centred care. I trust this resource will support you in the delivery of community nursing services and thank you for your care of our veterans and their family members.

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Department of Veterans' Affairs

Foot health is critical to mobility, balance, infection control, self-esteem and general wellbeing. As a Personal Care Worker (PCW)*, your role requires you to:

- Be aware of common foot issues
- Be able to conduct foot health checks
- Deliver and document basic foot care
- Report changes and concerns quickly.

This resource is designed to build on your existing knowledge of foot health. It contains an overview of common foot problems, and guidelines to deliver and document foot care.

Foot health is not just about the feet – it's a good indicator of overall health. For example, foot ulcers can be an indication of poorly managed diabetes. Swelling, numbness, coldness and discolouration can be signs of numerous diseases, which is why a daily check of a person's feet for changes or problems is so important.

Poor foot health can have emotional and psychological impacts. People may feel frustrated about being unable to move easily or embarrassed about foot odour. Their levels of pain or discomfort may be limiting their ability to participate in activities, reducing their enjoyment of life and self-esteem.

In your role, you are uniquely placed to assist the person under your care and help them have the healthiest feet possible. If a foot health care plan is in place, deliver the care as set out in the plan. Note and act on any changes as soon as they happen. Even if there are no changes, take care to document foot care properly too.

Even if the person does not have a current foot health concern, you can encourage them to take preventative measures, like exercising and managing their diabetes. If the person is able to mobilise, even something as simple as exercising can reduce the development of chronic conditions over time.

If the person has diabetes, be aware that they have a much higher risk of foot complications, and Aboriginal and Torres Strait Islander people with diabetes are at particularly high risk. See the 'diabetes and foot problems' section of this resource for further information and guidance.

**The term Personal Care Workers (PCWs) includes Nursing Support Staff (NSS), Assistants in Nursing (AINs), Health or Home Care Assistants (HCAs), Personal Care Assistants (PCAs) and Personal Care Employees (PCEs).*

Foot and nail anatomy

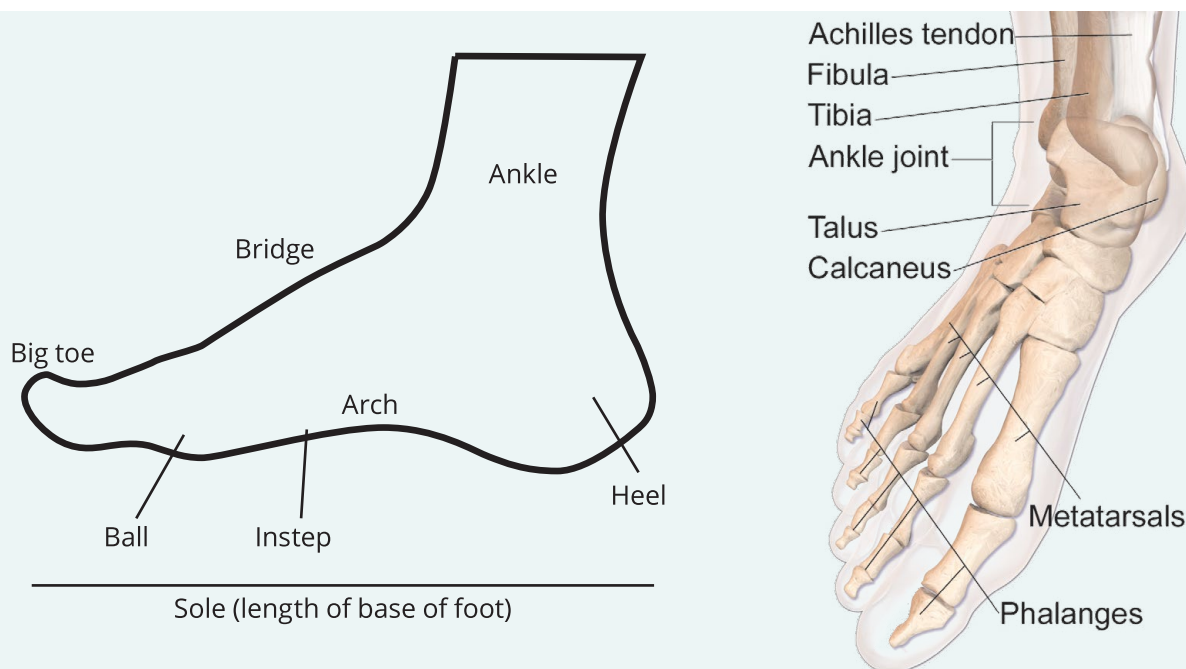
Foot anatomy

The foot is a complex structure made up of 26 bones, 33 joints, five ligaments and more than 200,000 nerve endings.

The foot is designed to propel the body forward and absorb shock. When the foot lands on the ground and pushes off again, it is working like a lever.

One of the most common causes of foot problems is faulty foot mechanics. The foot may have a very high arch and roll outward, or the arches may roll inward or downward, becoming flat (called 'over pronation'). Faulty foot mechanics create uneven pressure and reduced movement and may require the attention of a podiatrist or other specialist.

Shoes that are the wrong size, or socks that are sweaty or too tight, are a common cause of foot problems.



Colour images: Blausen.com staff (2014).
[Medical gallery of Blausen Medical 2014.](https://www.blausen.com/)

Lower Leg and Foot

Nail anatomy

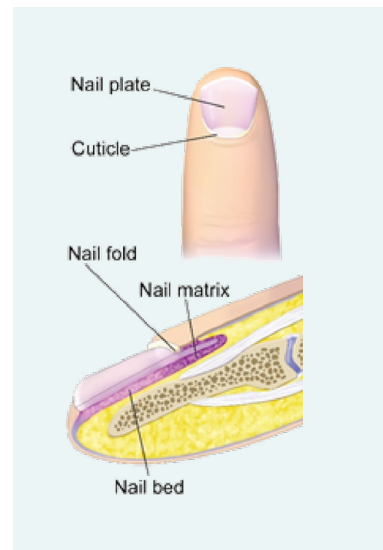
The toenail is made of a tough protein (alpha-keratin) that serves to protect the top of the toe from injury. The nail we see forms under the skin at the edge of the nail nearest the body, in the **nail matrix**.

As more toenail forms, old, dead cells are pushed along the upper surface of the toe towards the end of the toe. Nails typically grow around three to four millimetres a month.

The **free edge** is the white area of the nail that grows past the tips of the toe. The **nail plate** is the area of the nail that is still attached to the toe and extends under the fold of skin.

The **cuticle** is a layer of clear skin along the bottom edge of the nail. Its function is to protect new nails from infection as they grow out from the nail matrix.

If you notice changes in a person's nail health (such as discolouration, infection or brittleness), document and report these changes to your nursing supervisor.



Tinea, dermatitis, warts, corns & calluses

Tinea

Tinea is a common skin condition. It is caused by a fungal infection that flourishes in warm, moist environments. It can occur anywhere on the body, but feet, toes and nails are particularly at risk.

The main symptom is a red, flaky rash. Although tinea is considered a mild condition, it can still cause a lot of discomfort. Any area of the foot can crack, split and peel, causing blistering and itching. There may also be an unpleasant smell.

Nails with tinea often have a yellow or white discolouration. Untreated, they can become cracked and flaky, and prone to infection.

Tinea is treated with antifungal medications. These can be creams and ointments, as well as oral medication. As part of treatment, the foot needs to be kept clean and dry, to avoid the moist conditions tinea thrives in.

In treating tinea, care needs to be taken to avoid infecting other areas of the body, or other people, with the fungus. See 'daily routines' and 'hygiene' in this resource for further detail.

Dermatitis

Dermatitis is an inflammatory response that can be triggered by an allergen (like perfumed soap) or infection. The skin becomes red, inflamed and itchy. Dermatitis requires a medical examination to determine what is causing the condition. Treatment is usually in the form of creams, or if there is a secondary infection, antibiotics.

Warts

Warts (verruca) are small rough growths that resemble a cauliflower or solid blister and are caused by a viral infection. There are many variations of warts, some are contagious and can enter the body through an area with broken skin.

Plantar warts (verruca plantaris) are hard, sometimes painful lumps, often with multiple black specks in the centre. They are usually found on the pressure points on the soles of the feet.

Warts can be treated with chemical treatments that are painted on the wart at home, or they may be frozen off (cryotherapy) at the doctor's surgery or by a podiatrist.

Corns

Hard corns are thick, hardened dead skin which most commonly form on the tops of the toes, the side of the toes, or below the toes on the soles of the feet. They are painful and appear cone-shaped, pointing into the skin on areas that have high pressure on them. **Soft corns** are moist and found between the toes. Corns can be caused by ill-fitting shoes, so check to see if there are friction points causing the problem.

Calluses

Calluses are made up of thick, hardened dead skin which forms with excessive friction or pressure. They are usually found on the soles and balls (below the toes) of the feet, appearing anywhere there is friction. These may also be caused by ill-fitting shoes, so check to see if they fit correctly.

Never cut corns or calluses. Only a doctor, nurse practitioner or podiatrist can do this.

Hammer toe, bunions, ingrown toenail, plantar fasciitis & gout

Hammer toe

Hammer toe is a common condition where the end of a toe bends downward and the middle joint bends upward. It is caused by an imbalance in the muscles around the toe, or arthritis of the toe. Over time, the affected toe can become painful and hard to move. The toe may also develop corns and calluses.

At first, hammer toes are flexible and can be corrected with simple measures like taping, splinting, and daily stretching. If left untreated, hammer toes can become stiff and if painful, they may require surgery.



Bunion

Image: Blausen.com staff (2014).
[Medical gallery of Blausen Medical 2014](#)

Bunions

A bunion forms when the big toe pushes against the second toe, forcing the joint at the base of the big toe to protrude.

Bunions develop slowly, but over time the pressure on the big toe joint causes pain and stiffness. The skin over the bunion can be red and sore.

In some people, bunions are caused by an inherited structural problem. Arthritis is also a cause of bunions. Tight, narrow shoes can cause bunions and make existing ones worse.

Non-surgical treatments include changing shoes to a wider fitting; padding, taping and splinting; using bunion pads or shoe inserts; and medication. In some cases, surgery can provide relief.

Ingrown toenail

Ingrown toenails occur when the edges or corners of a nail grow into the skin of the toe. The condition causes pain and inflammation, and can lead to infection in the surrounding skin.

Any toenail can become ingrown, but the big toe is most often affected. The most common causes are wearing tight shoes or incorrect nail care. Trimming the nail too short can encourage a toenail to grow down and dig into the skin. Other causes can be from inherited conditions.

Ingrown toenails should be treated as soon as they appear. If they are not infected, keeping the foot clean and dry, wearing comfortable footwear and breathable (natural fibre such as cotton or wool) socks may be enough to manage the condition.

If infection is present (redness, swelling, pain and pus), report this to your nursing supervisor and document in the progress notes as the toe needs to be seen by a doctor or podiatrist. Antibiotics may be required if the toe is infected, and if necessary, surgery, to partly remove the nail and other tissues.

Plantar fasciitis

The plantar fascia is a thick, fibrous band of tissue that runs along the bottom of the foot. Plantar fasciitis is the inflammation of this tissue. Symptoms include a sharp pain near the heel, and the pain is often worse in the morning or after resting. Poor biomechanics (such as overpronation), increasing age, and being overweight all contribute to the condition.

Icing, resting, massaging, and orthotic inserts in shoes are first-step treatments. A podiatrist or a physiotherapist can also treat the condition. If pain persists, steroid injections or surgery are possible options.

Gout

Gout is a form of arthritis characterised by sudden pain in the foot, ankle or knees and is often felt in the large joint of the big toe. It is caused by too much uric acid in the body and requires medication prescribed by a doctor.

If you notice (or the person states) they have any of the above symptoms, document these in the progress notes and notify your nursing supervisor.

Diabetes and foot care

Diabetes

Foot problems are a common issue for people with diabetes. Poor blood supply is a complication of diabetes and can result in slower healing. This means that cuts and sores may not heal, causing pain and ulcers which can become infected.

Over time, diabetes can also lead to nerve damage, which means a person may not feel pain, or not realise they have cuts or blisters that require attention. Others may also experience sensations such as burning, tingling and pain in the feet.

Improving blood circulation is important in people living with diabetes. This means controlling blood cholesterol levels, keeping blood glucose levels as normal as possible, avoiding smoking, and exercising daily. It is important to wear well-fitting, supportive and comfortable shoes, and to avoid tight socks or ones with elastic garters.

A person with diabetes should have their feet examined once a year by a doctor or podiatrist, to detect problems early. Untreated foot problems in people with diabetes can have serious consequences, including gangrene (dead tissue) and amputation.

If a person develops pain, throbbing, heat, swelling or discolouration in the feet, or a cut or injury becomes red or does not heal, document in the progress notes and notify your nursing supervisor immediately so that action can be taken.

Daily foot care for people with diabetes

Daily foot care for people with diabetes includes checking for signs of injury or ulceration; checking for swelling, discolouration, redness or heat; washing feet daily and drying well between the toes; and moisturising dry skin – especially cracked heels. Do not moisturise between the toes. See the 'general foot care' section for a suggested daily foot care routine.

Treating cuts and injuries in people with diabetes

If you find an injury such as a cut, blister, sore, red area or open crack:

- Wash and dry the area
- Cover with sterile dressing
- Report to your nursing supervisor.

Any signs of infection should be checked by a health professional immediately.

Diabetic foot ulcers

Diabetic foot ulcers are a complication of poorly controlled diabetes. They are most common under the big toe, and the balls of the feet. Ulceration occurs when the skin tissue breaks down and exposes the layers beneath, causing pain, discomfort and potential infection.

Preventative care is crucial with diabetic ulcers. Sometimes the signs are not obvious, and a person with diabetes will not notice until the ulcer is infected. Be on the look-out for unusual swelling, irritation, redness, odour, or wet patches on socks. These are the early signs of a foot ulcer.

If you see skin discolouration or irritation, report it to your nursing supervisor straight away. If tissue has turned black, or the person reports numbness in and around the ulcer, notify your nursing supervisor immediately and document in the progress notes.

Risk factors

Smoking, obesity, alcohol consumption, poor hygiene, heart disease, kidney disease, and poorly fitted or poor quality shoes can all increase the risk of developing diabetic foot ulcers.

For more information and resources, visit www.diabeticfootaustralia.org.

Foot care & assessments

General foot, skin and nail care

The aims of foot care are to:

- Keep the feet clean
- Maintain skin integrity (skin health)
- Keep the skin moisturised
- Keep nails short, but not too short
- Reduce the risk of injury, infection and complications
- Improve self-esteem.

Remember people can be sensitive and shy about their feet. Work with the person to reassure them and make the experience as pleasant as possible – for both of you.

Every person's foot care needs are individual.

Assessment

A foot care assessment should be undertaken by a registered nurse in your organisation. The assessment should include:

- The person's medical history including history of foot problems
- An examination of the feet
- A check of foot pulses and reflexes
- A footwear assessment
- An assessment of the person's understanding of foot health
- An assessment of the person's self-care capacity.

After the assessment is complete, a foot care plan can be developed. This will include daily care, a plan for check-ups (every twelve months or more for people with diabetes), and instructions for further actions if required.

Prior to foot care

Before supporting a person with daily foot care:

- Check the person's records to see if a foot care assessment has been completed
- Check the foot care plan to confirm individual needs and preferences
- Ensure a safe, comfortable setting for both you and the person
- Ensure you have all the equipment you need.

For a general foot, skin and nail care routine, the following equipment is required:

- A towel
- A bowl with warm water
- Personal protective equipment (PPE) including gloves, eye protection, mask (as set out in the care plan)
- The person's own items (see 'individual checklist' to the right).

Individual checklist

- Emery board/file
- Cotton buds
- Nail brush
- Moisturiser

Creams and ointments

Foot creams and/or ointments may be specified in the care plan. These include:

- Emollients (treatments to reduce water loss and protect skin)
- Moisturisers (preparations to prevent dryness in skin)
- Antiseptics (anti-microbial substances to reduce possibility of infection), as directed by your nursing supervisor.

Before providing foot care, set up the items within reach, ready to apply after washing and drying feet.

Foot care process & scope of practice

Standard foot care process

- Read 'preparing for foot care' on the previous page, carefully checking the foot care plan
- Gather equipment and set up in a comfortable area. Ensure you are comfortable as you deliver care
- Explain to the person and seek consent to perform foot care
- Wash feet in warm soapy water. If hygiene poor, soak for up to five minutes (maximum)
- Remove any nail polish during this time
- File nails across, not into corners – DO NOT CUT (see 'scope of practice' below)
- Use nail brush if required for gentle nail cleansing
- Gently pat feet dry with towel, paying particular attention to drying between the toes
- Examine the nails and skin for any changes
- Moisturise the cuticles – use an emollient or moisturising cream
- Gently massage the feet (be careful between toes)
- Apply creams and/or ointments as prescribed
- Perform hand hygiene and dispose of waste correctly
- Document the foot care you have performed. Make note of any variations in the person's foot health
- If you have any concerns about the person's foot health, refer them to the appropriate person or notify your nursing supervisor.

Foot care routine for people with diabetes

- Wash feet every day with lukewarm water and a soap-free wash
- Dry feet well, especially between the toes
- Moisturise feet, but not between the toes
- Check feet for blisters, cuts or sores
- File toenails to a reasonable length – DO NOT CUT (see 'scope of practice' below)
- Put on socks that are not too big or small
- Ensure socks are not rubbing the toes or too tight around the ankles
- Put on shoes that fit comfortably
- Do not walk barefoot indoors or outdoors.

Scope of practice – Personal Care Workers

Filing, not cutting toenails

The scope of practice of a Personal Care Worker does not allow the cutting of toenails. Only podiatrists, doctors, or approved nurses who have been specially trained, are permitted to cut toenails. This is because it poses a risk of cutting the skin or cutting the nail incorrectly, possibly leading to pain and infection.

If you believe a person requires attention by a podiatrist, including nail cutting, write this in the person's notes and report to your nursing supervisor.

Work health and safety

Ensure the environment you are working in is safe for the foot care process, for both you and the person. Observe manual handling procedures, especially back care. Wear PPE (such as gloves and mask) as required and dispose of as required by your organisation.

Infection control

You must collect, handle, manage and dispose of biological waste material according to organisational and legal requirements. Clean and store equipment correctly.

Documentation

You must document the foot care you have performed according to your organisation's reporting guidelines and requirements. Be sure to document, refer and follow up on anything you believe requires attention.

Contacts and other resources

DVA general enquiries	 1800 555 254
DVA provider enquiries	 1800 550 457
DVA community nursing	 nursing@dva.gov.au  www.dva.gov.au/providers/health-programs-and-services-dva-clients/community-nursing
Open Arms – Veterans and Families Counselling	 1800 011 046
Basic foot and nail care in aged care (Ausmed – free 4 minute education guide)	 1800 330 066  www.ausmed.com.au/cpd/articles/basic-foot-and-nail-care
Diabetes Australia (foot care)	 www.diabetesaustralia.com.au/foot-care

Disclaimer

The information in this booklet is provided as general information only and is based on the information available on the date of publication. The information will be amended periodically as circumstances, policies or procedures change. It is therefore important that you check from time to time to make sure that you have the current version. The latest version will be available on the Department of Veterans' Affairs (DVA) website with the date of amendment noted.

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