



## Feedback Casting Consensus Group

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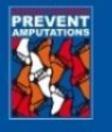
### **Current Guidelines**

#### CONTRACTOR DURING CONTRACTOR OFFICE

#### 2011

Northern Conservation States For Successful and Conservation States For

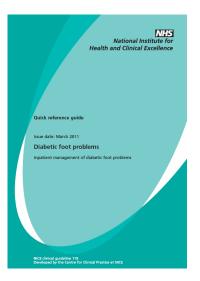
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#### Putting feet first: national minimum skills framework

The national minimum skills framework for commissioning of footcare services for people with diabetes Revised March 2011

The report as part inflation from: Dates 100 Sector 100 No Dates 100 The Association of Brith Flocal Datestogens The Association of Brith Flocal Datest



## **Neuropathic Ulceration**

### Rationale for casting

- To facilitate healing by reducing sheer compressive and frictional forces allowing limited mobility
- TCC is the preferred treatment for non-infected plantar foot ulceration. (IWGDF 2007)
- The TCC remains the "gold standard" means of achieving such pressure redistribution. (Boulton 2004)
- The TCC has proven to be the gold standard of treatment because of its ability to reduce pressure and facilitate patient adherence to the off-loading regimen. (Armstrong 2002)



### **Charcot Foot**

#### Rationale for casting

- To rest and stabilise the affected limb reducing the risk of further foot deformity through immobilisation
- The advantage of a cast is compliance with the treatment is enforced and mobility is reduced. (Boulton 2004)
- Use of non removable offloading device shortened time to resolution by approximately 3 months (Game 2012)



### **Current Practice**

- European Eurodiale study casting was used in 35% (0–68%) of the plantar fore- or midfoot ulcers. (Prompers 2008)
- USA study showed that only 2% surveyed use the TCC as primary off-loading method. (Wu 2008)
- Evidence exists to support the use of TCC for neuropathic foot ulceration. (Bus 2008)
- Only 40% of patients diagnosed with acute Charcot received a nonremovable off-loading device at any stage during their treatment. (Game 2012)
- Treatment of many patients is not in line with current guidelines and there are large differences between countries and centres. Our data suggests that current guidelines are too general and that healthcare organisational barriers and personal beliefs result in under-use of recommended therapies. (Prompers 2008)

### Pressure Relieving Devices

























## The Total Contact Cast (TCC)

#### **Original TCC**

Pioneered by Brand Uses Plaster of Paris (POP) Drying times 24-48hrs Not widely used in the UK now

#### Below Knee Cast

Uses fibreglass instead of POP Preferred casting material Quicker drying times Easier application Less mouldable





### Problems

- Many of our more experienced practitioners are retiring over the next couple years which will leave a skills gap
- Application of casts is a post registration skill for podiatrist however there is limited recognised training available
- No national guidance on when, what and how to apply cast
- No accredited training so tend to adopted the see one, do one, train one approach
- Variations in techniques among centres makes it difficult to assess outcome of casting. Evidence off-loading generally is sparse
- Need to achieve resolution of foot problems as efficiently as possible. Wider use of casting could be one answer

# Working Group

- Rachel Berrington, Pat Purser & Marie-France Kong, Leicester
- Maureen Bates, Tim Jemmott & Mike Edmonds, London
- Neil Baker, Ipswich
- Trevor Deharo, Northampton
- Kath Eccles, Gill Lomax & Geraint Jones, Blackburn
- Catherine Gooday, Norfolk
- Ann Knowles, Manchester
- William Munro & Claire Mermahon, Scotland
- Alison Musgrove, Clare Soar & William Jeffcoate, Nottingham



SB Communications Sanofi-aventis

### Aim

To define the parameters required for the effective & safe casting in the management of the diabetic foot in the UK

## **Alternative Aim**

### To ensure more patients get plastered



### Objectives

- Define conditions and the rational for a range of casting techniques
- To standardise the terminology and techniques currently used for casting
- To develop a competency framework for casting
- To develop standardised patient information

### Standardisation

#### Agreed techniques

- Below Knee Cast Charcot
- Removable Below Knee Cast
- Boot Cast
- Removable Boot Cast

### To be discussed

- Slipper Cast
- Below Knee Cast ulceration





### What next?

- Group reconvene during the Malvern conference to work towards guidance on recommending cast types for different foot conditions
- Devise an accredited training program
- Identify potential sites/practitioners to provide training
- Standardise patient information
- Endorsement from professional bodies
- Publish consensus document
- Facilitate national implementation

