

Q&A with FAYE VOGIATZOGLOU

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Question and +Answer on Podiatry

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Faye is a Podiatrist with over 25 years of clinical experience. She began her career in the NHS and worked as part of a Multi-Disciplinary Team before moving into private practice. Her special interest is in minor surgery such as nail surgery and ingrown toenails management. She also enjoys working with children. Part of her work also involves analysing the way people walk and providing them with insoles to help with posture and alignment. Faye has published 2 surgical papers in peer reviewed journals. She is the Clinical Director of Medipod Clinics in Hinckley, Leicestershire, where she and her team treat a wide range of foot related problems from corns and calluses to heel pain management and diabetic foot care.

What is the difference between a foot health practitioner, a chiropodist, and a podiatrist?

There is no difference between a Chiropodist and a Podiatrist, but the term Podiatrist is more accurate. But there is a difference between a Podiatrist (Chiropodist) and a Foot Health Practitioner. A Foot Health Practitioner usually needs a Certificate or a Diploma in Foot Health to practice (online course) and provides basic foot care and advice for people's feet. Podiatrists, on the other hand, have completed a minimum 3 years degree and are specialists in the assessment, diagnosis, and treatment of disorders affecting the feet and lower limbs. Podiatrists are registered with the Health and Care Professions Council (HCPC Registered).

What do you typically spend your day doing? What age groups do you work with and what other long-term conditions do you treat?



A typical day involves a lot of nail cutting, hard skin removal, fungal nail management, verruca

treatment using swift microwave therapy, a nail surgery redressing, footwear advice and some kind of mechanical issue element (diagnostic or review) of conditions such as plantar fasciitis, tendinitis, or gait abnormalities.

We see people of all ages from babies and toddlers to old people, however, the majority of our patients are aged from 50-70 years old. Each age group presents with different foot related issues. Young people tend to present mainly with verruci, ingrown toenails and gait issues such as flat feet and in-toeing gait, while older people tend to suffer from thickened, fungal nails and hard skin issues as well as plantar fasciitis and various tendinitis. As a Podiatrist, I treat patients with a variety of underlying medical conditions. These include, but are not limited to, Diabetes, Osteoarthritis and Rheumatoid Arthritis, mental health issues, Parkinson's and other neurological conditions, Eczema and Psoriasis as well as patients going through chemotherapy.

As a bedbound ME patient who can't leave the house what is available regarding podiatry on the NHS and how would I access it?

Podiatrists work in both private sector and the NHS. Your GP can refer you to an NHS podiatrist for regular treatments either at home or in the community. Some private podiatrists offer a home visiting service as well for house-bound people.

What is available for a bedbound patient who can pay for treatment privately?

As mentioned before, some private podiatrists offer a home visiting service. Unfortunately, certain services that podiatrists offer such as nail surgery and biomechanics, are difficult to deliver in a non-clinical environment. However, most foot health practitioners only offer mobile basic footcare.

What does orthotics mean, and would it be helpful for someone with severe ME?

Orthoses or orthotic devices (insoles) are shoe inserts that slide into your shoes to help with foot and ankle function, reduce the risk of injury and improve your posture. They come in different levels of functionality from over the counter cushioning insoles to bespoke orthoses. In cases of severe ME, mobility is impaired therefore foot supports should provide more cushioning than functional control. As mobility improves, a more functional orthotic device may be necessary.



Would you expect to see differences in the feet of a bed bound 30-year-old patient who had been bed bound for 5 years compared to a bed bound patient in their seventies who had been bed bound for the same length of time?

Absolutely yes. Feet, like everything else in the body, change over time. Older people tend to have more health issues than younger people such as reduced circulation, more foot deformities, less muscle strength and tone and a weaker immune system. Older people also tend to recover more slowly than younger people. However, there are loads of factors affecting foot health such as genetics, skin quality, overall health, age, and lifestyle factors.

I find touch very difficult to tolerate. What is the best way for someone to cut my toenails?

The best way to cut toenails is straight across. Podiatrists use appropriate equipment to cut people's toenails efficiently and professionally. Firm touch, in combination with the right equipment, can provide a pleasant experience for someone who is sensitive to touch.



I have been bed bound for several years, my second toe on both feet can't be stretched out. Is there anything that can be done?

There are different levels of contractures leading to toe deformities. If the deformity is flexible, it can be stretched out. In addition, different toe props can help minimise the abnormal flexion of the toes. Provision of functional insoles can help to support feet and aid in better functioning of the intrinsic muscles that leads to toe deformities. However, when the deformity becomes rigid, it requires a minor surgical procedure to lengthen the tendon.

I have just started standing by the edge of the bed after several years being bed bound, but the arches of my feet hurt. Is there anything that can be done to help this? Should I be wearing a particular type of shoe/ insole etc?

There are a lot of factors that can contribute to arch pain. These include unsupportive footwear, weak muscles, overstretched ligaments, flat feet or high arches, walking on hard surfaces, impact, muscle strain, various underlying medical conditions, tendinitis, stress fracture and many more. The role of the podiatrist is to identify the contributing factors to the discomfort, assess both feet appropriately and discuss a management plan, which may

include ultrasound therapy, strapping, footwear advice and provision of special insoles to support feet.



In the long term how could a podiatrist help a bedbound ME patient?

Podiatrists can support a bedbound ME patient in different ways. This includes assessing the feet for any bumps, lumps, sores, lesions, or pressure points. They can also offer treatment of toenails, hard skin, corns, calluses, verruci, ingrown toenails, skin breakdowns. In addition, they can offer advice on footwear, hosiery, pressure sores, and circulation. Podiatrists can also liaise with physiotherapists and occupational therapists.

If the patient improved to being able to walk a little would a podiatrist be able to support them?

If the patient's mobility improves, the podiatrist can assess the way they walk and provide a variety of insoles to support foot function and improve posture.

During a biomechanical assessment, the podiatrist takes specific measurements from your feet, ankles, knees, hips, and lower back, looks at the overall structure of your whole body, examines posture, assesses muscle weakness and strength in your lower limbs. There are a lot of observations and measurements involved! Then, templates of your feet can be taken and a prescription for bespoke insoles is prepared. Custom-made orthoses can last for a few years and provide better support as they are biomechanically designed and engineered for your foot type.



Leonardo da Vinci said that *“The human foot is a masterpiece of engineering and a piece of art”*. This comes as no surprise, if you consider that the foot contains 26 bones, 33 joints and more than 100 muscles, tendons, and ligaments. Foot function is very complex, and every foot is totally different.

We would like to thank Faye for taking time out of her busy schedule to answer our questions.