



## Foot and Lower Limb Healthcare Model for Podortho® Nurses Core-Competencies 2019

### Introduction

The Ontario Podortho Nursing Association Inc. (OPNA) board members have collaboratively assembled this Podortho Nursing Core Competencies (PNCC) document to reflect standards of best practices for Nurses working in the field of foot and lower limb healthcare who support and are members of the OPNA. This document contains a collection of routine practices related to the delivery of Podortho® Nursing care under the umbrella of foot and lower limb (Podortho®) practices. Information contained within was collectively derived from evidenced based research, leaders in the healthcare industry, governing regulatory bodies and practicing Podortho® Nurses (Pod.Ns.). This document is a suggested guideline that does not replace recommendations of affiliate governing bodies, it is intended to enhance and guide practice for Pod. Ns.

The Ontario Podortho Nursing Association Inc. (OPNA) is a not for profit organization that supports members by providing tools and resources that will enhance their practice for the betterment of the foot and lower limb healthcare in the province of Ontario. Podortho Nursing Core Competencies are designed to equip and guide Podortho Nurses to improve and clarify the role of the Pod. Ns. and scope of practice. OPNA is committed to providing best practice recommendations through the implementation of this PNCC document and reviewed at minimum annually and collectively utilizing documents provided by the College of Nurses of Ontario (CNO).

Podortho Nursing Core Competencies reflect evidence-based best practices. Revisions will be made when necessary to maintain quality foot and lower limb care practices for Pod. Ns.

It is the boards intention to standardize the expectations for quality care within the Foot and Lower Limb healthcare industry specific to the specialized area of Nursing and, to ensure patients receive the quality care they require. By incorporating evidence-based recommendations into a PNCC document, Pod. Ns. can utilize it to guide their practice to maintain quality healthcare and improve patient outcomes.

The delivery of healthcare and needs is constantly evolving, therefore Regulated Health Care Practitioners (RHCP) must remain current with the best practice in their chosen profession. PNCC are utilized as a guiding tool to practice Foot and Lower Limb Healthcare for Podortho Nurses at all levels; students, novice nurses and advanced practicing nurses.

As leaders in Foot and Lower Limb Healthcare, we believe there is a standard level of care that patient/client(s) should receive from all Pod. Ns. across the province. OPNA board of Directors anticipates all Pod. Ns. to incorporate these written PNCC into their daily healthcare practice to ensure the delivery of safe, effective quality care is achieved.

*Registered Nurses (RNs), Registered Practical Nurses (RPNs) and Nurse Practitioners (NPs) (collectively referred to as “Nurses”) are regulated health care professionals who provide foot care in a variety of care settings, long term care homes, hospitals, CCDC’s, FHTs, physician offices, and in the community in patient’s home or in private health clinics. Nurses assess patients, provide preventative care and educate and refer patients to other practitioners where necessary. Nurses also provide non-invasive foot care services, such as clipping nails, paring calluses and corns, debriding morbid tissue, treating ulcers, providing wound care, monitoring conditions of the foot, **prescribing and dispensing orthotics**, and wrapping and bandaging the feet.*

*(College of Nurses of Ontario 2014). HPRAC, stakeholder Feedback on the Chiropody/Podiatry Referral: The current Model of Foot Care in Ontario. Part II(b); Other submissions, 54.*

**OPNA-Podortho Practice statement is as follows;**

*Podortho<sup>®</sup> Nurses are Regulated Health Care providers. Registered Nurses, Registered Practical Nurses, or Registered Nurses (EC) who have obtained advanced training allowing them to specialize in foot and lower limb care utilizing best practice guidelines created by The College of Nurse of Ontario working within their scope of practice to promote foot health by providing foot and lower limb assessments and treatments that is supportive, preventative, and rehabilitative in order to maintain optimal foot and lower limb health.*

*(Ontario Podortho Nursing Association 2018).*

## Podortho® Nursing Core-Competencies

Core Competencies: Preparing to Practice	
C.C. Sec.1 Rec. 101	<p>The College of Nurses of Ontario (CNO) (regulating body for nurses in Ontario) states it is mandatory for all practicing nurses to hold an active nursing license status. Respectively, all practicing nurses should also carry liability insurance.</p> <ul style="list-style-type: none"> <li>- CNO is unable to provide an opinion or feedback on OPNA core competencies as it relates to specific specialities. This is because CNO is not present at the point of care to fully assess and appreciate the practice and practice environment of foot and lower limb care.</li> <li>- CNO directs members to review the competencies outlined within the Entry-to-Practice documents for RNs, RPNs, and NPs: <ul style="list-style-type: none"> <li>o <a href="#">RN Entry to Practice Competencies</a></li> <li>o <a href="#">RPN Entry to Practice Competencies</a></li> <li>o <a href="#">NP Entry to Practice Competencies</a></li> </ul> </li> <li>- These competencies are the expectations of <b>all nurses</b> in Ontario in their respective registration class with the College. These competencies not only serve as the criteria against which entry-level registered nurses are measured upon initial registration with the College but are also used to guide the assessment of members' continuing competence for maintaining registration with the College.</li> <li>- CNO encourages review of these documents in detail which align with OPNA's core competencies with the College's entry-to-practice competencies.</li> <li>- OPNA inquired about the use of the title "Podortho Nurse" or "Foot Care Nurse" and asked whether using this title is supported by the College.</li> <li>- CNO informed us that the terms "Podortho Nurse" and "Foot Care Nurse" are <b>not</b> protected titles under the legislation, but rather job titles. The title Nurse is protected. Only nurses registered with the College, can use the title "nurse" in Ontario.</li> <li>- Podortho ® is also a protected title under the province of Ontario and a registered trademark title and can only be used by members of the Ontario Podortho Nursing Association Inc.</li> <li>- As per the CNO a "Nurse" must first list their CNO designation (RN or RPN) then the Podortho ® Nurse title.</li> </ul>

	<ul style="list-style-type: none"> <li>- OPNA's members are comprised of Registered Nurses and Registered Practical Nurses and Registered Nurses (E.C) alike, working within their scope of practice, under the umbrella of the Ontario Podortho Nursing Association Inc. (OPNA) a not for profit organization assisting Nurses in their practice of Foot and Lower Limb Healthcare.</li> </ul>
C.C. Sec. 1 Rec. 102	<p><b>Foot and Lower Limb Education:</b></p> <p>Pod. Ns. obtains extended knowledge in anatomy and physiology of the Foot and Lower Limb for all ages and stages of human development. Pod. Nurses are familiar with common foot abnormalities, pathophysiology and disease processes as it relates to the profession. Pod. Nurses develop knowledge and skills that enable the Regulated Health Care Provider (RHCP) to competently and safely deliver foot and lower limb care practice to the public.</p> <p>Currently, there are various Foot Care training programs offered in Ontario. Some offer basic footcare whereas others offer both basic and advance training. It is our recommendation to research and review course curriculums and select a program that will provide advanced skills needed to competently practice to a Nurses full scope.</p>
C.C. Sec. 1 Rec. 103	<p>Pod. Ns. are regulated RHCP that have obtained post graduate education specializing in foot and Lower Limb Healthcare, which consists of, but is not limited to;</p> <ul style="list-style-type: none"> <li>✓ Foot and lower limb anatomy and physiology, as it relates to the aging</li> <li>✓ Nail and soft tissue pathology and related diseases</li> <li>✓ Microbiology, Infection protection and control</li> <li>✓ Foot health and patient education</li> <li>✓ Pathophysiology of the low and high-risk foot</li> <li>✓ Biomechanical functions, orthotics, compression therapy</li> <li>✓ Foot care procedures; nail care, corn and wart removal, callus reduction, wound care, removing ingrown toe nails, nail reconstruction, nail bracing</li> <li>✓ Padding and strapping, application of devices</li> <li>✓ Proper use of medical devices and related technology</li> </ul>
C.C. Sec. 1 Rec. 104	<p><b>Infection Prevention and Control:</b></p> <p>Nurses practicing in the Foot and Lower Limb profession are required to gain knowledge on reprocessing and sterilization techniques. All Nurses must follow guidelines set out by nursing regulatory bodies. In addition, the OPNA recommends gaining extended knowledge on Prevention and Infection Control and Wound Care. OPNA lists several links to reputable educational tools for its members on the website.</p>

<b>Core Competency: Basic Standards of Care</b>	
C.C. Sec. 2 Rec. 201	<p><b>Professional Conduct:</b></p> <p>Practicing Nurses must ensure they use appropriate professionalism, in terms of following the Practice of Standards outlined by the CNO (consent to treat, ethical practices, confidentiality, professional relationships, etc.). Importantly, it is the nurses' duty to maintain human dignity and respect especially within the legalities of the nursing profession, as outlined by our governing body.</p>
C.C. Sec. 2 Rec. 202	<p>The Nurse must have successfully graduated from a recognized foot and lower limb program, and possess the skills, knowledge and judgement and use reflective practices to competently deliver quality care to the public.</p>
C.C. Sec. 2 Rec. 203	<p><b>Initial Health Assessment:</b></p> <p>Provide health assessment, appropriate nursing diagnosis, develop a care plan with the client, implement treatment and applicable health education, then evaluate progress and anticipated outcome, and adjust plan of care accordingly. Assess and update plan of care with each visit.</p> <p>Holistic nursing strategies are recommended. Encompassing the patient/client(s) whole being and including them in their plan of care will aid in better health teaching, client compliance to plan of care and overall better health outcomes.</p> <ul style="list-style-type: none"> <li>✓ Include a client's physiological, psychological, sociocultural, spiritual, health history and life-style factors</li> <li>✓ Review the client's medications (prescribed, over the counter, herbal remedies) prior to treatment and do routine medication reconciliation</li> </ul>
C.C. Sec. 2 Rec. 204	<p><b>Educating Patient/Client(s):</b></p> <p>It is a moral duty for RHCPs to inform clients of the benefits of receiving treatment, associated risks, alternative options and the risks of declining treatment, so clients can make an informative decision regarding their healthcare. Nurses should always be researching opportunities in education to improve the patient/client(s) overall health and quality of life.</p>
C.C. Sec. 2 Rec. 205	<p><b>Interdisciplinary Teams:</b></p> <p>Nurses are required to collaborate with other health care professionals (HCP) within the circle of care and provide referrals, clinical updates to general practitioners, advocate for client care needs, converse with insurance companies and complete necessary documentation, etc.</p>
C.C. Sec. 2 Rec. 206	<p>Nurses are required to ensure goals within the pan of care are delivered in a satisfactory ethical client-centered manner. If interventions are not satisfactory and the nurse strongly believes a patient/client's health can improve or benefit from</p>

	alternative medical treatment, it is highly recommended for the Nurse to take responsible steps and provide clients with alternative options or a referral for alternative treatment.
C.C. Sec 2 Rec. 207	<p><b>Patient/Client Safety:</b></p> <p>During treatment patient/client's health and well-being must be monitored and appropriate medical intervention performed when necessary. Nurses must be prepared to contact next-of-kin in the event of medical emergency; therefore, this information should be obtained prior to treatment.</p> <ul style="list-style-type: none"> <li>✓ Nurses need to have a CPR certificate</li> </ul>

<b>Core Competency: Accountability within Scope of Practice</b>	
C.C. Sec. 3 Rec. 301	Skills can overlap among many RHCPs working in the profession of foot and lower limb Healthcare. It is the nurse's responsibility to know and deliver care within their scope of practice in accordance to their governing body, however, not limit their individual scope of practice ensuring they are providing optimal patient/client care.
C.C. Sec. 3 Rec. 302	<p><b>Operation of Footcare Tools:</b></p> <p>As a rule, if a Nurse does not have the knowledge skill and judgement to use specific tools related to the delivery of foot and lower limb care, they should not use them. Obtaining theory does not justify use of foot care tools.</p> <ul style="list-style-type: none"> <li>✓ Nurses practicing in the profession of the Foot and Lower Limb are required to attend shadow shifts/visits, develop skills, critiquing by a qualified Podortho Nurse and/or other RHCP in the field of Podiatry/Chiropody and use reflective practices.</li> <li>✓ Additionally, practicing nurses must perform proper health assessment taking into consideration the patients health history, medical diagnosis, differential diagnoses, medications, and comorbidities.</li> </ul>
C.C. Sec. 3 Rec. 303	<p>Nurses and Pod. Ns. must adhere to standards outlined by the CNO as it relates to documentation. OPNA recommends tracking all patient/client care related activities, use reputable assessment tools (Patient Intake forms, Lower Leg assessments, log books), multidisciplinary reporting strategies (referral forms) and any documents recommended by regulatory bodies.</p> <p>OPNA lists available documents to active members on their website made easily accessible through the "foot tools" section. <a href="https://www.opnassociation.ca/my-account/downloads/">https://www.opnassociation.ca/my-account/downloads/</a></p>

C.C. Sec. 3 Rec. 304	<p><b>Accountability in Practice:</b></p> <ul style="list-style-type: none"> <li>✓ It is the Pod. Ns. responsibility to regularly research and remain current with best practices and satisfy any educational requirements to competently practice.</li> <li>✓ Pod. Ns. is accountable for their actions and must report error to the CNO regardless of their practice setting.</li> <li>✓ The Podortho Nursing Core Competencies (PNCC) are a guide to practice only and will be updated regularly in a time efficient manner to reflect current accepted practices.</li> </ul>
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<b>Core Competency: Infection Control and Prevention</b>	
C.C. Sec. 4 Rec. 401	<p>All Nurses practicing foot and lower limb healthcare must follow Infection control and prevention practices reflective of guidelines of evidence-based practices and as outlined by CNO and Regional Infection Control Networks across Ontario.</p> <ul style="list-style-type: none"> <li>✓ Extra precautions and appropriate PPE are required when warranted</li> <li>✓ It is highly recommended to wear a face mask when using rotary tools or when infectious diseases are present. Infectious diseases can not always be seen. Health assessments are vital. Practice so always be performed with caution!</li> <li>✓ Adequate hand hygiene and use of gloves during treatments is suggested.</li> </ul>
C.C. Sec. 4 Rec. 402	<p>After every treatment all equipment, furniture and objects in the treatment area must be wipe down with a hospital grade solution. Floors should be swept/vacuumed between clients and mopped daily. If visiting a home, suggest to the patient/client they vacuum or sweep the area and washes linen after each visit.</p>
C.C. Sec. 4 Rec. 403	<p>Pod. Ns. should wear none fabric indoor work shoes and routinely wipe them down. Disposable booties can be worn and changed between patient/client appointments.</p> <p>OPNA recommends using a disposable gown during treatment. A new clean gown should be used for each patient/client. If the Nurse is seated during treatment, we suggest draping a towel over the knees. All fabrics must be washed in hot water with an antimicrobial cleaning agent.</p>
C.C. Sec. 4 Rec. 404	<p><b>Educate Patient/Client(s):</b></p> <p>If contagious diseases are present, inform patient/client(s) of any risks and prevention strategies. For example: if a patient/client(s) presents with onychomycosis teach strategies on how to kill the microorganism, such as; footwear and sock care, treatment compliance, foot hygiene, etc. Patient/client(s) may also require a referral to their general practitioner.</p>

C.C. Sec. 4 Rec. 405	<p><b>Medical Tools/Devices:</b></p> <p>must be properly cleaned and sterilized between treatment procedures to prevent the spread of infections diseases. According to the CPSA Medical Device Reprocessing (MDR) standards for best practices tools need to be cleaned in an enzymatic solution or detergent proceeding subsequent high-level disinfection or sterilization, in accordance to manufactures directions. Chemical or Autoclave reprocessing are acceptable practices.</p> <ul style="list-style-type: none"> <li>✓ Cleaning and sterilization should be in a designated area</li> <li>✓ Proper PPE used. Read manufactures directions.</li> <li>✓ All surgical tools need to be properly cleaned and dried before sterilizing.</li> <li>✓ Keep a log – date when new bottle was opened, testing solutions, discarded and new solutions, etc.</li> <li>✓ Tools must be stored in a clean dry area</li> <li>✓ Disposable tools are a one time use only</li> </ul> <p>OPNA lists resources on the topic of Reprocessing Medical Devices on their website however, this practice should be discussed in a reputable foot and lower limb health care program.</p>
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<b>Core Competency: Advanced Foot and Lower Limb Healthcare</b>	
C.C. Sec. 5 Rec. 501	<p>Pod. Ns. are required to complete comprehensive training where in-depth theory is studied, evidenced based practices are applied and skills sets are practiced and approved by instructors and mentors. The goal of the Pod. Ns. is to optimize foot and lower limb health, improve client mobility and overall health related quality of life.</p> <p>In relation to the anatomy and physiology, as outlined in <b>C.C. Sec.1</b>, Pod. Ns. are required to acquire comprehensive training, knowledge, skill, judgement and the ability to identify disease processes that are considered high risk facts wherein patient/client’s health and quality of life are compromised.</p>
C.C. Sec. 5 Rec. 502	<p>Pod. Ns. provides a complete lower leg assessment, including; assessing for edema, mobility, biomechanics, risk for falls, condition of skin and potential related disease processes, lower leg pain, sensation, diabetic foot assessment, foot and nail deformities, co-morbidity factors, health history, circulation, ankle brachial pressure index (ABPI), (or TBPI for DM patients, referrals can be made as these tests are usually done in vascular lab).</p>
C.C. Sec. 5 Rec. 503	<p>Advanced foot and lower limb healthcare skills can also include but not be limited to; nail reconstruction, nail bracing, conservative removal of ingrown toenails, fitting braces or assistive devices, advanced wound care, nail and soft tissue sharp debriding.</p>

	Any of these procedures can improve overall health related quality of life by preventing infection and amputations, promoting comfort, decreasing pain, improving balance and mobility, and mental well-being.
C.C. Sec. 5 Rec. 504	Pod. Ns. are required to obtain knowledge skill and judgement surrounding use of medical rotary tools, this includes; knowing the correct bur for each procedure; infection prevention and control; and equipment maintenance.  Recommended training courses for Podortho Nurses can be found on the OPNA website.

### Core Competency: Beyond General Foot Care

C.C. Sec 5 Rec. 501	<p><b>Basic Wound Care (BWC):</b></p> <p>If a patient/client develops a minor trauma wound during routine procedures it needs to be cleansed and dressed appropriately, in accordance to best recommend practices.</p> <ul style="list-style-type: none"> <li>✓ Basic wound care knowledge is suggested and is offered in some advanced foot and lower limb care courses. If it was not offered in the course OPNA can make recommendations for attending wound care workshops and courses.</li> </ul> <p><b>Advanced Wound Care (AWC):</b></p> <p>A complete lower leg assessment is mandatory if a patient/client(s) presents with a foot or lower leg wound (trauma wound, arterial or venous ulcers, diabetic foot ulcers).</p> <ul style="list-style-type: none"> <li>✓ The Pod. Ns. is responsible for obtaining training in advanced wound care practices and will obtain additional training if this was not offered through their core foot and lower limb care post graduate program.</li> <li>✓ Confirm any medical history and diagnosis with patient/client(s). Establish nursing diagnosis and any recommendations for treatment.</li> <li>✓ Discuss or send a report with assessment findings and proposed care plan to Physician and/or additional health care providers that are on the patient/client(s) health care team, provide recommendations, obtain recommendations and any further medical referrals</li> <li>✓ wound care is typically required every two-three days either at a clinic or through community home care nursing. This has often been funded by the Local Health Integration Network (LHIN). Please note LHIN's are changing consistent with new Ontario provincial financial</li> </ul>
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	<p>budget therefore the increased need for privatized health care may be required in the near future.</p> <ul style="list-style-type: none"> <li>✓ Consider if the patient has adequate WC support outside of your care.</li> </ul> <p>All wound care must be done using aseptic Best Recommended Practices according to the CNO. Resources: Wounds Canada, RNAO, Local Health Integrated Network (LHIN) Wound Care Protocols and Integrated Clinical Pathways, NSWOC, Canadian Association of Wound Care (CAWC).</p>
<p>C.C. Sec 5 Rec. 502</p>	<p><b>Compression Therapy:</b></p> <p>Compression therapy is a widely accepted form of lower limb therapy that improves circulation, reduces edema and pain, improves chronic venous insufficiency and prevents and heals ulcerations. It is a mandatory requirement of OPNA that Pod. Nurses become certified fitters and have obtained knowledge, skills and judgement to dispense compression hosiery prior to commencing treatment.</p> <ol style="list-style-type: none"> <li>1. Over 30% of the population will develop the need for medical compression therapy. Adherence to the treatment plan can improve quality of life and prevent serious lower limb complications</li> <li>2. 500,000 Canadians are affected by lower limb ulcers, which are treated using evidenced-based protocols and often with in a community setting. Compression stockings are contraindicated for arterial ulcers however, venous leg ulcers require compression garments in order to heal a venous ulcer and will prevent lower limb complications that can lead to amputation.</li> <li>3. APBI assessment should always be performed and evaluated prior to compressing a limb. This is in a Pod. Ns. scope of practice to perform. It is recommended the data from the APBI will be communicated to the multi-disciplinary team and If working independently reports should be sent to the patient’s general practitioner.</li> <li>4. It is mandatory that all Pod. Ns. complete and become certified in a compression therapy fitters’ course within the first year of membership.</li> <li>5. A vascular and physical reassessment is necessary every 6 months if the patient has a history of cardiac disease, renal disease, diabetes, rheumatoid arthritis, increased pain, recurrent ulcerations.</li> <li>6. General Practitioner orders are often required and for insurance reimbursement</li> <li>7. Patients with cardiac disease, renal disease, diabetes, rheumatoid arthritis, or increased pain during treatment must be referred to their general practitioner for further evaluation and treatment.</li> <li>8. Patient education will facilitate adherence to a vascular nursing care plan.</li> </ol>

<p>C.C. Sec 5 Rec. 503</p>	<p><b>Laser/Photo Therapy:</b></p> <p>Prior to conducting any procedures, Pod. Ns. are required to obtain advanced education in the use of thermal and non-thermal laser therapy. This is a beneficial non-invasive adjunctive therapy to add to a Pod. Ns. practice to deliver optimal quality care working to scope of practice. Several evidence, based clinical trials report success in treating onychomycosis, plantar warts, pain management, healing conditions such as; wounds, repetitive strain/sprains, inflammatory conditions, spider/reticular veins, and cosmetic treatments, etc.</p> <ul style="list-style-type: none"> <li>✓ Pod. Ns. must receive training from a reputable educator or manufacturer. Subsequently, the nurse will have obtained knowledge, skills, and judgement to safely commence laser therapy treatments.</li> <li>✓ A systematic health assessment is vital in implementing a Nurse's plan of care</li> <li>✓ Documentation is essential for any care provided and will aid in tracking the success of treatment, or a need for revisiting the plan of care</li> <li>✓ Compliance to proposed treatment can often be the biggest struggle, therefore it is important to educate patient/clients as it relates to their disease process, the cost and duration of treatment, and risk vs. benefits of receiving laser therapy</li> </ul>
<p>C.C. Sec 5 Rec. 504</p>	<p><b>Orthotics:</b></p> <p>Orthotic therapy is not considered a controlled act by the health professions regulatory advisory council who advises our minister of health and long term care however; orthotic therapy requires the practitioner to possess strong comprehension in biomechanics of the lower limb and foot and advanced education which is acquired in many health care programs such as; Chiropractic, Physiotherapy, Nursing, Kinesiology, Chiropody, Podiatry.</p> <p><b>Many regulated health care providers have acquired these competencies through their core programs and obtained and earned their Regulated Health Care Provider (RHCP) credentials through rigorous provincial testing to become regulated with their respective colleges in Ontario such as; Nurses, Chiropractors, Physiotherapists, Chiropodists, and Podiatrists.</b></p> <p><b>There are some unregulated health care providers that also offer orthotic therapy which include; Orthotist and Pedorthist.</b></p> <p>Pod. Nurses are first RHCP (Registered Nurses, Registered Practical Nurses, and/or Nurse Practitioners) further obtaining post graduate studies in foot and lower limb care which includes concepts in gait analysis, biomechanics, and orthotic therapy and are further expected to obtain additional continued education in bio mechanical exams, gait scan assessments and foam casting through the OPNA resource care partners who offer continuing educational workshops for members.</p>

	<p>Pod. Nurses are educated and skilled in superior lower limb assessments to recognize core foot structural problems and evaluate the normal foot structure and function comparatively recognizing abnormalities diagnosing (nursing), and treating patients with lower extremity problems, leading to greater level of patient success.</p> <p>Podortho Nurse concepts include;</p> <ul style="list-style-type: none"> <li>✓ Pronation and supination</li> <li>✓ How the foot works as a mobile adaptor and rigid lever</li> <li>✓ Evaluating foot structure and function</li> <li>✓ Understanding normalcy</li> <li>✓ Recognizing abnormal foot structure</li> <li>✓ The most common pathological foot types and their differential diagnosis</li> <li>✓ Casting for custom orthotics</li> <li>✓ Review of subtalar joint function</li> <li>✓ Core foot structural problems</li> <li>✓ The best footwear for orthotic therapy</li> <li>✓ Gait analysis and gait scanning</li> <li>✓ Advanced physical foot examination procedures</li> </ul>
C.C. Sec 5 Rec. 505	<p><b>Marketing and Sales:</b></p> <p>Pod. Nurses are expected explain available treatment options and services or products with integrity and conduct fair dealings with the general public. In no way should a Pod. Ns. mislead patients/client(s) for personal gain. It is expected sales and transactions are representative of the company's business model and for the convenience and benefit of the patient/client(s) plan of care.</p> <p>Pod. Nurse(s) may work independently or for a company and may contribute to the company or sole proprietor's function and understands it supports the business model. Pod. Ns. must place the patient/client(s) needs first and recognize the priority is to benefit the patient/client(s) and that the products and services will improve their overall health and quality of life and prevent complications.</p> <p>It is understood by offering products and services to the patient/client(s) it assists with a level of convenience for the patient to purchase the right product for the right condition from a trusted health care professional who has made the appropriate assessments to determine what product or service would most benefit the patient/client(s) in the essence of health promotion and wellness. This also eliminates confusion if the patient/client(s) were expected to go somewhere else to purchase a product as they may be unsure if that product is comparable to the researched product the Pod. Ns. has recommended. It is important to consider;</p> <ul style="list-style-type: none"> <li>✓ Sales may be directly related to treatment to increase patient/client(s) compliance and improve the health condition for example fissured heels that require daily application of foam or</li> </ul>

	<p>lotion with a reputable studied product that prevents infection and eliminates hyperkeratosis.</p> <ul style="list-style-type: none"> <li>✓ The Pod. Nurse is required to educate patients on any treatments or products sold and should provide written literature for the patient/client(s) to reference the assessed condition and provide instructions for use.</li> <li>✓ Retail sales must be at fair market value (suggested retail) and be related to improving the patient’s health and quality of life.</li> <li>✓ Products such as; orthotics or off the shelf orthopedic shoes must be prescribed and dispensed according to the insurance standards set through the Canadian Life and Health Insurance Association (CLHIA) and must be approved by the individual insurer with the appropriate diagnosis. Predeterminations with the Pod. Ns. care plan is helpful for the insurer to determine coverage for patients/client(s). The insurer may also request a Physician or Nurse Practitioners referral along with the appropriate paperwork regarding how the product has been made, materials used and proof of manufacturing (POM).</li> </ul>
<p>C.C. Sec 5 Rec. 506</p>	<p><b>Continuing Education:</b></p> <p>The Ontario Podortho Nurses Association Inc. makes recommendations regarding credited workshops that offer continuing education credits consistent with the CNOs Quality Assurance requirements. This information is available to OPNA members on the website and upcoming workshops are sent via email to all subscribing members and non-members.</p>
<p>C.C. Sec 5 Rec. 606</p>	<p><b>Standard Podortho Nurse Requirements:</b></p> <p>Podortho Nurses are expected to uphold specific standards to maintain their status as a Podortho Nurse/Foot and Lower Limb Specialist;</p> <ol style="list-style-type: none"> <li>1. Practice directly in the field of foot and lower limb healthcare, or related practices, in a clinical or home-base community setting.</li> <li>2. Be an active member of the OPNA and renew membership annually.</li> <li>3. Obtain a compression fitters certificate and orthotic therapy certificate within the first year of membership.</li> <li>4. Improve patient/client’s healthcare experience and overall health quality of life through best practice.</li> </ol>

**Project development/Professional Opinions:**

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**Credited Organisations Referenced:**

Ontario Podortho Nursing Association Inc.  
Canadian Standards Association  
Canadian Life and Health Insurance Association  
College of Nurses of Ontario  
Registered Practical Nursing Association of Ontario  
Registered Nurses Association of Ontario  
Ontario Nurse Association  
Public Health Agency Canada  
Public Health Ontario  
Public Services Health & Safety Association  
Canadian Association of Wound Care  
Wounds Canada  
College of Physicians & Surgeons  
Health Quality Ontario  
Health Canada