



## **Podortho® Foot Specialist (Pod.Fs) CORE-COMPENTENCIES**

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**Model of Medical Foot  
and Lower Limb Care Delivered in  
Ontario, Canada by OFCA Members  
(Nurses & Various RHCP)**



# INTRODUCTION

The Ontario Foot Care Association Inc. (OFCA) formally the Ontario Podortho Nursing Association Inc. (OPNA) is a not-for-profit organization registered with the Ontario government and holds the exclusive trademarked career title Podortho<sup>™</sup> Foot Specialist (Pod.Fs).

OFCA is committed to the advancement of nurses (RPN's and RN's) and various other regulated healthcare providers (RHCP) who have chosen to advance their knowledge, skill and judgement through obtaining post graduate continued education in order to specialize in the field of medical foot and lower limb care.

OFCA represents members who have obtained this continued post graduate education and who have met the Podortho Foot Specialist Core Competencies (PFSCC) communicated in this document and are registered with the OFCA. OFCA trademarked career title Registered Podortho Foot Specialist (Pod. Fs). is available to OFCA members through continued membership.

Reg. Pod.Fs deliver community medical foot and lower limb care services that has become an essential and growing need across the province of Ontario and throughout Canada. Over the past three decades historically nurses and now various other health care providers (HCP) have noted a significant growth in the need for this specialized care in our communities across the province and country. Ontario and Canada is tasked with a rapidly aging and growing population therefore, the need for more qualified medical foot and lower limb care providers (Pod.Fs) is critical.

It is estimated the average human travels approximately three times around the earth in a lifetime. Humans rely on their feet to move throughout life. Sadly, traditional western medical models of care rarely include the assessment, treatment and evaluation of the foot and lower limb until recently within the past decade. Medical foot and lower limb care is essential. The public actively seeks this specialized care for both acute and/or chronic conditions not offered in primary care or public health settings. OFCA members (Pod. Fs) are filling in these gaps in our communities across Ontario and Canada.

OFCA calls on the Ontario provincial government and Minister of Health to recognize the value of this specialized care our members provide that will ensure community medical foot and lower limb care is accessible. Pod. Fs deliver cost effective and comprehensive healthcare services in their private practices that considers a preventive and rehabilitative model of care thus decreasing the risk of more serious overall health consequences.



# Community Practice Evolution

Medical foot and lower limb care practices have been established by OFCA members in communities across Ontario and Canada at the practitioners own expense to service this essential community need. Pod.Fs practices are private and services are paid for by the client. OFCA has been challenged in the past decade gaining private insurance coverage for the hundreds of thousands of clients Pod.Fs service across the province. Most reputable private health insurance companies will cover a Pod.Fs care who recognize the value in a preventative and rehabilitative model of care and the post graduate education OFCA members have acquired over their health care learning journeys. Many private and reputable health insurance companies recognize Pod.Fs OFCA members are first regulated health care providers (RHCP) who are governed by there regulatory college and have continued with post graduate education to become **qualified** to practice medical foot & lower limb care respectively.

OFCA members practice within the context of the Ontario provincial health care legislation referred to as the regulated health professions act (RHPA) and further utilize their entry to practice competencies gained through their designations and roles as RHCP that considers the various **acts** communicated within the broad definition of their entry to scope of practice. “A scope of practice is a broad definition of what various types of RHCP do” **(1)** however, it does not preclude that RHCP from advancing their knowledge, skill and judgement beyond their entry to practice competences to become specialized in various areas of healthcare.

Registered OFCA members have established community foot and lower limb care practices in clinics or mobile attending their clients homes. The goal of the Pod.Fs is to reduce community risk and potential complications that may require more complicated and costly health care interventions taxing public healthcare. This is accomplished through a preventative and maintenance model of medical foot and lower limb care. This model of care decrease the need for the public to seek out a Primary Care Provider (PCP) and/or public health care intuitions that are at capacity and often overburdened and not experienced or equipped to manage the intricacy and types of treatments specific to the foot and lower limb.

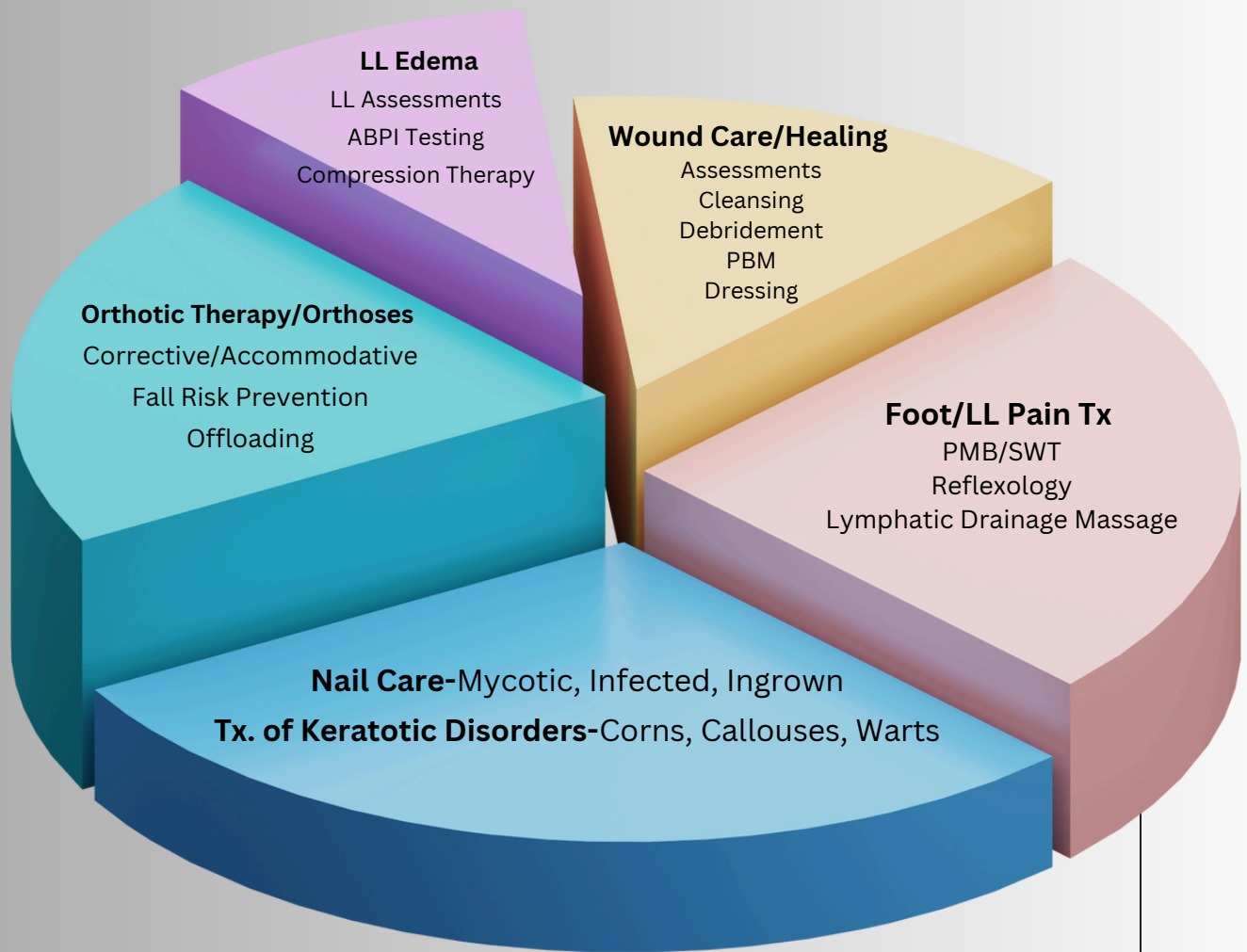
Credentiailling more health care providers (HCP) to garner the expertise in medical foot and lower limb care provides a rational common sense solution to this growing and sought after specialized health care given the public relies on their feet and lower limbs for mobility, independence and sustaining a healthy quality of life.

Society places a great deal of attention on dental care and dental hygiene yet not on footcare. Humans may sustain foot and lower limb complications in relation to injuries, structural deformities, co-morbidities, symptoms of medications, exposure to toxins, lifestyle, work related effects, age, deterioration and inability to provide self care. In the last few decades little options for this essential care has been accessible other than the public seeking out their Primary Care Provider who’s tools in their tool box encompass prescribing medication often only addressing a secondary diagnosis such as; pain and inflammation and instructed to “stay off their feet” for extended periods of time to heal the injury. This lacks a practical approach and has a significant impact on activities of daily living.



# Pod. Fs Model of Care

## Medical Foot & Lower Limb Care Services Provided



# Community Practice Evolution

A collection of routine practices Pod.Fs deliver is reflected in this document and has been collectively derived from evidenced based research, industry healthcare leaders, governing regulatory authority documents, (both historical and current information), the regulated health profession act (RHPA), and directly from practicing Pod.Fs and Foot Care Nurses (FCN) who deliver direct point of care and best understand and recognize the needs expressed by the public.

This document serves as a guideline and ***not considered legislative*** however, clarifies published legislation. All legislative health care practices are communicated within the regulated health professions act (RHPA). All ***controlled acts*** within the RHPA must be considered when any health care provider (HCP) initiates and/or delegates any healthcare procedure that is deemed a controlled act within the legislation. **(2)**

OFCA is committed to the enhancement of members through advocacy of practices, acquired post graduate education and communicating best practice concepts in the delivery of medical foot and lower limb care across Ontario and Canada. OFCA also clarifies the role of the Pod.Fs (nurses and various other RHCP), navigates the legalities within the Ontario provincial health care system communicated by the RHPA.

*It is imperative practitioner's in this field of care best understand legalities in health care and the differences of a scope of practice (SOP) versus law.*

An independent scope of practice (ISOP) is developed through the practitioner utilizing their entry to practice competencies (EPC) gained through their ***conventional health care education*** i.e. Nurse, Podorthotist, Kinesiologist, RMT, PSW. Registration with a respective college is relevant however post graduate education, skilled training and advanced competencies in a specialized area of care is also relevant and should always be respected through an individual's learning journey whereby they develop and ISOP through acquiring continued education in order to advance their knowledge, skill and judgement through out a career. This quality assurance practice serves to meet public needs through practitioners developing their own individual learning outcomes in specialty areas of healthcare. This is achieved through engaging in continuing post graduate education initiative's that intends to expand upon one's entry to practice competencies in order to meet evolving public health care needs consistent with all regulatory college's ***quality assurance mandates.***

OFCA recognizes that in order to service our population in underserved areas including medical foot and lower limb care more HCP are required to be trained in shorter periods of time to met this critical need. This is why utilizing health care providers who have establish entry to practice competencies is a common sense approach.

OFCA supports our members implementation of solution-oriented care practices by utilizing non-invasive, non pharmaceutical, innovative strategies that are cost effective and are communicated in this Podortho Foot Specialist Core Competencies (PFSCC) document.



# Introduction

## Podortho® Foot Specialists (Pod. Fs)

### Core Competencies Guide

OFCFA communicates a standard of medical foot and lower limb care practices through;

- **Determining public need.**
- **Providing community accessibility through private practice.**
- **Ensuring quality-solution oriented care is delivered that is cost effective and result oriented.**

This model of care is proactively a common sense quality care approach through strategies that are;

- **Preventative**
- **Restorative**
- **Innovative**
- **Conservative**
- **Non-invasive**
- **Hygienic**
- **Solution oriented**
- **Cost effective**
- **Maintains a health related quality of life**
- **Considers both allopathic and holistic measures**

Thus leading to improved patient outcomes that prevent more serious health complications that can arise from;

- **Neglect**
- **Inaccessibility to care**
- **Self care deficits**
- **Socioeconomic constraints**
- **Lack of community and/or family support**
- **Knowledge deficits**

## Historical Relevance & Evolution of the Podortho Foot Specialist (Pod. Fs)

Historically, nurses have recognized critical gaps in available community medical foot and lower limb care across Ontario and Canada and in particular isolated areas such as; northern and indigenous communities. Three decades ago nurses organically began delivering this essential care and have successfully established their own footcare practices in their own private clinics country wide. Many Nurses, Podortho Foot Specialists have also established education programs and mentor nurse colleges through skilled clinical training and researched theoretical education platforms and have authored and published textbooks specifically geared to a nurse and/or various other healthcare providers that considers healthcare legislation ensuring their roles encompass an individualized scope of practice within this specialized field of care . Historically footcare delivered by nurses was widely accepted and delivered over many decades. Unfortunately little communication and/or direction has ever been provided by the College of Nurses of Ontario (CNO). OFCA has reached out to the CNO on several occasions over several years recommending a collaboration with skilled, seasoned OFCA Director's who own foot care practices across the province only to be met with disregard.

Over the last decade OFCA directors and members have engaged in qualitative and quantitative research related to the practice of nursing foot care and located various authoritative statements that provided clarity and a model of foot and lower limb care in Ontario. This study was performed by the Health Professions Regulatory Advisory Council (HPRAC) from 2014-2017 that was formally available in the public domain. Unfortunately this significant study was removed from the public domain in 2023 after OFCA quoted many concepts of care and that validated OFCA members practices. Although removed, OFCA has restored this relevant document that is available on the OFCA website. OFCA notes historical legislative documents must be preserved in their original format in order to be referenced in future.

Nurses who have been practicing in the field of medical foot and lower limb care over the past three decades and who have established successful private healthcare businesses have heavily relied on this study to validate their relevance to date. This statement was significant to nursing footcare practices and was provided in the HPRAC legislative document and read as follows;

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. **(3)**

The Ontario Foot Care Association Inc. (formerly the Ontario Podortho Nursing Association Inc.) devised their own practice statement in 2018 in order to align with both the above statement that considered the RHPC, nursing act and the CNO's standards of practice document (2002) and read as follows;

Podortho<sup>®</sup> Nurses (now Podortho Foot Specialists) are Regulated Health Care providers. Registered Nurses, Registered Practical Nurses, or Registered Nurses (EC) who have obtained advanced training permitting them to specialize in medical foot and lower limb care utilizing best practice guidelines created by The College of Nurse of Ontario (CNO) 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. **(4)**

# PODORTHO® FOOT SPECIALIST CORE-COMPETENCIES REGULATORY COLLEGE COMMUNICATION



OFCA inquired about the use of the title “Podortho” Nurse or “Foot Care Nurse” and asked whether using this title was supported by the College. The CNO informed OFCA that the terms “Podortho” Nurse and “Foot Care Nurse” are not protected titles under the legislation, but rather “job titles or roles” a nurse engages in their delivery of specialized care. The title Nurse is protected. Only nurses registered with the College, can use the title “nurse” in Ontario.

OFCA requested the CNO provide a statement to the OPNA (now OFCA) in 2017 in order to clarify the role of nurses who have engaged in the practice of medical foot and lower limb care recognizing nurses are self governing practitioners.

The CNO communicated the following;

It is mandatory for all practicing nurses to hold an active nursing license status. Respectively, all practicing nurses should also carry liability insurance. The CNO is unable to provide an opinion or feedback on OFCA core competencies as it relates to specific specialties. 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. - CNO directs members to review the competencies outlined within the Entry-to-Practice documents for RNs, RPNs, and NPs:

#### **RN Entry to Practice Competencies**

#### **RPN Entry to Practice Competencies**

#### **NP Entry to Practice Competencies**

These competencies are the expectations of all nurses 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. CNO encourages review of these documents in detail which align with OFCA’s core competencies that considers the College’s entry-to-practice competencies for all nursing designations RN, RPN and NP. As per the CNO a “Nurse” must first list their CNO designation (RN, RPN or NP) then they are permitted to use the title “Podortho ® Nurse. **(6)**

This title has now been changed to “Podortho Foot Specialist ® as this former communication provided by the CNO in 2017 has now been changed to comply with a CNO undertaking issued in 2023 by Ms. Carol Timmings that communicated that nurses **do not specialize** and may only use the designation RN, RPN and NP and no other career title when delivering care as a nurse within the nursing act.

This has caused further confusion for the hundreds of thousands of nurses who have specialized in many areas of healthcare. The OFCA found this direction to lack the transparency the OFCA has been seeking for several years.

OFCA has made the decision to carve a new path forward in order to support all of our members that include nurses and various other HCP’s through utilizing a new descriptive title “Podortho Foot Specialist”.



# Podortho® Foot Specialist Core Competencies Regulated Healthcare Providers Considerations



OFCA's members are comprised of Registered Nurses, Registered Practical Nurses, Registered Nurses (E.C) and **now various other RHCP** alike, working within the RHPA legislation who have developed an individual scope of practice that meets public need, obtained through post graduate continued education programs that meet the of the Ontario Foot Care Association Inc. (OFCA) core competencies reflected in this document that defines the role of the Podortho Foot Specialists (Pod.Fs).

Multiple health care acts recognize overlapping scope of practice therefore OFCA; supports nurses and various other HCP to engage in the delivery of medical foot and lower limb care in Ontario, Canada provided the nurse/HCP is working within legislation communicated within the RHPA is legally permitted to do so. Further, a RHCP is expected by their regulatory college to engage in a **“Quality Assurance Program”** whereby HCP must establish **“individual learning outcomes and plans”** that foster the development of advancing an individual scopes of practice within their practice area that considers the growing and advancing needs of the public. OFCA recognizes the delivery of healthcare must become more accessible and can be delivered through non-invasive, non-pharmaceutical, conservative modalities through a broadened scope of practice that considers many healthcare providers who are interested in a specific area of practice.

Traditionally, regulators (colleges) have focused on protecting the public interest by ensuring that applicants possess the academic and technical skills necessary to skillfully undertake their work. There is now a growing recognition that an undersupply of professionals can also directly compromise public health and safety and concurrently constrain economic activity”. **(7)**

“Regulators (colleges) must also pay close attention to the needs of employers who will absorb the supply of new professionals and skilled tradespersons. They should be aware of the skillsets that are in demand and any unfounded concerns or stereotypes about the qualifications of internationally trained applicants”. **(7)**

# PODORTHO® FOOT SPECIALIST CORE-COMPETENCIES CONTINUED EDUCATION



## Continued Post Graduate Education and Skill Development C.C. Sec.1 Rec. 100

Pod. Fs are regulated health Care providers (RHCP) who have obtained post graduate education and have specialized in Medical Foot and Lower Limb healthcare, which consists of, but is not limited to;

- Foot and lower limb anatomy and physiology, as it relates to the aging process
- Nail and soft tissue pathology and related diseases
- Microbiology, Infection protection and control
- Foot health and patient education
- Pathophysiology of the low and high-risk foot
- Biomechanical functions, orthotics, compression therapy
- Foot care procedures; nail care, corn and wart removal, callus reduction, wound care, removing ingrown toe nails, nail reconstruction, nail bracing
- Orthoses application of supportive and/or accommodative devices
- Utilization of medical devices and related technology (PBMT, SWT, LLLT)
- Wound Care

Various Foot lower limb, wound care and complementary courses and/or programs exist in Ontario and across Canada. Some footcare training programs offer basic footcare whereas others offer both basic and advance training.

OFCA recommends practitioners research and review course/program curriculums and select one based on meeting OFCA core competencies reflected in this document that will provide the advanced skills needed to competently practice to the Podortho Foot Specialists full scope of practice. The knowledge, skills and professionalism is communicated herein; thus serves to meet the advancing needs of the public.

Bridge programs exist to increase the practitioners level of knowledge, skills and core competencies in order to meet the OFCA Standards of Practice and obtain the Core Competencies in order to become a member of the OFCA.

The OFCA makes recommendations for accredited workshops and level advancement in order to meet all PFSCC through continuing education certifications, These programs and certifications are consistent with Quality Assurance requirements mandated by regulatory colleges in order to meet the practitioners individual learning outcomes specific to medical foot and lower limb care. This information is available to members on the OFCA website [www.ofcassociation.ca](http://www.ofcassociation.ca) under the education tab available to all HCPs.

We encourage Pod.Fs and FCN's to subscribe to OFCA newsletters to stay up to date on changes and evolving modalities offered through OFCA continuing education platforms in order to meet the evolving needs of the public.

# PODORTHO® FOOT SPECIALIST CORE COMPETENCIES DELIVERY OF CARE



Advanced foot and lower limb care skills performed by Pod.Fs include but are not limited to;

- Nail care, nail reconstruction, nail bracing, conservative removal of ingrown toenails,
- Treatment of keratotic conditions of the soft tissue using sharp debridement techniques (to the dermis) such as; corns, callouses and warts.
- Fitting and dispensing compression garments, braces and/or assistive orthoses. Both Custom Corrective (CCFO) and Custom Accommodative (CAFO.)
- Delivering Basic Wound Care (BWC) and/or Advanced Wound Care (AWC). \*considering the practitioner's knowledge, skill and judgement\*.

The Pod.Fs must have successfully completed an OFCA recognized medical foot and lower limb program that meets or exceeds these Podortho Foot Specialist Core Competencies (PFSCC) and OFCA's Guide to Best Practice Standards. This is achieved through obtaining post graduate education beyond the practitioners entry to practice competencies that includes however, not limited to, the following **advanced care modalities:**

- **Orthotic Therapy (CCFO, CAFO, Digital Appliance(s) Dispensing, Bracing, Orthopedic Foot Wear)**
- **Photobiomodulation Therapy (PBMT)**
- **Shockwave Therapy (SWT)**
- **Lower limb Compression Therapy (LLCT)**
- **Advanced Wound Care (AWC)**

Podortho Foot Specialists (Pod.Fs) ensure they conduct their practice in a professional, ethical, solution-oriented manner with the goal of ensuring care is accessible in the community, cost effective and considers the most appropriate plan of care with the client/patient, their family members and/or POA.

This is demonstrated by the practitioner;

- Obtaining informed patient/client prior to delivering care.
- Ensure health teaching is provided prior to initiating the P.O.C.
- Provide an initial assessment that identifies essential care needs.
- Maintain client/patient health records securely.
- Ensure client /patient confidentiality is maintained as per Personal Health Information Protection Act (PHIPA) regulations.
- Formulate an achievable P.O.C. that considers the client's foot and lower limb health goals.
- Considers and maintains human dignity and respect towards every client/patients when providing all health care services in a professional manner.
- Ensure clients/patients are aware of fee's for care (private fee for service or if covered by public funding).
- Direct clients/patients to their own private health insurers (PHI) clearly explaining this is a relationship between the client and the PHI therefore coverage is based on their individual plans and may require a pre-determination which may include a Primary Care Providers (PCP) "note" in order for the client to obtain coverage. \*Insurance pre-determinations forms are made available on OFCA members portal website\*. OFCA believes this should not be required given it may delay essential care and result in negative health consequences due to a delay in coverage acceptance.

# PODORTHO® FOOT SPECIALIST CORE COMPETENCIES HEALTH ASSESSMENT & PLAN OF CARE



## HEALTH ASSESSMENTS & DEVELOPMENT OF A PLAN OF CARE (P.O.C) C.C. Sec.2 Rec. 101

Pod. Fs provide their clients with an initial intake form to complete. Perform an overall health assessment, develop a plan of care (P.O.C) with the client and/or supporting care giver, explains treatment options and potential outcomes that includes health education. Once agreed upon the Pod. Fs, implements the treatment P.O.C. with ongoing health education, evaluates progress and anticipated outcome, and adjusts P.O.C. accordingly. The practitioner will continually assess and update P.O.C. at each appointment and maintain health records in accordance with PIPHA (Personal Health Information Protection Act) regulations.

It is important to note that Pod. Fs respect and incorporate both allopathic and holistic care strategies in order to achieve a “whole of patient care approach”. (King, E. Pod. Fs, Reg.PN OFCA President, 2019). OFCA recommends encompassing innovative conservative strategies to achieve the best possible health outcomes for clients that is supportive, preventative and therapeutic and that considers adherence to the P.O.C.

Providing healthcare education serves to eliminate misconceptions and validates the importance of compliance encouraging the client to actively engage in their P.O.C.

An individual Patient/Client Plan of Care (P.O.C.) should consider the following;

- Physiological Status/Co-Morbidities
- Psychological Health
- Activity Level/Biomechanics
- Limitations in ADL's
- Gait/Cadence/Stability Concerns
- Sociocultural/Lifestyle Factors
- Socioeconomic Factors
- Spiritual/Religious Factors
- Race
- Gender
- Overall Healthcare Goals/Foot and Lower Limb Goal's
- Prescribed Medications (routine updates to Pt. Files)
- Non-prescription Intake (herbal, vitamins, over the counter medications)
- Various other treatments modalities that may be required, offered by various other health care providers as integral members of the patient/clients healthcare team (this list is not exhaustive and may include other practitioners;
  - Primary Care Providers (NP's, G.P's)
  - Specialists Physician's
  - Chiropractor's
  - Massage Therapists
  - Lymphatic Drainage Therapists
  - Reflexologist's
  - Physiotherapist's
  - Naturopaths
  - Acupuncturist's

# PODORTHO® FOOT SPECIALIST CORE-COMPETENCIES



## **PATIENT/CLIENT HEALTH EDUCATION C.C. Sec.2 Rec. 103**

It is a moral duty for RHCs to inform clients of the benefits of receiving treatment, associated risks, alternative options and the risks of declining treatment, in order for clients to make an informed decision regarding their healthcare. Pod Fs should engage in ongoing research and opportunities in post graduate education in order to meet and/or improve their patient/client(s) needs rendering positive health outcomes.

## **INTERDISCIPLINARY TEAMS C.C. Sec.2 Rec. 104**

Pod.Fs are encouraged to collaborate with other health care professionals (HCP) within their circle of care and provide referrals, clinical updates to Primary Care Providers (PCP), advocate for client care needs, converse with insurance companies and complete necessary documentation such as; pre-determination plans of care (P.O.C.) Pod. Fs ensure their clients health and wellness goals are established through a collaborative P.O.C. and is delivered in a satisfactory ethical client-centered manner. If interventions are not appropriate or the practitioner strongly believes a patient/client's health care need(s) can be met, improve or benefit from alternative medical treatments, the Pod. Fs will take responsible steps to provide their clients with alternative options or a referral for alternative treatment from the appropriate healthcare provider.

## **PATIENT/CLIENT SAFETY C.C. Sec.2 Rec. 105**

- Practice protocols include safety procedures and appropriate medical interventions performed when necessary and ensure a safety protocol is in place within their practice considering the various health care modalities that may be utilized when performing care procedures.
- Pod.Fs must be prepared to contact next-of-kin in the event of medical emergency.
- Pod.Fs should ensure they have updated their First Aid and CPR certificates.

## **PROFESSIONALISM IN PRACTICE C.C. Sec.2 Rec. 106**

Pod.Fs ensure they conduct their practice in a professional, ethical, solution-oriented manner with the goal of ensuring care is accessible in the community, cost effective and considers the most appropriate plan of care with the consent of client/patient, family members and/or POA that considers their healthcare goals.

This is demonstrated by;

- Obtaining informed patient/client consent prior to delivering care.
- Ensure health teaching is provided prior to initiating the P.O.C.
- Provide an initial assessment with each client/patient.
- Maintain client/patient health records securely as per PHIPA regulations.
- Ensure client /patient confidentiality is maintained as per PHIPA regulations.
- Formulate an achievable P.O.C. in agreement with the client and/or POA and communicate effectively.
- Maintain human dignity and respect towards every client/patients when providing all health care services in professional practice.
- Ensure clients/patients are aware of fee's for the care that will be provided.
- Direct clients/patients to their own private health insurers (PHI) as this is a relationship between the client and the PHI only however, if required by the insurer the Pod. Fs may need to provide a pre-determination and request a PCP note to approve the P.O.C.

# PODORTHO® FOOT SPECIALIST CORE-COMPETENCIES PROFESSIONAL ACCOUNTABILITIES IN PRACTICE



## PROFESSIONAL ACCOUNTABILITIES/CONTINUING EDUCATION C.C. Sec.3 Rec. 107

Overlapping procedures and “scopes of practice” (SOP) are widely acknowledged across many healthcare professions. It is the Pod. Fs responsibility to ensure they are accountable and consider healthcare legislation that communicates and regulates “**controlled acts**” that determines which RHCP may or may not initiate or delegate various legislated healthcare procedures within their legal designation as per the regulated health professions act (RHPA).

Healthcare practices fall under **provincial** jurisdiction and therefore provincial healthcare regulations must be considered and adhered to when initiating medical foot and lower limb care if the procedure is deemed a “**controlled act**”.

A scope of practice (SOP) is communicated through regulatory health colleges which considers “controlled acts” and provides a “**broad description of what a profession does**”. (2) It however, does **not preclude** a RHCP from delivering care **beyond their entry to practice competencies** provided the HCP has engaged in continuing education initiatives to gain the knowledge, skill and judgement to safely initiate care considering both controlled and non-controlled acts. Regulated health care providers are considered to belong to a self regulating profession and therefore are expected to engage in continuing education initiatives in order to meet the changing and growing needs of the public and that continues to evolve with the advancement of new technologies to effectively services communities provincially and nationally.

In accordance with governing bodies (**Regulatory Colleges**), the RHCP must adhere to the legal controlled acts communicated within the RHPA, engage in quality assurance and conduct themselves in a manner consistent with the profession.

A colleges communicated “**scope of practice**” (SOP) is does **NOT** hold legal weight however is considered an authoritative guideline that communicates a RHCP’s entry to practice. A SOP is **not intended to limit** a practitioners developed individual scope of practice (ISOP). An ISOP ensures practitioners are able to continue to meet the needs of the public in their chosen specialized practice area. This concept delivers on the provision of accessible quality of care and improvement of population health outcomes.

# PODORTHO® FOOT SPECIALIST CORE-COMPETENCIES PROFESSIONAL ACCOUNTABILITIES IN PRACTICE



It is the Pod. Fs responsibility to regularly;

- Research and remain current with best practices and standards of medical foot, lower limb and wound care practices communicated herein and made available on the OFCA website <https://www.ofcassociation.ca/wp-content/uploads/2024/08/OFCA-STANDARD-OF-PRACTICE.pdf>
- Ensure evolving healthcare needs of the public is considered the basis for initiating care procedures.
- Engage in post graduate continued education programs to ensure competences in practice to meet the evolving needs of the public safely and competently through evidenced based practice.
- Reference Podortho® Foot Specialist Core Competencies (PFSCC) guide to accepted practices
- Utilize critical thinking skills in order to develop a plan of care for clients that is solution-oriented, cost effective and considers what is in the best interest of the client.

It is the Pod. Fs responsibility to regularly research and remain current with best practices and satisfy any educational requirements to competently practice in the field of medical foot, lower limb and wound care.

The Pod. Fs is accountable for their actions regardless of their practice setting.

The Podortho® Foot Specialist Core Competencies (PFSCC) should be referenced to guide their practice and will be updated by the OFCA Board of Director's in a time efficient manner to reflect current accepted practices and the evolving needs and technological advancements available to meet public need.

# PODORTHO FOOT SPECIALIST CORE COMPETENCIES HEALTH RECORDS & ACCOUNTABILITY IN PRACTICE



## PRACTITIONER HEALTH & WELLNESS CONSIDERATIONS C.C. Sec.3 Rec. 108

A practitioner should protect their body mechanics by;

- Utilizing the appropriate stools, chairs and leg rest
- Avoid sitting on the floor
- Stretch between clients
- Exercise
- Self care such as Chiropractic, Physiotherapy, reflexology, NATUROPATHY and/or RMT

## HEALTH RECORDS C.C. Sec.3 Rec. 109

Pod. Fs must adhere to Personal Health Information Protection Act (PHIPA) **(1)** regulations as it relates to personal health information, documentation and storage.

Tracking all patient/client care related activities can be managed by electronic medical record (EMR) software platforms that are safe and secure.

Consider documentation that utilizes;

- Reputable and/or validated assessment tools
- Intake forms
- Lower Leg and Foot diagrams
- Downloads images
- Allows for multidisciplinary reporting and referral forms.
- Safe and Secure
- Customizable is ideal

*OFCA lists available documents to active members on their website made easily accessible through the “foot tools” section.*

## ACCOUNTABILITY IN PRACTICE C.C. Sec.3 Rec. 110

- It is the Pod. Fs responsibility to regularly research and remain current with best practices and satisfy any educational requirements to competently practice.
- Pod. Fs is accountable for their actions and must report error to the CNO regardless of their practice setting.
- The Podortho Foot Specialist Core Competencies (PFSCC) can be utilized to guide practice and will be updated regularly in a time efficient manner to reflect current accepted practices and changes.



# PODORTHO® FOOT SPECIALIST CORE-COMPETENCIES INFECTION PREVENTION & CONTROL



## INFECTION CONTROL AND PREVENTION C.C. Sec.4 Rec. 111

All HCP practicing medical foot and lower limb care must follow Infection control and prevention practices reflecting the guidelines as outlined by Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control (PIDAC-IPC). **(3)**

Precautions and appropriate PPE is required when delivering care the Pod. Fs should consider;

- Wearing a face mask (surgical, N95 or cloth) when using rotary files or when infectious diseases are present
  - Adequate hand hygiene
  - Using non-sterile gloves during treatments and change between clients
  - Ear protection for example: hair bands or surgical hats
  - Dust extractor if set up in clinical setting
- 
- All equipment sed, furniture and objects in the treatment area should be disinfected with a high level disinfectant solution.
  - Floors should be swept, vacuumed and mopped between clients and mopped daily.
  - If visiting a home or LTC facility, suggest someone vacuum, sweep and mop the area and wash linen after each visit.

## CRITICAL INSTRUMENTS & MEDICAL DEVICES C.C. Sec.4 Rec. 112

Instruments and medical devices 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 (2)**. Instruments need to be cleaned in an enzymatic solution or detergent proceeding subsequent high-level disinfection and then sterilization.

Autoclave reprocessing is considered best practice and must be used to sterilize all footcare instruments as they are deemed critical items.

# PODORTHO FOOT SPECIALIST CORE COMPETENCIES INFECTION CONTROL



All practitioners must complete **Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices In All Health Care Settings, 3rd edition** and update when new editions are published. Store a copy of this regulation as part of your policy and procedures within your practice. If you have staff they must all complete this certification if they are dealing with critical instruments in your practice. **(3)**

- Cleaning and sterilization should be in a designated area
- Proper PPE used
- Manufacturers directions posted
- All surgical instruments must be properly cleaned and dried before packaging for sterilization.
- Keep a log – date when new bottle was opened, testing solutions, discarded and new solutions, etc.
- Instrument packages should be stored in a clean dry area to avoid damage if damaged it is not deemed sterilized and must be sterilized again.
- Disposable instruments are one time use only

**OFCA lists additional resources on the topic of Reprocessing Medical Devices in members portal on OFCA website**

**<https://www.ofcassociation.ca>**

# PODORTHO FOOT SPECIALIST CORE COMPETENCIES PRACTICES & CARE



## Keratotic Disorders C.C. Sec. 5 Rec. 113

### Callous Care

Callouses Requires the removal of hyperkeratotic tissue that lies above the epidermal layer of skin. This tissue is often hardened, thick and can become uncomfortable placing additional pressure to the lower tissues that can result in damage to the underlying tissues, discomfort and can lead to skin breakdown due to pressure with loading when ambulatory.

### Corn Care

Corns may be hard, soft, seed or vascular and can pose a risk to the underlying soft tissues. Most corns need to be removed by a skilled health care practitioner with a specialization in medical foot and lower limb care. It is necessary the practitioner uses the correct instrument for the procedure.

Pressure from all keratotic disorders are related to; compressional, tortional, frictional and tensile stressors. Therefore, assessment of the cause of these stressors must be considered when developing a suitable P.O.C. that considers preventative measures.

### Warts

Are considered a viral condition however, may also place unnecessary pressure on underlying soft tissues causing discomfort and/or pain. They are contagious therefore, removal of warts are recommended. This can be can be accomplished through minimally invasive procedures that are performed by Pod. Fs These minimally invasive procedures do not require an order or delegation as these conservative procedures fall within the public domain however, the Pod. Fs has acquired advanced post graduate education and skilled hands on training, These procedures include however, not limited to;

- Cryotherapy
- Thermal Laser Therapy
- Sharpe debridement
- Application of Salicylic Acid

The Practitioner is self regulated and considered weather they possess advanced manual dexterity and small motor skills to safely and effectively accomplish these tasks with minimal to no exposure to harm.

# Podortho Foot Specialist Core Competencies Practices & Care



## Toenail Disorders C.C. Sec. 5 Rec. 114

### **Mycotic Nails**

Thickened, dystrophic nails can cause discomfort and create risk for skin breakdown if the toes are structurally deformed (overlapping, hammered, clawed or mallet).

Debriding and cutting the free edges of the toenails, provide comfort and is a hygienic practice similar to that of a dental hygienist scaling and cleaning one's teeth. This also helps to prevent nail infections, ingrown toenails and wounds.

### **Nail Inflections (Fungal, Bacterial, viral/parasitic)**

Are common invasions of the nail plate, nail bed and may also lie under the nail bed in the germinal matrix or root. Nail infections can be challenging for practitioners to eliminate.

Due to advancements in technology (photobiomodulation Therapy PBM) and topical non-prescription remedies nail infections can be eliminated conservatively without requiring surgical interventions. It is important to ensure health education is provided to the client as these conservative strategies encompass a poly-therapeutic approach therefore the client must be involved in a home care regimen and agree to a P.O.C. that often requires several weekly appointments to gain nail clearance.

### **Onychocryptosis (Ingrown Toenails)**

These are common nail conditions that often effect the great toenails and may also effect the smaller digit nails. The Pod. Fs must consider the causative factors. Such as inappropriate foot wear and/or various activities the client may be engaged in.

Often the client will attempt to remove them themselves as a first measure. They may also become infected. The client will sometimes seek that assistance of there PCP who may Rx. antibiotics however, this being the secondary diagnosis will only treat the infection in relation to the ingrown nail. The Pod. Fs will conservatively remove the offending spicula without the need to cause discomfort and re-shape the nail.

The Pod. Fs may also consider applying a nail brace (Orthonyxia) superficially that adheres to the nail plate to encourage the nail to lift away from the sulcus. This occurs over a period of a few days or up to a few weeks depending on the plan of care (POC). This is a successful conservative approach to removing the offending spicula and an alternative to invasive nail surgery.

# Podortho Foot Specialist Core Competencies Wound Care Management



## Basic Wound Care C.C. Sec.6 Rec. 115

Patient/client may develop minor wounds that require the appropriate care and must be addressed by the HCP. The wound should be cleansed and dressed appropriately, in accordance to best recommend practices. Health teaching should be provided including information on risks of infection and what the client should do if infection arises.

- General wound care knowledge is suggested when delivering medical foot and lower limb care and is offered in some advanced foot and lower limb care programs.
- If not provided in the footcare program OFCA makes recommendations for attending wound care workshops and courses on the OFCA website in the members portal [www.ofcassociation.ca](http://www.ofcassociation.ca)

## Advanced Wound Care C.C. Sec.6 Rec. 116

Pod. Fs are encouraged to obtain continued education in advanced wound care practices if not offered through their core foot and lower limb care program.

Wound Care Considerations;

- Initial Intake includes the clients Primary Care Providers (PCP) medical diagnoses, list of medications, lifestyle considerations, race, gender, socioeconomic status, psychological concerns, environmental considerations, self care barriers, family and or community support.

Completion of a foot and lower limb assessment which includes;

- Foot and lower limb mechanics and loading concerns
- Footwear and HOSIERY
- Overall biomechanics
- Location of wound and related trauma
- Type of wound (arterial, venous, mixed, pressure, diabetic, acute, chronic)
- Infection/critical colonization
- Overall lower limb skin integrity
- Related co-morbidities
- Risk Factors
- Level of healthcare education required

General overall Health & Wellness;

- Hydration
- Rest/sleep/stress
- Nutrition intake
- Holistic Remedies'

# Podortho Foot Specialist Core Competencies Wound Care Considerations



## Wound Care Continued

- Discuss assessment, finding, proposed plan of care with patient/client, send a report to PCP and/or additional health care providers on the patient/client(s) health care team, provide recommendations and any further medical referrals, deliver treatments and evaluate efficacy.
- Wound care and dressing changes are typically required every two-three days either in a clinical setting, LTC, community care, hospitals or public healthcare clinics. Wound care is sometimes funded by public health care programs. Recognition of limited accessibility, public funding, lack of qualified HCP remains a factor throughout the province therefore an increased need exists for privatized.
- Many Pod. Fs Nurses provide wound care in their practices successfully through utilizing new innovative conservative advanced technologies such as evidenced based photobiomodulation therapy (PBM) and are preventing amputations and healing wounds quickly. New certification programs are available as level II advanced training offered through OFCA Resource Care Providers (RCP) education programs for Pod. Fs and Footcare Nurses ensuring competencies are gained in the application of PBM to treat wounds.
- Consider if the patient/client has adequate support outside of your care.
- Wound care is aseptic and must be performed as sterile to point of use as per PIDAC regulations.
- Additional resources and advanced education should be referenced and considered to ensure competencies are obtained. Recommendations are as follows;
  - Canadian Association of Wound Care (CAWC)
  - Wounds Canada (WC)
  - Wound Care Protocols and Integrated Pathways

# Podortho Foot Specialist Core Competencies Lower Limb Health



## Compression Therapy C.C. Sec.6 Rec. 117

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
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.
3. APBI assessment should always be performed and evaluated prior to compressing a limb. This is in a Pod. Fs Independently developed scope of practice.
  - Document data from the APBI and communicate to the multi-disciplinary team (who may not work onsite with you)
  - Working in your own independent practice OFCA recommends practitioners email or fax ABPI reports to your clients Primary Care Provider (PCP).
4. It is mandatory that all Pod. Fs complete a certification in a compression therapy also known as a compression fitters' certification. (This must be completed within the first 3 months of OFCA membership and in order to gain your Podortho Foot Specialist OFCA Registration membership number.
5. A vascular and physical reassessment is necessary every 6 months if the patient has a history of cardiac disease, renal disease, diabetes, symptoms of increased lower limb pain (intermittent claudication or critical limb ischemia) and/or recurrent ulcerations.
6. Compression therapy is not a prescription product as per the RHPA however the RHCP is expected to ensure they have obtained the appropriate knowledge, skill and judgement prior to recommending and initiating this specialized care procedure.
7. A Primary Care Provider may be required to sign an note to approve insurance coverage. The Pod. Fs is able to facilitate this process by faxing or emailing the referral note provided in the OFCA members section to your patients PCP along with your assessment notes and plan of care. This improves access to care and ensures your clients PCP is informed as the the multidisciplinary care they have received in the community.
8. Patient education will facilitate adherence to a preventative lower limb vascular plan of care. Ensure donning strategies are discussed, made accessible and demonstrated for adherence.

# Podortho® Foot Specialist Core Competencies Adjunctive Therapies



## Photobiomodulation Therapy (PBM), Low Level Laser Therapy (LLLT), Cold Laser (CL) C.C. Sec.6 Rec. 118

Prior to conducting any type of Laser Therapy (LT) procedures, Pod. Fs are required to ensure they have acquired the knowledge, skill and judgement and complete a continued education certification that encompasses; clinical indications and safety when delivering thermal (class IV) and non-thermal (cold) class II and/or class III b) low level laser therapy (LLLT) also referred to as photobiomodulation therapy (PBM) or light therapy.

**PBM Level II Pod. Fs post graduate education** is made available to RHCP who have obtained medical foot and lower limb care training and education. OFCA members receive a discounted rate for this level II program. FC Nurses who wish to advance their education are able to register for the Pod. Fs Bridge Program which includes this level II education and training. See recommended training on OFCA home page for more details [www.ofcassociation.ca](http://www.ofcassociation.ca)

All health care providers **must** obtain general laser safety training and have a laser safety officer and/or laser safety supervisor present when using a class IV laser or greater. This will be discussed in the training program at great length.

Laser safety training can be obtained online through OFCA website [www.ofcassociation.ca](http://www.ofcassociation.ca) under OFCA members portal.

A Pod. Fs may increase their independent scope of practice (ISOP) by obtaining Laser Therapy/PBM post graduate education. This therapy is **non-invasive and conservative and falls within the public domain as it poses little to no risk of harm.** Laser/PBM treatments complement the Pod. Fs practices and are utilized as adjunctive modality to improve client/patient outcomes.

Several evidence, based clinical trails report success treating skin and nail infections, plantar warts, management of painful conditions, inflammation and lymphedema.

The healing effects of PBM/LLLT are evidenced based and backed by published clinical studies and randomized controlled trails (made available in OFCA members portal).

Common Foot and Lower Limb Conditions treated with PBM include;

- Wounds (healing-chronic/maintenance, acute, arterial, venous, diabetic, pressure)
- Repetitive Strains/Sprains/Fractures (Plantar Fasciitis, Heel Injuries/Pain, Achilles Injuries/Pain, Fore Foot/Metatarsal Pain, Mid-Foot Pain/Inflammation, Ligament, Tendon, Fascia and Muscle Tears, Bone Fractures).
- Pre-Post Surgical healing through the improvement of microvascular circulation, increased ATP production, reduction in inflammation, improved proliferation and cellular repair.

Pod. Fs;

- Provide assessments to identify the clients concerns that provides a quantifiable benchmark for ongoing assessments throughout their treatments.
- Develop a plan of care (P.O.C) with the client consenting and understanding the P.O.C.
- Document assessment findings and progress.
- Track treatments and determine if additional treatments are required, other complementary care procedures and make referrals as necessary.
- Provide health education to ensure client understands their treatment plan, expectations thus ensuring adherence to the P.O.C. Compliance and/or adherence to a proposed P.O.C. can often be the biggest barrier to effective outcomes, therefore it is important to provide patient/client education as it relates to their condition(s), the cost of the treatments, duration of treatments, side effects, expectations and benefits of receiving PBM/LLLT.



# Podortho® Foot Specialist Core Competencies Foot Orthotics-Orthoses



## Orthotic Therapy C.C. Sec.6 Rec. 119

Many regulated health care providers (RHCP) 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, Orthotist and Podorthtist' s.

Pod. Foot Specialist's are first RHCP (Registered Nurses, Registered Practical Nurses, and/or Nurse Practitioners and various other RHCP) who have obtained post graduate foot and lower limb care education which includes but not limited to; concepts in gait analysis, biomechanics, and orthotic therapy. Pod. Fs are further expected to obtain additional continued education in bio mechanical exams, gait scan assessments and 3D foam casting.

Orthotic therapy is not considered a controlled act within the RHPA however, orthotic therapy requires the practitioner to possess strong comprehension in biomechanics of the lower limb and foot and the effects on the entire kinetic chain to provide a whole of patient care approach. This advanced post graduate education certification is offered by OFCA resource care partner educator's through the OFCA members portal complementary to active members through six comprehensive online learning modules.

Pod. Fs are required to obtain certification in the study of foot and lower limb assessments that recognize core foot structural conditions comparatively to normal foot and lower limb structure and function. Recognizing abnormalities that may lead to further complications through a rehabilitative model of care.

Biomechanical learning concepts include;

- Pronation and Supination
- How the foot works as a mobile adaptor and rigid lever
- Evaluating foot structure and function
- Understanding normalcy
- Recognizing abnormal foot structure
- The most common pathological foot types and their differential diagnosis
- Casting for custom orthotics
- Review of subtalar joint function
- Core foot structural problems
- The best footwear for orthotic therapy
- Gait analysis and gait scanning
- Advanced physical foot assessment procedures

# Podortho Foot Specialist Core Competencies Orthotic Therapy



## Orthotic Therapy C.C. Sec.6 Rec. 120

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.

There are some unregulated health care providers that also offer orthotic therapy which include; Orthotist and Pedorthist.

Orthotic therapy is not considered a controlled act within the RHPA however, orthotic therapy requires the practitioner to possess strong comprehension in biomechanics of the lower limb and foot through obtaining advanced post graduate education which can be obtained through virtual learning platforms.

Pod. Foot Specialist's are first RHCP (Registered Nurses, Registered Practical Nurses, and/or Nurse Practitioners and various other 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 OFCA resource care partners who offer continuing educational workshops for members.

Pod. Fs are required to obtain certification in the study of foot and lower limb assessments that recognize core foot structural conditions comparatively to normal foot and lower limb structure and function. Recognizing abnormalities that may lead to further complications through a rehabilitative model of care.

Biomechanical learning concepts include;

- Pronation and Supination
- How the foot works as a mobile adaptor and rigid lever
- Evaluating foot structure and function
- Understanding normalcy
- Recognizing abnormal foot structure
- The most common pathological foot types and their differential diagnosis
- Casting for custom orthotics
- Review of subtalar joint function
- Core foot structural problems
- The best footwear for orthotic therapy
- Gait analysis and gait scanning
- Advanced physical foot assessment procedures



## Definitions of Foot Orthotics

### Custom Accommodative Foot Orthotics (CAFO)

Consider the effects of compressional, torsional, tensile, and rotational stressors to the feet that has the potential to compromise foot and lower limb structures of the; bones, muscles, tendons, ligaments, nerves, lymphatic and vascular circulation, and the integumentary system. The primary goal of an accommodative orthoses is to reduce stress, off load pressure and improve comfort. Custom Accommodative Orthoses have the potential to improve plantar grade contact, which evenly distributes pressure to the foot thus eliminating concentrated pressure in one area.

### Custom Corrective Foot Orthotics (CCFO)

The primary goal of a corrective orthotics is to correct foot and lower limb structures that can also impact the entire kinetic chain, support, and restore balance and misalignments, support foot arches thus off-loading pressure areas. Corrective Foot Orthotics are created specifically to address and/or improve foot mechanics and positional deformities of a foot condition that may be structural or functional thus, improving overall biomechanics.

### Custom Accommodative/Corrective Foot Orthotics (CACFO)

Encompass both a corrective and accommodative measure as noted above.

# ORTHOTIC THERAPY PLANS OF CARE



Pod. Fs utilize foot orthotics and orthoses as a conservative , preventative and rehabilitative health measure to assist their clients with offloading, improving stability, and/or gait correction.

Examples of a Nursing or Pod. Fs Dx. specific to medical foot and lower limb plans of care are as follows:

1. Skin breakdown prevention R/T: Pressure areas as evidenced by callousing, creating increased risk for plantar foot skin breakdown and wounds.

**Plan of Care (POC): Offload pressure areas with custom foot orthotics (CCFO and/or CAFO)**

2. Prevent risk of injury of underlying soft tissues, nerves, foot bones R/T: The potential to cause repetitive strains, sprains, or tears, and compromised balance.

**POC: Offload pressure areas and/or correct gait with foot orthotics (CCFO and/or CAFO)**

3. Fall-risk prevention R/T: Instability in aging population (decline in proprioception and kinesthesia in the sagittal plane of the knee and the sagittal and frontal plane of the ankle) increases risk of falls and injuries.

**POC: Orthotic therapy to provide a stable base, improve gait, cadence, and ROM [ankle dorsi flexion] with CCFO**

4. Prevention of foot bone rotation R/T: Repetitive trauma as evidenced by medial deviation of metatarsophalangeal joint (MTP), observational assessment – Hallux Valgus causing inflammation (bunions), increasing risk for skin breakdown, wounds, instability, and discomfort.

**POC: Correct and offload with CCFO and/ or CAFC and/or orthoses, such as digital or midfoot modifications**



## **C.C. Sec.6 Rec. 121**

### **Health Care Entrepreneurship-Product Sales**

Pod. Fs are encouraged to explain all available treatment options, services and complementary supportive products available to their clients with integrity and conduct fair dealings with the general public.

In no way should a Pod. Fs mislead patients/client(s) for personal gain and only make recommendations if appropriate to the needs of the clients and include all available treatment options.

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.

It is understood by offering products and services to the patient/client(s) it aims to assist the clients accessibility to the product ensuring the right product is utilized by the client for the right condition when purchased from the Pod. Fs. The Pod. Fs has made the appropriate assessments when determining what product or service would most benefit the patient/client(s) in the essence of health promotion, wellness and convenience.

This also serves to eliminate confusion for the patient/client(s) as if they were expected to go somewhere else to purchase a product they may be unsure what product is appropriate and/or comparable to the researched product the Pod. Fs has recommended.

# Private Health Insurance/Product Sales Considerations



- ✓ 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 lotion with a reputable studied product that prevents infection and eliminates hyperkeratosis.
- ✓ Required product knowledge education on various products sold that should include written literature for the patient/client(s) to reference and to provide instructions for home use later.
- ✓ Retail sales must be at fair market value (suggested retail or less) and be related to improving the client's assessed condition.
- ✓ Products such as; orthotics or off the shelf orthopedic shoes can be sold to clients and dispensed by Pod. Fs. legally.

Private health insurance companies must adhere to ethical practices that are not unfair, anti-competitive and not in the best interest of the clients. Private insurance companies do not have the legal authority to deny patient coverage based on whether they “believe” or not a health care provider is “qualified”. This is determined by statute and not by any insurer. OFCA recommends in the event a Pod. Fs. client is denied insurance coverage they direct their client to the Ontario Health Insurance Ombudsman and the Financial Service Regulatory Authority (FSRA) to submit a formal complaint against the insurer who was demonstrated bias, unfair and deceptive acts against the healthcare provider and their client. It is every Ontarians “right to choose the health care provider they wish to receive care from”. **(10)**

OFCA does not support insurers requests for a “prescription” as orthotics are not deemed a “prescription” or “controlled act” under the RHPA.

Requesting a note from a PCP will also delay accessible and essential care.

OFCA encourages insurers to accept the Pod. Fs Plan of Care annually rather than adding layers of inconvenience for the client particularly given many Ontarians do not have Primary Care Providers to acquire essential care and/or obtain a doctors note to approve the care services of RHCP/Pod. Fs thus making this an unfair insurance practice and requests that compromises and delays patient care.

# Acknowledgments



## Podortho Foot Specialists Core Competencies Advisory Board (PFSCCAB)

### Professional contributions

Erin King President OFCA, Entrepreneur, Pod. Fs, Registered Practical Nurse,

Catherine Tomas Vice-President OFCA, Entrepreneur, Pod. Fs, RN, BScN

Fredric Parent OFCA Director of Outreach & Communications

Deborah Waywell OFCA Director of Public Relations, Entrepreneur, Pod. Fs, Reg.PN

Danielle Bible OFCA Director of Marketing & Conference Coordinator Entrepreneur, Pod. Fs, Reg.PN

### Organizations Referenced

Ontario Foot Care Association Inc. (OFCA) Members

Regulated Health Professions Act of Ontario (RHPA)

Registered Practical Nursing Association of Ontario (WeRPN)

Public Services Health & Safety Association

Canadian Association of Wound Care (Wounds Canada)

Health Quality Ontario

College of Nurses of Ontario (CNO)

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23. Section 7 of the RHPA sets out HPRAC's composition, qualifications, roles, and terms of members, along with its mandate.
24. See the Dissolution of the Health Professions Regulatory Advisory Council under the Regulated Health Professions Act, 1991 (15 April 2021), online: <https://www.ontariocanada.com/registry/view.do?postingId=37050&language=en>.
25. See Health Professions Regulatory Advisory Council, *Chiropody and Podiatry: Regulation of the Profession and the Model of Foot Care in Ontario* (31 August 2015), online: <https://www.ofcassociation.ca/wp-content/uploads/2023/10/Model-of-Foot-Care-In-Ontario-HPRAC-Report-Chiropody-report-Final-AODA-approved-2015-08-26.pdf>.
26. *Ibid*, Letter to the Minister of Health and Long-Term Care.
27. *Ibid* at 8-9 [citations omitted].
28. *Ibid* at 17 [citations omitted].
29. College of Chiropodists of Ontario, "Prescription Custom Foot Orthoses: Standards of Practice for Member of the College of Chiropodists of Ontario" (20 February 2015; amended 23 October 2020), online: [https://www.cocoo.on.ca/pdf/standards/standard\\_orthotics.pdf](https://www.cocoo.on.ca/pdf/standards/standard_orthotics.pdf) at 4 [emphasis added].
30. RHPA, above note 1, s 3.
31. Duffie Osental, "Ontario Launches New Insurance Regulator" *Insurance Business* (10 June 2019), online: <https://www.insurancebusinessmag.com/ca/news/breaking-news/ontario-launches-new-insurance-regulator-169482.aspx>.
32. See FSRA, "Mission, Vision and Values," online: <https://www.fsrao.ca/about-fsra/mission-vision-and-values>.
33. FSRA, "Notice of Proposed Rule and Request for Comment Proposed Rule [2020-002] Unfair or Deceptive Acts or Practices," online: [https://www.fsrao.ca/sites/default/files/2021-09/UDAP\\_Rule\\_2020-002\\_Proposed\\_en\\_aoda\\_0.pdf](https://www.fsrao.ca/sites/default/files/2021-09/UDAP_Rule_2020-002_Proposed_en_aoda_0.pdf).
34. *Ibid*. 35 *Ibid* at 2 & 3. 36 RHPA, above note 1, s 3. All Rights Reserved © Ontario Foot Care Association Inc., January 202



**The Ontario Foot Care Association values our members and respects and qualifies them through acknowledging educational and resource care partners who offer advanced post graduate continuing education.**

**OFCA considers all practitioners entry to practice competencies and commitment to improving their knowledge skill and business acumen. in order to contribute to the essential medical foot and lower limb care needs of Ontario communities.**

**OFCA is committed to endorsing high level post graduate medical foot and lower limb care education ensuring our member Podortho® Foot Specialists (Pod. Fs) have acquired the advanced skills required to keep our population mobile and independent with integrity and professionalism.**

