

A model of podiatry care in remote Central Australia

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Since 2009 a model of podiatry care has been developed and evaluated in 16 communities in Central Australia to the north-east and north-west of Alice Springs. Prior to this time these communities had minimal and erratic podiatry service.

The logistical aspects of the new service model were addressed and a sustainable model of care developed. A key issue was an acceptable cost per patient. Previously the service had been 3-4 day clinics in one community, with less than optimum numbers of patients seen per day, and staff then returning to Alice Springs. A lack of equipment (including autoclaves) had also previously been a problem.

The revised model has been developed from the Indigenous Diabetic Foot program, with an emphasis on educating and treating the clients and upskilling clinical staff in basic foot care. The paper will discuss the method of education used to engage clients in their own foot care, the development of links with high care services at Alice Springs Hospital and the logistics of provision of service to this group of communities at a reasonable cost.

Notable outcomes include reduced callous formation, improved shoe wear habits, and self-referral to the podiatry clinic as soon as we arrive in the community. Provision of services is broadening the impact of foot health on the communities, with increased awareness of basic foot care and working with younger clients to prevent foot injuries. We are now offering rehabilitation for foot injuries, pre-football stretches and strengthening and first aid for feet. We encourage clients to adapt their foot care and footwear habits adjusted to their own foot health outcomes.

In the future the service will analyse data of visits over the past 5 years and relate this to amputation rates of lower limbs at Alice Springs Hospital. This data would include the percentage of diabetics in each community that are accessing Podiatry services regularly in accordance with Best practice recommendations. Other data for High risk foot diabetics will be collated for length of time from first ulcer to surgical intervention compared with town camps. It will also be possible to check on average cost per service in the 16 subject communities compared with other NT communities.