COLUMNS

The Role of Podiatry in Wound Management

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As wound care providers, we are all too keenly aware of the necessity of the "team approach" to wound management. The wound is often a symptom of more complicated underlying conditions and comorbidities. Patients afflicted with chronic wounds typically have a much higher level of acuity than do patients who do not present with nonhealing wounds.

To begin to comprehend the importance of podiatry in the wound care, simply ask the rhetorical question, Where would the specialty of wound care be without the presence and contribution of podiatrists?

Consider the magnitude of the problem of diabetic foot ulcers. The diabetic foot ulcer must be perceived as a marker of a far more serious underlying condition. The presence of diabetic foot ulcers is correlated with peripheral arterial disease, heart attack, stroke, renal disease, and amputation. More than 60% of nontraumatic amputations occur in persons with diabetes. Comprehensive foot care programs can reduce amputation rates by 45% to 85%.¹

Also consider that approximately 1.2 million people (5% of a United States diabetic population of approximately 24 million people) develop a foot ulcer every year, 2.9 million people (approximately 12% of patients with diabetes) have a history of foot ulceration, 60% of lower-limb amputations occur in patients with diabetes, and 85% of lower-limb amputations in patients with diabetes are preceded by a foot ulcer.² Five-year mortality following amputation was 39% to 68% in various studies.³ With odds regarding lower extremity wounds stacked so overwhelmingly against diabetics, the diabetic foot ulcer should be perceived in the same category of severity as the discovery of a lump on a woman's breast.⁴

Podiatrists have become the point persons on the wound management team, often the first to recognize the presence of or the impending formation of a limb- and life-threatening wound. A typical lower extremity examination with a podiatric focus considers the patient from 4 key viewpoints: vascular, dermatologic, orthopedic, and neurologic. Assessment that includes these 4 points is essential to properly treat a lower extremity wound. The overlapping of etiologies from these 4 areas often further complicates the treatment plan essential to heal such wounds. Expertise in these key areas makes podiatrists essential referral sources for other providers whose focus may typically be concentrated on other body systems.

Contributions by podiatrists to the emerging and evolving specialty of wound management are numerous and have provided essential evidence supporting successful treatment of wounds over the push to amputate. Crucial to healing of diabetic, neuropathic, and other plantar foot ulcers is podiatric expertise pertaining to lower extremity biomechanics, structural deformities, and the nuances of both surgical and nonsurgical interventions used to treat these wounds.

The team approach to wound management is another area to which podiatrists have contributed immensely. The team approach to wound healing begins with communication among providers. The podiatrist's role in the management of a wound often requires communication among a variety of specialties, including internal medicine, endocrinology, infectious disease, vascular surgery, interventional cardiology, radiology, neurology, nephrology nursing, social work, and dietetics, to name only some. The care and ultimately the healing of a patient may require the involvement of some or all of these specialists. Conversely, podiatrists should ask themselves the rhetorical question, Where would my wound healing efforts and outcomes be

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without the presence and contribution of other providers within the wound management team? Often, then, the podiatrist is the catalyst who establishes dialogue among specialties, whether through direct dialogue or request for consultation services. The podiatrist, in other words, serves frequently as the wound management team builder.

Simply stated, the role of podiatry in wound healing is an essential one. Without the contributions of podiatry, one must wonder whether the importance and emphasis on lower extremity preservation and limb salvage would be as great. One must also wonder how many lower extremity ulcers might have been prevented because of the diligence of the podiatrist. Consider how many patients may have been spared the progression to a catastrophic medical event (heart attack, stroke) because a podiatrist recognized signs and symptoms of peripheral arterial disease and made timely referrals to the appropriate specialists.

The evidence culled from a vast body of research and clinical experience, education among peers, and the

creation of a greater awareness of wound healing among the general population has earned podiatry a prominent leadership role in wound management. Future columns will examine and present topics in wound management in which podiatry has had a particularly leading role, whether in assessment, technology, or treatment.

References

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