

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

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**CPMA President & OPMA President**



**Presentation to**



# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

## A Podiatric Perspective on Diabetic Foot Health

- Introduction to Podiatry
- Peripheral Neuropathy in the Diabetic Foot including Charcot  
Definitions, evaluation, treatment
- Opportunities for Collaboration
- Ontario Foot Health Needs
- Call to Action – DPMs & CFCNs

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Introduction to Podiatry
  - Education & Competencies
  - Podiatry and Chiropody Models of Care
  - Scopes of Practice across Canada
  - Vision for the Future of Podiatry in Canada

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

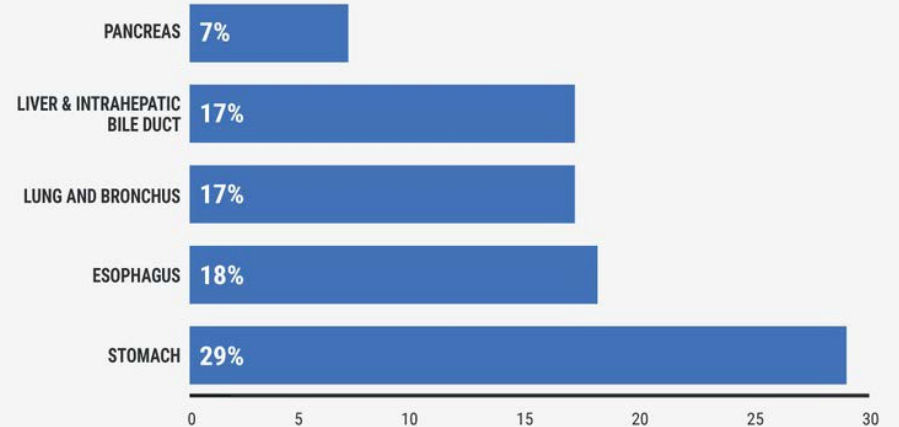
- Peripheral neuropathy caused by diabetes (DPN) is a result of microvascular complications affecting the nerves: sensory, motor, autonomic or all three.
  - Symptoms
  - Clinical presentation
  - Risk factors
  - Treatment

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- MORTALITY: 5 years after developing a diabetic foot ulcer approaches **50%**!

## The 5 deadliest cancers

Percentage of people who are alive **5 years** after being diagnosed:



SOURCE: American Cancer Society

TECH INSIDER

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

## ● Diabetic Peripheral Neuropathy

The outpatient diagnosis of diabetic peripheral neuropathy is simply *“the presence of symptoms and/or signs of peripheral nerve dysfunction in people with diabetes after the exclusion of other causes.”* Mild numbness to SEVERE pain



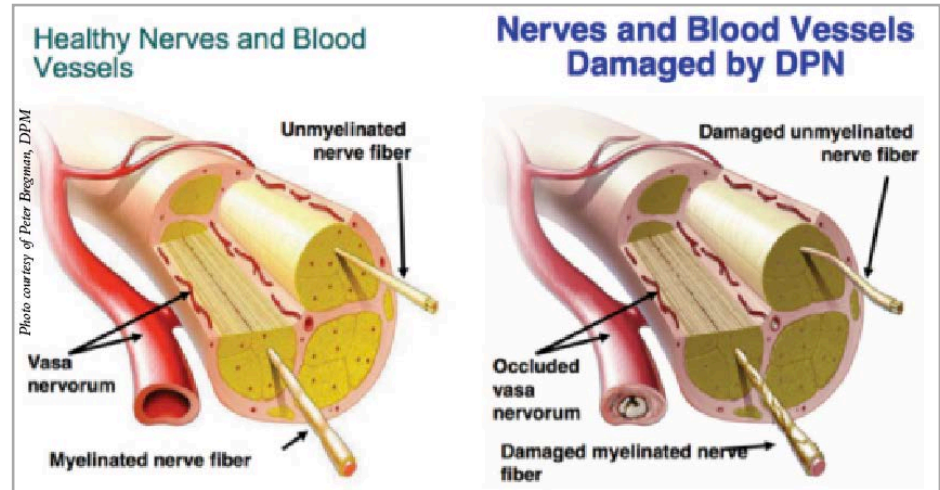
### Reference:

Boulton AJM, Gries FA, Jervell JA: Guidelines for the diagnosis and outpatient management of diabetic peripheral neuropathy. *Diabetic Med* 15 : 508-514, 1998

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

## ● Painful Diabetic Peripheral Neuropathy

- Anxiety, depression, fatigue, sleep disturbance
- Diminished work ability, health-related quality of life



### References:

1. Sadosky, A., Schaefer, C., Mann, R., Bergstrom, F., Baik, R., Parsons, B., Nalamachu, S., Nieshoff, E., Stacey, B.R., Anshel, A., and Tuchman, M. Burden of illness associated with painful diabetic peripheral neuropathy among adults seeking treatment in the US: results from a retrospective chart review and cross-sectional survey. *J Diabetes Metab Syndr Obes.* 2013; 6: 79–92
2. Shakher, J. and Stevens, M.J. Update on the management of diabetic polyneuropathies. *J Diabetes Metab Syndr Obes.* 2011; 4: 289–305

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Diabetic Motor Neuropathy
  - Intrinsic Muscle Atrophy
  - Hammertoes
  - Short Extensor Muscle Belly
  - Hands
  - Gait Instability, Walking, Stopping, Falling.



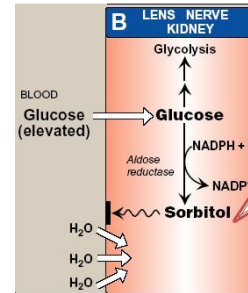
## References:

Meier MR, Desrosiers J, Bourassa P, Blaszczyk J. Effect of type II diabetic peripheral neuropathy on gait termination in the elderly. *Diabetologia* 44(5):585-92, 2001.



# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Diabetic Sensorimotor Neuropathy
  - Neuropathic Pain and Weakness are due to Compression of the Peripheral Nerve- hyperglycemia in DM > sorbitol > edema, myelin swelling (polyol pathway activity is increased)
  - High levels of sorbitol leads to
    - Axonal Degeneration
    - Demyelination



-Elevated intracellular gluc conc's & an adequate supply of NADPH cause aldose reductase to produce a sufficient increase in the amount of sorbitol, which can't pass efficiently through CMs &, therefore, remains trapped inside cell.

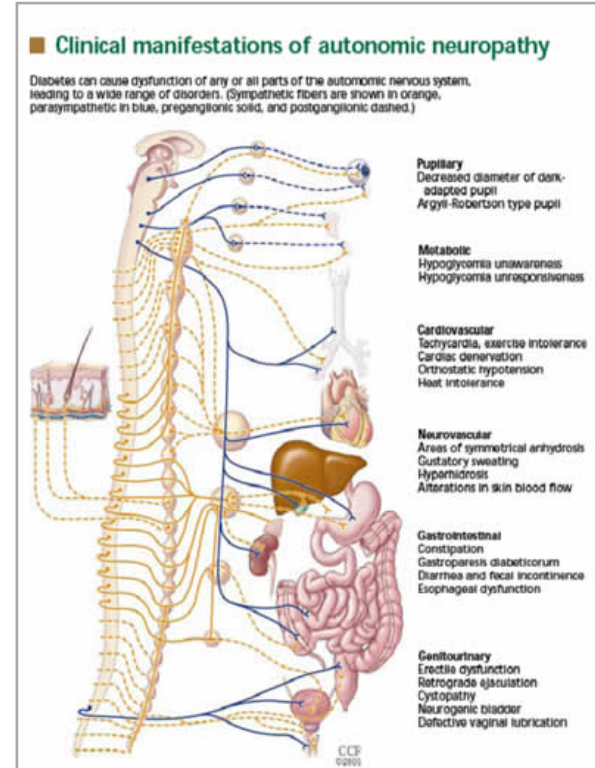
-This is exacerbated when sorbitol dehydrogenase is low or absent, e.g., in retina, lens, kidney & nerve cells. As a result, sorbitol accumulates in these cells, causing strong osmotic effects &, therefore, cell swelling as a result of water retention

## References:

1. Vinik, A.I. Diabetic neuropathy: pathogenesis and therapy. *Am J Med.* 1999; 107: 17S–26S
2. Llewelyn, J.G. The diabetic neuropathies: types, diagnosis and management. *J Neurol Neurosurg Psychiatry.* 2003; 74: ii15–ii19

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Diabetic Autonomic Neuropathy
  - Disrupt organ systems: cardiovascular, GI and GU



## References:

Vinik AI, Maser RE, Mitchell BD, Freeman R. Diabetic autonomic neuropathy. *Diabetes Care* 26(5):1553-79, 2003.

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

## ● Diabetic Autonomic Neuropathy

Disruption of microvascular skin blood flow and sudomotor function

- Dry Skin, Loss Of Sweating, and The Development Of Fissures And Cracks
- Ulcers, Gangrene, and Limb Loss



# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Charcot Neurogenic Osteoarthropathy
  - Insidious non-infective, progressive destruction of bones and joints, resulting in pathologic fractures, dislocations or subluxations that almost exclusively affects the foot and ankle.
  - Most commonly caused by diabetes mellitus. Other less common causes include leprosy, alcohol abuse, multiple sclerosis and congenital neuropathy.
  - In patients with diabetic neuropathy, the prevalence of the disorder ranges from 0.8% to 7.5%.

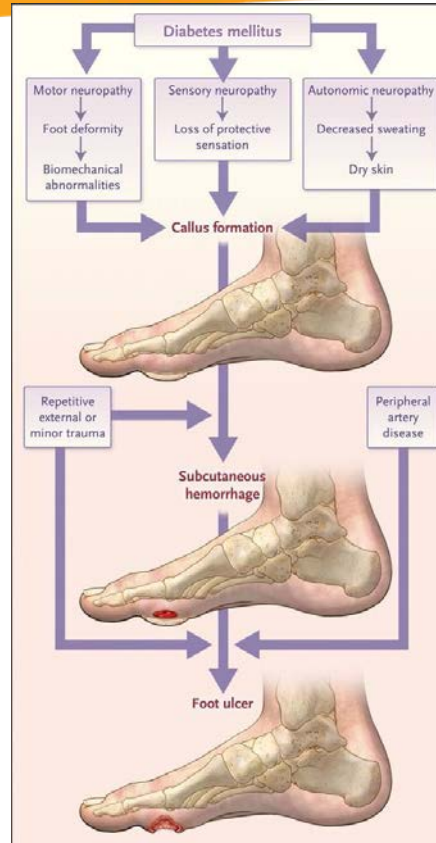


## References:

1. Charcot J-M. Sur quelques arthropathies qui paraissent dependre d'une lesion du cerveau ou de la moelle epiniere. *Arch Des Physiol Norm et Path* 1868;1:161–71
2. Armstrong DG, Todd WF, Lavery LA, et al. The natural history of acute Charcot's arthropathy in the diabetic foot specialty clinic. *Diabet Med* 1997;14:357–63

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

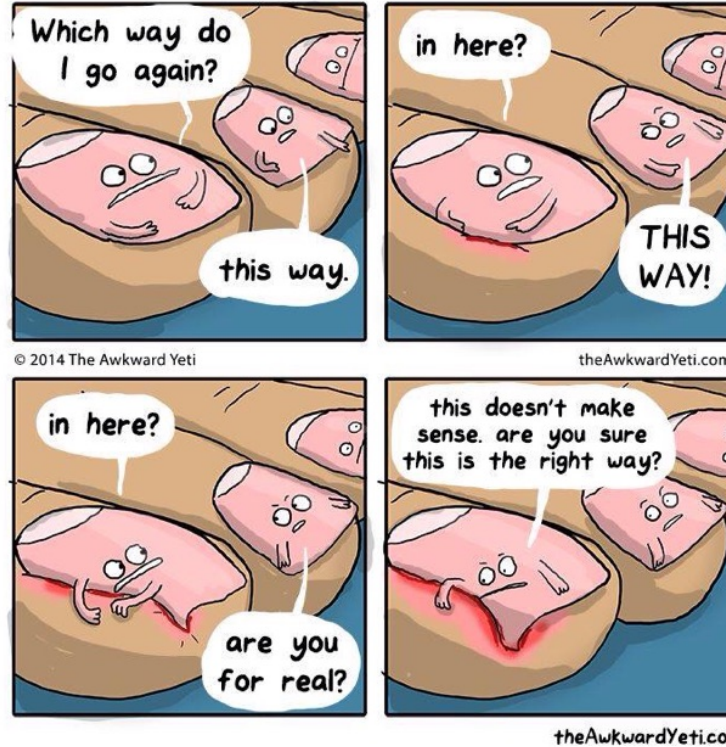
## ● Recap






# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- So now what do we do?



# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

## ● Inlow's 60-second Diabetic Foot Screen

**HOW TO USE**  
**Inlow's 60-second Diabetic Foot Screen**   
 FOR THE ASSESSMENT AND MANAGEMENT OF THE DIABETIC FOOT

Patient Name: \_\_\_\_\_ Clinician Signature: \_\_\_\_\_  
 ID number: \_\_\_\_\_ Date: \_\_\_\_\_

In order to use this tool efficiently and for best patient outcomes, complete the following three steps:

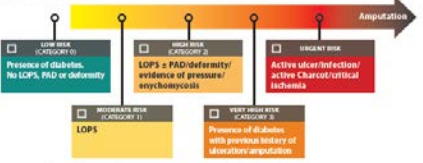
► **Step 1: Complete an Assessment of the Left and Right Feet**  
 Instructions: Assess both feet using the four parameters identified within Inlow's 60-second Diabetic Foot Screen<sup>1</sup> to identify clinical indicators and/or care deficits. Once each parameter has been assessed move on to Steps 2 and 3.

| Inlow's 60-second Diabetic Foot Screen   |  |
|--|--|
| LEFT FOOT  | RIGHT FOOT   |
| <b>1. Assess for Skin and Nail Changes</b><br><b>Skin</b><br><input type="checkbox"/> Intact and healthy<br><input type="checkbox"/> Dry with fissures or light callus<br><input type="checkbox"/> Heavy callus build up<br><input type="checkbox"/> Prior ulceration or amputation<br><input type="checkbox"/> Existing ulceration (i.e. warmth and erythema)<br><b>Nails</b><br><input type="checkbox"/> Well-groomed and appropriate length<br><input type="checkbox"/> Discolored and ragged<br><input type="checkbox"/> Thick, damaged, or infected<br><br><b>2. Assess for Peripheral Neuropathy/ Loss of Protective Sensation (LOPS)</b><br><b>Sensation - monofilament testing:</b><br><input type="checkbox"/> No peripheral neuropathy was not detected (sensations were present at all sites)<br><input type="checkbox"/> Yes peripheral neuropathy detected (sensations were missing at one or more sites)<br><b>Sensation - ask 4 questions:</b><br>- Are your feet ever numb?<br>- Do they ever tingle?<br>- Do they ever burn?<br>- Do they ever feel like insects are crawling on them?<br><input type="checkbox"/> No to all 4 questions<br><input type="checkbox"/> Yes to any of the questions<br><br><b>3. Assess for Peripheral Arterial Disease (PAD)</b><br><b>Pedal Pulses:</b><br><input type="checkbox"/> Present<br><input type="checkbox"/> Absent<br><b>Dependent rubor:</b><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><b>Cool foot:</b><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><br><b>4. Assess for Bony Deformity (and Footwear)</b><br><b>Deformity:</b><br><input type="checkbox"/> No deformity<br><input type="checkbox"/> Deformity (i.e. dropped MTX or bunions, chronic Charcot changes)<br><input type="checkbox"/> Amputation<br><input type="checkbox"/> Active Charcot (i.e. warmth and erythema)<br><b>Range of Motion:</b><br><input type="checkbox"/> Full range in hallux<br><input type="checkbox"/> Limited range of motion in hallux<br><input type="checkbox"/> Rigid hallux<br><b>Footwear:</b><br><input type="checkbox"/> Appropriate<br><input type="checkbox"/> Inappropriate<br><input type="checkbox"/> Causing trauma | <b>1. Assess for Skin and Nail Changes</b><br><b>Skin</b><br><input type="checkbox"/> Intact and healthy<br><input type="checkbox"/> Dry with fissures or light callus<br><input type="checkbox"/> Heavy callus build up<br><input type="checkbox"/> Prior ulceration or amputation<br><input type="checkbox"/> Existing ulceration (i.e. warmth and erythema)<br><b>Nails</b><br><input type="checkbox"/> Well-groomed and appropriate length<br><input type="checkbox"/> Discolored and ragged<br><input type="checkbox"/> Thick, damaged, or infected<br><br><b>2. Assess for Peripheral Neuropathy/ Loss of Protective Sensation (LOPS)</b><br><b>Sensation - monofilament testing:</b><br><input type="checkbox"/> No peripheral neuropathy was not detected (sensations were present at all sites)<br><input type="checkbox"/> Yes peripheral neuropathy detected (sensations were missing at one or more sites)<br><b>Sensation - ask 4 questions:</b><br>- Are your feet ever numb?<br>- Do they ever tingle?<br>- Do they ever burn?<br>- Do they ever feel like insects are crawling on them?<br><input type="checkbox"/> No to all 4 questions<br><input type="checkbox"/> Yes to any of the questions<br><br><b>3. Assess for Peripheral Arterial Disease (PAD)</b><br><b>Pedal Pulses:</b><br><input type="checkbox"/> Present<br><input type="checkbox"/> Absent<br><b>Dependent rubor:</b><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><b>Cool foot:</b><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><br><b>4. Assess for Bony Deformity (and Footwear)</b><br><b>Deformity:</b><br><input type="checkbox"/> No deformity<br><input type="checkbox"/> Deformity (i.e. dropped MTX or bunions, chronic Charcot changes)<br><input type="checkbox"/> Amputation<br><input type="checkbox"/> Active Charcot (i.e. warmth and erythema)<br><b>Range of Motion:</b><br><input type="checkbox"/> Full range in hallux<br><input type="checkbox"/> Limited range of motion in hallux<br><input type="checkbox"/> Rigid hallux<br><b>Footwear:</b><br><input type="checkbox"/> Appropriate<br><input type="checkbox"/> Inappropriate<br><input type="checkbox"/> Causing trauma |

\* Refer to Steps 2 and 3 before completing this area.

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► **Step 2: Determine the Risk for Ulceration and Amputation**  
 Instructions: Review the results from Inlow's 60-second Diabetic Foot Screen to identify parameters that put the patient at risk. Assign the identified parameters with the International Working Group of the Diabetic Foot (IWGDF) Risk Classification System<sup>2</sup> plus Urgent Risk to identify which risk category your patient falls into.



► **Step 3: Create a Plan of Care with Your Patient Based on Identified Risks**  
 Instructions: Based on the risk classification and clinical indicators develop a plan of care with your patient that best meets their needs.

| Risk Classification                | Clinical Indicators   | Screening Frequency     | Recommendations and Actions <sup>3,4</sup>   |
|------------------------------------|---|-------------------------|--|
| <b>Low Risk (Category 1)</b>       | Presence of diabetes, No LOPS, PAD or deformity                     | Screen every 12 months  | <input type="checkbox"/> Education on healthy foot habits and risk factors <sup>5</sup><br><input type="checkbox"/> Daily self-inspection of feet<br><input type="checkbox"/> Appropriate foot and nail care<br><input type="checkbox"/> Well-fitting shoes, exercise as able  |
| <b>Moderate Risk (Category 2)</b>  | LOPS  | Screen every 6 months   | <input type="checkbox"/> Education on LOPS <sup>5</sup><br><input type="checkbox"/> Daily self-inspection of feet<br><input type="checkbox"/> Professional foot care, fitted shoes, custom full-contact orthotics and diabetic socks<br><input type="checkbox"/> Referral to a rehab specialist to provide a plan for fitness (exercise prescription) based on risk factors  |
| <b>High Risk (Category 3)</b>      | LOPS + PAD/deformity/ evidence of pressure/ erythema/ ischaemia     | Screen every 3-6 months | <input type="checkbox"/> Education on PAD, deformity, pressure and/or ischaemia <sup>5</sup><br><input type="checkbox"/> Daily self-inspection of feet<br><input type="checkbox"/> Professional foot care, fitted shoes, custom full-contact orthotics and diabetic socks<br><input type="checkbox"/> Vascular studies + referral if appropriate<br><input type="checkbox"/> Pain management for ischaemic pain, if present<br><input type="checkbox"/> Deformity addressed if consistent with orthotic shoes<br><input type="checkbox"/> Orthopedic referral if required<br><input type="checkbox"/> Referral to a rehab specialist to provide a plan for fitness (exercise prescription) based on risk factors |
| <b>Very High Risk (Category 4)</b> | Presence of diabetes with previous history of ulceration/amputation | Screen every 1-3 months | <input type="checkbox"/> Education on risk of recurrence <sup>5</sup><br><input type="checkbox"/> Daily self-inspection of feet<br><input type="checkbox"/> Professional foot care, fitted shoes, custom full-contact orthotics and diabetic socks<br><input type="checkbox"/> Referral to a rehab specialist to provide a plan for fitness (exercise prescription) based on risk factors<br><input type="checkbox"/> Modified footwear and/or prosthesis based on level of amputation   |
| <b>Urgent Risk</b>                 | Ulcer or infection, active Charcot, PAD (gangrene, acute ischaemia) | Urgent care required    | <input type="checkbox"/> Referral to services such as a wound or limb salvage clinic   |

<sup>3</sup> These recommendations and actions are not all inclusive. Actions need to be customized to meet each patient's needs. Encourage patients to manage their glycemic, lipidic, triglycerides, weight, hypertension, and lifestyle choices such as smoking. Ensure the patient knows where to access professional assistance in the event of an urgent foot complication.

<sup>4</sup> Tools and educational materials are available online from Wounds Canada: For patients: <https://thefootcan.ca> for patients public; For clinicians: <https://thefootcan.ca> for clinicians

<sup>5</sup> Adapted from Inlow's 60-second foot screen for people with diabetes. Wound Care Canada, 2008/2010-11.

<sup>6</sup> Inlow's 60-second foot screen is a trademark of the Inlow's 60-second foot screen. © 2018 Canadian Association of Wound Care. All rights reserved.

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References:

Orsted HL, Botros M. Inlow's 60-Second Diabetic Foot Screen gets a new look! Wound Care Canada. 2018;16(1):26-29.

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Type 2 diabetic risk level 2
  - Routine foot care every 3 months





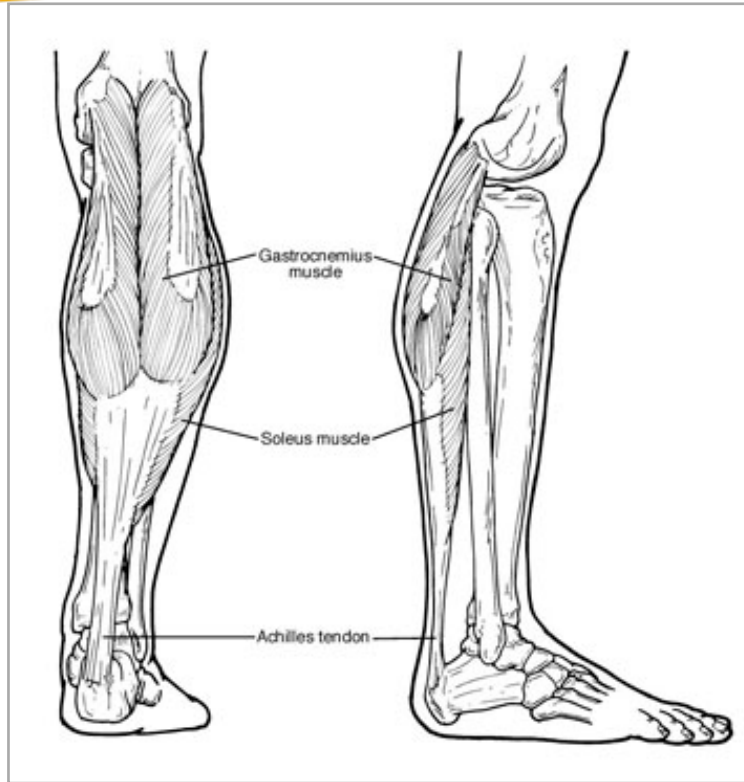
# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Healed ulcer



# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

## ● Ankle Equinus



### References:

Searle A, Spink M, Ho A, Chuter VH. Association between ankle equinus and plantar pressures in people with diabetes. A systematic review and meta-analysis. *Clinical Biomechanics*. 2017 Mar;43:8-14.

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

## ● Equinus Brace



**“The Equinus Brace”**

- The only equinus treatment to extend above the knee locking the knee into full extension more efficiently stretching the Gastrocnemius complex
- The only equinus treatment to have an adjustable ankle hinge allowing precise treatment control
- The only equinus treatment to engage the Windlass mechanism stretching the plantar fascia and providing a more accurate stretch of the Gastrocnemius complex

One hour a day Equinus treatment!  
An Evidence-based Answer to Equinus Related Pathologies

PDAC APPROVED

*Distributors wanted 317-435-0758*

**IQmed<sup>®</sup> LLC**

References:  
[www.fixequinus.com](http://www.fixequinus.com)

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

There are 2 Feet!!



# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Type 2 diabetic risk level 3
  - Routine foot care every 3 months
  - Looking good! stable foot, quality accommodation





# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

There are 2 Feet!!



# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Acute Charcot with PVD



# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Acute or Chronic Charcot?





# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Charcot with healing ulceration
  - How did we get here?



# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Offloading Devices



# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Wheelchair
  - Non-weight bearing is the ***GOLD STANDARD!***



# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Podiatric Surgery



# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

## ● Podiatric Surgery



# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Best Efforts can still lead to Worst Outcome





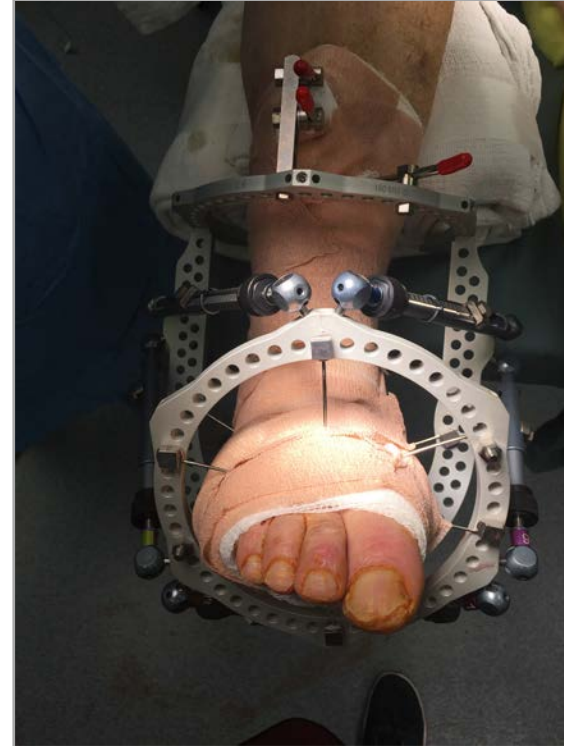
# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Podiatric Surgery



# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Podiatric Surgery
  - Offloading Device





# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

## ● Podiatric Surgery

- International Offloading Device



# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

## Neuropathy Treatment | Recommendations

- 1** In people with type 2 diabetes, screening for peripheral neuropathy should begin at diagnosis of diabetes and occur annually thereafter [Grade D, Consensus].  
  
In people with type 1 diabetes, annual screening should commence after 5 years' post-pubertal duration of diabetes [Grade D, Consensus].
- 2** Screening for peripheral neuropathy should be conducted by assessing loss of sensitivity to the 10g monofilament or loss of sensitivity to vibration at the dorsum of the great toe [Grade A, Level 1 (31,34)] (see Appendices 11A and 11B. Rapid Screening for Diabetic Neuropathy).
- 3** People with diabetes should be treated with intensified glycemic control to prevent the onset and progression of neuropathy [Grade A, Level 1A (3,35) for type 1 diabetes; Grade B, Level 2 (38) for type 2 diabetes].

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

## Neuropathy Treatment | Recommendations

4

The following agents may be used alone or in combination for relief of painful peripheral neuropathy:

- Anticonvulsants (pregabalin [Grade A, Level 1 (47,52)], gabapentin† [Grade B, Level 2 (46,74)], valproate† [Grade B, Level 2 (50,51)])
- Antidepressants (amitriptyline†, duloxetine, venlafaxine†) [Grade B, Level 2 (56,57,60,61,63,75)]
- Topical nitrate spray† [Grade B, Level 2 (65,66,70)]
- In people not responsive to the above agents, opioid analgesics (tramadol, tapentadol ER, oxycodone ER) may be used [Grade B, Level 2 (41,43,44)]. Prescribers should be cautious due to risks of abuse, dependency and tolerance, and follow the recommendations of the 2017 Canadian Guidelines for Opioids for Chronic Non-Cancer Pain (54) [Grade D, Consensus].

Notes: †Denotes that this drug is not currently approved by Health Canada for the management of neuropathic pain associated specifically with diabetic peripheral neuropathy. Most studies failed to achieve Grade A, Level 1 due to a <80% completion rate (39). Abbreviations: A1C, glycated hemoglobin; BG, blood glucose; BMI, body mass index; CAD, cardiac autonomic neuropathy; DAN, diabetic autonomic neuropathy; DPN, diabetic peripheral neuropathy; PDN, painful diabetic neuropathy.

### Reference:

Diabetes Canada Clinical Practice Guidelines Expert Committee. Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Can J Diabetes*. 2018;42(Suppl 1):S1-S325.

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

## ● Risk Stratification

| LEVEL   | TYPE                             | RISK                    | Visits       |
|---------|----------------------------------|-------------------------|--------------|
| Level 0 | No Neuropathy                    | 5.1% Risk of Ulceration | Yearly Visit |
| Level 1 | Neuropathy                       | 14.3%                   | 6 months     |
| Level 2 | Neuropathy, PVD and/or Deformity | 18.8%                   | 3-6 months   |
| Level 3 | History of Ulcer of Amputation   | 55.8%                   | 1-3 months   |

### References:

Orsted HL, Botros M. Inlow's 60-Second Diabetic Foot Screen gets a new look! *Wound Care Canada*. 2018;16(1):26–29.

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Ontario Foot Health Needs
  - Greying of Canada's Population
  - Diabetes Epidemic
  - Avoiding Amputations
  - Wound Care

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Opportunities for Collaboration
  - Virtual Collaboration & Physical Collaboration
  - Sharing Research & Data
  - Supporting Education, Certification & Competencies
  - Sharing Best Practices / Evidence-Based Care

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

- Patient-Centred Care Driving Call to Paradigm Shift
  - De-Institutionalization of Foot Care
  - Seamless Continuum of Foot Care & Increased Access to Competent Practitioners
  - Emphasis on Prevention
  - Making Foot Health a Priority

# PERIPHERAL NEUROPATHY IN THE DIABETIC FOOT INCLUDING CHARCOT

## FOOT CARE CONTINUUM IN ONTARIO

- Call to Action – DPMs & CFCNs
  - Joint Conferences / Seminars / Professional Development
  - Implement Collaborative & Joint Practices
  - Unity in Advocacy
  - Mutual Support in Standards of Practice (e.g. Infection Control)





# THANK YOU





**Ontario  
Podiatric  
Medical  
Association**

W | [www.podiatrycanada.org](http://www.podiatrycanada.org) E | [contact@podiatrycanada.org](mailto:contact@podiatrycanada.org) T | (888)-220-3338  
W | [www.opma.ca](http://www.opma.ca) E | [contact@opma.ca](mailto:contact@opma.ca) T | 905-475-3098