

| PSP Name | Total number of verified uncertainties identified by the PSP | Uncertainty (PICO formatted indicative uncertainty where possible. Advised minimum requirements are 'Population' and 'Intervention'. Not all submissions may be suitable for PICO structure, but they should be in a format that will ultimately be of value to the research community) | Explanatory note (a plain language summary of up to 150 words, explaining key points of the uncertainty and why it is important, for research funders to begin working on. PSPs may wish to include examples of the original survey submissions here) | Date of the priority setting workshop | Rank of the uncertainty at the final workshop. (If no rank was agreed, please indicate) | Evidence (reference, and weblink where available, to the most recent relevant systematic review identified by the PSP, plus a maximum of 2 other systematic reviews, including protocols for future systematic reviews, that the PSP considers relevant.) | Number of raw uncertainties by total & HCP/Patient number |
|-----------------|--|---|--|---------------------------------------|---|--|--|
| Foot Health PSP | 27 | How does poor foot health impact on people's lives (including work, leisure and social activities)? | Poor foot health has the potential to profoundly impact on the functional and social participation of those people affected by foot pathology, potentially leading to reduction in quality of life, social participation restrictions and anxiety about future prognosis. This broad researchable question emerged from a multifaceted variety of raw uncertainties that reflect the potential breadth and depth of the impact of poor foot health: "Is there data to demonstrate impact on quality of life if basic foot health is not provided to those in need?", "longevity of being mobile? - I am concerned that at 45 I might not stay mobile very long or long enough to live the life I want to live" | 26th Sept, 2019 | 1 | Int Wound J. 2016 Oct;13(5):892-903. doi:10.1111/iwj.12404. Epub 2015 Jan 20. <i>The impact of foot ulceration and amputation on mortality in diabetic patients.I: From ulceration to death, a systematic review.</i> Jupiter DC(1), Thorud JC(2)(3), Buckley CJ(4)(5)(6), Shibuya N(7)(4)(6). | Total = 38 (HCP=18, Patient = 20) |
| foot Health PSP | 27 | What can people who are categorised as 'high risk' do to prevent foot health problems (e.g. people with poor circulation, diabetes or other conditions that could cause serious foot problems)? | It is known that people who have conditions such as diabetes, Peripheral Arterial disease or significant neurological deficit. Such conditions can predispose them to serious life and limb threatening complications. Prevention of serious complication therefore is a high priority for high quality research, to reduce the risks of deterioration and so that, patients/carers, clinicians and researchers can understand and implement the most effective preventative strategies: "Is it inevitable that there will be foot health problems due to type 2 diabetes, and can they be prevented?" "What are the optimum approaches to maintaining foot health in the presence of peripheral neuropathy?" "... is there anything to show how effective podiatry is in helping to prevent or raise awareness of vascular lower limb problems?" | 26th Sept, 2019 | 2 | CD000990 – Lane et al (2017). <i>Exercise for intermittent claudication. Evidence showed that exercise did not improve ankle brachial pressure indices, amputation rate or mortality.</i> Some evidence to show that it did improve pain free/max walking distance and quality of life outcomes. CD005263 – Hageman et al (2018). Supervised exercise therapy 'v' home based exercise therapy 'v' walking advice for intermittent claudication. Moderate to high quality evidence for SET in improvement of measured walking distance. No clear evidence of difference between HBE/ WA. More evidence required for quality of life & functional outcomes and longer term follow up needed. | Total= 32 (HCP= 4, Patient = 28) |
| foot Health PSP | 27 | How important are specialised tests (such as diagnostic ultrasound imaging/advanced vascular and gait/functional assessment) learned at post-graduate level, in the diagnosis of foot health problems? | With the widening scope of more specialised practice for Health Professionals involved in the assessment and management of lower limb pathology, the effectiveness and appropriateness of advanced clinical assessment techniques requires a robust evidence base in order to develop the most clinically effective assessment protocols and inform the patient clinical pathway: "podiatrists are so important in the assessment and diagnosis of vascular problems in the lower limb, is there any evidence to show how much impact we have?" "In the future how are we going to advance our diagnostic skills in line with higher risk patients we are working with - when the NHS (broadly) has very little understanding or concept of who we are and what we can offer?" "How widespread is the use of diagnostic ultrasound in the Podiatry profession given the applicability of its use in MSK and vascular pathology?" "In a climate where traditional clinical assessments of the foot and ankle (e.g. foot shape, ankle ROM) are increasingly criticised within research (typically based on cohorts of healthy students), what clinical assessment tools can be recommended to guide management of complex foot problems?" | 26th Sept, 2019 | 3 | CD0101 – Crawford et al (2016): <i>ABI for diagnosis of lower limb Peripheral Arterial Disease. Evidence to support the accuracy of ABI in diagnosis of PAD is sparse.</i> CD010835 – Andras and Ferket (2014): <i>Screening for peripheral arterial disease. No data available for review, therefore unable to detect the effectiveness of PAD screening.</i> BMC Musculoskeletal Disord. 2015 Jun 5;16:134. doi: 10.1186/s12891-015-0596-0. <i>Gait characteristics associated with the foot and ankle in inflammatory arthritis: a systematic review and meta-analysis.</i> Carroll M(1), Parmar P(2), Dalbeth N(3), Boockvar M(4), Rome K(5). Most studies report gait adaptations for RA very little reported for other IA's. Future studies need a standardised analytical approach to gait analysis to provide objective evidence of foot function in | Total = 32 (HCP = 23, Patient = 6, Other = 3) |
| foot Health PSP | 27 | What is the impact on health and social care services when known foot health problems are neglected? | With access to foot health services within the NHS becoming more and more restrictive, the potential for a far reaching impact on the wider health and social care services is increasingly likely. Understanding the consequences of not managing foot health problems in a timely way is therefore a critical issue, so that future foot health service development can be designed to avoid the risks of foot health neglect and potentially reduce the financial, clinical and health burden on NHS and social services: "what is the impact on the individual and society in terms of days lost from work, loss of activity and function (leading to sedentary behaviour) ie socio economic consequences?" "...and is there an increase in the number of elderly patients being admitted to hospital with neglected foot care compared to areas where the service is offered?" "Why are commissioners/acute trusts not more aware of the potential savings they could get from good foot health?" | 26th Sept, 2019 | 4 | Matuntas. 2018 Dec;118:7-14. doi: 10.1016/j.maturitas.2018.10.001. Epub 2018 Oct. <i>Foot problems as a risk factor for falls in community-dwelling older people: A systematic review and meta-analysis.</i> Menz HB(1), Auhl M(2), Spink MJ(3), van Acker, Kristien, Leger, Philippe, Hartemann, Agnes, Chawla, Abhineet & Siddiqui, Mohd. (2014). <i>Burden of diabetic foot disorders, guidelines for management and disparities in implementation in Europe: a systematic literature review.</i> Diabetes/Metabolism: Research & Reviews, 30, 635-645. doi:10.1002/dmrr.2523 The review concludes that diabetic foot disorders demonstrated substantial economic burden and have detrimental effect on quality of life, with more impairment in physical domain. Implementation of the guidelines and set-up | Total 15 (HCP= 11, Patient = 3, Other = 1) |

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| foot Health PSP | 27 | Are current clinical pathways (treatment plans) fit for delivering high quality foot health provision? | The need for efficient and effective foot health care pathways is paramount in ensuring that people are seen by the right person, at the right time and receive the most appropriate management/ interventions. It is not known if current assessment and treatment pathways in respect of foot health are 'fit for purpose' or if there is any potential for developing a universal foot care pathway: "Can the processes/systems be improved so long-term patients can stay as "dormant" patients of the specialist, rather than having to keep going through referral processes - e.g. to get new insoles done every few years." "Are there any national clinical guidelines for foot problems to help with assessment and diagnosis?" "If foot health was integrated with the rheumatology appointment prevention of problems could be addressed?" | 26th Sept, 2019 | 5 | no evidence from systematic review found | Total 34 (HCP=13, Patient=19, Other= 2) |
| foot Health PSP | 27 | What is the impact of delayed or infrequent foot assessment on foot health in relation to foot problems? | Understanding the impact that a lack of timely foot health assessments, knowing what the timeframe should be for assessment of specified patient groups/foot conditions, is an essential component of developing effective and fair foot care services. In order to drive this development - the impact of delayed or infrequent foot health assessment needs to be identified. "Ulcers, infection are left for too long before action is taken - why are there no check ups?" "Are underlying problems diagnosed and treated /helped before the patients are rendered unable to walk /weight bear. " "How can we assure that foot health problems are assessed and diagnosed in a timely manner especially in a time pressure environment of the NHS?" | 26th Sept, 2019 | 6 | no evidence from systematic review found | Total = 28 (HCP= 9, patient= 19) |
| foot Health PSP | 27 | What are the most effective therapies for treating musculoskeletal foot problems, OTHER THAN foot orthoses? | Understanding the range of interventions that are most clinically and cost-effective in managing musculoskeletal foot problems is an important component in offering people a choice of interventions that have a strong evidence base, other than the use of Foot Orthoses. The evidence base in this area of foot health management is not strong and needs higher quality studies in order to support the use of a range of interventions for such pathologies: "How effective are strength exercises for the foot ankle and lower limb in the management of MSK related pathology?" "Any long term solutions rather than just insoles and physio that manage but don't sort or get rid of the pain or problem?" | 26th Sept, 2019 | 7 | CD001256 - Yeung et al (2011). <i>Interventions for the reduction of lower limb soft tissue running injuries. Overall weak evidence for the use of stretching/varying type of running shoe/strength and conditioning exercises/gradual increase in training intensity for novice runners.</i> CD010960 – Kearney et al (2015). <i>Injection therapy for Achilles tendinopathy. Insufficient evidence to support the use of injection therapies for the treatment of Achilles tendinopathy.</i> Huffer D, Hing W, Newton R, Clair M. <i>Strength training for plantar fasciitis and the intrinsic foot musculature: A systematic review.</i> Phys Ther Sport. 2017 Mar;24:44-52. doi: 10.1016/j.ptsp.2016.08.008. Epub 2016 Aug 18. Review. PubMed PMID: 27692740. Some indications it may aid pain reduction and improve function. More | Total = 10 (HCP= 4, Patient=6) |
| foot Health PSP | 27 | What evidence is there that foot health research is used in clinical practice and the impact that it has on clinical outcomes? | Despite a growing body of evidence (although currently limited in scope and quality overall), there is a need to demonstrate the usability and impact that foot health research has on clinical outcomes for patients, practitioners and health service commissioners: "How do the results of research into treatments get adopted into clinical practice?" "what is the impact over time (of research) on individual patients and groups of patients ?" | 26th Sept, 2019 | 8 | J Foot Ankle Res. 2017 Nov 22;10:51. doi: 10.1186/s13047-017-0232-3. eCollection 2017. <i>Evidence for current recommendations concerning the management of foot health for people with chronic long-term conditions: a systematic review.</i> Edwards K(1), Borthwick A(2), McCulloch L(2), Redmond A(3), Pinedo-Villanueva R(1), Prieto-Alhambra D(1), Judge A(1), Arden N(1), Bowen C(1)(2). | Total = 6 (HCP=4 Other = 2) |
| foot Health PSP | 27 | How do health professionals prevent/reduce the risk of foot ulceration occurring or getting worse, in patients with diabetes? | Strategies to facilitate the reduction of ulcer recurrence, effective ulcer healing interventions and prevention of initial foot ulceration in patients who are high risk, currently have a limited evidence base. In order to understand the complex interventions required and develop more effective prevention strategies, there is a need for studies of higher quality: "How do we effectively manage and treat active ulcers in diabetic patients?" "Will a community podiatrist in a high risk clinic who is more of an orthotist help prevent ulcers? essentially, what is the relationship between a service where orthotic advice and appliance are readily available and DFUs?" | 26th Sept, 2019 | 9 | CD007610 – Hoogveen et al (2015). <i>Complex interventions for preventing diabetic foot ulceration. Insufficient evidence to show that complex interventions are effective in the prevention of diabetic foot ulceration.</i> CD001488 – Dorresteijn et al (2014). <i>Patient education for preventing diabetic foot ulceration. Review found limited evidence that patient education alone in the reduction of ulcer and amputation rate.</i> CD012835 – McGloin et al (2017). <i>Psychological interventions for treating and preventing recurrence of foot ulcers in people with diabetes.</i> To evaluate the effects of psychological interventions on healing and prevention of recurrence of diabetic foot ulceration. | Total =21 (HCP= 14, Patient=7) |

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| foot Health PSP | 27 | How can people prevent foot health problems? | Promotion of Public Health in relation to foot problems and foot health to enable self-management and prevention of poor foot health requires strong underpinning research to support the most appropriate strategies: "Why is foot health not promoted more and given funding to meet demand within community social care to help in prevention of falls/ulceration etc?" "I know I have to keep my feet in good condition - but what does that mean?" "What prevention methods prevent foot problems?" | 26th Sept, 2019 | 10 | Wilderness Environ Med. 2017 Jun;28(2):139-149. doi: 10.1016/j.wem.2017.03.007. Prevention of Friction Blisters in Outdoor Pursuits: A Systematic Review. Worthing RM(1), Percy RL(2), Joslin JD(3). Despite the high frequency,discomfort, and associated cost there is a paucity of high-quality quality evidence in support of socks, antiperspirants, or barriers for the prevention of friction blisters. Moderate confidence in effect estimate suggests that paper tape may be an effective form of barrier prevention. Obes Rev. 2012 Jul;13(7):630-42. doi: 10.1111/j.1467-789X.2012.00996.x. Epub 2012 Apr 13. The association between body mass index and musculoskeletal foot disorders: a systematic review. Dutta S(1), PA(4) | Total = 60 (HCP = 24, Patient = 35, Other = 1) |
| foot Health PSP | 27 | What are the most effective ways of managing foot problems for people with inflammatory disease (e.g. conditions such as rheumatoid or inflammatory arthritis)? | It is known that foot pain and disability for people with inflammatory arthropathy is a significant factor on the perceived quality of life and levels of participation for those people affected. There is some evidence to show that the use of foot orthoses and footwear has a beneficial role in the management of abnormal function and painful symptoms. What is not known are the most effective long term complex interventions that are required to prevent foot pathology progression or their impact on wider clinical outcomes (joint disease progression, skin and nail pathology), in order to support outcomes such as social participation and maintenance of independent living. "How can foot health be better managed to avoid the progression of damage for patients with RA?" "Why does the treatment not seem to help with the pain and discomfort in the feet joints when other joints in the body have responded well and show little sign of the disease?" "What is the best foot and toenail management plan for people with Psoriatic Arthritis or on Humira?" | 26th Sept, 2019 | 11 | Qual Life Res. 2018 Dec;27(12):3059-3069. doi: 10.1007/s11136-018-1913-5. Epub 2018 Jun 19. Effectiveness of foot orthoses in patients with rheumatoid arthritis related to disability and pain: a systematic review and meta-analysis. Gijon-Nogueron G(1), Ramos-Petersen L(1), Ortega-Avila AB(2), Morales-Asencio JM(1), Garcia-Mayor S(1). FO can relieve pain and disability, but no significant difference between control and intervention groups. Rheumatol Int. 2018 May;38(5):749-762. doi:10.1007/s00296-018-4014-4. Epub 2018 Mar 20. The effectiveness of therapeutic shoes in patients with rheumatoid arthritis: a systematic review and meta-analysis. Tenten-Diepenmaat M(1), van der Leeden M(2)(3), Vliet Vlieland TPM(4), RoordaLD(2), Dekker J(3)(5). Therapeutic footwear is | Total = 6 (HCP=1, Patient = 5) |
| foot Health PSP | 27 | Do foot orthoses (including insoles/gel devices/ankle supports) reduce foot pain and problems? | The use of foot orthoses in the management of general painful foot problems in both adults and children is common place within healthcare and the general public has easy access to the purchase of a range of devices across a range of retail high street and online providers. However, the evidence base to support the use of foot orthoses is limited and/or weak for many common foot pathologies. Research is needed to demonstrate what the most effective foot orthoses are, the mechanisms by which they are effective, for how long and for which foot and ankle pathologies they are most effective, in order to provide a strong evidence base for the use of the most clinically effective orthotic interventions for a diverse range of foot pathology. "What is the evidence for the use of foot orthoses in management of foot health problems?" "Is Orthotics a long-term solution to my foot health problems?" "How effective are orthotics in treating OA in the feet." | 26th Sept, 2019 | 12 | CD006311 – Rome et al (2010). Non-surgical interventions for paediatric pes planus. There is very limited evidence for the use of foot orthose/footwear interventions in the management of paediatric pes planus. CD001256 – Yeung et al (2011). Interventions for the reduction of lower limb soft tissue running injuries. Overall weak evidence – custom made orthoses may be more effective than no insole for reducing risk of Medial Tibial Stress Syndrome. Protocols for Cochrane reviews of interventions: CD 012304. Rogers JA et al (2016) Physical Interventions (orthoses, splints, exercise and manual therapy) for treating plantar heel pain. | Total = 12 (HCP=7, Patient= 5) |
| foot Health PSP | 27 | What education and training do health care professionals (other than podiatrists) require about foot health, in order to accurately assess feet and refer on? | For many people with foot problems, a podiatrist will not be the first health professional that they see about their feet. Timely and appropriate referral to foot health services is essential to prevent significant reductions in lower limb health that can potentially lead to limb and/or life changing or threatening complications. In order to achieve this other health professionals and medical professionals need to understand the importance of good foot health and when to refer on to foot health services for expert foot health intervention. Research as to the level and nature of training/education that is required by General Practitioners (and other health professionals that may commonly see foot problems), in order to improve the assessment and onward referral process. "Why are foot problems ignored by rheumatologists?" "Are GPs knowledgeable enough about foot health problems?" "What essential training should be provided to all the staff in general practice so that they better understand when I should be referred to a podiatrist or diabetes specialist?" | 26th Sept, 2019 | 13 | no evidence from systematic review found | Total = 14 (HCP=7, Patient = 5, other =2) |

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| foot Health PSP | 27 | Would the early assessment of foot health in school age children by health care practitioners, inform future management of pathology (including potential foot deformity/skin and nail problems) in the UK / Republic of Ireland? | Foot problems can potentially begin at an early age. The concept of foot health screening, similar to checks that are undertaken by Health Visitors in early years and schoolage children could be a method by which such foot problems could be monitored and managed more effectively from an early age in order to prevent more significant pathology later in life that is then more difficult and costly to treat. There is no current research in relation to foot health screening in children. Therefore, the implementation of an early years /schoolchild foot health screening programme requires research to decide whether such an approach is feasible and if it has the potential to reduce the risks of development of foot pathologies in later life . "Foot health screening from birth ... could this prevent foot problems in the future (early intervention and early education - mirroring how teeth are monitored)" "Should there be free school based screening to identify, treat and prevent foot related disorders like biomechanical problems, verrucae and circulatory issues?" "Would it be beneficial to introduce a child foot screening programme similar to sight and hearing screening?" | 26th Sept, 2019 | 14 | no evidence from systematic review found | Total = 9 (HCP= 9, Patient = 2, other = 1) |
| foot Health PSP | 27 | What are the most effective ways to provide education about foot health to the general public? | Enabling people to self-manage their foot health and to understand the most effective and long term strategies by which foot health education, generally, can be provided to the general public, is key to the bedrock of foot health care provision. Understanding what is required in order to effectively deliver easily accessible foot health education is a complex process bound by a number of multifactorial issues, however the impact that appropriately designed accessible and effectively delivered, foot health education could have on lower limb morbidity is potentially significant, both to patients and foot health care providers. "Education is a big factor but is foot health education marketed to target patients that are likely to get foot health problems?" "Is there accessible information to allow me to assess and diagnose my foot health problems?" "Where do we go to find out about safe and appropriate foot health information?" "Is there different ways other than leaflets that we can improve the patients taking notice of foot health education?" "Is a patient centred and designed approach the best method of delivering patient education to prevent foot health problems?" | 26th Sept, 2019 | 15 | Diabet Med. 2018 Nov;35(11):1470-1479. doi: 10.1111/dme.13694. Epub 2018 Jun 20. <i>Associations of health literacy with diabetic foot outcomes: a systematic review and meta-analysis.</i> Chen PY(1), Elmer S(1), Callisaya M(2), Wills K(2), Greenaway TM(3), Winzenberg TM(1). No association found between levels of health literacy and self-reported footcare – other outcomes too limited to make conclusions – more robust data needed. | Total = 43 (HCP = 21, Patient = 22) |
| foot Health PSP | 27 | What level of priority is given to health services within the National Health Service in the UK? Health Service Executive (republic of Ireland)? | This question arose from a range of raw uncertainties within the original data, where the overall view seemed to be that foot health services are seen as being given a 'low priority' and not valued within health services. It is essential to understand the value that is placed on foot health services by service providers within both primary and secondary care and how foot health services are prioritised, across the UK/ROI in order to facilitate increased awareness of the importance of foot health in the wider healthcare domain. "If foot health problems were given more priority would damage be reduced?" "Sadly in my experience foot health does not seem to be taken as seriously as I would like. Is this because of cost to the NHS?" "Is foot health well enough prioritised within nhs?" | 26th Sept, 2019 | 16 | no evidence from systematic review found | Total = 6 (HCP = 3, Patient=3) |
| foot Health PSP | 27 | How do health professionals provide people with clear guidance on footwear choices in order to help prevent and manage foot problems? | Despite a broad range of questions in relation to 'appropriate' footwear to underpin this particular researchable question, there is no strong evidence base to support the type and content of guidance that should be provided to enable people to make appropriate footwear choices. This topic is a particularly common, significant and sizeable component of foot health advice provided by health care professionals that are involved in foot health management and thus its content and effective provision requires research to support the most appropriate guidance across a range of patient groups. "Could there be better information on footwear without the recommendation being only "trainers" or Skechers or Cosyfeet or some other material that is not waterproof. Some of us are still very active but live with less than perfect feet." "What are the features of shoes that I should look out for when buying to minimise the possibility of developing foot problems?" "Can foot problems be prevented by using the correct footwear?" "Why do unsupportive shoes have no warning like tobacco?" | 26th Sept, 2019 | 17 | Prosthet Orthot Int. 2016 Apr;40(2):170-81. doi: 10.1177/0309364615588342 . Epub 2015 Jun 25 A systematic review of the effect of foot orthoses and shoe characteristics on balance in healthy older subjects. Aboutorabi A(1), Bahramzadeh M(2), Arazpour M(3), Fadayevatan R(4), Farahmand F(5), Curran S(6), Hutchins SW(7). Foot orthoses improve postural stability via a sensory biomechanical effect. Use of foot wear with proper features (thin hard soles etc) can help balance and reduce falls. | Total = 20 (HCP = 4, Patient= 16) |
| foot Health PSP | 27 | What are the most common factors that PREVENT people from accessing National Health Service/Public foot health services? | For many people being able to access Foot Health Services is difficult. Understanding why this is and what factors are most likely to contribute to preventing or reducing access is key to building more accessible foot health services in the future. There is very little current research to show what the underpinning barriers to access are. "I dont know where I would go for treatment or how to access it - if I didnt come here (university clinic)" "I think my feet would need to be very bad to get into NHS podiatry and I would have to go though my GP is that right?" "How do I access a chiropodist without paying when there is diabetes in my family already who had foot problems but lived in a different part of the UK(I'm 50, not diabetic)" "Why do we not get referred for feet problems?" | 26th Sept, 2019 | 18 | Diabetologia. 2011 May;54(5):1190-9. doi: 10.1007/s00125-010-2030-3. Epub 2011Jan 20. <i>Risk stratification systems for diabetic foot ulcers: a systematic review.</i> Monteiro-Soares M(1), Boyko EJ, Ribeiro J, Ribeiro I, Dinis-Ribeiro M. Core variables of the various systems are comparable but the number of variables in each model and risk groups varies greatly. Overall quality of evidence for these systems is low as little validation of predictive ability has been done. | Total = 42 (HCP= 20, Patient= 21, Other = 1) |

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| foot Health PSP | 27 | What are the best ways to treat toe deformities (e.g. bunions, clawed toes, hammer toes)? | It is known that structural deformities of the toes have a high prevalence in the adult population (Sayli et al, 2018; Dunn et al, 2004), however research to support the most effective, non-surgical management strategies is limited and/or weak. Such deformities are associated with significant disability such as foot pain, balance issues and increased falls rates (especially in the elderly). Therefore research to understand the most effective non-surgical management strategies and the most effective time to instigate interventions is essential in reducing the potential risk of developing subsequent morbidity as a result of such deformity. "What can I do to prevent bunions?" "How are toes prevented from curling?" "What is the best treatment for hammer toes?" | 26th Sept, 2019 | 19 | CD007809 – Zammam et al (2010). <i>Intervention for the treatment of osteoarthritis of the big toe. Only 1 trial of poor quality included, therefore limited to no conclusions about treatment.</i> | Total = 13 (HCP= 1, Patient = 12) |
| foot Health PSP | 27 | What are the best ways to treat pain that occurs under the heel (plantar heel pain)? | Whilst there is a relatively large body of research in respect of the non-surgical treatment of plantar heel pain, it is generally of low quality or inconclusive when compared with placebo. Heel pain is a common foot complaint and can be responsible for long lasting painful symptoms for many months for some patients (David et al, 2017). Therefore research to establish the most effective non-surgical management strategies and the most effective time to instigate interventions is essential, in order to ensure the most cost and clinically effective outcomes. "I had injections of something when I first hurt my foot and then two lots of surgery. How successful should these kind of treatments be for injuries like this? because it hasn't worked for me and it feels like its been a bit of trial and error to be honest." "How do you prevent planter fasciitis?" "How do you treat planter fasciitis?" | 26th Sept, 2019 | 20 | CD009348 - David JA et al. (2017) <i>Injected corticosteroids for treating plantar heel pain in adults. Further research is required – low quality evidence found compared with use of placebo/no treatment – slightly reduced heel pain for up to 1 month only.</i> CD 010394 -.Lee S et al. (2013) <i>Acupuncture and related interventions for treating plantar heel pain in adults.</i> CD 012304. Rogers JA et al (2016) <i>Physical Interventions (orthoses, splints, exercise and manual therapy) for treating plantar heel pain.</i> | Total = 7 (Patient= 7) |
| foot Health PSP | 27 | How can foot problems be better represented in the care plan of people with rheumatological disease (e.g rheumatoid or inflammatory arthritis)? | This researchable question was developed from a set of raw uncertainties that were comprehensively provided by patients with inflammatory arthropathy, which provides evidence of a strong depth of feeling that these patients have about their foot problems. People with inflammatory arthropathy have a high prevalence of foot problems, often that precedes a diagnosis of inflammatory disease. It is well documented that outside of a podiatric consultation foot problems are rarely acknowledged. Therefore establishing a recognised baseline foot screening/ assessment is crucial to the early management of foot problems in these patient groups. Research is required to understand the best ways in which to ensure the most appropriate approach is defined and then implemented. "Rh Arthritis feet are not part of regular inspection and should be, hammer toes, bunions etc....why not?" "I have rheumatoid arthritis and my left foot is affected by this disease and it is not assessed in DAS. How are rheumatology professionals recording deterioration in foot joints during patient consultations?" "Why are feet rarely assessed, the focus tends to be on the hands but the feet are debilitating? They are excluded from the DAS for example." "How do we access better foot care when the rheumatologist ignores it?" | 26th Sept, 2019 | 21 | No Systematic Reviews found but Foot Health referred to in NICE guidance: NG65 (2017) <i>Spondylarthropathies in the over 16's: diagnosis and management. Podiatry referral advised on diagnosis for assessment of needs, advice and periodic review. Research recommended re: HCP awareness of spondylarthropathy. NG100 & QS33 (2018). Rheumatoid arthritis in adults: management & Rheumatoid Arthritis in the over 16's. Podiatrists to be included as part of MDT (QS 2, 6, 7)</i> | Total = 16 (patient= 16) |
| foot Health PSP | 27 | How are common nail and skin foot infections caused, diagnosed and treated? How can they be prevented? | Many people that provided raw uncertainties that underpinned this researchable question were concerned about common foot infections most notably fungal nails. Whilst there is some high quality evidence to support the use of terbinafine in the management of fungal nail /skin infections and some moderate evidence to support the use of salicylic acid preparations in the management of verrucae, for many people they have tried these interventions and have perceived little to no success in the long term. Longer term research is required of a higher quality to establish why the current evidence based treatments are not effective for many patients, what the alternative treatments should be and to understand the education that people need to help self-manage / prevent such infections. "How are some foot problems diagnosed without any swabs or tests e.g verruca?" "I have a hard patch on the underside of my foot and has been treated as if a verruca but GP not confident that this was the case. Treatment has not worked." "Why is it so difficult to treat fungal nails and why does it take so long to resolve? I tried everything and even used oral treatment and it did nothing?" "Why after so many treatments and many years is there no significant improvement in my fungal toenails?" "Fungal diseases/infections of the feet - what long term problems can they cause?" "My main | 26th Sept, 2019 | 22 | CD007761 – Kwok et al (2012). <i>Topical treatments for cutaneous warts. Modest therapeutic outcome for the use of Salicylic acid over the use of cryotherapy, no advantage of duct tape over placebo. V little evidence for the effectiveness of lesser used agents and poor quality of studies.</i> CD003584 – Bell Syer et al (2012). <i>Oral treatments for fungal infections of the skin of the foot. Evidence suggest terbinafine more effective than griseofulvin and terbinafine/itraconazole more effective than no treatment. But more reliable data is required over follow up period greater than 6 months</i> CD010031 – Krejlikamp-Kaspers et al (2017). <i>Oral antifungal medication for toenail onychomycosis. High quality evidence for the use of terbinafine/azoles compared with placebo.</i> | Total = 27 (HCP=7, Patient= 20) |
| foot Health PSP | 27 | What are the most effective ways to enable people to care for their feet? | This researchable question was very focused upon enabling people with foot problems to engage effectively in self-management. Although some research exists (mostly in relation to the management of diabetes related foot problems) about methods for improving self-care practices, the studies are of poorer methodological quality and some studies are not directly foothealth related. It is known that behavioural Health education programmes have the potential to improve knowledge about foot health and modify foot health related behaviours, however understanding how this works in the context of a wider range of patient groups with foot related pathology is not known nor the most effective methods by which positively influencing foot health behaviour can be achieved or its longer term impact. "What can we do to encourage people to talk about their foot health to people that can either help or point in the right direction?" "What methods and strategies can we use for patients to self care?" "How do we get patients to understand their role in preventing foot problems?" "Does a lack of patient engagement with foot health lead to poorer complication outcomes?" | 26th Sept, 2019 | 23 | Int J Older People Nurs. 2016 Sep;11(3):214-39. doi: 10.1111/ijn.12112. Epub 2016 Feb 25. <i>Health education programmes to improve foot self-care practices and foot problems among older people with diabetes: a systematic review.</i> Ahmad Sharoni SK(1)(2), Minhat HS(2), Mohd Zulkefli NA(2), Baharom A(2). Verbal and written information and discussion improve foot related self-care and problems. Further evaluation required due to concerns re: studies methodological quality. JBI Database System Rev Implement Rep. 2016 Jan;14(1):210-47. doi:10.11124/jbisir-2016-2296. <i>The effectiveness of the teach-back method on adherence and self-management in health education for people with chronic disease: a systematic review.</i> Ha Dinh TT(1), Bonner A, Clark R. | Total = 19 (HCP=13, Patient= 6) |

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| foot Health PSP | 27 | Is there equal access to foot care across the National Health Service (UK) and Health Service Executive (Republic of Ireland)? And what would make access unequal? | For many people there is the perception that a 'post-code lottery' exists in relation to access to Foot health /Podiatry services in the NHS across the UK. Currently there is no evidence that provides a comprehensive picture about patient access to NHS Podiatry services across the UK. Research is needed in order to establish what the access priorities are for foot health services in the NHS. This should be across all areas and NHS trusts/HSE in the UK/Rol, in order to understand the geographical picture of access and make comparisons between each country within the UK and each Trust across UK/Rol counties. This will enable NHS trusts to recognise those areas where foot health provision is lacking, unpick why access is not equal to other areas and plan for improved service development. <i>"Is there equitable access to nhs Podiatry for all across the uk"</i> <i>"Why is there inequality in foot care services across the country?"</i> <i>"What measures are in place to record and monitor this [equitable access to the NHS]?"</i> | 26th Sept, 2019 | 24 | no evidence from systematic review found | Total = 9 (HCP=4, patient=5) |
| foot Health PSP | 27 | Who are the appropriately qualified health professionals that people should go and see about their foot problems? | In order to receive the right treatment, at the right time, by the right people, the general public and other Health Care professionals (not necessarily involved in foot care) need to know who the most appropriately qualified foot health care practitioner is. This researchable question highlighted and reinforced the need for a raised awareness about foot health service providers, who they are and what qualifications the general public should look for in a healthcare practitioner involved in foot health care. <i>"Do I need to attend a Chiropodist or a Podiatrist to be correctly assessed and treated?"</i> <i>"Who is qualified to diagnose a foot health problem and/or possible medical condition that may cause or effect the problem?"</i> <i>"Who are the best HCPs at helping to manage foot problems?"</i> | 26th Sept, 2019 | 25 | no evidence from systematic review found | Total = 42, (HCP=20, Patient =19, Other = 3) |
| foot Health PSP | 27 | What general information do people need to know about arthritis of the feet? | The majority of the raw uncertainties that underpin this researchable question came from people with foot problems rather than practitioners and were focused upon how to recognise arthritis in the feet, manage painful symptoms and flares, how to avoid deformities and prevention of deterioration. Currently there is no evidence base from any systematic reviews in relation to what people with foot problems need to know about arthritis, although there are patient education resources from arthritis charities and the College of Podiatry. Understanding what the foot health educational needs are of people with foot related arthritis (of any type) and how they can access the most effective treatments is a key factor in enabling people with foot arthritis to understand their condition and manage their symptoms to reduce the risks of deterioration and the risks of significant foot-related morbidity that could potentially develop. <i>"Is it easy to mix up osteoarthritis and rheumatoid diagnosis of the feet?"</i> <i>"Are foot problems inevitable with RA?"</i> <i>"what could help with prevention of flare ups with inflammatory arthritis?"</i> <i>"What are the best or most effective and efficient treatment methods for arthritis-related foot conditions in terms of success and for long-term."</i> | 26th Sept, 2019 | 26 | no evidence from systematic review found | Total = 25 (HCP=1, Patient = 24) |
| foot Health PSP | 27 | How do people currently access foot health services for the FIRST TIME, via the National Health Service/Public foot health services? | This researchable question was underpinned by raw uncertainties by people with foot problems and by practitioners, equally. Understanding how to access foot health services by people who have foot problems is a significant concern for both patients and health care practitioners alike. There is no current research to show the ways by which people can/should gain access to NHS or Public foot health services across the UK/Rol, there appears to be a lack of awareness about how people with foot problems can access the right foot health services. Early access to foot health services /interventions was cited as an important factor in reducing foot problem deterioration, therefore it's important to understand how people perceive the ways by which they can currently access foot health services, in order to address issues with awareness and improve access to services for the future. <i>"Why can't people self-refer into NHS Podiatry for quicker assessment and diagnosis?"</i> <i>"How can people access the correct HCP at the correct time?"</i> <i>"From the persons perspective, how are problems with feet flagged up as a health problem or just something to put up with."</i> <i>"I cannot reach my feet nor see the bottom. NHS podiatry said they were not allowed to cut nails. How can problems be assessed and diagnosed if nhs staff won't look at my feet occasionally?"</i> | 26th Sept, 2019 | 27 | no evidence from systematic review found | Total = 42 (HCP= 20, Patient= 21, Other = 1) |