

O21**Dealing with the death of a long term patient; what is the impact and how do podiatrists cope?**Kristy Robson¹, Cylie Williams²¹Charles Sturt University, Albury NSW, Australia; ²Monash University, Melbourne, VIC, Australia**Correspondence:** Kristy Robson*Journal of Foot and Ankle Research* 2017, **10(Suppl 2):O21****Objectives**

It is common for long-term professional relationships to develop between podiatrists and patients. Patient's decline in health or death may impact a practitioner's mental wellbeing. The aim of this project was to understand the impact of long term patient death on podiatrists and identify coping strategies.

Method

Interpretative phenomenological analysis was used to explore the perceptions of podiatrists on the personal and professional impact following the death of a long term patient. Individual semi-structured interviews were conducted with podiatrists across Australia. Inclusion criteria was that the podiatrist must have been practicing longer than 5 years and who experienced a long term patient die in the previous 12 months. General demographics of recency of practice, gender, state, Brief Resilience Scale (BRS) and the Abbreviated Maslach Burnout Inventory (MBI) were collected. Interviews were audio-recorded, transcribed verbatim and individually analysed to identify key themes.

Results

Fifteen podiatrists (11 female) with a median of 15 (range 8–50) year's experience participated. The mean(SD) BSI was 3.48 (0.94), two reported MBI scores indicative of emotional exhaustion, no depersonalisation and all scores indicated personal accomplishment.

Three major themes emerged: acknowledging connections, willing to share and listen, and creating support through starting the conversation. Participants indicated importance in recognition of the emotional influence of professional-patient relationships. They also discussed the importance of debriefing about death with the right person, which was most commonly colleagues. Participants talked about the emotional impact of death, suggesting need for support-discussion and resources, especially for new graduates.

Conclusions

Death and dying can be an emotive topic and one which podiatrists may not be prepared for, yet likely to have to deal. These findings enable a better understanding of the impact of patient death and provide possible future directions for the profession to better support podiatrists in this area.

O22**The hidden risk factors for diabetes-related lower limb amputations**Adrian Singh^{1,2}, Peter Lazzarini^{3,4}, Lloyd Reed⁴, Gavin Turrell^{2,5}¹Institute for Urban Indigenous Health, Brisbane, Queensland, Australia;²School of Public Health and Social Work, Queensland University ofTechnology, Brisbane, Queensland, Australia; ³Allied Health Research

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Correspondence: Adrian Singh*Journal of Foot and Ankle Research* 2017, **10(Suppl 2):O22****Objectives**

Social determinant factors - in socioeconomic status (SES), geographical remoteness (GR) and Aboriginal Torres Islander status (ATSI) - are key drivers of poor health outcomes in Australia. No studies have investigated the association between multiple social determinant factors and diabetic foot disease. This study will investigate associations between multiple social determinant factors and amputations.

Method

This study was a retrospective analysis of data obtained on all patients hospitalised with diabetic foot disease in Queensland between

2004–2011 from the Queensland hospital discharge database. Age, sex, SES, GR, ATSI status, diabetic foot disease disorders and amputation procedures were obtained using ICD codes for each hospital admission. Logistic regression were undertaken to analyse associations between these variables and amputation.

Results

Overall, 19,790 patients were hospitalised with diabetic foot disease and 4,442 (22.4%) underwent an amputation procedure. Multivariate analysis identified only indigenous people were independently associated (OR 1.63 [95% CI 1.23–2.16]) with amputation after adjusting for all other variables ($p < 0.05$).

Conclusions

Findings indicate that ATSI people with diabetic foot disease are at higher risk of amputation than non-indigenous people, even after controlling for geographical remoteness and socioeconomic status. More research is required to investigate whether individual level social determinant factors may impact on this disparity.

O23**Association between ankle equinus and plantar pressures in people with diabetes. A systematic review and meta-analysis**

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Diabetes related restriction in ankle joint range of dorsiflexion is proposed to contribute to elevated plantar pressures implicated in the development of foot ulcers. The aim of this review was to investigate the evidence of an association between limited ankle joint dorsiflexion and plantar pressures in people with diabetes.

Method

A systematic search of EBSCO Megafire Premier (containing MEDLINE, CINAHL, SPORTSDiscus, Academic Search Complete) and The Cochrane Library was conducted to 23rd November 2016. Two authors independently reviewed and selected relevant studies. Included studies investigated ankle dorsiflexion range of motion and plantar pressures in people with diabetes. Studies were excluded where the individuals had current plantar foot ulcers, neurologically induced limited ankle joint range of motion (e.g. stroke or cerebral palsy), or the studies reported ground reaction forces or joint moments only, or the data could not be obtained.

Results

Fifteen studies met the inclusion criteria. Three studies in the meta-analysis found that equinus increases plantar pressures with a small, but significant effect size ($ES = 0.26$, $CI\ 95\% 0.11$ to 0.41 , $p = 0.001$). Of the remaining twelve studies, eight found evidence of an association between limited ankle dorsiflexion and increased plantar pressures while four studies found no relationship. Limited ankle dorsiflexion and increased plantar pressures were found in all studies where the sample population had a history of neuropathic foot ulceration. The same association was not found in studies where the population had neuropathy and no history of foot ulcer.

Conclusions

Limited ankle joint dorsiflexion may contribute to elevating plantar pressures in people with diabetes. An equinus may be an early clinical indicator of increased ulcer risk, and it would be advisable for clinicians to assess for this movement restriction, especially in high risk groups such as those with neuropathy.

O24**Podiatry screening of the Orthopaedic Access Service (OAS) to reduce outpatient wait list, a 10 year retrospective**

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