

FP Essentials
Call for Authors – May 2024

Foot Conditions in Adults

We are seeking an author or author group to write an edition of *FP Essentials* on the topic of foot conditions in adults. This edition will cover four topics:

1. Diabetic foot ulcers
2. Common foot infections
3. Common foot deformities
4. Foot pain and overuse disorders

The main text of the manuscript should be approximately 10,000 words in length, divided into four sections of approximately 2,500 words each, plus an abstract of approximately 200 words for each section. In addition, there should be key practice recommendations, a maximum of 15 tables/figures total, additional resources, and up to 200 references to provide support for all recommendations and factual statements in the manuscript.

This edition should focus on what is new in each topic and should answer the key questions listed for each section. Each section should begin with an illustrative case, similar to the examples provided, with modifications to emphasize key points; each case should have a conclusion that demonstrates resolution of the clinical situation. The references provided here include information that should be considered in preparation of this edition of *FP Essentials*. However, these should be used only as a starting point in identifying the most current guidelines and references to include in the edition.

Needs Assessment: Foot conditions in adults are common in primary care and challenging to diagnose and manage. Frequently, patients who present with foot conditions request or expect referral to a podiatrist or other specialist physician. A survey of members of the American Academy of Family Physicians (AAFP) identified initial diagnosis of musculoskeletal conditions and urgent care disorders, along with care coordination of geriatric diseases, chronic pain conditions, and chronic illnesses, as educational needs. To meet this educational gap, this edition of *FP Essentials* will review evidence-based management of diabetic foot ulcers and common foot infections, evaluation and management of common foot deformities, and therapeutic and preventive strategies for foot pain and overuse conditions. Additionally, this monograph will explore the roles of family physicians and specialty physicians in the management of foot conditions and discuss when referral is indicated.

Section 1: Diabetic Foot Ulcers

Example case: *MR is a 43-year-old patient with poorly controlled diabetes and a previous toe amputation. She presents to urgent care after 2 days of low-grade fever and nausea and with a malodorous plantar ulcer with heavy serosanguinous exudate on the left great toe. MR is tachycardic but normotensive. Physical examination reveals a deep ulcer that probes to bone.*

Key questions to consider (use tables and figures as appropriate):

Note to prospective authors: Diabetic foot infections were covered in the February 2020 edition of FP Essentials. This review should focus on diabetic foot ulcers. While infections can be mentioned, please do not include a detailed discussion on management of diabetic foot infections.

Epidemiology and Pathophysiology

- What is a diabetic foot ulcer? Briefly discuss the epidemiology, economic and psychosocial effects, and associated disparities.
- How are these ulcers different from pressure sores, pre-ulcerative calluses, and other lesions that might appear similar? Please provide images as figures as appropriate.
- How do diabetic foot ulcers develop? What are associated risk factors? What pathogens are involved in diabetic foot infections?

Prevention

- Are there effective primary and secondary prevention strategies? In particular, please address the following:
 - What are indications for use of diabetic shoes? What are the requirements for health insurance coverage of diabetic shoes? How effective are they for preventing ulcers and other injuries?
 - How are diabetic shoes different from regular shoes? What are the reasons patients may or may not wear them? (Note: Detailed advice on footwear, shoes, and/or boots for patients with diabetes will be extremely helpful for family physicians.)
- What are the roles of family physicians, specialty physicians, and multidisciplinary teams in prevention and management of diabetic foot ulcers?

Diagnosis

- What are the key elements of a diabetic foot examination? How should it be documented? How often should diabetic foot examinations be performed? Who is qualified to perform them?
- What are the classification systems for rating the severity of diabetic foot ulcers (eg, Infectious Diseases Society of America [IDSA]/International Working Group on the Diabetic Foot [IWGDF]; University of Texas; Society for Vascular Surgery [SVS] Wound, Ischemia, and Foot Infection [WIFI])? What is the role of these systems in evaluation and management of diabetic foot ulcers? Please use tables or figures to summarize key concepts.
- What are the roles of the following tests in evaluation of diabetic foot ulcers: laboratory tests (eg, complete blood cell count, erythrocyte sedimentation rate, C-reactive protein level, blood cultures), culture, nasal swab test for methicillin-resistant *Staphylococcus aureus*, imaging (eg, x-ray, magnetic resonance imaging [MRI] study), vascular studies?

Management

- How should patients with diabetic foot ulcers be treated? Please summarize the evidence supporting use of the following:
 - Offloading or pressure-relief interventions and footwear/shoes
 - Topical treatments (eg, dressings, antiseptics, antibiotics, growth factors, platelet-rich plasma [PRP])
 - Systemic therapies (eg, antibiotics, integrative medicine therapies)
 - Surgical interventions (eg, debridement, skin grafts, revascularization, reconstructive surgery, amputation)
 - Nutritional interventions
 - Psychological interventions
 - Physical therapy
 - Physical modalities and adjunctive therapies (eg, negative pressure wound therapy, hyperbaric oxygen, topical oxygen, phototherapy, laser therapy)
 - Management of comorbid conditions and other factors (eg, glycemic control, peripheral vascular disease, atherosclerotic cardiovascular disease, smoking cessation, statin therapy)

Initial references to consider:

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- McGloin H, Devane D, McIntosh CD, Winkley K, Gethin G. Psychological interventions for treating foot ulcers, and preventing their recurrence, in people with diabetes. *Cochrane Database Syst Rev.* 2021;(2):CD012835.
- Wang HT, Yuan JQ, Zhang B, Dong ML, Mao C, Hu D. Phototherapy for treating foot ulcers in people with diabetes. *Cochrane Database Syst Rev.* 2017;(6):CD011979.
- Fernando ME, Seneviratne RM, Tan YM, et al. Intensive versus conventional glycaemic control for treating diabetic foot ulcers. *Cochrane Database Syst Rev.* 2016;(1):CD010764.
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Section 2: Common Foot Infections

Example case: *HT is a 21-year-old college athlete who presents to the clinic with excessive sweating of the feet, along with 2 months of plantar pitting, scaling, and foul odor. She requests treatment and asks about effective preventive strategies.*

Key questions to consider (use tables and figures as appropriate):

Tinea Pedis

- What are the epidemiology, microbiology, and pathophysiology of tinea pedis? What are risk factors and associated comorbid conditions? (*Please note that onychomycosis and diabetic foot infections should not be covered in this section, as these were reviewed in recent editions.*)
- What are the clinical presentations of tinea pedis (eg, acute, chronic, moccasin pattern, bullous, incognito)? What are the differential diagnoses? If possible, please provide images of various skin phototypes as figures to highlight key concepts.
- What are the roles of potassium hydroxide (KOH) preparation (ie, skin scraping), fungal culture, and skin biopsy in the diagnosis of tinea pedis?
- Which topical treatments are available? How effective are these treatments? When are systemic antifungals indicated? How effective are they?
- How should refractory or recurrent cases be managed?
- Are there effective preventive strategies?

Plantar Warts

- What are the epidemiology, microbiology, and pathophysiology of plantar warts (verrucae)? What are risk factors?
- What are the clinical presentations of plantar warts? What are the differential diagnoses? If possible, please provide images of various skin phototypes as figures to highlight key concepts.
- What are the roles of dermoscopy, skin biopsy, and human papillomavirus (HPV) tests in the diagnosis of plantar warts?
- How effective are topical treatments (eg, salicylic acid, imiquimod, podophyllotoxin, duct tape), surgical interventions (eg, intralesional injection, cryotherapy, curettage, electrosurgery, excision), and other physical treatments (eg, laser, phototherapy)?
- Are there any clinical methods to maximize the effectiveness of these procedures (eg, shaving a callus before cryotherapy)? How often should these treatments be repeated?
- How should recurrent cases be managed? Are there effective preventive strategies?
- When should consultation with a dermatology or podiatry specialist be considered?
- Is there evidence that HPV vaccines have decreased the rate of plantar warts?

Pitted Keratolysis

- What is pitted keratolysis? What are its epidemiology, microbiology, and pathophysiology? What are risk factors?
- Which clinical features support the diagnosis? What are the differential diagnoses? If possible, please provide images of various skin phototypes as figures to highlight key concepts.
- What are the roles of Wood lamp examination, KOH preparation, culture, and skin biopsy in the diagnosis of pitted keratolysis?

- How effective are foot hygiene, topical treatments (eg, topical antibiotics, antiseptics, keratolytic agents), and systemic treatments (eg, oral antibiotics)? Which should be used first? What should be the approach if a treatment is not effective?

Initial references to consider:

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Section 3: Common Foot Deformities

Example case: *JJ is a 51-year-old patient with well-controlled hypertension and dyslipidemia. She presents with a 4-year history of an enlarging bunion on the right great toe and new-onset pain. Her mother had successful bunion surgery, but JJ is reluctant to pursue aggressive treatments and asks about effective nonsurgical options.*

Key questions to consider (use tables and figures as appropriate):

Great Toe Deformities (Hallux Valgus, Hallux Rigidus)

- What are hallux valgus (bunion) and hallux rigidus? What are their epidemiologies, pathophysiologies, and risk factors?
- Which clinical and radiographic features support these diagnoses? If possible, please provide images as figures to highlight key concepts.
- What are the goals of therapy? Which nonsurgical treatments (eg, orthotics, shoes, splints, pads) are recommended? How effective are they compared with each other and various surgical treatments?
- When should consultation with a podiatry specialist and/or surgical treatments be considered?

Lesser Toe Deformities (Hammer Toe, Mallet Toe, Claw Toe, Bunionette)

- How are these lesser toe deformities defined? What are their epidemiologies, pathophysiologies, and risk factors?
- Which clinical features support these diagnoses? Which features differentiate each from the others? If possible, please provide images as figures to highlight key concepts.
- What are the goals of therapy? Which nonsurgical treatments (eg, orthotics, shoes, splints, pads) are recommended? How effective are they compared with each other and various surgical treatments?
- When should consultation with a podiatry specialist be considered?

Plantar Hyperkeratosis (Corns, Calluses, Porokeratosis)

- What is plantar hyperkeratosis? What are the epidemiologies, pathophysiologies, and risk factors of corns, calluses, and porokeratosis?
- Which clinical features support these diagnoses? How can corns and porokeratosis be distinguished from plantar warts? If possible, please provide images as figures to highlight key concepts.
- What are the goals of therapy? Which nonsurgical treatments (eg, orthotics, shoes, pads, keratolytics) are recommended? How effective are they compared with each other and various surgical treatments?
- When should consultation with a podiatry specialist be considered?

Pes Planus

- What is pes planus? What are its epidemiology, pathophysiology, and risk factors?
- Which clinical features support the diagnosis? If possible, please provide images as figures to highlight key concepts.
- Which patients with pes planus require treatment?
- When should patients be considered for custom rather than over-the-counter orthotics? What are the limitations in health insurance coverage (ie, is more than pes planus required as a diagnosis?)

- How effective are conservative treatments (eg, orthotics, shoes)? Is there a role for surgical treatment?
- When should consultation with a podiatry specialist be considered?

Initial references to consider:

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- James K, Orkaby AR, Schwartz AW. Foot Examination for Older Adults. *Am J Med*. 2021;134(1):30-35.
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Section 4: Foot Pain and Overuse Disorders

Example case: *AZ is a 46-year-old patient with obesity and gastroesophageal reflux disease. He comes to your office with a 3-month history of posterior heel pain, especially when walking. Physical examination reveals no erythema, but there is tenderness at the insertion of the Achilles tendon. AZ says he works as a courier 5 days per week and cannot afford to take time off. He asks for advice about how to manage his foot pain and wonders if his work boots may be contributing to the problem.*

Key questions to consider (use tables and figures as appropriate):

- What are overuse disorders (also referred to as overuse injuries)? Why do they commonly affect the feet?

Achilles Tendinopathy

- What are the epidemiology, pathophysiology, and risk factors for Achilles tendinopathy?
- Which clinical features support the diagnosis? What are the differential diagnoses?
- When should clinicians consider imaging? Which imaging modalities should be considered (eg, x-ray, computed tomography [CT] scan, MRI study, ultrasound)? If applicable, please include point-of-care ultrasound (POCUS) in this discussion.
- Which physical therapy modalities are recommended? How effective are they? If possible, please provide links to videos of the recommended exercises.
- How effective are other nonsurgical treatments (eg, bracing, ice, elevation, immobilization, drugs) in addition to physical therapy?
- Are steroid injections ever appropriate for Achilles tendinopathy? What are the risks? What are the roles of dry needling, synovectomy, and/or other procedural treatments?
- When should consultation with a specialty physician (eg, sports medicine, orthopedics, physiatry) be considered?
- What is the prognosis? Is there a risk of future tendon rupture?

Morton Neuroma

- What are the epidemiology, pathophysiology, and risk factors of Morton neuroma of the foot?
- Which clinical features support the diagnosis? What are the differential diagnoses? If possible, please provide images as figures to highlight key concepts.
- When should clinicians consider imaging? Which imaging modalities should be considered (eg, x-ray, CT scan, MRI study, ultrasound)? If applicable, please include POCUS in this discussion.
- How effective are physical therapy, nonsurgical treatments (eg, shoes, inserts, orthotics, immobilization, drugs), and surgical treatments (eg, nerve ablation, steroid injections)? Can/should family physicians perform steroid injections and other interventions?
- Are there effective preventive strategies?
- When should consultation with a specialist physician (eg, podiatry, sports medicine, orthopedics, physiatry) be considered?
- What is the prognosis for this condition?

Plantar Fasciitis

- What are the epidemiology, pathophysiology, and risk factors for plantar fasciitis?

- Which clinical features support the diagnosis? What are the differential diagnoses? If possible, please provide images as figures to highlight key concepts.
- When should clinicians consider imaging? Which imaging modalities should be considered (eg, x-ray, CT scan, MRI study, ultrasound)? If applicable, please include POCUS in this discussion.
- How effective are physical therapy, nonsurgical treatments (eg, shoes, inserts, orthotics, immobilization, medications), and surgical treatments (eg, steroid injections, PRP, dry needling, fascial release surgery)? Can/should family physicians perform steroid injections and other interventions?
- Are there effective preventive strategies?
- When should consultation with a specialty physician (eg, podiatry, sports medicine, orthopedics, physiatry) be considered?
- What is the prognosis for this condition?

Initial references to consider:

- Becker BA, Childress MA. Common Foot Problems: Over-the-Counter Treatments and Home Care. *Am Fam Physician*. 2018;98(5):298-303.
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