Clinical Practice Guidelines for the Prevention and Management of Diabetes Foot Complications

RQHR Guidelines

Developed by the RQHR Foot Care Working Group

November 2008
Introduction

Introduction to Guidelines

This binder contains guidelines that address the prevention and management of diabetes foot complications in both the general and First Nations and Métis populations in the Regina Qu’Appelle Health Region (RQHR). Their purpose is to provide evidence-based guidance to care givers and program developers in the RQHR so that those at risk for or who already have a foot complication will receive timely, appropriate and effective education, screening, assessment and treatment.

These guidelines have been assembled for distribution in the RQHR by the Diabetes Foot Care Working Group. Reporting to the RQHR Diabetes Sub Committee, the Working Group was established in 2006. Its purpose is to provide direction to the Diabetes Sub Committee on the availability, planning and delivery of services for the prevention and management of diabetes foot complications. Membership includes staff from the Podiatry Program, Home Care, Ostomy and Wound Care, MEDEC, Eagle Moon Health Office and Ambulatory Care.

Why are guidelines needed?

The prevalence of diabetes in the RQHR grew from 4% of the population in 1999/2000 to 6% in 2003/2004. The Registered Indian population\(^1\) is at much higher risk for diabetes than the general population. The prevalence rate for this group in 2003/2004 was 19% among those 20 and over, more than 3 times that of the general population.\(^2\)

In 2005, the Saskatchewan Ministry of Health estimated that 13,834 RQHR residents had diagnosed diabetes. The prevalence of the disease is expected to continue to increase due to our aging population, an increasing prevalence of risk factors and improvement in diabetes care of people after diagnosis.

Foot problems are a major cause of mortality and morbidity for people with diabetes. The Canadian Diabetes Association suggests that they account for approximately 20% of all diabetes-related hospital admissions in North America. Of all the lower extremity amputations, 45% occur in people with diabetes.\(^3\)

---

\(^1\) Prevalence figures are only available for the “registered” “status” or “treaty” Indian population, that is for those persons who appear on the Indian Registry maintained under the Indian Act by the Department of Indian Affairs and Northern Development.

\(^2\) Health Quality Council. (January 2006). Quality of Diabetes Management in Saskatchewan: Supplementary Tables and Figures.

Loss of a lower limb is a significant complication of the disease. In 2006, the lower limb amputation rate for the population in the RQHR was 3.5 per 1000 people with diabetes. It is estimated to be 3 times higher for the Registered Indian population.\footnote{Health Quality Council. (January 2006). Quality of Diabetes Management in Saskatchewan: Supplementary Tables and Figures.}

**Scope of guidelines**

This package contains a document titled *Clinical Practice Guidelines for the Prevention and Management of Diabetes Foot Complications*. These guidelines were developed by a provincial foot care working group struck by the Saskatchewan Ministry of Health in 2006. Membership included health care professionals from across the province, including several RQHR staff. The guidelines were completed in February of 2008.

The guidelines developed by the provincial working group are evidence based and contain the references from which they were developed. They address prevention, education, screening, assessment and management of diabetic foot complications other than, and with ulceration.

The package also contains additional materials developed by the RQHR Diabetes Foot Care Working Group. The Foot Care Guidelines for the First Nations and Métis section addresses the unique issues faced by this population in the area of diabetes and foot care. This section builds on the RQHR report *Perspectives and Connections: A Report of the Diabetic Foot Care Pathway Development Project, June 2005.*

Finally, the package contains region-specific care maps and provider contact lists. These materials will assist local care providers to provide appropriate education and care and to ensure appropriate referrals, as needed.

Diabetes foot complications are preventable. It is the hope of the Foot Care Working Group that these guidelines will serve to reduce the risk of complications and when complications do arise, serve to ensure they are managed effectively.

The Diabetes Foot Care Working Group welcomes your comments and suggestions about the package. Please direct these to:

Karen Butler  
Chair  
RQHR Diabetes Sub Committee  
Karen.butler@rqhealth.ca

Dale Young  
Chair  
RQHR Diabetes Foot Care Working Group  
Dale.young@rqhealth.ca
First Nations and Métis
Guidelines for First Nations and Métis People

There are a total of 17 First Nations reserves and a number of Métis communities in the Regina Qu’Appelle Health Region. According to the 2001 census, 10.7% of the residents in the RQHR self identified that they were Aboriginal, with 69.4% or 16,920 reporting they were North American Indian, 29.7% (7245) that they were Métis and 0.2% (45) that they were Inuit.¹

High prevalence rates for this population have been noted both nationally and provincially. The Canadian Diabetes Association in their 2008 Clinical Practice Guidelines notes that Type 2 diabetes mellitus is an epidemic among aboriginal people in Canada, with the age-adjusted prevalence 3-5 times higher than that of the general population.²

A review of the literature was unsuccessful in identifying guidelines that address the prevention and treatment of diabetic foot complications for this population. However, the 2008 Clinical Practice Guidelines of the Canadian Diabetes Association recommend that “management of prediabetes and diabetes in Aboriginal people should follow the same clinical practice guidelines as those of the general population with recognition of, respect for and sensitivity to the unique language, cultural and geographic issues as they relate to diabetes care and education in Aboriginal communities across Canada”.²

While this recommendation is linked more broadly to diabetes, it has general application to the prevention and management of diabetes-related foot complications for the First Nations and Métis residents living in the RQHR.

The RQHR is fortunate to have information available from First Nations and Métis residents that identifies systemic barriers to the prevention and treatment of diabetic foot complications (Perspectives and Connections: A Report of the Diabetic Foot Care Pathway Development Project).³ Planning for service delivery for the First Nations and Métis population needs to take these into account. These barriers are listed below:

- lack of time for relationship building
- strict appointment times
- difficulty obtaining non-insured health benefits
- difficulty with transportation

Other barriers that have been identified by the RQHR Foot Care Working Group with respect to the First Nations population are:

**Wholistic Care**
- Focus on feet should not be to the exclusion of the person as a whole. The current predominant approach involves numerous service providers to address particular “parts” of an individual, i.e. one to transmit information, one to treat a particular body part (foot or enzyme or muscles or heart, etc.), one for mental health, one for disease, one for wellness, etc. Even though the spiritual and cultural components are verbalized, supports for these areas are not included in the Western Model. The First Nation and Métis worldview, on the other hand, includes the achievement of balance among all components. Thus, traditional ways are conducted for education, emotional support and spiritual journeying.

**Jurisdictional**
- It is not unusual for First Nations people to be transient between on and off reserve sites. Health care and follow up become very difficult and barriers occur as people go back and forth between jurisdictions. For example, there are territorial issues related to the ownership of health information (federal/provincial/regional and local control). As a result, health information may not follow the individual or family as they move from the reserve to the urban setting.

**Meeting basic needs**
- Many First Nations and Métis people, in the early stages of diabetes, are more concerned with trying to meet basic needs such as food, housing and/or addictions rather than taking care of themselves to prevent or stop the progression of diabetes. Diabetes becomes a concern only when their quality of life has become affected to the point where they can no longer function as before because of disability or intolerable pain. Consequently, treatment becomes more aggressive and educating begins in an attempt to prevent further compromise.

**Routine foot checks**
- People with diabetes often do not routinely receive checks or monitoring of their feet. The primary focus of physician visits is the control of blood sugar levels and addressing symptom-specific complaints. Attention to foot problems is given once the client expresses experience with foot discomfort. By then it may be too late to prevent complications.

**Family involvement**
- Families are not usually involved in diabetes education, thereby foregoing a needed support.

**Education**
- Education about proper foot care does not always reach high-risk populations such as First Nations and Métis. Written educational materials are often not effective because of literacy levels and language differences.
Continuity of care between the reserve and the urban centre

- Footcare surveillance and reinforcement of foot self care by reserve health care staff is not continued when people leave the reserve. High-risk individuals, therefore, may enter regional services only when a serious foot care condition has been developed. Thus, they are no longer high risk, but acute. Regional health care providers face the same dilemma when intervention and prevention strategies have been initiated but not followed when the client moves back to the reserve.

While services need to take into account the barriers identified above, the recommendations from Perspectives and Connections. A Report of the Diabetic Foot Care Pathway Development Project\(^1\) can serve as guidelines for service delivery to our First Nations and Métis population in the area of prevention and management of diabetic foot complications. At the suggestion of committee members, some of these recommendations have been enhanced. These enhancements have been included and noted below:

Risk identification

- A broad range of caregivers needs to be trained and educated to support community-based (foot) risk assessment and identification. Early screening is necessary to catch early signs and begin educating.

Access to services

- To increase access, participation and effectiveness, services to First Nations and Métis who are at risk for diabetes and diabetic foot problems should be delivered through outreach programs designed by and situated in communities.

Continuity of services

- Strengthen caregiver to caregiver relationships to facilitate information sharing and support integration.

- Persons living with diabetes should be tracked via a database to support follow-up contact about education, counseling and foot care. (Recommendation from the RQHR First Nations and Métis Diabetes Working Group)

Client/caregiver education

- Encourage and support culturally appropriate messaging and family discourse about healthy living, prevention of Type 2 Diabetes and early treatment of foot complications.

- Engage and inform the patient’s key family members when teaching about diabetes management, self care practices and wound prevention.

- Inform and involve caregivers, patients and other stakeholders about new and emerging initiatives in diabetes primary prevention, self-management and integrated foot care services.

---

\(^1\) RQHR Perspectives and Connections: A Report of the Diabetic Foot Care Pathway Development Project. (June 2005).
Culturally competent care

- Develop a balanced holistic approach that better meets First Nations and Métis worldview. (Recommendation from the Foot Care Working Group)
- Foster culturally competent care by providing cross-cultural communication training and skill development that is closely akin to the caregiver’s role and the care site.
- Support First Nations and Métis citizens and communities in their efforts to strengthen cultural learning, social support and health promotion by fostering the development of healthy communities (through the use of talking circles, community forums, family circles).
- Include an Aboriginal healer on treatment teams. (Recommendation from the Foot Care Working Group)
- Educate service providers about historical trauma as a result of colonization, government policy and residential schools and its impact on First Nations and Métis people, especially on their ability to understand and receive health care services. (Recommendation from the Foot Care Working Group)

Health information

- Collaborate with First Nations leaders and communities in the development of profiles that highlight the delivery capacities and challenges in each of the First Nations reserve communities in the health region.
- Work with the Métis community to implement measures to gather Métis health service utilization information and to create a body of knowledge specific to Métis health issues and outcomes.
First Nations and Métis Diabetes Resources

- **Gift of Diabetes** (Video) – Follows an Ojibway man’s journey as he comes to terms with and learns to manage his diabetes, at the same time gaining insight into his culture and spirituality. (National Film Board of Canada: [www.nfb.ca/1-800-267-7710](http://www.nfb.ca/1-800-267-7710))

- **The Gift of Health** (Video) – Shows how people in Northern Saskatchewan are working to prevent type 2 diabetes through healthy lifestyle choices. (Y’utthe Askiy Productions Limited: [www.diabetes.kcdc.ca](http://www.diabetes.kcdc.ca)/306-425-4003)

- **Beating Diabetes** (Video) – Targeted towards aboriginal youth and their caregivers, this video provides information on diabetes, physical activity and nutrition. (Aboriginal Health Centre: 905-544-4320 ext 257)

- **The Challenge in Old Crow** (Video) – Concern over the health of the children in the village of Old Crow (Northern Yukon) leads to development of a health and fitness program, despite numerous obstacles. (National Film Board of Canada: [www.nfb.ca/1-800-267-7710](http://www.nfb.ca/1-800-267-7710))

- **First Nations and Métis People Restoring Health Through Partnerships** (Video) – Developed by RQHR Eagle Moon Health Office (EMHO) and Medical Media. Looks at determinants and status of health among First Nations and Métis people and describes the role and relevance of the EMHO to the RQHR. (Eagle Moon Health Office: 766-7190)

- **Sweetness in Life: The Diabetes Story** (Video) – A 13 part series (24 mins each) developed to help Aboriginal people understand, prevent and cope with diabetes. A wide variety of subjects are addressed, including exercise, healthy eating and recipes, Aboriginal languages, etc. (FilmWest Associates: [www.filmwest.com](http://www.filmwest.com)/250-769-3399)

- **An Invited Threat** (Comic Book) – A professionally illustrated comic book with an entertaining but clear message about diabetes prevention, geared towards aboriginal youth and adults. For order information, please see: The Healthy Aboriginal Network: [www.thehealthyaboriginal.net](http://www.thehealthyaboriginal.net)/604-876-0243)

- **Sacred Tree** (Book) – A compilation of teachings, views and illustrations from Native North American societies. (Four Worlds Centre for Development Learning: [www.fourworlds.ca/bookstore1.html#6](http://www.fourworlds.ca/bookstore1.html#6)/403-932-0882)

- **Perspectives and Connections: A Report of the Diabetic Foot Care Pathway Development Project** (Report) – Presents the results of an RQHR study about how to improve access to foot care for First Nations and Métis people. (Available for loan at RQHR Health Sciences Libraries)

- **National Aboriginal Diabetes Association (NADA)** (Website) - [www.nada.ca](http://www.nada.ca).

---

**Regional Diabetes Initiative**

Phone: 766-4774  E-mail: cheri.dujardin@rqhealth.ca

November 2008
<table>
<thead>
<tr>
<th>Reserve</th>
<th>Clinic Address</th>
<th>ph/fax</th>
<th>Tribal Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carry The Kettle</td>
<td>Box 180 Sintaluta, SK S0G 4N0</td>
<td>727-2101/727-2052</td>
<td>File Hills</td>
</tr>
<tr>
<td>Cowessess</td>
<td>Box 100 Cowessess, SK S0G 5L0</td>
<td>696-2263/696-2374</td>
<td>Independent</td>
</tr>
<tr>
<td>Day Star</td>
<td>Box 143 Punnichy,SK S0A 3C0</td>
<td>835-2884/835-2724</td>
<td>Touchwood</td>
</tr>
<tr>
<td>Gordons</td>
<td>Box 416 Punnichy,SK S0A 3C0</td>
<td>835-2020/835-2142</td>
<td>Touchwood</td>
</tr>
<tr>
<td>Kahkewistahaw</td>
<td>Box 850 Broadview,SK S0G 0K0</td>
<td>696-2660/696-3154</td>
<td>File Hills</td>
</tr>
<tr>
<td>Kawacatoose</td>
<td>Box 384 Raymore,SK S0A 3J0</td>
<td>835-2720/835-2630</td>
<td>File Hills</td>
</tr>
<tr>
<td>Little Black Bear</td>
<td>Box 40 Goodeve,SK S0A 1C0</td>
<td>334-2306/334-2721</td>
<td>Touchwood</td>
</tr>
<tr>
<td>Muscowpetung</td>
<td>Box 610 Fort Qu'Appelle,SK S0G 1S0</td>
<td>723-4779/723-4710</td>
<td>Independent</td>
</tr>
<tr>
<td>Muskowekwan</td>
<td>Box 59/249 Lestock, SK S0A 2G0</td>
<td>274-4640/274-4643</td>
<td>File Hills</td>
</tr>
<tr>
<td>Ochapowace</td>
<td>Box 550 WhiteWood,SK S0G 5C0</td>
<td>696-3557/696-3446</td>
<td>File Hills</td>
</tr>
<tr>
<td>Okanese</td>
<td>Box 759 Balcarres,SK S0G 0C0</td>
<td>334-2532/334-2545</td>
<td>File Hills</td>
</tr>
<tr>
<td>Pasqua</td>
<td>Box 50 Circle of Care Center Pasqua,SK S0G 5M0</td>
<td>332-3763/337-3766</td>
<td>File Hills</td>
</tr>
<tr>
<td>Peepeekisis</td>
<td>Box 518 Balcarres,SK S0G 0C0</td>
<td>334-2804/334-2280</td>
<td>File Hills</td>
</tr>
<tr>
<td>Piapot</td>
<td>General Delivery, Zehner,SK S0G 5K0</td>
<td>781-4833/781-7063</td>
<td>File Hills</td>
</tr>
<tr>
<td>Sakimay</td>
<td>Box 339 Grenfell,SK S0G 2B0</td>
<td>697-2970/697-3461</td>
<td>Yorkton</td>
</tr>
<tr>
<td>Standing Buffalo</td>
<td>Box 818 Fort Qu'Appelle,SK S0G 1S0</td>
<td>332-4681/332-4945</td>
<td>File Hills</td>
</tr>
<tr>
<td>Starblanket</td>
<td>Box 456 Balcarres,SK S0G 0C0</td>
<td>334-2206/334-2606</td>
<td>File Hills</td>
</tr>
</tbody>
</table>
Care Pathways, Care Provider Lists, and Foot Check Supplies
Care Pathways by Level of Risk

No loss of protective sensation

Foot Screen

Loss of protective sensation

0

Risk Category 0

Refer3 for:
- diabetes education & management

Client has:
- no LOPS2

Client requires:
- foot screen every 12 months
- skin/nail care p.r.n.

1 Adapted from the Risk/Management Categories on p.15-16 of the Clinical Practice Guidelines for the Prevention and Management of Diabetes Foot Complications (CPGFC).

2 LOPS is assessed using a 5.07 monofilament (10 gram) at multiple locations on each foot (see Appendix 2 of the CPGFCs)

3 Refer or ensure client has been referred/is being seen by service/program. For a list of providers, see following page.

November 2008
Foot Care Providers by Type of Service

FOOT SCREEN
Any individual who has been trained to do a foot screen
(may include care provider, family member, community member)

FOOT EXAM
RQHR Podiatry Program
Private Podiatry Clinics

DIABETES EDUCATION AND MANAGEMENT SERVICES
RQHR Diabetes Educators/Programs
Family Physicians
Nurse Practitioners
RQHR Home Care
RQHR Live Well™ with Chronic Conditions

FOOTWEAR/ORTHOSES SERVICES
RQHR Podiatry Program
RQHR Ambulatory Care Cast Clinics
RQHR Orthotists/Prosthetists
Private Podiatry Clinics
Pedorothists

SKIN/NAIL CARE SERVICES
RQHR Home Care (services vary by location)
Community/Private Nail Care Providers

WOUND CARE SERVICES
RQHR Ostomy and Wound Care
RQHR Home Care Wound Resource Nurse
Plastic Surgeons
Vascular Surgeons

PODIATRY SERVICES
RQHR Podiatry Program
Private Podiatry Clinics

November 2008
# Foot Care Provider Contact List

## DIABETES EDUCATION AND MANAGEMENT SERVICES

<table>
<thead>
<tr>
<th>Program/Service</th>
<th>Location</th>
<th>Phone/Fax #</th>
</tr>
</thead>
<tbody>
<tr>
<td>RQHR MEDEC (Metabolic and Diabetes Education Centre)</td>
<td>2nd Floor, Medical Office Wing, RGH</td>
<td>Ph: 766-4540 / Fax: 766-4178*</td>
</tr>
<tr>
<td>RQHR Diabetes Education Program (DEP)</td>
<td>Rural West/North</td>
<td>Ph: 332-3300 / Fax: 332-1226*</td>
</tr>
<tr>
<td>RQHR Rural East Diabetes Program</td>
<td>Rural East</td>
<td>Ph: 697-4037 / Fax: 697-2686*</td>
</tr>
<tr>
<td>RQHR Certified Diabetes Educator Services (Pharmacist)</td>
<td>South East Integrated Care Centre</td>
<td>Ph: 435-6265 / Fax: 435-4245*</td>
</tr>
<tr>
<td>RQHR Home Care</td>
<td>4211 Albert St</td>
<td>Ph: 766-7200</td>
</tr>
<tr>
<td>RQHR Live Well™ with Chronic Conditions</td>
<td>Regina, Rural</td>
<td>Ph: 766-7207 (Regina) or 1-800-667-1242 (Rural)</td>
</tr>
</tbody>
</table>

## SKIN/NAIL CARE SERVICES

<table>
<thead>
<tr>
<th>Program/Service</th>
<th>Location</th>
<th>Phone/Fax #</th>
</tr>
</thead>
<tbody>
<tr>
<td>RQHR Home Care</td>
<td>Rural (services vary by location)</td>
<td>Ph: 766-7200</td>
</tr>
<tr>
<td>BT Care</td>
<td></td>
<td>Ph: 584-5076</td>
</tr>
<tr>
<td>Carol's Footcare</td>
<td></td>
<td>Ph: 584-0426</td>
</tr>
<tr>
<td>Footability</td>
<td></td>
<td>Ph: 545-7269 / Cell: 737-5685</td>
</tr>
<tr>
<td>Footcare</td>
<td></td>
<td>Ph: 789-7304</td>
</tr>
<tr>
<td>Hands on Footcare</td>
<td></td>
<td>Ph: 545-6251 / Cell: 529-3272</td>
</tr>
<tr>
<td>Happy Feet</td>
<td></td>
<td>Ph: 529-1159</td>
</tr>
<tr>
<td>Legacy Health Services</td>
<td></td>
<td>Ph: 586-5771</td>
</tr>
<tr>
<td>Pampered Footcare</td>
<td></td>
<td>Ph: 781-1098</td>
</tr>
<tr>
<td>Prairie Footworks</td>
<td></td>
<td>Ph: 449-2594</td>
</tr>
<tr>
<td>Professional Foot Care Services</td>
<td></td>
<td>Ph: 586-9130</td>
</tr>
<tr>
<td>Sole Footcare</td>
<td></td>
<td>Ph: 924-4324</td>
</tr>
<tr>
<td>Tender Loving Hands and Feet Care</td>
<td></td>
<td>Ph: 949-5708</td>
</tr>
<tr>
<td>The Foot Nurse</td>
<td></td>
<td>Ph: 584-0297 / Cell: 527-8559</td>
</tr>
<tr>
<td>TLC Foot &amp; Home Care Services</td>
<td></td>
<td>Ph: 584-7727</td>
</tr>
<tr>
<td>Towers Pharmacy</td>
<td></td>
<td>Ph: 586-9377</td>
</tr>
<tr>
<td>We Care</td>
<td></td>
<td>Ph: 757-4590</td>
</tr>
<tr>
<td>Your Footcare Provider</td>
<td></td>
<td>Ph: 949-7510</td>
</tr>
</tbody>
</table>

* Providers with fax numbers listed have a referral form, please see attached.
### Foot Care Provider Contact List - continued

<table>
<thead>
<tr>
<th>Program/Service</th>
<th>Location</th>
<th>Phone/Fax #</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PODIATRY SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RQHR Podiatry Program</td>
<td>1st Floor, Medical Office Wing, RGH</td>
<td>Ph: 766-3750 / Fax: 766-3751*</td>
</tr>
<tr>
<td>Guerin-Stewart Podiatry Clinic</td>
<td>534 Victoria Ave E Regina, SK S4N 0N8</td>
<td>Ph: 352-4899</td>
</tr>
<tr>
<td>Regina Family Foot Clinic</td>
<td>2105 Retallack St Regina, SK S4T 2K5</td>
<td>Ph: 352-9091</td>
</tr>
<tr>
<td><strong>FOOT EXAM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Podiatry Program/Clinics</td>
<td></td>
<td>See Podiatry Services above</td>
</tr>
<tr>
<td><strong>FOOTWEAR/ORTHOSES SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Podiatry Program/Clinics</td>
<td></td>
<td>See Podiatry Services above</td>
</tr>
<tr>
<td>RQHR Ambulatory Care Cast Clinics - RGH</td>
<td>2nd Floor, RGH</td>
<td>Ph: 766-4420</td>
</tr>
<tr>
<td>RQHR Ambulatory Care Cast Clinics - PAS</td>
<td>1st Floor, PAS</td>
<td>Ph: 766-2475</td>
</tr>
<tr>
<td>RQHR Orthotists, Specialist referral only</td>
<td>WRC</td>
<td>Ph: 766-5731</td>
</tr>
<tr>
<td>RQHR Prosthetists, Physiatrist referral only</td>
<td>WRC</td>
<td>Ph: 766-5731</td>
</tr>
<tr>
<td>Foster's Shoes</td>
<td>2445 7th Ave Regina, SK S4R 5E7</td>
<td>Ph: 949-8000</td>
</tr>
<tr>
<td>Iannone's Footwear and Shoe Clinic</td>
<td>2712 13th Ave Regina, SK S4T 1N3</td>
<td>Ph: 352-5106</td>
</tr>
<tr>
<td><strong>WOUND CARE SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RQHR Ostomy and Wound Care</td>
<td>PAS</td>
<td>Ph: 766-2271 / Fax: 766-2152*</td>
</tr>
<tr>
<td>RQHR Home Care Wound Resource Nurse</td>
<td>4211 Albert St</td>
<td>Ph: 766-7200 / Fax: 766-7222*</td>
</tr>
<tr>
<td>Plastic Surgeons - Physician referral only</td>
<td>Dr. P.S. Chang</td>
<td>Ph: 359-7753</td>
</tr>
<tr>
<td></td>
<td>Dr. S. Ghremida / Dr. S.A. Souf</td>
<td>Ph: 546-4460</td>
</tr>
<tr>
<td></td>
<td>Dr. K.M.W. Ledding</td>
<td>Ph: 780-3650</td>
</tr>
<tr>
<td>Vascular Surgeons - Physician referral only</td>
<td>Dr. D.J. McCarville / Dr. D. Kopriva</td>
<td>Ph: 766-6900</td>
</tr>
</tbody>
</table>

* Providers with fax numbers listed have a referral form, please see attached.
Foot Check Supply List

The following supplies are helpful when doing a foot check. We have listed a possible source for each item. Please note that they are suggestions only and that other companies carry similar products.

- **Disposable Monofilaments** (LEAP Monofilaments)
  
  **HRSA** (USA)
  
  The U.S. Department of Health and Human Services (Health Resources and Services Administration) website offers information on how to perform a foot screen and will provide up to 50 free monofilaments, which can be ordered online.
  
  Website: [www.hrsa.gov/leap/default.htm](http://www.hrsa.gov/leap/default.htm)
  
  Phone: 508-746-7877

  **Medical Monofilament** (MA, USA)
  
  Website: [www.medicalmonofilament.com](http://www.medicalmonofilament.com)
  
  Phone: 508-746-7877
  
  Fax: 508-746-5409

- **Monofilament Pen** (Dual Purpose Neuropen and Replacement Monofilaments & Tips)
  
  **Diabeaters** (Deep River, ON)
  
  Website: [www.diabeaters.com](http://www.diabeaters.com)
  
  Phone: 1-866-342-2328
  
  Fax: 1-613-584-1017

  **Medical Mart** (Toronto, ON)
  
  Phone: 877-883-4658
  
  E-mail: [maxine.polon@rogers.com](mailto:maxine.polon@rogers.com)

- **Domiciliary Foot Rest**
  
  **Bailey Instruments Ltd** (UK)
  
  Website: [www.baileyinstruments.co.uk](http://www.baileyinstruments.co.uk)
  
  Phone: 011-44-161-860-5849
  
  Fax: 011-44-161-860-6353

- **Tuning Forks**
  
  **Medical Mart** (Toronto)
  
  Phone: 877-883-4658
  
  E-mail: [maxine.polon@rogers.com](mailto:maxine.polon@rogers.com)

  **Superior Medical Limited** (Toronto)
  
  Website: [www.superiormedical.com](http://www.superiormedical.com)
  
  Phone: 1-800-268-7944
  
  Fax: 416-635-8931
  
  E-mail: [info@superiormedical.com](mailto:info@superiormedical.com)

  **Bailey Instruments** (UK)
  
  Website: [www.baileyinstruments.co.uk](http://www.baileyinstruments.co.uk)
  
  Phone: 011-44-161-860-5849
  
  Fax: 011-44-161-860-6353

Regional Diabetes Initiative

Phone: 766-4774 E-mail: cheri.dujardin@rqhealth.ca

November 2008