

ELECTIVE (SSC5b) REPORT

Obj. 1 + 3 The most common podiatric condition requiring surgical intervention that I saw was Hallux Valgus, more commonly known as a Bunion. This bony prominence on the medial aspect of the big toe can become painful when an overlying bursa becomes irritated and inflamed. Although there were no co-morbidities intrinsically linked to this, patients often found it too painful to walk any long distances and footwear options were limited.

Hallux rigidus is a condition characterised by limited range of motion of the big toe, this causes pain and difficulty walking, as normal gait requires free dorsiflexion of the hallux. This was linked in most cases to conditions such as osteoarthritis, although could originate from previous injury or surgical procedures. Other arthritic changes in the foot, such as osteophytes can also be troublesome, leading to pressures on and irritation of the soft tissues, in some cases necessitating the removal of these bony prominences or fusion of damaged joints.

Although the majority of cases can be resolved non-surgically, in some severe cases plantar fasciitis requires surgical release to relieve the problem. There is some evidence that in non-athletic populations there is an association between increased weight and the tendency to develop plantar fasciitis. Although in most cases, a recent increase in activity levels or poorly fitting footwear were the main culprits.

I have outlined above the most common podiatric conditions that I observed during my elective at Homerton. To my mind there was no specific link to any of these conditions and Socio-economic background. This was a slightly flawed objective, as it would have been difficult to assess one's socioeconomic background having met them only in the context of a hospital clinic, judging someone on the spot in that manner seemed in my opinion, unfair.

Obj. 4 Sports medicine is in itself still a speciality with very few practicing consultants, with only 6 currently registered with the NHS. Despite this small number of individuals qualified specifically as Sports medicine consultants, there are a growing number of trusts that run clinics centred on dealing with sports injuries. One of these was at the Mile End hospital, which I attended. This was run with a multidisciplinary approach, utilising; doctors, surgeons and physiotherapists with interests in Sports injuries. To my knowledge, in parts of the country where there is no dedicated Sports injury clinic, patients are likely to be referred for outpatient physiotherapy and/or sent for an orthopaedic opinion. This pathway tends to delay the treatment process for these patients as they can sometimes be handed back and forth between teams without a unified approach in their care, as well as delays when acquiring the relevant imaging studies. Having seen how effective this multi-disciplinary clinic was in practice, it's surprising that more trusts don't take a similar approach in the treatment of patients presenting with sports injuries.

As far as podiatric surgery is concerned, this is a larger speciality and one that is seen more frequently across the wider NHS.

Obj. 2 During the elective, I was able to work on an interesting area of research, looking at how adjusting the angle of the arm during running, would alter the loading patterns at the feet. It was useful to develop my abilities at using data and various outcome variables to best tackle a specific research question. The software available provided many options, but being able to differentiate what would ultimately be useful was a valuable learning experience. I was also able to improve my skills at working in a team in this context, taking on the advice of others and contributing my own views and experiences to get to the best possible solution.

The experiences during clinic were also beneficial, being able to see patients on my own initially helped me develop a list of differentials and an idea of a treatment plan, before then discussing these ideas with the consultant. One of the Sports Medicine clinics I attended was different to what I had seen previously, in this clinic, there was a variety of disciplines in attendance including; surgeons, sports medicine doctors, and physiotherapists. It was very useful to observe the ability of all these teams to contribute to the care of an individual, with all disciplines having equal and valid input to care. This ability to harness the expertise of other disciplines to contribute to patients in my care is something I hope to take forwards into my career.