Foot pain: its effects on leg ulcer development and challenges it poses for the Leg Club

A relatively young man of 57 years, Mr Y is unmarried and has a job as a part-time packer. He developed bilateral pain in the arch of his feet, which made walking and performing his job very difficult.

One of the most common causes of arch pain is a condition called plantar fasciitis, which is often caused by an imbalance or an injury to the foot. Stretching of the plantar fascia, possibly due to over-pronation or flat feet, will cause plantar fasciitis, which is a painful inflammation over the arch of the foot. This pain can be continuous or can improve as the muscle in that area warms on movement. Mr Y experienced pain on walking.

Mr Y had developed bilateral venous leg ulcers over an 8-year period; both healed but recurred, and he required bilateral treatment dressings and compression for them. The duration of the latest wound was 26 weeks. Treatment for the latest ulcers was undertaken by the nurses in the local Leg Club of which Mr Y was a member.

Although it is vital for nurses to address the wound, it is also important for them to deal with any problem that may be associated with that wound. Plantar fasciitis pain would reduce the mobility of the sufferer, leading to poor blood return to the heart with oedema as a consequence, which in turn leads to venous ulceration. The member of the multidisciplinary team that would be able to assist with this is a podiatrist who is trained in orthotics. The use of orthotics would realign the feet, placing them in a more natural position, which would relieve pain.

Additionally, pain is a stressor, causing vasodilation and reducing the blood supply to the skin, leading to a greater potential for ulcer development. Therefore, analgesia had to be considered in order to aid healing in this case.

The wound is now healing, although slowly. It will finally close and then the Leg Club nurses will do everything possible to maintain skin closure. This would involve Mr Y continuing as a club member and regularly attending the club sessions for assessment whereby they can ensure the skin remains healthy.

The ethos of Leg Clubs is such that club members attend the club to socialise. It is not held on an appointment basis, and everyone who attends, whether with or without a wound, is assessed regularly to check for the need for bandaging or hosiery, which is applied as required.

Mr Y gave his permission for his story to be told. He is delighted that he is able to attend the Leg Club as and when he wishes. He likes that appointments are not needed, and he enjoys the company of other members. He finds the volunteers extremely helpful, welcoming and supportive. He also finds the nurses a ‘delight’ and to be very knowledgeable, and he is pleased with the service and the exceptional care he has received.

Mr Y is fortunate to have such dedicated nurses dealing with his care, and this is certainly influenced by the education of the nurses, carers and volunteers, as well as the overall ethos of the Lindsay Leg Club in his area.

Sylvie Hampton
Independent Tissue Viability Consultant Nurse
sylviehampton@outlook.com

Accepted for publication: February 2019

Figure 1. Washing the legs and applying safe compression is an important part of healing.