Examination Period 3: 2016/17

Module Title: The Foot at Risk
Level: Six
Time Allowed: Three hours

Instructions to students:

- Enter your student number not your name on all answer books.
- Answer four out of six questions.
- All questions are equally weighted.
- Begin each question in a separate book; label each answer book clearly with the number of the question you are answering.
- Students are not permitted to remove this examination paper from the examination room. For all purposes the examination paper remains the property of the University of Northampton.

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Answer **four** out of **six** questions.

**Question 1**

Mr James is a 42 year old Type I diabetic patient who presents at your clinic with a long history of poor glycaemic control. He had a below knee amputation on the right side six months ago and is now using a prosthetic leg. He presents at your clinic with a bullous lesion overlying the left 1st IPJ. The skin integrity is poor and there is onycholysis and involution affecting all nails. Your patient tells you he is expecting to go onto dialysis soon.

a. Discuss how medical history might be contributing to the presenting clinical features.

(10 marks)

b. Explain how you will manage this patient, include referral pathways as necessary.

(15 marks)

(Total 25 marks)

**Question 2**

A 54 year old male patient presents with an ulcer overlying his right 4th metatarsal head. The ulcer measures 30mm at its widest point. The patient reports it has been present for approximately four months after standing on a drawing pin. During this time the patient has been self-debriding the wound and redressing it. The patient is not diabetic and does not qualify for NHS care. He takes simvastatin only.

His GP has referred him to your clinic for an opinion and on-going management.

a. Describe in detail how you will assess this patient further in relation to potential causes.

(15 marks)

b. Outline your short and long-term plan for this patient.

(10 marks)

(Total 25 marks)
**Question 3**

An 89 year old patient with a history of atrial fibrillation and congestive heart failure presents for routine foot care. He complains of pain and swelling to the right hallux which started five days ago. The temperature gradient is warm to cold, and there is mottling of the skin in the region of the hallux with a superficial breakdown at the apex. The patient takes warfarin and atenolol.

a. Outline factors which may predispose your patient to these skin findings.  
   (7 marks)

b. Discuss how you would assess this patient further including relevant history taking.  
   (8 marks)

c. Specify your short and long-term management of this patient.  
   (10 marks)

(Total 25 marks)

**Question 4**

Penny Lane is a new patient who presents at your clinic with a warm and swollen right foot which has become progressively uncomfortable in the midtarsal area over the last week. Ms Lane is a 42 year old Type II diabetic patient for which she takes metformin and insulin. She has not seen a Podiatrist since her original diagnosis in 2009 and presents with clawing of the digits, bounding pulses and plantar metatarsal callus.

a. Give your differential diagnoses for these clinical features with explanation.  
   (7 marks)

b. Explain how clinical investigations and tests may be used to identify a definitive diagnosis.  
   (10 marks)

c. Detail your management of this patient including the implementation of care pathways and the role of the multidisciplinary team.  
   (8 marks)

(Total 25 marks)
Question 5

A 68 year old patient presents with a history of DVT two years ago and a CVA two months ago. Following a recent incident, the falls prevention team have suggested he see a podiatrist to assess his gait and foot posture.

a. Discuss your approach to assessment of this new patient with justification.  
(13 marks)

In consideration of potential clinical emergencies, outline:

i. how each of the following two scenarios would present 
ii. potential triggers 
iii. how you would manage the situation

b. Cerebral vascular accident  
(6 marks)

c. Deep vein thrombosis  
(6 marks)

(Total 25 marks)

Question 6

A 59 year old female patient has been forced to take early retirement from nursing due to rheumatoid arthritis. Mrs Aches presents with bilateral pes planus, hallux abducto-valgus and deformity of the hands. Her RA is being controlled with prednisolone and anti-TNF therapy. The patient has been attending your clinic eight weekly for debridement of plantar metatarsal callus.

Since the previous visit, Mrs Aches has developed an ulcer over her right 1st metatarsal head.

a. Explain how the presenting medical history might have contributed to tissue breakdown.  
(17 marks)

b. Discuss in detail your management plan for Mrs Aches.  
(8 marks)

(Total 25 marks)

End of Paper