Examination Period 3: 2018/19

POD3107P19N

<table>
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<tr>
<th>Module Title</th>
<th>The Foot at Risk</th>
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<tr>
<td>Level</td>
<td>Six</td>
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<td>Time Allowed</td>
<td>Two hours</td>
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Instructions to students:

- Enter your student number **not** your name on all answer books.
- Answer **all** questions.
- All questions carry **equal marks**.
- Begin each question in a separate answer 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 all questions

**Question 1**
Ms Terry is a 40-year-old patient who attends your clinic for the first time complaining of an ulcer to her right heel. The patient attends your clinic wearing a self-applied dressing which is heavily soiled. Following a previous below knee amputation of the left leg, a trans-metatarsal amputation of the right foot and partial digital amputations to her hands, Ms Terry is struggling to self-manage her feet.

Distally, she presents with hyperkeratosis and scar tissue from previous skin grafting following bacterial meningitis 15 years ago. Examination of the right plantar heel reveals a large ulcer with surrounding callus and skin maceration.

a. Describe your approach to clinical assessment of the ulcer. (10 marks)

b. With reference to the presenting clinical features, describe your short and long-term management of the patient including any further investigations as appropriate. (20 marks)

Total 30 marks

**Question 2**
Miss Teak is a 58-year-old Type II diabetic patient and is prescribed metformin and gliclazide. Her latest HbA1c was 86mmol/mol. She presents at your clinic as a new patient with clawed digits, bounding pulses and plantar metatarsal callus. She has pitting oedema affecting both ankles and feet.

Miss Teak complains of a progressively swollen and painful right foot which has developed over the last week. She has not seen a podiatrist in the last year. On examination the right foot is erythematous and warm compared to the left.

a. Give two differential diagnoses for these recent clinical features with explanation. (12 marks)

b. Explain your approach to clinical assessment of this patient and how any further investigations or tests may be used to identify a definitive diagnosis. (18 marks)

Total 30 marks
Question 3

A 57-year-old female health care assistant is considering taking early retirement due to rheumatoid arthritis. She presents at your clinic with bilateral pes planus, hallux abducto-valgus and a severely involuted right hallux nail. Your patient is currently prescribed prednisolone, methotrexate and folic acid.

The patient has been attending your clinic every 10 weeks for assistance with nail care and debridement of plantar metatarsal callus. She has recently developed a shallow pressure wound to the right 1st metatarsal head.

a. Explain how the presenting history might have contributed to tissue breakdown. (18 marks)

b. Discuss in detail your short and long-term management plan for this patient. (12 marks)

Total 30 marks