
Foot deformity

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Identifying and Definitional Attributes

Data Dictionary: NHDD
Knowledgebase ID: 000819 Version number: 1
Metadata type: DATA ELEMENT
Registration Authority: NHIMG Admin status: SUPERSEDED
Effective date: 01-MAR-05
Definition: Presence of foot deformity on either foot.

Common deformities include claw toes, pes cavus, hallux valgus, hallux rigidus, hammer toe, Charcot foot and nail deformity.
Context: Public health, health care and clinical settings.

Relational and Representational Attributes

Datatype: Numeric
Representational form: CODE
Representation layout: N
Minimum Size: 1
Maximum Size: 1
Data Domain: 1 Yes- foot deformity present
2 No- foot deformity not present
9 Not stated/ inadequately described
Guide For Use: Record whether or not a foot deformity is present in the person.
Collection Methods: Both feet to be examined for the presence of foot deformity.
Related metadata: relates to the data element Foot lesion - active version 1
relates to the data element Foot ulcer - history version 1
relates to the data element Lower limb amputation due to vascular disease version 1
relates to the data element Peripheral neuropathy - status version 1
relates to the data element Peripheral vascular disease in feet - status version 1
relates to the data element Health professionals attended - diabetes mellitus version 1

Administrative Attributes

Source Document: National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

Source Organisation: National Diabetes Data Working Group

Comments: Foot deformities are associated with high mechanical pressure on the overlying skin that lead to ulceration in the absence of protective pain sensation and when shoes are unsuitable. Limited joint mobility is often present, with displaced plantar fat pad and more prominent metatarsal heads.

Foot deformities are frequently the result of diabetic motor neuropathy and diabetic foot disease is the most common cause of hospitalisation in people with diabetes.

Diabetic foot complications are common in the elderly, and amputation rates increase with age: by threefold in those aged 45 - 74 years and sevenfold over 75 years. In people with diabetes, amputations are 15 times more common than in people without diabetes and 50% of all amputations occur in people with diabetes (Epidemiology of the diabetic foot; Report of the Diabetic Foot and Amputation Group). All patients with diabetes mellitus should be instructed about proper foot care in an attempt to prevent ulcers. Feet should be kept clean and dry at all times. Patients with neuropathy should not walk barefoot, even in the home. Properly fitted shoes are essential.

Specialised foot clinics appear to decrease further episodes of foot ulceration and decrease hospital admissions for amputations.

Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus recommendations include:

- feet should be examined every 6 months or at every visit if high risk foot or active foot problem.
- refer to specialists experienced in the care of the diabetic foot if infection or ulceration is present.
- ensure that patients with 'high-risk foot' or an active foot problem receive appropriate care from specialists and podiatrists expert in the treatment of diabetic foot problems.
- to identify the 'high-risk foot' as indicated by a past history of foot problems, especially ulceration, and/or the presence of Peripheral neuropathy- assessment outcome, peripheral vascular disease, or foot deformity or history of previous ulceration.

References:

Lesley V Campbell, Antony R Graham, Rosalind M Kidd, Hugh F Molloy, Sharon R O'Rourke and Stephen Colagiuri: The Lower Limb in People With Diabetes; Content 1997/98 Australian Diabetes Society.

Edmonds M, Boulton A, Buckenham T, et al. Report of the Diabetic Foot and Amputation Group. Diabet Med 1996; 13: S27 - 42.

Reiber GE. Epidemiology of the diabetic foot. In: Levin ME, O'Neal LW, Bowker JH, editors. The diabetic foot. 5th ed. St Louis: Mosby Year Book, 1993; 1 - 5.

Most RS, Sinnock P. The epidemiology of lower limb extremity amputations in diabetic individuals. Diabetes Care 1983; 6: 87 - 91.

Therapeutic Guidelines Limited (05.04.2002) Management plan for diabetes.

Data Element Links

Information Model Entities linked to this Data Element

NHIM Physical wellbeing

Data Agreements which include this Data Element

DSS - Diabetes (clinical) From 01-Jan-03 to
