

# STRIDE

FOR PODIATRY

SUMMER 2020-2021

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wants your patients to know

Wrapping up Foot  
Health Week 2020

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## WANT TO SHAPE THE CONVERSATION IN STRIDE?

Contact STRIDE's editor to contribute, tell us what you would like to read about, or to share your knowledge on these topics: [siobhan.doran@podiatry.org.au](mailto:siobhan.doran@podiatry.org.au)

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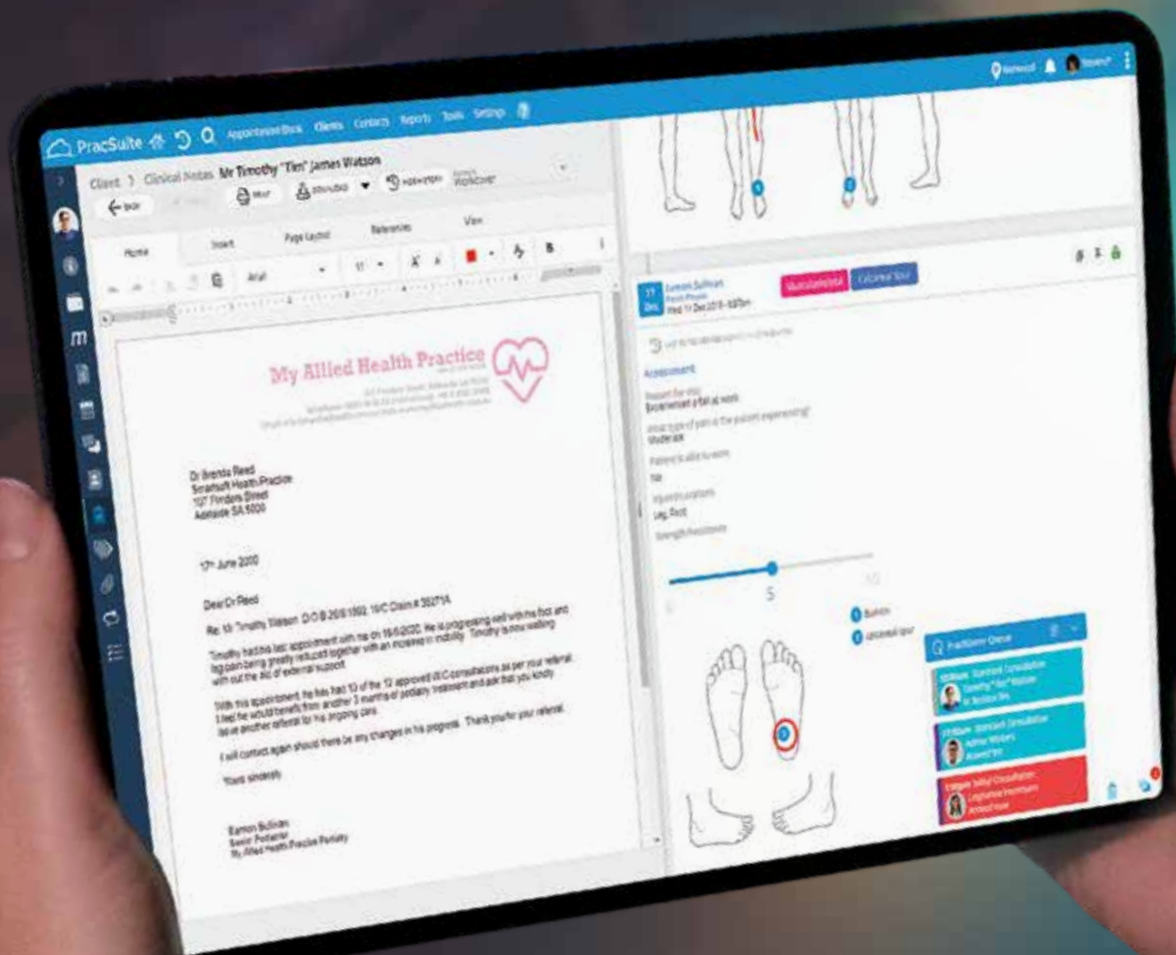
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The Australian Podiatry Association would like to acknowledge the traditional owners of all the many Aboriginal and Torres Strait Islander Nations that make up the great continent of Australia. We would like to pay our respects to the Aboriginal and Torres Strait Islander elders past and present, also the young community members, as the next generation of representatives.

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# LEADERSHIP UPDATE

PROFESSIONAL



## From the CEO

As CEO part of my role is to be strategic by nature, and I enjoy planning around trends that may impact on the podiatry profession; to feed this knowledge into our own trajectory.

### The year that was

Yet 2020 has thrown us all a curveball which has undermined such plans; switching our focus to being reactive when necessary – which as it turns out, was a frequent occurrence. We still pushed on with our proactive plans in areas such as advocacy and Continuing Professional Development, yet even they took on new forms as social distancing measures and transmission rates forced shutdowns.

### Challenges faced

That is not to gloss over significant challenges this year for so many podiatrists. There were times that I am sure felt incredibly tough, and perhaps still do. I appreciate that sometimes the news we had to share across 2020 was not entirely welcome, particularly when other Associations and individuals were imparting advice to the contrary. Yet we were following government guidelines in the long term interest of everyone's health and ability to come back as soon as possible to a new normal. The goal posts were – and continue to be – ever-changing in response to COVID updates.

### A national response

While no one would wish COVID-19 to ever take place, it did shake up some of our own practices for the better, which in turn benefits members. The fact we are now a single national entity meant the APodA was far more well equipped and better resourced than ever to handle the pandemic's diverse challenges. Indeed, we managed to run a fully online campaign this year for Foot Health Week – our most successful campaign to date. Continuing Professional Development sessions were online more than ever and bi-weekly zoom calls brought our national team together during some very adverse times, which led to an even more collaborative way of working.

Please do take a break when you can this summer. And know that no matter what circumstances 2021 throws our way, we are more experienced because of this year, and more collaborative and creatively-minded than ever. We cannot change the future but we can wisely inform our own actions and reactions, and this is exactly what we intend to do.

Have a great summer and festive season.

Nello Marino

## From the President

What a year it has been. The editorial I thought I would write is very different from the one I am about to write. None of us had any idea just how challenging 2020 was going to be, and yet I am so proud of how we have adapted.

### Reflecting on the changes

While government mandates have sought to keep the general public safe, this created an inevitable knock-on effect in so many areas. Businesses closed, practices switched to telehealth where possible, and patients were triaged under changing circumstances. All of this took place – and in many cases continues to do so – while our home circumstances were being affected in so many ways. Whether through school or child care closures, providing increased care to less mobile members of our families and communities, or being cut off from the social connections that normally take place.

### An uncertain future

This editorial is not able to draw a neat line under what has been a very tough year. We do not know what the future holds, we do not know when COVID-19 will be 'under control' via vaccination measures, and we do not know when activities such as international travel will resume for estranged families and friends.

### The silver lining

If someone had told you the extent of the year ahead, way back in January 2020, you would no doubt probably feel somewhat anxious. And yet we have done it. The peak of COVID, for now at least, is behind us. And when we compare how Australia is faring internationally, there is still a lot to be thankful for.

Despite these small gains, it does not mean that the summer holidays will likely be filled with complete rest and relaxation for many of us. But I do hope that you reflect with pride on how you traversed the year that was, no doubt accompanied by a sense of exhaustion that I hope leads to a well-earned rest.

Till next year,

Katrina Richards





## FOOT HEALTH WEEK 2020

# How you helped Australia to... GET BACK ON TRACK

Foot Health Week 2021 is now behind us and we had a record-breaking week, despite the limitations brought about by COVID-19. In fact, these limitations ushered in a deeper digital focus which served to enhance the campaign's reach and engagement. Read on to learn more!

Our 2020 Foot Health Week campaign ran from 12-18 October with the theme, 'Get Back on Track – Fit feet for a better YOU!', to highlight how podiatrists help those who are inactive or limited by pain, get back to movement.

This year, the global pandemic has impacted Australians like never before so we wanted to keep the campaign relevant to the current situation that we're all facing by promoting foot health and encouraging better overall health outcomes for Australians. This year's campaign was fully digital and we offered an interactive and impactful campaign that recognised that this year has been one like no other!

### What took place...

Launched the official **Foot Health Australia website** to coincide with Foot Health Week 2020, with 1.4K visitors to date and 2.8K page views to date.

Launched the first edition of a **consumer-facing magazine**, Foot Health Australia, for distribution in the waiting rooms of our members.

Reached **13,063,404 people** through our combined media outreach.

Published **410 items of media content** across print, online and radio.

Created **6 custom GIFs** for onwards sharing on social media platforms

Ran **two sponsored competitions**

Hosted a **live Q&A panel** with 1.1K views and a total audience reach of 1.8K

Commissioned a **nationwide foot health survey** through an independent research group, GrowthOps, and released the results via digital and mainstream media channels

Devised and created a series of **'Get Back on Track' guides** for health consumers to refer to when faced with a range of challenging circumstances. These guides are available online and designed to be distributed as a helpful resource via members to patients.

Developed a range of campaign materials like **posters, fact sheets, buntings, colouring-in pages** for children to use in clinic waiting rooms and other digital assets like **social media tiles, banners, zoom backdrops and videos**.

### SPOTLIGHT ON MEMBERS

Members participated in the free 'foot health assessments project' and also brought awareness to Foot Health Week by decorating clinics with posters and easily accessible patient information.

All members received a member pack with campaign posters, 'Get Back on Track' guides and Foot Health Australia consumer magazine.

THANK  
YOU!

Thank you to so many members who really got behind this year's digital campaign and helped to advocate for the power of good foot health in their local and national communities. Every bit of support makes a difference.

FOOT

FEET could be to detecting ing diabetes, the first place betes-related

Top End service's High Risk Foot service senior podiatrist Sally Lamond said Foot Health Week, running until October 18, was the perfect time for Territorians to get a foot

feet often leads to normal walking pattern causing increased pressure in certain areas of the foot. The development of callous can also indicate abnormal pressure being applied.

the pandemic and lockdown have been as active and they should take it slow and steady.

The theme for Foot Health Week 2020 in October is Get Back on Track – Fit Feet for a Better You, and while face-to-face activities can't be arranged because of the pandemic, Ms



Gran the podiat

A local podiatry has received a 5 improve the walking to its premises. Umnia Podiatry clinic Mr Damian Gough business had applied for after clients said help with the path to the service. "We had a lot of damage driveway with potholes the concrete, which has allowed us to

# Thanks to you, social engagement was high!

Below are some Foot Health Week promotion highlights...

## Social media activity on....

### Official APodA Facebook page @AustralianPodiatryAssociation

- 3,701 fans
- 1,380 people engaged with the content
- 64,431 impressions were made on related social media feeds

### Foot Health Australia Facebook @foothealthau

- 594 fans
- 283 people engaged with the content
- 8,454 impressions were made on related social media feeds

### Official APodA Instagram feed @australianpodiatry

- 1846 followers
- 570 people engaged with the content
- 18,352 impressions were made on related social media feeds

### Foot Health Australia Instagram @foothealthau

- 415 followers
- 255 people engaged with the content
- 4,748 impressions were made on related social media feeds

### LinkedIn @Australian Podiatry Association

- 722 followers
- 131 people engaged with the content
- 2918 impressions were made on related social media feeds

### Twitter @APODA\_National

- 554 followers
- 28 people engaged with the content



More info  
To access the range of  
resources and patient-facing  
information, head to **podiatry.  
org.au/foot-health-  
resources/foot-  
health-week-2020**

## Barefoot risk as Aussies shun shoes

FOOT HEALTH WEEK  
BY GERALDINE CARDOSO

FROM slippers and thongs to going barefoot, for many of us spending more time at home has meant there's been less call to slip on a pair of shoes.

Now podiatrists are warning Aussies are at increased risk of lower limb discomfort, pain, and loss of mobility due to going barefoot or not

stand their foot health. Foot Health Week, from October 12-18, will also highlight the role podiatrists play in overall wellbeing and getting people back on their feet and living pain-free.

"Foot health is often an indicator for other serious health conditions/concerns," Ms Rodell said.

## FOOT HEALTH WEEK ADVERTISING FEATURE

## Fit feet for a better you

FOOT Health Week (October 12-18) aims to help people get back on track by understanding their foot health and the important role of podiatrists.

New research commissioned by the Australian Podiatry Association has uncovered a significant shift in Australians' footwear behaviour as more people work from home in 2020.

"The research found that 62 per cent of people who regularly visit a podiatrist have discontinued appointments since the beginning of the COVID period and 36 per cent of people have noticed an increase in pain," she said.

- Need advice on correct footwear
- Worried about your child's feet or their movement
- Noticed a change in your mobility

It's important that patients are conscious to seek advice from their podiatrist not only when they are in pain and to look at their health holistically by considering visiting a



# A SUMMERTIME START TO SURGICAL TRAINING

PROFESSIONAL

By Simon Smith

Podiatric Surgeon, Simon Smith shares some insights into the world of podiatric surgery. Specifically, how to become a podiatric surgeon and why it can be a great career choice.



## Meet Simon

Simon Smith is a podiatric surgeon and Fellow of the Australasian College of Podiatric Surgeons (ACPS). He is an endorsed prescriber and mentor for scheduled medicines endorsement. Simon is Chair of the Selection Committee for the ACPS and sits on the college council. Simon has published scientific and surgical technique papers in international podiatric and foot and ankle surgery journals and has frequently presented to his peers over zoom, and at state and national conferences. He is dedicated to student and peer education. Simon's major interests are in surgical reconstruction of forefoot pathology. Simon practices in Melbourne and Geelong, Victoria.

The end of January is an important date in the calendar of aspiring podiatric surgeons. It is the starting date for surgical training within the two pathways to become a podiatric surgeon in Australia, namely the Fellowship program of the Australasian College of Podiatric Surgeons (ACPS) and the commencement date for students of the Doctor of Podiatric Surgery program at the University of Western Australia (UWA).

The start of surgical training marks a major transition in the life of a podiatrist who has chosen to pursue a career in podiatric surgery. And the late summertime heat seems to provide an appropriate stage for the aspiring podiatric surgeons to find their grounding amid a bluster of orientation, registrar duties and conduct, hospital policies, surgical lists, ward rounds and navigating the idiosyncrasies of the teaching Fellows. They are nervous not to make a mistake as they throw themselves into the demands of training – having worked so hard to get here.

Indeed, the path to securing a training position and becoming a surgical registrar is demanding and competitive. Following four years of tertiary podiatry studies, candidates must spend a minimum of two years clinical experience working as a podiatrist. They will have begun their endorsement for scheduled medicines and have completed a critical number of podiatric surgical clinical rotations. For the ACPS pathway, candidates are required to undergo psychometric inventory testing for assessment of an individual's social and emotional strengths and weaknesses. They will complete motor skills testing; pass an entrance examination and complete the ACPS basic surgical skills

education and training course. All of this, before sitting through the interview process, where many candidates are naturally apprehensive and uneasy.

Whilst the selection process is demanding, it is explicable in its intent, which is to identify a candidate with the abilities, qualifications, experience and emotional intelligence of candidates that would enable them to perform all the required duties of a podiatric surgical registrar and achieve all the objectives of the training program. Ultimately, identify the next generation of highly skilled and competent podiatric foot and ankle surgeons.

As with any surgical discipline, training to become a podiatric surgeon requires a great deal of dedication, sacrifice and sustained effort over a long period. A commitment of this type must be considered carefully by all aspiring podiatric surgeons, when taking into consideration all other work and personal or family considerations. All registrars who show perseverance through the challenges of training, and a strong desire to learn, ultimately reward themselves with Fellowship of the ACPS (FACPS) or a Doctor of Podiatric Surgery (DPS) with UWA and begin a career as a reconstructive foot and ankle surgeon.

For more information on podiatric surgery training in Australia:

- **Australasian College of Podiatric Surgeons:** <https://www.acps.edu.au/training>
- **University of Western Australia:** <https://www.uwa.edu.au/study/courses/doctor-of-podiatric-surgery>



ACPS registrar,  
Tristan Fairbairn  
in theatre.

PROFESSIONAL



## An in depth interview...

For Victorian based Tristan Fairbairn, this summer marks 12 months since starting the ACPS Fellowship training programme. In addition to his surgical training, Tristan works in private practice in Melbourne. He is married with two children and, for this lifelong learner, a career in podiatric surgery was the next logical step in his career. Here Tristan offers insight into his pathway to podiatric surgery, along with some advice for aspiring podiatric surgeons.

### **Q Why did you choose a career in podiatric surgery?**

Early on in my career I was able to see the positive impact podiatric surgery made on the lives of my patients that failed to respond to conservative care. This not only benefited my patients, but fostered my own interest in foot and ankle surgery. I have remained committed to ongoing education and self-development over the years, and this led me to complete various post graduate studies, including a Masters of Health Science (Podiatry) and courses such as the Basic Surgical Skills, Education Training (BSSET). I started assisting podiatric surgeons and this allowed me to understand the full scope and demands of a career in podiatric surgery. For myself, a career in podiatric surgery allows me to offer my patients the ultimate level of care and provides the podiatry profession with specialist support.

### **Q What is your typical week as a surgical registrar?**

The best thing about being a surgical registrar is that no two days are the same. My typical week consists of spending time with the teaching fellows in a variety of settings. This includes assisting in theatre as well clinical consultations where we develop our practical and clinical skills. We are also involved in ward rounds and liaising with patients in the postoperative period. When not working in private practice I am usually engaged in activities which help me consolidate my medical, podiatric and surgical knowledge. Surgical training offers a diverse range of activities such as peer review case forums, case studies, lectures and teaching opportunities.

### **Q How do you balance your commitments?**

As I work part time in my own practice, I have the flexibility to ensure I can

“

For podiatrists considering a career in podiatric surgery. I would say that it is important to have a commitment to lifelong learning. For myself, it was ongoing postgraduate study that allowed me to foster this pursuit.



ACPS registrars, Tristan Fairbairn (left) and Nick Ryan (right) reviewing an MRI scan prior to a surgical case.

balance my work, study and family commitments. Since entering the program I have realised that it's important to have a flexible mindset and be adaptable to ensure that I remain internally motivated. This motivation is essential as an adult learner when other life commitments can arise. Having the understanding support of your family also makes the commitment easier.

### **Q What advice do you have for podiatrists interested in a career in podiatric surgery?**

For podiatrists considering a career in podiatric surgery. I would say that it is important to have a commitment to lifelong learning. For myself, it was ongoing postgraduate study that allowed me to foster this pursuit. I would recommend gaining as much experience in all facets of podiatry prior to making the decision to take the surgical path. A huge part of being a podiatric surgeon is

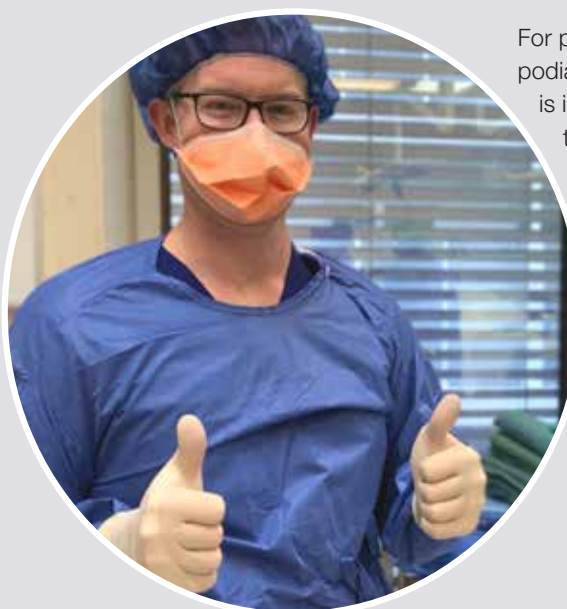
also having experience in all aspects of conservative management of foot and ankle pathologies. Prior to entering the surgical training program I developed a strong network with all of the Melbourne based podiatric surgeons. Not only did my patients benefit from the continuity of care, but I was able to learn about surgical management and outcomes, notwithstanding access to great mentors. Finally, it is important to set goals, learn from your mistakes, stay focused and step out of your comfort zone.

### **Q What is the best advice you have received so far?**

A career in podiatric surgery is a marathon, not a sprint!

### **Q What is your favourite procedure?**

The fifth toe proximal interphalangeal arthroplasty; a great solution for those chronic fifth toe corns that all podiatrist struggle with! ■







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# GROW... with the APodA



## Grow with us...

Your membership matters more than ever before, to you and to the profession. As momentum continues to build across Australia with the APodA's membership base now reaching comfortably into the thousands, this growth can be put to good use; more than ever before.

### How have we grown?

- Our community has **grown** – with more members than ever before
- Our suite of member benefits have **grown** – with more benefits than ever before
- We have **grown** our CPD offering – there has never been more ways to learn
- We have **grown** our platforms and technologies – with more ways to progress and connect
- We have **grown** our focus on Advocacy – with more action, more conversations, more outcomes
- We have **grown** the profile of podiatry through more consumer facing communications

### How does this growth impact you?

No matter where you are or what kind of day you are having, there are new offerings of support available to you, alongside the long-standing ones.

Many of the below suite of offerings weren't available a couple of years ago, or in many cases even 12 months ago.

#### Your membership enables you to....

- Keep up to date on the latest discussions and topics by streaming our podcast
- Support your mental health needs through our EAP confidential counselling service
- Access resources to share with patients and peers through a range of communications and marketing materials in every medium and across every platform available
- Access discounts through the new Member Benefits Australia portal
- Seek HR advice on hiring arrangements, employee entitlements, and so much more via the APodA HR Advisory Service that includes access to our full suite of online resources 24 hours a day, 7 days a week.
- Meet your needs wherever you are at, whether you are a graduate or experienced podiatrist looking for advice and opportunities
- Access CPD, no matter where the location or when you are available



# How do we support our members?

**We listen:** You can call our member services team, our HR team or our new counselling service for advice and support. We are here to help you navigate professional, business and clinical issues, employment queries and emotional and wellbeing challenges.

**We keep you informed:** The APodA is a reliable source of information that you can trust to communicate important information to you so you can keep up to date with matters that relate to you as a clinician, business owner, employer/employee no matter what stage you are at in your career. Members receive our monthly magazine, STRIDE, along with a weekly email with updates and alerts, they have access to our social media posts and member-only Facebook groups and access to member resources through our website portal. When mandates and circumstances change, such as through COVID-19 this year, members have been kept up to date on COVID restrictions, Personal Protective Equipment requirements, plus access to other services by email and text message alerts.

**We keep you compliant so you can practice confidently:** We offer members professional indemnity and public liability insurance cover through our partners BMS Risk Solutions which can be added on to your membership. Our insurance is around 40% cheaper than most other policies, plus you have the benefit of paying monthly

as part of your membership monthly debit. You never need to worry about PI insurance again, we've taken care of it for you. Through our HR team we provide members with over the phone advice plus HR tools like contract templates and learning guides to help business owners comply with the industrial relations laws. We also provide you with policy templates and guidelines like infection control, privacy and work health and safety, billing information for health funds and government services, assessment tools, clinical guidelines, practice management information and resources and patient and public relations resources.

**We provide relevant education activities and resources to help you meet your registration standards and promote lifelong learning:** Our education activities include conferences, webinars, symposiums, workshops, online learning modules, podcasts, research grants through APERF and publication support to JFAR and our updated CPD portal to help you keep track of your activities and help you with CPD auditing. Since 2020, all CPD was made accessible online, this means you can be anywhere in Australia and have access to podiatry specific CPD and you don't need to travel.

**We help advance your career:** Through our classifieds and facebook groups we post job opportunities,

whether you are looking to employ a podiatrist or you are looking for a job, the APodA can connect you with the right person. If you need a supervisor or a mentor, we can put a call out to our members who can assist you with your professional goals. We offer members a certification qualification through our career framework program in paediatrics and sports. Our members who complete the course are able to call themselves a certified paediatric podiatrist, not only does this promote their extended scope of practice, it builds confidence in the patients who see them. Members can also add their practice listing to our online directory service "Find a Podiatrist" available for the public and other health care providers who are looking to book an appointment with a podiatrist.

**We connect you with colleagues, industry partners and other health providers:** We build a community for our members to better support you. We build podiatry groups you can connect with like business owners, clinical interest areas and advocacy groups. Through our partners like Member Benefits Australia you can save significant money on a car, your next holiday, your next computer or your next wine delivery and our partners United Health Services Australia where you can save on business costs like electricity, phone and internet, printing and stationery.

# GROW... with the APodA

A stylized illustration of a dark blue tree with a large orange circular sun or moon behind it, positioned in the top right corner of the page.

BUT that's not all we do.....

## We also support the podiatry profession

As the **oldest** and **largest** representing body of the podiatry profession in Australia, the APodA advocates on behalf of the profession to the government, private and community sectors. We continuously **advocate** and promote the services of podiatric care to ensure all Australians have access to services no matter how that service is funded.

We continue to **protect** and **advance the scope of practice for podiatrists** through our advocacy projects like the development of aged care clinical guidelines, submissions to government for medication rebates for endorsed prescribers and access to telehealth services for podiatrists and their patients.

Our advocacy projects are for the benefit of all podiatrists and the **continued growth** and **expansion of podiatry services** in the future.

We **promote podiatry services** to all Australians through our public relations messages and foot health week campaigns promoted through our members and our website Foot Health Australia.

**Imagine** if there was no APodA, where would podiatry be? ■

## Why should I be a member?

The APodA supports members to achieve their professional goals as a podiatrist. When you have a healthy professional life, you are better able to balance your work and personal life which gives you a healthy work life balance both mentally, physically and emotionally.

It's big picture thinking that lets you focus on the details of your day.







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# THE DIFFERENCE BETWEEN ACTION AND INACTION

By Nello Marino

Nello Marino, CEO of the APodA, shares his research on the role of the podiatry profession in global climate change, offering practical insights alongside deeper discussion which will increasingly be in our own spotlight in the years to come at the APodA.



Nello Marino

*The vast majority of statistics and insights in this article came about from a review of literature which included a paper titled Health Care's Climate Footprint, How The Health Sector Contributes To The Global Climate Crisis And Opportunities For Action. The paper was prepared by Health Care Without Harm (HCWH), an international nongovernmental organisation (NGO) that works to transform health care worldwide so that it achieves three goals. To reduce its environmental footprint, become a community anchor for sustainability, and be a leader in the global movement for environmental health.*

It has become apparent that climate change is a health issue and the evidence is clear – the health profession can significantly affect the course of climate change, or at the very least stave off its worst impacts.

The Lancet has called climate change the “biggest global health threat of the 21st century”; a stark warning which is warranted, given healthcare’s climate footprint is equivalent to 4.4% of global net emissions. In fact, statistics show that if the health sector were a country, it would be the fifth-largest emitter on the planet.

## Making change practical

But what can we do about this on a practical level?

The mandate from the United Nations is very clear in its desired outcome via the Paris Agreement, signed by Australia in 2016. The objective being two-fold:

1. To keep a global temperature rise this century well below two degrees celsius and;
2. To pursue efforts to limit the temperature increase even further to 1.5 degrees celsius”.

As the UN website states, “The Paris Agreement sends a powerful signal to markets that now is the time to invest in the low emission economy. It contains a transparency framework to build mutual trust and confidence. ...Paris is a beginning—we now have to implement the Agreement. But we have taken a giant step forward.”



“

We have plans to be carbon-neutral from 2021 onwards, to become even more climate smart in our work practices, and encourage members to be more energy efficient wherever possible.

PROFESSIONAL

There are also very clear goals we can all refer to if we want to make practical changes that feed into this global strategic goal. These are the Sustainable Development Goals (see inset box), which you can read more about at [un.org/sustainabledevelopment/sustainable-development-goals](https://un.org/sustainabledevelopment/sustainable-development-goals)

With 17 goals in total, it provides a very clear blueprint on the ‘how’ behind the ‘why’ of preventing adverse climate change. We will be breaking down these goals in STRIDE next year to make them as practical as possible for our members.

### Advocating together

Beyond these goals, and indeed through these goals, we can also agitate for change at every level of government. The health sector can trigger positive change at all levels of government, especially given it is responsible for 10 per cent of the world economy. Whether it be through the combined power of the allied or wider health sector or as a nationwide entity unto ourselves, we can enact change through long-term advocacy goals.

Closer to home, we can lead by example. The APodA is shifting ever closer to sustainability goals, to formalise these goals into a sustainability strategy that will

become effective from 2021 onwards. We have plans to be carbon-neutral from 2021 onwards, to become even more climate smart in our work practices, and encourage members to be more energy efficient wherever possible.

Then there is the incidental influence we can all have in our roles at work on a more day to day level. The passing conversation about sustainable practices, the sharing of climate friendly resources and knowledge, or educating peers, patients and colleagues on simple changes that can reduce or even offset carbon emissions in the workplace. It all adds up.

What happens if we don’t pull together in this way?

### The difference between action and inaction

The challenge surrounding this kind of often overwhelming information can be a sense of, ‘How can I even help?’ This is particularly so, given so many of these statistics are influenced by complex geopolitical forces.

What we can do is create change in our lives at home and work, and let this ripple outwards in a proactive way.

I for one, am very conscious of the need to do what I can to reduce my personal carbon footprint. Yet whilst consciousness is one thing, I certainly could take more action in addressing my personal carbon footprint and I’ve recognised that it’s easy to fall short on action when it comes to addressing the health of our planet. In so many cases, I have found that education is the first step for many of us, since, ‘We can’t change what we don’t know’.

While researching, I detected an irony behind the statistics shared in this article which you no doubt would have too. That being, the role of health care is a significant contributor to many of the conditions that the very same health system is required to treat. Obviously the good of the health system outweighs the harm, however there is clearly more that can be done to widen the good and reduce the harm.

Indeed, my own research confirmed that health care’s global net emissions are equivalent to the annual greenhouse gas emissions from 514 coal-fired power



“

As an Association and a profession, we also have our opportunity to contribute to the climate change equation. Even if the contribution is miniscule, we all have a responsibility to do our bit.

plants. And the contribution of health care to greenhouse gas emissions is through three key sources as follows:

- **Health care supply chain:** The majority (71%) are derived from the health care supply chain through the production, transport, and disposal of goods and services, such as pharmaceuticals and other chemicals, food and agricultural products, medical devices, hospital equipment, and instruments.
- **Energy consumption:** This includes transport, and product manufacture, use, and disposal. The emissions emanating directly from health care facilities and health care owned vehicles make up 17 per cent of the sector's worldwide footprint.
- **Indirect emissions from purchased energy sources:** These incorporate electricity, steam, cooling, and heating comprise another 12%.

It is important to point out that three-quarters of all these health care emission sources cited here, including from its supply chain, are generated domestically. This means roughly one-quarter of all

health care emissions are generated outside of the country where the health care product is ultimately consumed.

To take this into context, health care contributes over five per cent of Australia's total carbon emissions. As a nation, Australia is the world's highest per capita emitter, with over one ton of carbon being produced per person through health care. In fact Australia ranks 10th on the list of the world's highest emitters in health care and ranks 17th in the world's highest total carbon emitters.

### What we do with what we know

Health care, including podiatry must respond to the growing climate emergency not only by treating those made ill, injured, or dying from the climate crisis and its causes, but also by practicing primary prevention and radically reducing its own emissions.

As many podiatrists would be familiar with the current political environment

and the apparent lack of political will to commit to zero emissions targets. When this does occur in Australia, as in every other country that sets such targets, health care climate action will require health sector facilities, systems, and ministries to work with manufacturers and suppliers of health care goods and services to achieve such targets.

The worst effects and causes of climate change can be prevented, and such prevention presents a significant opportunity to simultaneously improve population health outcomes.

As an Association and a profession, we also have our opportunity to contribute to the climate change equation. Even if the contribution is miniscule, we all have a responsibility to do our bit. And we know from experience that many people doing a little presents a great opportunity to solve a problem.

Over the coming years I expect that the issue of sustainability and our carbon footprint will feature more prominently in the health sector, the profession and at the Association level in the interest of us all making our contribution.

“Health care, including podiatry must respond to the growing climate emergency not only by treating those made ill, injured, or dying from the climate crisis and its causes, but also by practicing primary prevention and radically reducing its own emissions.”

## Sustainable development goals

- GOAL 1:** End poverty in all its forms everywhere
- GOAL 2:** End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- GOAL 3:** Ensure healthy lives and promote well-being for all at all ages
- GOAL 4:** Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- GOAL 5:** Achieve gender equality and empower all women and girls
- GOAL 6:** Ensure availability and sustainable management of water and sanitation for all
- GOAL 7:** Ensure access to affordable, reliable, sustainable and modern energy for all
- GOAL 8:** Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- GOAL 9:** Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- GOAL 10:** Reduce inequality within and among countries
- GOAL 11:** Make cities and human settlements inclusive, safe, resilient and sustainable
- GOAL 12:** Ensure sustainable consumption and production patterns
- GOAL 13:** Take urgent action to combat climate change and its impacts\*
- GOAL 14:** Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- GOAL 15:** Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- GOAL 16:** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- GOAL 17:** Strengthen the means of implementation and revitalize the global partnership for sustainable development

## Global stats in focus

- 1. Fossil fuel consumption is at the heart of health care's emissions:** Energy — primarily being the combustion of fossil fuels — makes up well over half of health care's climate footprint when measured across all three scopes.
- 2. Health care's footprint is linked to health spending:** There is a strong but not absolute correlation between a country's health sector climate footprint and a country's health spending. Generally, the higher the spending, measured as percentage of a country's GDP, the higher the per capita health care emissions are in that country.
- 3. The top three emitters are critically involved:** The United States, China, and collectively the countries of the European Union, comprise more than half the world's total health care climate footprint (56%) ■



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# 2020 ADVOCACY WRAP UP

PROFESSIONAL

It goes without saying (...though we will say it once more...) that 2020 has been a deeply unsettling year with the best-laid plans and intentions sidelined by COVID-19. Here is a rundown on the key advocacy developments that took place this year, in and around COVID, with additional information on future plans.



## Number 1: COVID-19

### What happened

Our advocacy actions were certainly shaped by COVID this year, with some of our key strategic plans temporarily paused as we reacted to daily changes for our members in each state, along with all of the implications (and some frustrations!) this introduced.

Our COVID-19 advocacy response quickly became the main priority for most of 2020. In a lot of areas, we were represented by Allied Health Professions Australia (AHPA), since it was useful for all allied health associations to negotiate with all levels of government as a single unified body. This allowed us to form ever-closer working relationships with other allied health associations, and to come together to achieve the outcomes for allied health.

Keeping our members informed throughout these challenging times was one of our main priorities. We attended government briefings and meetings with stakeholders to ensure we always received information as it was being delivered and could translate it for our members. Sometimes this information may not have been what members wanted to hear, and at other times the government directive appeared more rigid than directives being shared by other allied health associations, making for frustration and confusion.

In Melbourne, podiatry was clearly identified as an essential service so the doors could remain open throughout the first nationwide lockdown. Accordingly, our submissions to government and private health insurers led to telehealth rebates being implemented by the MBS, DVA, NDIS, TAC and most of the private health insurers.

### Next steps

Regardless of where you are based, please refer to our extensive telehealth resources online so that you are prepared in the event such a mandate happens in your local area. Previous issues of STRIDE magazine, particularly this year's September and November issues, also go into detail on how you can set up telehealth, and where the telehealth opportunities can exist when faced with what may at least initially feel like a frustrating predicament.

Please also refer to your COVID-19 resources on the member resource section of our website, they are plentiful and designed to support you when you need it. We will continue to advocate through any changes ahead, to support your needs as practitioners while also protecting the wider public's general health and wellbeing.



## Number 2: AGED CARE

### What happened

The Royal Commission in to Aged Care Quality and Safety finished its hearings during October 2020. This was later than expected, due to the impact of COVID-19.

We put forward our submission which you can read at [podiatry.org.au/about/submissions](https://podiatry.org.au/about/submissions)

### Next steps

Once the Commission hands down its report and accompanying recommendations, we will have another opportunity to put forward a submission. Our aged care guidelines are also currently being finalised and will be available to members soon.



### Number 3: **PHARMACEUTICAL BENEFITS SCHEME**

#### What happened

Key priorities this year included obtaining access to the Pharmaceutical Benefits Scheme for podiatrists, with the endorsement to prescribe medicines, and podiatric surgeons. With the support of the National Chief Allied Health Officer, we developed our summary paper to put forward to the Pharmaceutical Benefits Advisory Committee (PBAC), which is available at [podiatry.org.au](http://podiatry.org.au)

#### Next steps

We will keep you posted as developments unfold.



### Number 4: **SCOPE OF PRACTICE**

#### What happened

After much consultation with the podiatry profession, our Scope of Practice for Podiatry has been released.

You can read the document here: [podiatry.org.au/about/advocacy](http://podiatry.org.au/about/advocacy)

#### Next steps

This document will assist podiatrists and the wider public to understand the expanded scope of podiatry.



### Number 5: **NDIS**

#### What happened

An NDIS working group has been established to develop easy to use guidelines for podiatrists working within the NDIS.

#### Next steps

We continue to meet regularly with the National Disability Insurance Agency (NDIA) and pursue the interests of podiatry within the scheme.



### Number 6: **DIGITAL HEALTH**

#### What happened

A Digital Health working group has been established through Allied Health Professions Australia (AHPA). Government funding has been sought to fund the integration of e-health in to allied health practice management software.

#### Next steps

It is important that Allied Health is represented in the digital health platforms for both practitioners and patients. We are pleased to see this funding being utilised specifically for allied health.

### Looking ahead to 2021

Our next set of advocacy priorities will be determined by your responses to the recently released member survey. If you have any issues or concerns you would like to raise, please get in touch with our advocacy manager – Cindy Laird at [Cindy.laird@podiatry.org.au](mailto:Cindy.laird@podiatry.org.au) ■

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# The Heart Foundation's advice to you

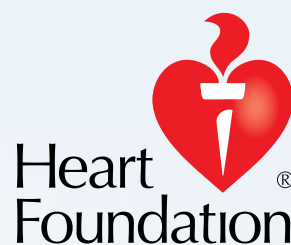
*The Australian Podiatry Association has consulted with the Heart Foundation to provide clinically sound advice for podiatrists to share with patients who have recently had a heart attack or heart surgery. Given podiatric intervention can go a long way to keep patients healthy and active, your understanding of the following issues can make all the difference – not least to reassure your patients that this information is provided by the Heart Foundation.*

After a heart attack, it's normal for patients to worry about what exercise they can and can't do. Keeping physically active is important for their heart and overall health. As podiatrists, you know that it will speed up their ability to return to normal activities, reduce their chances of having another heart attack and help them feel healthier and have more energy. The challenge lies in encouraging patients to adopt the same mindset. Every patient is of course different. This article is designed to help you suggest to a patient what they can and can't do after their heart attack or heart operation, but this should always be done in line with their doctor's advice.

## SECTION 1:

What to do

or



# after a heart attack

## heart operation

### # 2 TYPES OF SUITABLE ACTIVITIES

If approved by their doctor, your patient can start by doing light, everyday activities, such as cooking and walking about the house. Please remind them to avoid doing heavier housework, such as sweeping, vacuuming, or mowing the lawn until their doctor says it's okay to do so. The goal should ideally be for your patient to sit less each day.

### # 3 CARDIAC REHAB

Your patient's can find a cardiac rehab program by asking their hospital staff or their doctor. They'll help your patient to enrol in a program near them. Alternatively, they can search the Heart Foundation's Cardiac Services Directory, or contact the **Heart Foundation Helpline** on **13 11 12**. Attending cardiac rehab is a great way for your patient to get their health back on track. Cardiac rehab often involves physical activity and the prescription of safe, personalised exercises to improve heart health. You can encourage your patient to seek a referral from their doctor or act on the referral they may already have. If your patient is unsure where they can find their nearest cardiac rehab program this link will help [heartfoundation.org.au/Recovery-and-support/Cardiac-rehabilitation](https://www.heartfoundation.org.au/Recovery-and-support/Cardiac-rehabilitation)

### #1 WHEN TO RETURN TO ACTIVITIES

Patients can often return to their usual activities within a few weeks of having a heart attack. This of course depends on their health and level of activity before their heart attack, and how much damage was caused by their heart attack. Their doctor will have discussed what activities they can do at home and this information should be used as a guide.

### #4 GET INVOLVED WITH A WALKING GROUP

As you know, your patient should start slowly when it comes to walking, and not push themselves too hard. After a heart attack, their doctor will usually allow them to start with walking five to 10 minutes a day and build up slowly to 30 minutes over several weeks.

You may wish to advise your patient to begin with easy walking around their house or in their street. It is a good idea if they make sure only to walk on ground that is flat and to walk at a comfortable pace. The goal is to be able to talk without feeling short of breath.

And if they don't feel well enough to walk one day, they can let their body rest. Tell them it is okay to miss walking that day, but to consult with their doctor if they have any concerns.

It can help if your patient begins with a goal, such as walking to the local shop or around the block. As they start to feel better and fitter, they might consider increasing the intensity. Remind them to warm up and cool down for the first and last five minutes of their session.

And please do let your patients know about the Heart Foundation Walking program, which is a free walking network that makes physical activity fun, social and easy. They can find their nearest group via [walking.heartfoundation.org.au](https://www.walking.heartfoundation.org.au) or they can call the **Heart Foundation Helpline** on **13 11 12**.





## SECTION 2:

### Top three likely patient questions

#### #1 CAN I TAKE THE STAIRS?

If your patient has had a heart attack or heart operation and there are stairs where they live, advise your patient to follow their doctor's advice about this. They should be able to climb stairs slowly when they get home from the hospital. Remind your patient that walking up the stairs takes more energy, so tell them to take their time and rest if they need to. They can gradually increase the number of stairs they climb and how quickly they climb them.

#### #2 WHAT ABOUT PLAYING SPORTS?

As their fitness and confidence increases, your patient should be able to begin activities like dancing, bike riding, swimming, golf and bowls again.

Emphasise that your patient should always ask their doctor, nurse, health worker or cardiac rehabilitation team about playing specific sports or other physical activities. Note that their doctor might recommend they stay away from some competitive sports.

#### #3 WHAT ABOUT LIFTING WEIGHTS AND RESISTANCE TRAINING?

This is an important point to clarify for your patients. Lifting weights and resistance training improves their muscle mass and strength but they should speak to their doctor or cardiac rehabilitation team before starting any muscle strengthening exercises at home. They will give advice about what exercises are suitable and safe for them to use. ■

#### Top patient tips for physical activity following a heart attack or heart operation

- Talk to their doctor, nurse, health worker or cardiac rehabilitation team to make sure their exercise is safe and suitable.
- Stop and rest if an activity causes pain, or if they get very tired, dizzy or short of breath.
- Carry their mobile phone with them, in case they feel unwell and need to call for help.
- If they have been prescribed angina medicine, keep it with them during exercise.
- Don't do exercise in the heat of the day, straight after eating or after drinking alcohol.
- Be sun smart and drink water before and after exercise (to replace water lost as sweat).

#### MORE INFORMATION

For more heart health information and support, the Heart Foundation Helpline is **13 11 12** or visit **heartfoundation.org.au**







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# THINKING OF SELLING YOUR PRACTICE?

The Personal Property Securities Register (PPSR) can be very useful to understand if you want to sell your podiatry practice. Here's why...

## Firstly, what is the PPSR?

It's a national online register to see who owns personal property, such as medical equipment or other machinery, right through to cars or boats. The register is used to show who has security interests on the item in question, should a business for example be sold with these items listed as part of the sale.

This information can provide peace of mind to the potential purchaser of your practice, as evidence that your equipment is wholly owned by you and fully paid off in the event of a sale.

Or conversely, the PPSR search results may show that someone else has registered their security interest on a piece of equipment or a medical device in your practice for example, which may affect the terms of the sale of your practice. This is just one example of how the PPSR works and additional information is online via ASIC.

The PPSR is web-based, available in real-time and accessible 24 hours a day, seven days per week via [ppsr.gov.au](https://ppsr.gov.au)

### More background on the PPSR

When a business is sold with unpaid debts, it is the suppliers who can sometimes be left out in the cold trying to

retrieve their money. However, suppliers who have registered their security interests in their equipment and goods ('personal property') on the PPSR are unlikely to find themselves in this situation. These suppliers are often paid in full before the business changes hands.

Equifax's PPSR expert, Andrew McLellan, explains why. "When purchasing a business, a buyer wants to know that the company's assets that they are purchasing are free from other claims or encumbrances. The last thing the buyer needs when taking the reins of their new business is to have suppliers knocking on the door demanding payment for the outstanding bills of the previous owner.

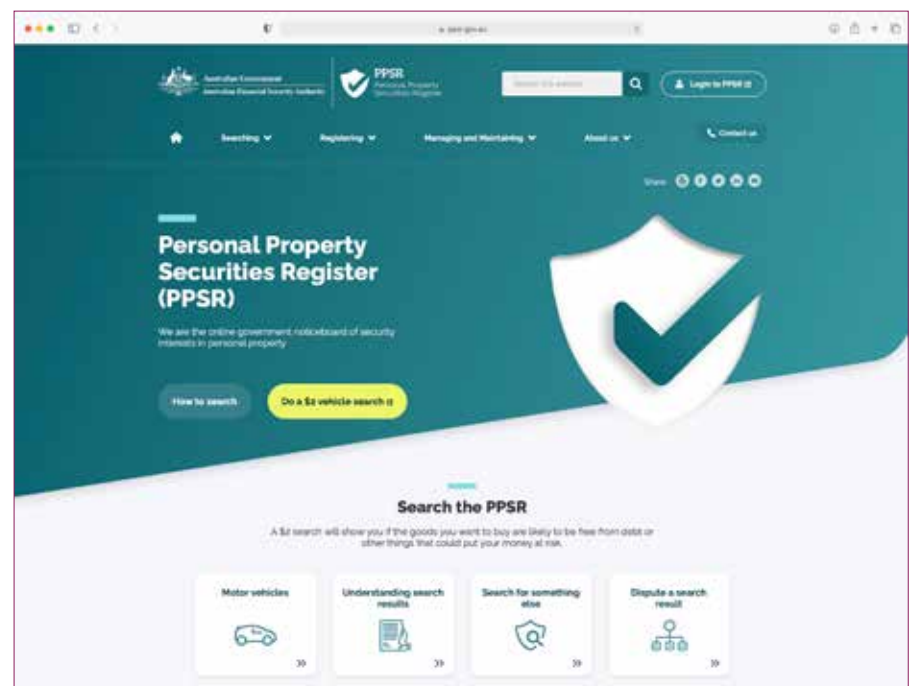
"Particularly if it's for goods they've already paid the previous owner for... So before they close the deal on the

new business, most buyers will demand that the vendor remove all security interests registered on the PPSR over the entity. Only their removal can provide confirmation that they will be getting clear title to the assets that they are acquiring.

"It's at this point in the selling process that the vendor will get in touch with their suppliers to request they discharge their PPS registrations", says McLellan. "Buyers who understand the PPSR won't be interested in a purchase that leaves them responsible for paying the debts of the previous owner."

For more information head to [ppsr.gov.au](https://ppsr.gov.au) to register or run a PPSR search or [equifax.com.au](https://equifax.com.au) for related resources.

Thanks to Equifax for supplying some of this information for use by the Australian Podiatry Association.



# A case study in practice

Here is just one example of the influence of the PPSR when it came to deciding the fate of multi-million dollar medical equipment.

This case involved a dispute between the landlord of a special purpose medical centre, Cortez and its insolvent tenant. The tenant was the Cancer Care Institute of Australia (CCIA), although it had not signed a formal lease.

Cortez and the CCIA argued about whether medical equipment worth over \$8 million had become a fixture. The medical supply company, Varian, had supplied and installed some linear accelerator equipment on terms that included a Retention of Title (ROT) clause in its favour, granted by CCIA.

Varian registered this Purchase Money Security Interest (PMSI) on the PPSR.

If the equipment were found to be a fixture, it would fall outside the scope of the Personal Property Securities Act (PPSA). The rights of the landowner and any mortgagees would then intervene, and Cortez would claim title over the equipment.

If the equipment was not found to be a fixture, it would be within the scope of the PPSA and the rights of the parties would be determined accordingly.

Unfortunately for Cortez, the court held that the medical equipment was not a fixture and that CCIA had title in the equipment.

## The Court's reasoning

- The court noted that one of the primary tests as to whether equipment had become a fixture was the 'objective intent of the owner' when it brought the equipment onto the property.
- The court considered the fact that CCIA had granted a PMSI to the equipment supplier (Varian) was inconsistent with any intent for the equipment to become a landlord's fixture.
- The secondary test was the degree of difficulty required to move the equipment and any damage to the premises this would cause. The court accepted expert testimony from Varian that linear accelerators were routinely removed and/or replaced with no damage to premises.
- Consequently, Cortez could not claim the linear accelerators as a landlord's fixture.

## What we can learn

1. Credit managers should take careful note that the court considered registration on the PPSR as objective evidence of the equipment owner's intent when the equipment was brought on to the property.
2. However, registration on the PPSR is not the only test of the owner's intent, so it may not work in all circumstances but this goes to show how such registration can be interpreted within the legal system.

Disclaimer: The information is created by Equifax and is general in nature and does not take into account your personal objectives, financial situation or needs. Therefore, you should consider whether the information is appropriate to your circumstance before acting on it, and where appropriate, seek professional advice from a finance professional such as an adviser. ■





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# JOURNAL OF FOOT AND ANKLE RESEARCH: A YEAR IN REVIEW

By Professor Keith Rome, Editor-in-chief of JFAR (Australia)

Professor Keith Rome reviews 2020 from the perspective of the Journal of Foot and Ankle Research (JFAR), and he summarises a selection of research activities from members of the APodA, which were all published this year and are accessible in full online at [jfootankleres.biomedcentral.com](http://jfootankleres.biomedcentral.com)



“  
In these  
unprecedented  
times the journal's  
editorial team have  
been exceptionally  
busy...”

This year has turned into a year to remember! Our year began with devastating nation-wide bushfires, and now we're all trying to manage this global pandemic. In these unprecedented times the journal's editorial team have been exceptionally busy. I would like to acknowledge Dr Andrew Buldt, Dr Daniel Bonanno and Associate Professor Cylie Williams for all their hard work.

## Key performance statistics

I have highlighted key performance statistics from this year and 2019.

- The Journal received 214 submissions in 2019, an increase of 13% from 190 submissions in 2018. Currently in 2020 we have received over 200

manuscripts, of which 25 have been published from APodA members.

- The journal accepted 51 articles in 2019, a decrease of 25% from 68 acceptances in 2018. This means that the acceptance rate during 2019 was 27.4%, a decrease from 2018 (35.9%).
- Despite publishing fewer articles, the articles in the journal were accessed 557,773 times during 2019, compared to 518,785 times during 2018.
- Manuscript turnaround times improved in 2019. The average time from submission to first decision was 25 days, and the mean time from submission to acceptance was 75 days.
- The Thematic Series neurological and degenerative diseases was published with a series of articles published

in the journal. Thank you to Dr Cylie Williams for collating and editing this collection.

The journal has historically received significantly more submissions from Australia and the UK than from other nations, and increasing submissions from outside these two countries was a particular focus for the journal. Although submissions and accepted articles from outside these countries increased in 2019, the majority of accepted articles still originate in Australia. Over 25 articles have been published from Australian podiatrists in 2020. This is a significant increase and demonstrates the high level of research being published from centres of excellence in podiatric research based across Australian universities.



## Articles by members of the APodA

I have highlighted four articles published by APodA members that will be of interest to clinicians relating to plantar heel pain; foot health issues in of Aboriginal and Torres Strait Islander Peoples; foot pain in diabetic foot ulcers and nail surgery.

### **1. Predictors of response to foot orthoses and corticosteroid injection for plantar heel pain** **Whittaker, G.A., Landorf, K.B., Munteanu, S.E. et al. *J Foot Ankle Res* 13, 60 (2020). The article was published by the research team from LaTrobe University, Melbourne.**

The authors report plantar heel pain is a disabling foot condition that has a significant impact on health-related quality of life. Despite the relatively high prevalence of plantar heel pain, there is limited high-quality evidence to guide health professionals regarding the interventions that are most effective.

Based upon the lack of evidence, the aim of the study was to investigate which factors influence the response to foot orthoses and corticosteroid injection in people with plantar heel pain. Baseline variables were used to predict the change in foot pain, foot function, and first-step pain after 4 and 12 weeks. The results found those people prescribe only foot orthoses at week four, greater ankle dorsiflexion with the knee extended predicted reduction in foot pain, and lower fear-avoidance beliefs and feelings predicted improvement in foot function.

At week 12, lower BMI predicted reduction in foot pain, improvement in foot function and reduction in first-step pain. For corticosteroid injection at week 4, there were no significant predictors for change in foot pain or foot function. At week 12, less weightbearing

hours predicted reduction in foot pain and lower baseline foot pain predicted improvement in foot function.

From a clinical perspective, clinicians should consider specific and generic outcomes relating to plantar heel pain before commencing the management and intervention for this disabling condition. The addition of patient's fear-avoidance beliefs and feelings measures should be encouraged to be used by clinicians and researchers.

### **2. Foot health of Aboriginal and Torres Strait Islander Peoples in regional and rural NSW, Australia** ***J Foot Ankle Res* 13, 27 (2020). West, M., Sadler, S., Hawke, F. et al.**

The excellent article published by the research team from the University of Newcastle illustrates the foot health issues of Aboriginal and Torres Strait Islander Peoples.

Aboriginal and Torres Strait Islander Australians have a five-to-six-fold increased likelihood of developing foot complications including foot ulcer and amputation compared to non-Indigenous Australians. The aim of this study was to establish foot health in Aboriginal and Torres Strait Islander people attending two recently developed, culturally safe podiatry services in rural and regional New South Wales.

The study of over 100 participants found Aboriginal Australians presenting to recently developed and culturally appropriate podiatry services have relatively high levels of foot health. The





authors suggest that these services provide a unique early opportunity for podiatrists to identify, manage, and implement preventative health care, to minimise the burden of foot complications in this population. Future research should further explore foot health from the perspective of Aboriginal and Torres Strait Islander Peoples and prospectively evaluate the impact of culturally safe foot health services on health outcomes in these communities.

### **3. Podiatrists' views of assessment and management of pain in diabetes-related foot ulcers: a focus group study. Frescos, N., Copnell, B. *J Foot Ankle Res* 13, 29 (2020).**

The authors report that contrary to the belief that patients with diabetes-related foot ulcers (DRFU) do not experience wound related pain due to the presence of peripheral neuropathy there is increasing evidence that pain can be present. Subsequently, wound-related pain is often underestimated and undertreated. The aim of this study is to describe what influences pain assessment of DRFU.

Three themes emerged:

- Observational and non-verbal cues were the preferred approaches used to assess wound pain.
- Assumptions and value judgments of the pain patients experienced and the relationships between podiatrists, patients and other health care practitioners were important influencers on the assessment and

management of pain.

- The authors concluded the perceived barriers to the assessment and management of wound related pain in DRFU were attitudes and beliefs about pain, lack of DRFU-specific validated assessment tools and lack of knowledge and skills to manage the pain.

### **4. Risk factors for infection following ingrowing toenail surgery: a retrospective cohort study. Terrill, A.J., Green, K.J., Salerno, A. et al. *J Foot Ankle Res* 13, 48 (2020).**

Ingrowing toenails are a common and painful condition often requiring surgical management. There has been limited investigation into the specific surgical approaches used by Australian podiatric surgeons for ingrowing toenails, or the associated infection rates for these procedures.

The aim of this study was to assess the frequency and type of ingrowing toenail surgery performed by podiatric surgeons, and identify risk factors for post-operative infection. The authors concluded that ingrowing toenail surgery is associated with a greater risk of postoperative infection than other procedures performed by podiatric surgeons. Radical excision of toenail bed was associated with higher postoperative infection rates compared to other ingrowing toenail procedures. Some procedures performed in an office setting carry a higher risk of infection.

### **Summary**

In summary, 2020 has illustrated the wealth and depth of research being published by APodA members that has significant ramifications to clinical practice. I encourage members to review the articles published in the journal, which is an open access journal free of charge. Finally, I would like to thank APodA for their full support of the journal in these difficult times. ■

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## A letter to parents and carers: **How to make school shoe shopping successful...**

### **Dear parent or carer....**

Since your child's feet will spend most of their growth period in school shoes, it's so important to make the right choice during your next shoe shopping trip.

The best way to prepare for this is to see one of us! We are podiatrists who can assess and measure your child's feet and we even diagnose and treat if required. Once equipped with our advice, you will know exactly what type of school shoe your child needs!

### **Say no to the impulse buy!**

While it may be tempting to pick up any random pair of school shoes at your nearest store, it can make such a difference to be properly fitted, given the amount of wear and tear ahead. In fact, it's not uncommon for a child to be labelled clumsy at school, when in fact they may be tripping due to poorly fitting shoes! Or perhaps your child may complain of leg pain or other foot issues, when their shoes could be the hidden culprit...

### **Where we come in**

This is why good advice is essential, and you'll be amazed at the foot health tips your podiatrist can share with you. Okay, so your child may not marvel at our encyclopedic knowledge of metatarsals, but their feet can benefit from our input (and therefore their activity levels and general wellbeing too!)

### **Our feet's hidden power**

It's easy to think of our feet as these funny looking things at the end of our legs, but they impact on our overall health in so many ways. Did you know that they can even be the first part of our body to show up some systemic health conditions like diabetes, circulatory challenges or even heart issues?

### **The bottom line**

But back to school shoes. The bottom line is to pick any school shoes wisely, given this can be one of the most important decisions you will make for your child's general wellbeing.

The best way to do this? Book in with a podiatrist near you (no GP referral is needed, and we are a friendly bunch). We are here to support you to make the right decision for your child.

Happy shoe shopping!

### ***The proud podiatrists at Foot Health Australia***

**P.S.** Check out Foot Health Australia at **[foothealthaustralia.org.au](http://foothealthaustralia.org.au)** if you haven't already. There's a range of often surprising tips on how your foot health connects to your overall health ■



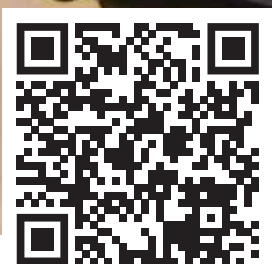


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**BECOME A STOCKIST**

# INDEPENDENT CONTRACTOR OR EMPLOYEE?

STEPS AHEAD

Incorrectly engaging a worker as an independent contractor can have serious implications for business owners and can leave new graduates (and inexperienced workers) exposed. This article will look to briefly analyse some of the critical differences between employees and contractors, while simultaneously highlighting some of the major risks associated with incorrectly engaging a worker as an “independent contractor”.



## **Contractor versus employee**

While there is no single factor that comprehensively differentiates an employee from an independent contractor, the nature of the relationship is looked at more holistically to determine whether an employment, or contractors' relationship exists. Some of these key factors are listed below.

## **What is the level of control?**

Arguably the most defining feature of a genuine contractors' relationship is the level of control afforded to that independent contractor. In an employment relationship, the employer generally dictates when and how the employee works, whereas an independent contractor has the necessary experience, expertise, and autonomy to be able to work in a fashion that suits them. This may include having the ability to subcontract or engage their own employees to perform work for them. Ultimately, an independent business should have the flexibility to work when and how they choose, acknowledging that the Principal will still have some bearing over this (e.g. business trading hours etc.).

## **What is the method of payment?**

Employees are usually paid a fixed rate such as a salary, or hourly/weekly rate, while independent contractors generally submit invoices for specific work performed or projects. To facilitate this, the independent contractor operates using their own ABN or ACN\*

N.B: Simply having an ABN or ACN does not automatically mean the person being engaged is an independent contractor.

## **What equipment is used and who owns it?**

If a worker uses their own equipment/ tools/machinery to perform certain tasks, this is more indicative of an independent contractors' relationship. This is not to say however, that a worker who does not provide or use their own equipment is therefore an employee, as certain industries and professions require the use of large or expensive equipment which is often provided by the proprietor for reasons of practicality.

## **What are the leave arrangements?**

All forms of leave, either paid or unpaid,

are entitlements generally only afforded to employees. A genuine independent contractor should not be locked into such an arrangement whereby they have to request leave to “take time off”. Again, they should have the flexibility to decide when they are available or not available to perform work.

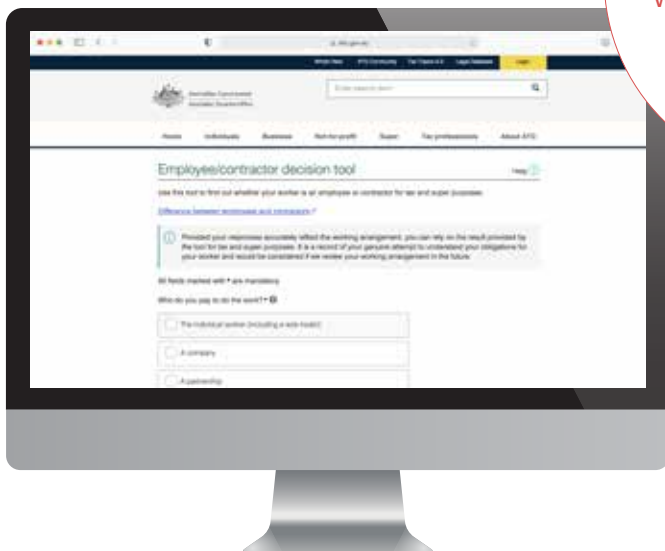
Determining whether a worker is truly an employee or independent contractor will come down to whether the factors, such as those mentioned above, indicate more strongly that an employment or contracting relationship exists.

## **Who is suited to work as an independent contractor?**

Provided the nature of the relationship is consistent with a contracting arrangement, any individual may choose to work as an independent contractor.

The exception to this rule is new graduates. If you are considering engaging a new graduate, or you are a recent graduate beginning your career, you should be engaged as an employee and not as an independent contractor. At the beginning stages of a career as a health professional, a worker's focus should be on developing their clinical experience and refining their

## STEPS AHEAD



expertise. With minimal experience, a new graduate will benefit from tailored guidance and training – which, if engaged as an independent contractor, will be their responsibility to bear. This is not conducive to development as a health professional and is unlikely to yield positive results for the business.

In that same vein, preoccupation with running one's own business – which is essentially the case for an independent contractor – is not ideal during the beginning stages of one's career. Not only does it take the focus off developing clinical skills, it increases the possibility for exploitation as focus must also be centred on understanding financial and legal obligations with somebody who is likely to have more business acumen simply by way of experience.

After some time working as podiatrist, it may be a more realistic prospect to engage an individual as an independent contractor. However, at the outset, employment is the appropriate choice.

### What are the ramifications of getting it wrong?

The Fair Work Act 2009 provides that

it is prohibited to incorrectly classify an employee as an independent contractor, deeming this to be “sham contracting”. This protection includes dismissing an employee for the purposes of re-engaging them as a contractor, and making false or misleading statements to an employee to persuade them to enter a contract for services when the role will remain similar or the same to that of an employee.

Businesses who are found to have intentionally established a sham contracting arrangement can face penalties of up to \$66,000 per contravention. At the same time, if a contractor is found to be an employee, the business may be liable to back pay leave and other employee entitlements such as superannuation etc.

From an ATO perspective, penalties can include a PAYG withholding penalty, and super guarantee charges.

### How to get it right

It is never too late to check your arrangements with workers to ensure they are legally compliant and valid. The APodA HR Advisory Service has resources and checklists available to assist with correctly classifying your

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It is never too late to check your arrangements with workers to ensure they are legally compliant and valid.

worker. Also, the Australian Taxation Office has developed a useful tool (that can be found on their website) to help determine whether your worker is a contractor or an employee. For further information, it is strongly recommended to seek further professional advice. This should include:

- Guidance from an accountant regarding your tax and super obligations.
- Information from your insurer regarding your workers' compensation obligations.
- Advice from a solicitor who is familiar with employment law regarding the contractual arrangements with your workers.

The friendly team at the APodA HR Advisory Service are available from 8:30am – 5:30pm AEST by telephone, email and online chat to provide expert workplace relations and work health & safety advice. A suite of online resources is also available for members 24 hours a day, seven days a week at [podiatry.org.au](http://podiatry.org.au) ■

For further information, contact the HR Advisory Service on:

**1300 620 641** or  
email [hrhotline@podiatry.org.au](mailto:hrhotline@podiatry.org.au)  
between 8:30am and 5:30pm  
AEST Monday to Friday.

Alternatively, browse the online HR resources at [podiatry.org.au](http://podiatry.org.au) after logging in as a member.



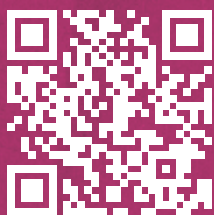




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