

# FOOT CARE:

Basic Foot Care

Advanced Foot Care

**REVISED December 2020**

Saskatchewan Association of  
Licensed Practical Nurses



Mission: Protect the public through regulation of the Licensed Practical Nurse profession in Saskatchewan.

Vision: Excellence in the regulation of Licensed Practical Nurses

Values: Integrity, Quality, Professionalism, Respect.

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*The legislated mandate of the Saskatchewan Association of Licensed Practice Nurses is to protect the public through the regulation of Licensed Practical Nurses.*

*Practice Guidelines are documents that help LPNs understand their responsibilities and legal obligations to enable them to make safe and ethical decisions when practicing. They provide an outline of professional accountabilities and relevant legislation (CNO, 2020).*

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## Using this document

**Practice Guidelines** are documents that help LPNs understand their responsibilities and legal obligations to enable them to make safe and ethical decisions when practicing. They provide an outline of professional accountabilities and relevant legislation (CNO, 2020).

This document describes the Saskatchewan Association of Licensed Practical Nurses (SALPN) practice expectations for nurses providing foot care to clients.

**Bolded** terms are defined in the glossary on page 13.

All SALPN documents are available from the SALPN website at [www.salpn.com](http://www.salpn.com)

## Introduction

Licensed Practical Nurses (LPNs) provide foot care to clients in various practice and employment settings within the **Professional Scope of Practice**.

Every LPN providing foot care services is accountable for all actions or inactions regarding foot health. The LPN must recognize situations where the needs of the client are above or beyond the individual LPN's level of competence and in these instances, consult or refer to the appropriate health care provider.

LPNs who offer *advanced foot care*<sup>1</sup> as part of an **Independent Practice** should also consult SALPN documents related to Independent Practice, which outline legal requirements such as record keeping, liability protection, insurance, and physicians' orders.

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<sup>1</sup> Advanced foot care encompasses nursing care of the lower limb and foot, requiring a specialized body of knowledge and adherence to the competencies specific to advanced foot care. It is not part of entry-level practice for LPNs (CLPNNL, 2020).

## Basic Foot Care

The foundational knowledge required to perform foot care is included in the practical nursing education programs in Saskatchewan. These foundational competencies are listed in the [SALPN Competency Profile](#) as **basic competencies**<sup>2</sup> and permit the LPN to provide *basic foot care*<sup>3</sup>. However, the competencies required to perform *advanced foot care* are not included in Saskatchewan's practical nursing education programs. Thus, to perform *advanced foot care*, LPNs must seek additional formalized education and practice experience specific to the foot and lower limb.

An LPN that has taken limited education in foot care, such as 2- or 3-day workshops, will have enhanced their knowledge but remain limited to providing *basic foot care* services.

The risk to the public is low when receiving *basic foot care* services from LPNs as these services are generally delivered as part of an LPN's care to clients in **institutional settings** that have additional levels of oversight by colleagues and physicians.

See [Appendix A](#) for practice authorized within **Basic Foot Care**

## Advanced Foot Care

When the LPN provides foot care services requiring skill and ability beyond what has been acquired through the practical nursing education program, this is referred to as *advanced foot care* and requires the LPN to have achieved the necessary **additional competencies**. LPNs may use *advanced foot care* competencies<sup>4</sup> in institutional settings and within Independent Practice. The knowledge, skill and ability required for these *advanced foot care* services can only be obtained through additional formalized education.

The risk to the public is greater when the LPN is providing this advanced level of care, both in institutional settings and in Independent Practice.

The risk for infection and adverse response can be significant in client populations with chronic diseases such as diabetes. Compromised circulation and healing can potentially lead to serious adverse outcomes.

See [Appendix B](#) for practice authorized within **Advanced Foot Care**

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<sup>2</sup> These competencies can be found in the SALPN Competency Profile, Section G-9A.

<sup>3</sup> Application of basic competencies in foot care.

<sup>4</sup> These competencies can be found in the SALPN Competency Profile, Section G-9B

# Risks Associated With LPN-Provided Advanced Foot Care

Risk levels are heavily influenced by the **context of practice**.<sup>5</sup>

Lowest Risk	Moderate Risk	Highest Risk
<p>The lowest level of risk in providing <i>advanced foot care</i> is when the LPN is working as part of a collaborative team:</p> <ul style="list-style-type: none"> <li>• This might be in a podiatry clinic, a wellness center, or anywhere that an authorized professional qualified to diagnose and prescribe treatment (physician, podiatrist, nurse practitioner) is on site.</li> <li>• In this setting, the LPN is employed by the agency or facility. There is oversight of the LPN's practice, whether directly by other practitioners at the time or indirectly by other practitioners that provide care to the client soon after the LPN has provided advanced foot care services.</li> <li>• The policies, procedures and consents required for advanced foot care services are the responsibility of the employer not the individual LPN. Record keeping is also the responsibility of the employer as is the responsibility for obtaining and maintaining products and supplies.</li> <li>• When working as an employee, the LPN likely has easier access to equipment to adhere to infection prevention and control regulations.</li> </ul>	<p>When the environment starts to shift into a semi-independent practice setting, the risks begin to shift to a more moderate level:</p> <ul style="list-style-type: none"> <li>• The LPN might be working or providing <i>advanced foot care services</i> in a long-term care home where the physician is not on site or has not seen the client's foot for several weeks. The risk will increase in any situation where there is not an authorized practitioner on site.</li> <li>• The LPN may have more difficulty in accessing equipment to adhere to infection prevention and control regulations.</li> </ul>	<p>The most significant risks exist in the provision of <i>advanced foot care</i> within Independent Practice:</p> <ul style="list-style-type: none"> <li>• All the risks identified as low or moderate now become the responsibility of the LPN that operates the business. This business may not always be structured as a traditional business, but if the LPN is receiving payment for services directly from a client (or their family or another payee), the LPN is considered to be engaged in Independent Practice.</li> <li>• In these conditions, there can often be significant additional risks: <ul style="list-style-type: none"> <li>- LPNs practicing with an Independent Practice have little to no oversight of practices related to skill, equipment management, infection control, consent, liability, and referral practices.</li> <li>- Services are often provided via a 'mobile' service and in inconsistent and uncontrolled environments.</li> <li>- Patients may be less able to assess the quality of services they receive.</li> <li>- LPNs gain financially from Independent Practice (increased services provided means increased revenue).</li> <li>- Limited referral resources.</li> </ul> </li> </ul>

<sup>5</sup> <https://salpn.com/wp-content/uploads/LPN-Practice-in-Saskatchewan-March-2019.pdf>

## Context of Practice

Context of Practice determines the appropriate application of LPN practice with the collective consideration of conditions or factors affecting the status and needs of the patient, the abilities and attributes of the individual LPN and the characteristics and resources of the environment. The context of practice guides individual decision-making in specific practice settings or situations.

Although the LPN may have the necessary knowledge and ability to apply competencies within the Professional Scope of Practice, the overall context of practice may determine the LPN is not the most suitable professional to be solely providing service to the patient. Patient needs can exceed both the **individual competence** of an LPN and/or their professional scope of practice, and the environment's resources and services. When this happens, the LPN must initiate a discussion with an employer or an individual in the charge nurse role on how the needs of the patient are best met. The discussion may involve more support provided to the LPN or a change in patient assignment.

The context of practice must be at the forefront when making decisions in the application of LPN practice. The context of practice is not static and must be reassessed on an ongoing basis.

### **The LPN must:**

- be aware of the limitations of LPN-provided foot care and have the ability to consult with/refer to another qualified practitioner.
- have policies and procedures in place that comply with regulatory bylaws when engaged in foot care Independent Practice.

### **The LPN may never:**

- make a medical diagnosis nor initiate treatment of an undiagnosed condition.

### **The LPN is responsible for:**

- ensuring access to equipment to adhere to infection prevention and control regulations (as an employee or as a business operator).

### **The LPN must be prepared with answers to the following before any intervention is performed. This risk assessment should include asking and answering the following:**

- What could go wrong?
- How severe might the adverse event be?
- How would I address an adverse event?
- How likely is it that an adverse event will occur?
- How can I prevent an adverse event or mitigate the impacts?

## When to Refer/Consult

(For all LPN-provided foot care)

LPNs shall not issue a medical diagnosis or prescribe a medical treatment plan in response to a medical diagnosis. Therefore, an LPN must refer to or consult with an authorized health professional (physician, podiatrist, nurse practitioner) in any of the following circumstances:

- if the patient appears to have undiagnosed or untreated pathology or disease affecting the feet and lower extremities
- if, during routine care, the assessment findings are not as anticipated, have changed or are new
- If the patient is not achieving the intended outcomes of the treatment plan
- if the patient's health status is becoming variable and less predictable for reasons that may or may not be directly related to foot health.

For LPNs engaged in foot care Independent Practice, there must be a plan for each client on who the LPN will refer to/consult with when any of the above situations arise. If clients are without a family physician, podiatrist, or nurse practitioner, the LPN must arrange an appropriate referral option before initiating any service.

See [Appendix C](#) for Medical vs. Nursing diagnosis

## Educational Requirements for Advanced Foot Care

The depth and breadth of education will generally be reflected in the course length and delivery method; however, this is not always the case. Foot care courses (to develop the additional competencies for *advanced foot care*) should be reviewed carefully before enrolling.

Education of less depth and breadth may be developed and offered by non-accredited sources, such as employers, organizations, or interest groups. This education generally results in a certificate of attendance or a certification acceptable to a specific practice environment and may or may not transfer to another practice setting. Education of less depth and breadth is often delivered in a workshop format over 2-3 days (such as the former Foot Care Modalities course through the University of Saskatchewan). This brief education provides an augmentation to *basic foot care* competencies. However, it does not prepare the LPN to provide foot care utilizing the additional competencies in *advanced foot care* or in any Independent Practice or unsupervised practice setting.

Education of most depth and breadth is developed and offered by accredited institutions or certified instruction providers. This education generally results in course credit, official certification, or a widely accepted credential.

The education is typically:

- a minimum of 84 hours in length<sup>6</sup>
- a minimum of 12 hours of lab/practical opportunity
- includes a comprehensive exam that can be passed or failed.

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<sup>6</sup> Course length is not to be considered the determining factor in developing additional competencies for advanced foot care. However, courses offering advanced footcare education in Saskatchewan are now at least 84 hours in length.



## Consent

An LPN engaged in the Independent Practice of Foot Care must obtain written consent from the client or substitute decision maker before providing *advanced foot care* services. The consent must indicate and/or include:

- An assessment that has warranted the need for *advanced foot care*
- The provider's expectations of the delivery of services
- Permission to use the instruments for foot care.

LPNs working in an institution that offers *advanced foot care* services shall follow the employer's policies regarding consent to treatment.

## Conclusion

In all settings, at all times:

- The LPN must have achieved, through education and training, the **individual competence** and obtained the specific additional competencies necessary to provide the service required.
- The LPN will not provide services utilizing competencies for which they have not completed education or achieved the required competency.
- The LPN who applies additional competencies in foot care will ensure that the appropriate health professional is consulted when the required care needs of the patient exceed the competence of the LPN provider.
- The LPN will adhere to agency policy.
- The LPN will provide direct nursing foot care as one component of total health care.
- The LPN will pursue continuing education in the nursing foot care field to maintain currency and competency.
- An order to provide treatment to any client is required when:
  - a client has an undiagnosed condition affecting their lower legs or circulation.
  - a change in treatment is required.

An LPN that is self-employed is also required to comply with SALPN Regulatory Bylaws. Please review the practice guideline on Independent Practice<sup>7</sup>. Contact [practice@salpn.com](mailto:practice@salpn.com) for further information.

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<sup>7</sup> Practice Guideline for Independent Practice can be accessed [here](#).

## Appendix A: Practice Authorized Within Basic Foot Care

The basic competencies that an LPN acquires during their nursing education program prepare the LPN to:

<p><b>Have knowledge of</b></p>	<ul style="list-style-type: none"> <li>• Anatomy/physiology of the feet and lower extremities</li> <li>• Purpose of foot and nail care</li> <li>• Common microorganisms of the lower extremities</li> <li>• Asepsis/infection control</li> <li>• Complications and the effects of the pathology and disease process i.e.: diabetes and circulation</li> </ul>
<p><b>Be competent to</b></p>	<ul style="list-style-type: none"> <li>• Assess and inspect the feet</li> <li>• Utilize the nursing process as it pertains to foot health (assessment, planning, implementation and evaluation)</li> <li>• Perform non-invasive foot care procedures:                         <ul style="list-style-type: none"> <li>- Cleaning, moisturizing</li> <li>- Application of creams, lotions, simple dressings</li> <li>- Toenail care (including cutting)</li> </ul> </li> <li>• Provide education to the patient/care provider on foot health</li> <li>• Complete documentation</li> </ul>
<p><b>Have the critical thinking and critical inquiry to</b></p>	<ul style="list-style-type: none"> <li>• Recognize the expected findings of a normal and average foot for clients who are not experiencing alterations in pathological process or disease process of the foot and or lower extremities</li> <li>• Understand when and how to refer the client, based on assessment findings of the lower extremities</li> <li>• Document and report</li> </ul>

## Appendix B: Practice Authorized Within Advanced Foot Care

The additional competencies that an LPN acquires from an education program that is:

- over 84 hours in length
- includes a minimum 12-hour skills lab
- teaches care plan development
- offers a comprehensive exam

will prepare the LPN to perform the following *advanced foot care* services:

<p><b>Have knowledge of</b></p>	<ul style="list-style-type: none"> <li>• <i>Basic Foot Care</i> (as identified in Appendix A)</li> <li>• Pathology as it relates to acute and or chronic disease and the feet i.e.: diabetes</li> <li>• Peripheral vascular disease changes due to chronic disease and aging i.e.: arthritis</li> <li>• Asepsis/infection control related to instruments</li> <li>• How to assess and refer clients to other health care professionals</li> <li>• Footwear and basic pedorthic management</li> </ul>
<p><b>Be competent to</b></p>	<ul style="list-style-type: none"> <li>• Perform all aspects of <i>Basic Foot Care</i> (as identified in Appendix A)</li> <li>• Consider the client’s history/co-morbidity/pathophysiology</li> <li>• Assess/inspect the feet and lower extremities                             <ul style="list-style-type: none"> <li>- Diabetic assessment of lower extremities</li> <li>- Vascular assessment of lower extremities (Doppler, ABI, claudication, edema, temperature)</li> </ul> </li> <li>• Use the instruments in a safe, competent and appropriate manner, including:                             <ul style="list-style-type: none"> <li>- Black File</li> <li>- Diamond Deb File</li> <li>- Nail Scissors</li> <li>- Probe</li> <li>- Nail Nippers</li> <li>- Foot File</li> <li>- Foot care drill/Burrs</li> <li>- Nail packing</li> <li>- Monofilament<sup>8</sup></li> <li>- Curette</li> </ul> </li> <li>• Understand the principles/application and contraindications of padding</li> </ul>
<p><b>Have the critical thinking and critical inquiry to</b></p>	<ul style="list-style-type: none"> <li>• Perform all aspects of <i>Basic Foot Care</i> (as identified in Appendix A)</li> <li>• Recognize the findings of a foot for a client who is experiencing, or is a risk of experiencing, a pathological process or disease process of the foot</li> </ul>

<sup>8</sup> LPNs with only basic competencies may be able to receive limited employer education related to the use of monofilament. Contact the SALPN for details at [practice@salpn.com](mailto:practice@salpn.com)

## Appendix C: Medical vs. Nursing Diagnosis

There is a well-defined difference between a medical diagnosis and a nursing diagnosis.

A medical diagnosis defines a disease process or injury and provides information about the patient's pathology. A medical diagnosis identifies the disorder, disease, or cause of symptoms. In contrast, a nursing diagnosis identifies the problems; in other words, the human responses that result from that disorder or disease.

A nursing diagnosis is a clinical judgment concerning a human response to health conditions/life processes, or a vulnerability for that response, by an individual, family, group, or community. A nursing diagnosis provides the basis for selection of nursing interventions to achieve outcomes for which the nurse has accountability (NANDA, 2020).

The difference is shown in the example below:

<p><b>Medical diagnosis</b></p>	<p>Stroke.</p> <p>This medical diagnosis of a stroke tells us about the cause of the symptoms.</p>
<p><b>Nursing diagnosis</b></p>	<p>Impaired verbal communication, risk for falls, interrupted family processes, and powerlessness.</p> <p>This nursing diagnosis helps to understand the impact of the stroke on the patient and family, as well as identifying interventions that would best achieve client-specific goals or outcomes.</p>

## Glossary

Where further reading is available, links have been supplied to the relevant documents.

**Additional competencies** - The observable knowledge, skills, and abilities authorized by the SALPN as appropriate in LPN practice that are developed through education, training, and practice experience.

**Basic competencies** - The observable knowledge, skills, and abilities authorized by the SALPN as appropriate in LPN practice and taught in the practical nursing education program.

**Context of practice** - Determines the appropriate application of LPN practice with the collective consideration of conditions or factors affecting the status and needs of the patient, the abilities and attributes of the individual LPN, and the characteristics and resources of the environment.

**Independent Practice** (As defined by [SALPN Regulatory Bylaws](#)) - The provision of licensed practical nurse services while self-employed or as an employee of an entity that is substantially controlled by the member. Often referred to as private practice.

**Individual competence** - The ability to apply and demonstrate competencies (knowledge, skill, and abilities) within the LPN professional scope of practice in a safe and ethical manner.

**Institutional setting/Institution** - A hospital or a clinic that is not owned by the individual LPN. This can include general wards, foot care clinics, or Home Care.

**Professional scope of practice** - The full range of roles, functions and responsibilities a regulated professional is authorized to perform within licensure, and is expected to do so safely, competently, and ethically.

## References

- Canadian Association of Foot Care Nurses. (2017). *National Competencies for Advanced Nursing Foot Care in Canada*. Retrieved from <https://cafcn.ca/wp-content/uploads/CAFCN-National-Competencies-for-Advanced-Nursing-Foot-Care.pdf>
- Canadian Council for Practical Nurse Regulators. (2013). *Entry-to-Practice Competencies for Licensed Practical Nurses*. Retrieved from [https://salpn.com/wp-content/uploads/IJLPN\\_Entry\\_to\\_Practice.pdf](https://salpn.com/wp-content/uploads/IJLPN_Entry_to_Practice.pdf)
- Canadian Council for Practical Nurse Regulators. (2013). *Standards of Practice for Licensed Practical Nurses in Canada*. Retrieved from [https://salpn.com/wp-content/uploads/IJLPN\\_Standards\\_of\\_Practice.pdf](https://salpn.com/wp-content/uploads/IJLPN_Standards_of_Practice.pdf)
- College of Licensed Practical Nurses of Alberta. (2020, July 21). *Practice Guideline: Self-Employed Practice*. Retrieved from [https://www.clpna.com/wp-content/uploads/2020/08/doc\\_Practice\\_Guideline\\_Self-Employed\\_Practice.pdf](https://www.clpna.com/wp-content/uploads/2020/08/doc_Practice_Guideline_Self-Employed_Practice.pdf)
- College of Nurses of Ontario. (2018). *RN and RPN Practice: The Client, the Nurse and the Environment*. Retrieved from <https://www.cno.org/globalassets/docs/prac/41062.pdf>
- College of Nurses of Ontario. (2019). *Independent Practice*. Retrieved from [https://www.cno.org/globalassets/docs/prac/41011\\_fsindeprac.pdf](https://www.cno.org/globalassets/docs/prac/41011_fsindeprac.pdf)
- College of Registered Nurses of Newfoundland and Labrador & College of Licensed Practical Nurses of Newfoundland and Labrador. (2020). *Advanced Footcare*. Retrieved from [https://www.clpnnl.ca/sites/default/files/2020-08/Advanced\\_Footcare\\_Practice\\_Guideline\\_2020.pdf](https://www.clpnnl.ca/sites/default/files/2020-08/Advanced_Footcare_Practice_Guideline_2020.pdf)
- NANDA International. (2013). *Glossary of Terms*. Retrieved from <https://nanda.org/publications-resources/resources/glossary-of-terms/>
- O'Connor, P. A., & Hunter, J. (2019). Hygiene. In P. A. Potter, A. G. Perry, P. Stockert, A. Hall, B. J. Astle, B. J. Astle, & W. Duggleby (Eds.), *Canadian Fundamentals of Nursing* (6th ed.), Milton, Ontario, Canada: Elsevier Canada.
- Saskatchewan Association of Licensed Practical Nurses. (2000). *The Licensed Practical Nurse Act, 2000*. Retrieved from <https://salpn.com/wp-content/uploads/The-LPN-Act-2000.pdf>
- Saskatchewan Association of Licensed Practical Nurses. (2013, December). *Foot Care*. Retrieved from [https://salpn.com/wp-content/uploads/PG\\_Foot\\_Care\\_0213.pdf](https://salpn.com/wp-content/uploads/PG_Foot_Care_0213.pdf)
- Saskatchewan Association of Licensed Practical Nurses. (2017). *Competency Profile for the Saskatchewan Association of Licensed Practical Nurses, 3rd Edition*. Retrieved from <https://salpn.com/wp-content/uploads/Comp-Profile-2020.pdf>

Saskatchewan Association of Licensed Practical Nurses. (2019, March). *LPN Practice in Saskatchewan*. Retrieved from <https://salpn.com/wp-content/uploads/LPN-Practice-in-Saskatchewan-March-2019.pdf>

Saskatchewan Association of Licensed Practical Nurses. (2020, February). *Independent Practice (Self Employed)*. Retrieved from <https://salpn.com/wp-content/uploads/Independent-Practice-Doc.pdf>

Saskatchewan Association of Licensed Practical Nurses. (2020, November). *SALPN Regulatory Bylaws*. Retrieved from <https://salpn.com/wp-content/uploads/SALPN-Regulatory-Bylaws-CONSOLIDATED-2020-11-26.pdf>



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