**Learning Disability (LD) case study 1.**

**NHS Fife Podiatry.**

The specialist LD service has been working with a 60 year old lady (Miss M) who has learning disabilities and diabetes. Miss M lives independently at home alone - since the death of her parents - with one hour support each day to assist with personal care, shopping and managing finance. She is open to several members of the LD multi-disciplinary team – including Nursing, Dietetics, Social work, OT and Podiatry. Her goal is to remain as independent as possible; therefore working as a team is our aim and to help her achieve this for as long as possible.

She has been known to podiatry for many years due to repeated ulceration, initially seen by community podiatry prior to referral for specialist LD Podiatry support. Specialist footwear has been supplied (following a referral by Podiatry to the Orthotist) and regular input was in place to reduce the risk of re-occurrence, however at times the foot did break down.

In May 2021, Miss M experienced ulceration to her left 1st metatarsal head which was infected. The LD podiatrist prescribed a course of Flucloxacillin 1 gram x 4 a day. It however became evident on follow up the patient wasn’t completing the full prescribed course – her NOMAD had medication from previous days still untaken. Podiatry was able to discuss this with Miss M and involve our LD Nursing staff to support Miss M to complete the course, thereby managing the infection and reducing the risk of hospital admission.

To gain greater insight into the impact the wound was having and enable a truly patient centred approach to care the LD podiatrist used a Talking Mat to support Miss M to express her thoughts and feelings. Miss M is a very pleasant lady who always comes across as if nothing bothers her and everything is fine; she doesn't like to "cause a fuss". Therefore, it was felt the Talking Mat would aid in providing the most appropriate care to support her needs and goals.

As a result of completing the Talking Mat we were able to discover Miss M was in fact experiencing difficulties with the type of dressing and was experiencing pain. We were able to address this and change our dressing type to an adhesive dressing, which took up less space in her shoe, and started her on Paracetamol 4 times a day to address her pain. Follow up discussions reveal the patient was much more satisfied with the dressing, it was more comfortable and easier to keep dry when showering. She also reported to be experiencing much less pain.

Once resolved in order to reduce the risk of reoccurrence and potential impact on wellbeing the podiatrist worked with social care staff to educate them on how to support personal foot care. Since the introduction of such measures no further ulceration has occurred to date.

The patient reports to be much more comfortable and is still active and accessing her community.

**Learning Disabilities and Mental Health In-patient case study 2.**

Miss B is a 44 years old lady, with a history of Learning Disabilities and emotionally unstable personality disorder was admitted to the Learning Disability acute inpatient ward due to deterioration in her mental health. Whilst admitted to in-patient care a rehabilitation programme was agreed with Miss B which included becoming more physically active to aid with her recovery. Miss B’s initial goal was to achieve 10,000 steps a day.

As part of her admission she could only leave the ward at certain times with an escort. Each day she would go for a walk around the hospital grounds and achieve her remaining steps by walking around the ward or marching on the spot – the flooring being made out of sheet vinyl with under floor heating.

Miss B soon began to experience pain in both her heels and began to disengage with her activity plan. A request for assistance was made to the LD podiatry team by the ward staff. On initial assessment it was noted Miss B had limited range of motion at both ankle joints and posterior tibia tendon dysfunction (PTTD). Miss B was also wearing non-supportive footwear (slippers in the ward and narrow fitting shoes outside) when trying to achieve her step count.

In conjunction with Miss B and ward staff a treatment plan was put in place to improve Miss B’s foot health and support her activity and recovery goal. Podiatry designed an accessible information stretching and strengthening programme for Miss B. The podiatrist spent time showing Miss B each movement, and supported her initial engagement in the programme. Ward staff were also shown how to carry out the stretches so they could continue to support Miss B if she struggled to remember certain movements.

Footwear advice was also given; in particular it was advised Miss B wear a trainer with a thicker sole to aid with shock absorption. A review was carried out 4 weeks later, where staff reported Miss B engaged well initially with the stretches but started to do less over the past week. On examination both ankles remained tight so further support to enable improved range of motion was given. Videos of how to carry out the stretches were emailed to the charge nurse and a daily log for completing the stretches was put in place. On follow up 4 weeks later, new suitable trainers were now in place, the log had been completed each day and an increase range of motion was noted at both ankle joints.

Miss B was still experience pain in her heels, but not to the same extent as previously. Due to the PTTD a pair of orthoses was supplied to aid her foot function. Miss B was happy to wear the devices in her shoes and continued with her stretching programme.

On follow up 4 weeks later Miss B is managing to achieve her step count – is able to walk further outside due to reduced pain and engaging well with her stretching and strengthening plan. She remains an in-patient but is due to for discharge shortly. Podiatry have been involved in her discharge planning to support the continue engagement in activity when back home to help reduce the impact her physical health may have on her mental health, thereby helping reduce the risk of future re-admissions.