

**THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF REGISTRATION IN PODIATRY  
LEVERETT SALTONSTALL BUILDING, GOVERNMENT CENTER  
100 CAMBRIDGE STREET, BOSTON MA 02202**

**July 28, 1998**

**POLICY REGARDING PROPER FOOT CARE**

The primary mission of the Board of Registration in Podiatry is to develop a standard of care which makes the highest quality of podiatry services available to the citizens of the Commonwealth of Massachusetts. Inherent in the concept of "highest quality" is a guarantee of availability of podiatry services. No citizen of the Commonwealth of Massachusetts should be denied access to podiatry services because of unreasonable documentation requirements or other artificial barriers created by third party payers.

To avoid this situation, the Board has developed the following guidelines for documentation and for the delivery of proper foot care:

1. A patient treatment plan - detailing the type of care as well as its frequency - should be prescribed by the attending Podiatrist. This is particularly appropriate for patients receiving palliative care on a regular basis. The direction and performance of a patient's podiatry care is not within the scope of practice of the nursing staff (at any level) or of a medical doctor.
2. A patient who demonstrates any level of vascular insufficiency - diagnosed by the attending podiatrist - shall receive palliative foot care approximately every sixty days or more frequently as determined to be appropriate by the attending podiatrist.
3. Form PD1101 is approved and recommended for documentation of electric or manual debridement of mycotic nails, onychauxia and onychogryphosis, the paring of clavi and all other nail reductions. No further documentation of the above referenced procedures is necessary.
4. Onychomycosis is a diagnosis established by clinical examination. A culture and sensitivity is not usually necessary unless the podiatrist feels that a reasonable degree of uncertainty exists. The diagnosis of Onychomycosis will, in most cases, be established by clinical examination only.
5. Many patients are unable to relate pain or restricted ambulation to nail disease. Consequently, the attending podiatrist should assess whether pain and/or restricted ambulation exists and is related to nail disease (e.g. Onychauxis,

Onychomycosis or onychogryphosis). Form PD1101 is the proper documentation form to be used for this particular evaluation and treatment.

6. A patient evaluation and treatment plan should be performed by the attending podiatrist approximately every twelve months or more often if necessary. Form PD1102 which contains an expanded problem focused interval history and an expanded problem focused examination form is approved and recommended for this evaluation.

This policy for proper footcare is effective immediately.

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Dorothy A. McCarthy-Curran, D.P.M.  
Chairman

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Raymond Dubois, D.P.M.  
Secretary

July 28, 1998  
Date

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