

# FOOT HEALTH CARE ASSOCIATES, P.C.



## MEDICAL ASSISTANT PROCEDURE SET-UP MANUAL

Southfield Office  
29829 Telegraph Rd, Suite 100  
Southfield , MI 48034  
**248-258-0001**

Livonia Office  
37595 Seven Mile Rd.,  
Suite 370  
Livonia, MI 48152  
**734-542-9305**

Novi Office  
26850 Providence Parkway  
Suite 502  
Novi, MI 48374  
**248-662-4350**

# INJECTION SETUP



Prepare the room with the following instruments and items necessary for the injection procedure.

- 1) ALCOHOL (place cotton ball on top)
- 2) COLDSPRAY
- 3) SMALL ROUND BANDAID
- 4) 4 X 4 GAUZE
- 5) FRL LOTION

ASSISTANT MUST BE READY TO HAND DOCTOR **COLDSPRAY** BEFORE THE INJECTION.

ASSISTANT STANDS BY AS DOCTOR GIVES INJECTION.

ASSISTANT PLACES THE **BANDAID** ON THE INJECTION SITE AFTER THE INJECTION.

ASSISTANT RUBS THE INJECTION SITE WITH **FRL LOTION** IN ORDER TO DISPERSE THE MEDICINE.

# MYCOTIC NAILS AND LESIONS



\*Remember **Nail Care Form** for Medicare and High-Risk Diabetes Patients\*

## **SUPPLIES NEEDED:**

- |                                     |                       |
|-------------------------------------|-----------------------|
| 1) SEABREEZE                        | 5) DREMMELE (IN ROOM) |
| 2) 3 WEA / WEBRIL                   | 6) 15 BLADE           |
| 3) STERILE LARGE NAIL NIPPER        | 7) BLADE HANDLE       |
| 4) STERILE BUR ON DREMMELE (SANDER) | 8) FRL LOTION         |

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ASSISTANT PUTS 3 WEA SOLUTION ONTO WEBRIL AND WRAPS WEBRIL AROUND PATIENT'S NAILS AND ANY LESIONS PRESENT IN ORDER TO SOFTEN AREAS FOR DOCTOR. (LET THE WEBRIL SIT)

ASSISTANT SANDS PATIENT'S NAILS.

ASSISTANT CLEANS OFF PATIENT'S FEET WITH SEABREEZE.

ASSISTANT RUBS FRL LOTION ON PATIENT'S FEET.

ASSISTANT VACUUMS, CLEANS, AND PREPARES ROOM FOR NEXT PATIENT.

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## MYCOTIC NAILS FOR A NEW PATIENT

- 1) Provide patient with the **YELLOW FUNGAL NAIL FOLDER**.
- 2) Take a picture of the patient nails.
- 3) Provide patient with **Laser Information** and **Fungal Nail Information**.

# WARTS

**\*WART EXCISION: SEE SKIN BIOPSY**



## **SUPPLIES NEEDED:**

- |                              |                  |
|------------------------------|------------------|
| 1) BANDAIDS (round and long) | 5) TISSUE NIPPER |
| 2) Q-TIPS                    | 6) LUMICAIN      |
| 3) BLADE HANDLE              | 7) CANTHACUR     |
| 4) 15 BLADE                  |                  |

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## **FOR EXISTING WART PATIENT:**

- ASK PATIENT IF THEY HAVE ANY NEW WARTS
- ASK PATIENT IF THEY BLISTERED FROM LAST TREATMENT
- ASK PATIENT HOW LONG THEY LEFT THE CANTHACUR MEDICATION ON FOR

**ALWAYS REMIND PATIENT TO WASH OFF  
MEDICATION ACCORDING TO DOCTOR'S REQUEST.  
USUALLY AROUND 4-6 HOURS!**

**\* REMEMBER TO PROVIDE PATIENT WITH ALCOHOL PACKS (2) TO WASH OFF WART AREA...  
THE PATIENT MAY BE GOING BACK TO WORK OR SCHOOL!**

# POST-OPERATION



## **SUPPLIES NEEDED:**

- 1) STERI STRIP
- 2) STERILE GAUZE PACK: 4X4 (8) & 2"
- 3) COBAN
- 4) PAPER TAPE
- 5) IODINE (if allergic use alcohol)
- 6) SCISSORS

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ASSISTANT UNDRESSES PATIENT'S FOOT.

ASSISTANT WIPES DOWN PATIENT'S FOOT WITH SEA BREEZE.  
(Remember to clean in between toes with Q-tip applicators.)

ASSISTANT TAKES X-RAYS OF APPROPRIATE AREA AND HAS THEM AVAILABLE WHEN DOCTOR ARRIVES.

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## **IMPORTANT FOR PATIENT'S FIRST 3 VISITS AFTER SX:**

- 1) TAKE THE PATIENT'S TEMPERATURE
- 2) ASK PATIENT ABOUT SHORTNESS OF BREATH; FEVER; CHILLS; NAUSEA; DIZZINESS; CALF PAIN; PROBLEMS WITH BOWEL MOVEMENTS (From pain medication.)
- 3) ASSESS STATE OF PATIENT DISCOMFORT

\*SOMETIMES THE DOCTOR WILL REDRESS THE FOOT.

\*REDRESS THE FOOT ACCORDING TO DOCTORS REQUEST.

# NAIL BIOPSY



## **SUPPLIES NEEDED:**

- 1) CAMERA
- 2) BAKO PATHOLOGY SERVICE: BIOPSY ORDER FORM  
OR  
PROVIDENCE PINK BIOPSY ORDER FORM
- 3) BAKO BAG
- 4) STERILE NAIL NIPPER (Large)
- 5) COPY OF PATIENT INSURANCE AND DEMOGRAPHICS
- 6) RULER

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ASSISTANT FILLS OUT **BIOPSY ORDER FORM** & PRINTS OUT PATIENT **INSURANCE** AND **DEMOGRAPHICS**.

\*The Doctor Will Cut the Patient's Nail Specimen

ASSISTANT TAKES **PICTURE** OF PATIENT'S NAIL (the nail should be aligned with the ruler, which is placed underneath the patient's name and the date as seen in the diagram) NEXT, PLACE THE NAIL IN THE **BAKO BIOPSY BAG**.

ASSITANT PRINTS OUT 2 COPIES OF THE PICTURE OF THE NAIL. (1 in patient chart : 1 sent with specimen)

THE **BAKO BIOPSY BAG** IS PLACED INTO THE **BAKO BIOPSY SPECIMEN BOX**. THE BOX, THE PATIENT'S INSURANCE INFORMATION AND DEMOGRAPHICS, THE PICTURE, AND THE BIOPSY FORM ARE PLACED INSIDE OF THE **UPS PACKAGING BAG**. CALL UPS FOR PICKUP. (1-800-742-5877)

# SKIN BIOPSY

## SHAVE



\*SHAVED SKIN BIOPSY IS THE ONLY SKIN THAT GOES IN A BAG

### **SUPPLIES NEEDED:**

- |   |                 |
|---|-----------------|
| 1) CAMERA   | 4) BAKO BAG     |
| 2) BAKO PATHOLOGY SERVICE: BIOPSY ORDER FORM<br>OR<br>PROVIDENCE PINK BIOPSY ORDER FORM | 5) BLADE HANDLE |
| 3) COPY OF PATIENT INSURANCE AND DEMOGRAPHICS   | 6) 15 BLADE     |
|   | 7) RULER        |

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ASSISTANT FILLS OUT **BIOPSY ORDER FORM** & PRINTS OUT PATIENT **INSURANCE** AND **DEMOGRAPHICS**.

ASSISTANT TAKES **PICTURE** OF PATIENT'S SKIN LESION (the ruler, the patient's name, and the date should be in picture)

ASSITANT PRINTS OUT 2 COPIES OF THE PICTURE OF THE NAIL. (1 in patient chart : 1 sent with specimen)

\*The Doctor Will Shave the Patient's Skin Specimen

ASSISTANT HOLDS THE BAG OPEN FOR THE DOCTOR TO PLACE THE SKIN IN THE **BAKO BIOPSY BAG**.

THE **BAKO BIOPSY BAG** IS PLACED INTO THE **BAKO BIOPSY SPECIMEN BOX**.

ASSITANT PRINTS OUT THE PICTURE OF THE SKIN, THE BOX, THE PATIENT'S INSURANCE INFORMATION AND DEMOGRAPHICS, THE PICTURE, AND THE BIOPSY FORM ARE PLACED INSIDE OF THE **UPS PACKAGING BAG**. CALL UPS FOR PICKUP. (1-800-742-5877)



# SKIN BIOPSY

## PUNCH



JANE DOE 08/03/2011

### **SUPPLIES NEEDED:**

- |  |   |
|--|---|
| 1) CAMERA  | 7) SUTURE REMOVAL PACK                  |
| 2) BAKO PATH. SERVICE: ORDER FORM<br>(or ST. JOE'S ORDER FORM) | 8) IODINE                               |
| 3) PUNCH BIOPSY CONSENT FORM                                   | 9) ALCOHOL WITH SWAB                    |
| 4) POST-OP INSTRUCTIONS  | 10) 3 STERILE 2X2 GAUZES                |
| 5) PUNCH BIOPSY KIT (in room)                                  | 10) IODINE                              |
| 6) 2 mm BIOPSY PUNCH (or Dr. requests size)                    | 11) DRY SOL (cauterizes the open wound) |
|  | 12) BANDAIDS                            |

ASSISTANT FILLS OUT **BIOPSY ORDER FORM**, PRINTS OUT PATIENT **INSURANCE** AND **DEMOGRAPHICS**, AND FILLS OUT PATIENT INFORMATION ON BIOPSY CUP.

ASSISTANT HAS PATIENT SIGN **BIOPSY CONSENT FORM** AND PROVIDES PATIENT WITH **POST-OP. INSTR.**

ASSISTANT TAKES **PICTURE** OF PATIENT'S SKIN LESION (the ruler, the patient's name, and the date should be in picture) ASSISTANT PRINTS OUT 2 COPIES OF THE PICTURE OF THE NAIL. (1 in patient chart : 1 sent with specimen)

**\*The Doctor Performs the Punch Biopsy. Assistant is attentive to the doctor's needs.**

ASSISTANT HOLDS CUP FOR DOCTOR TO PLACE THE SPECIMEN INTO THE **BAKO BIOPSY CUP**.

ASSISTANT DRIPS DRY SOL ON a 2X2 GAUZE FOR DOCTOR. (It comes out fast. Don't touch top to pad.)

THE **BAKO BIOPSY CUP** IS PLACED INTO THE **BAKO BIOPSY SPECIMEN BOX**.

ASSITANT PRINTS OUT THE PICTURE OF THE SKIN, THE BOX, THE PATIENT'S INSURANCE INFORMATION AND DEMOGRAPHICS, THE PICTURE, AND THE BIOPSY FORM ARE PLACED INSIDE OF THE **UPS PACKAGING BAG**. CALL UPS FOR PICKUP. (1-800-742-5877)



# GOUT



**\*PLEASE REVIEW INFORMATION PAMPHLET ABOUT GOUT\***

**SUPPLIES NEEDED:**

- 1) COLDSPRAY
- 2) ALCOHOL WITH SWAB
- 3) ALCOHOL GOUT TEST
- 4) BANDAID
- 5) BAKO PATH. SERVICE: ORDER FORM
- 6) GOUT TEST CONSENT FORM
- \*7) BLOODWORK RX (DX: JOINT PAIN) W/ MAP
- \*8) INFORMATION PAMPHLET ON GOUT AND HOLISTIC TREATMENT

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ASSISTANT FILLS OUT **GOUT TEST ORDER FORM**, PRINTS OUT PATIENT **INSURANCE** AND **DEMOGRAPHICS**, AND FILLS OUT PATIENT INFORMATION ON BIOPSY CUP.

ASSISTANT HAS PATIENT SIGN **GOUT TEST CONSENT FORM** AND PROVIDES PATIENT WITH **POST-OP. INSTRUCTIONS, BLOODWORK RX, AND INFORMATION PAMPHLET AND HOLISTIC TREATMENT.**

**\*The Doctor Performs Gout Aspiration.**

ASSISTANT HOLDS CUP FOR DOCTOR TO INJECT THE FLUID INTO THE **BAKO BIOPSY CUP**.

THE **BAKO BIOPSY CUP** IS PLACED INTO THE **BAKO BIOPSY SPECIMEN BOX**.

ASSISTANT PLACES THE BOX, THE PATIENT'S INSURANCE INFORMATION AND DEMOGRAPHICS, THE PICTURE, AND THE BIOPSY FORM ARE PLACED INSIDE OF THE **UPS PACKAGING BAG**. CALL UPS FOR PICKUP. (1-800-742-5877)

# UNNA BOOT



**\*UNNA BOOT IS APPLIED FOR PATIENT SWELLING\***

## **SUPPLIES NEEDED:**

- 1.) UNNA BOOT WRAPPING
- 2.) WEBRIL
- 3.) COBAN
- 4.) CLOTH TAPE
- 5.) SCISSORS

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**THE DOCTOR NORMALLY PLACES THE UNNA BOOT ONTO THE PATIENT** (If instructed by the doctor to put the UNNA Boot on, the Doctor will explain where and how high the boot should go.)

IF ASKED TO WRAP THE PATIENT:

ASSISTANT WILL BEGIN **UNNA BOOT WRAPPING** STARTING HOIZONATALLY ACROSS THE PATIENTS TOES. ASSISTANT WILL CONTINUE TO WRAP UP THE FOOT AND ANKLE. (**Doctor will explain how high the wrapping should go.**) WRAPPING GOES ON THE SAME WAY AS AN ACE BANDAGE IS APPLIED. (Patient foot should be in a **90 degree angle** when wrapping begins.)

ASSISITANT WILL WRAP A LAYER OF WEBRIL ON TOP OF UNNA BOOT. (**Webril is needed only if doctor requests....remember to ask the Doctor!**)

ASSISITANT WILL WRAP A LAYER OF COBAN ON TOP OF WEBRIL/UNNA BOOT.

ASSISTANT IS TO PLACE CLOTH TAPE ALONG THE BORDERS OF THE UNNA BOOT.

**\*PLEASE REMIND PATIENT TO REMOVE UNNA BOOT AFTER THE DOCTOR'S SUGGESTED TIME.** (Usually around 3 days) **PATIENT IS TO KEEP FOOT DRY FOR THAT ALOTTED TIME. REMIND THE PATIENT THAT THEY CANNOT GET THE UNNA BOOT WET!**

# TENOTOMY



PROCEDURE TO STRAIGHTEN HAMMERTOES.  
IF PATIENT HAS A FLEXIBLE HAMMERTOE,  
DOCTR PERFORMS TENOTOMY TO RELEASE  
TENDON IN ORDER TO STRAIGHTEN OUT  
TOE. (FLEXOR=BOTTOM & EXTENSOR=TOP)

## **SUPPLIES NEED:**

- 1.) TENOTOMY CONSENT FORM
- 2.) STERI STRIPES
- 3.) COBAN
- 4.) DURA PREP (if allergic, use alcohol)
- 5.) PAPER TAPE
- 6.) STERILE BEAVER HANDLE (in lab)
- 7.) FENESTRATED STERILE DRAPE (**WITH HOLE**)
- 8) STERILE GLOVES (for doctor use. Average size is 7 ½ or 8)
- 9) NON-FENESTRATED STERILE DRAPE (**NO HOLE IN MIDDLE**)
- 10) SCISSORS
- 11) 62" and/or 67" BLADE
- 12) SURGICAL SHOE
- 13) STERILE GAUZE PACK

some offices might not have it in stock so use two non-fenestrated sterile drapes.

ASSISTANT INSTRUCTS PATIENT TO SIGN TENOTOMY CONSENT FORM.

**\*The Doctor injects numbing solution into the patient's foot.**

ASSISTANT DURA PREPS PATIENT'S FOOT WHILE THE FOOT IS NUMBING. ASSISTANT SHOULD NEVER GO OVER THE SAME AREA TWICE. AFTER THE FOOT IS STERILIZED, THE PATIENT IS NOT TO LET ANYTHING TOUCH THEIR FOOT.

**\*The Doctor will open their own sterile gloves.**

ASSISTANT IS TO OPEN STERILE EQUIPMENT PACKAGE. (SLOWLY PULL OPEN THE PACKAGE FROM THE TOP)

**\*The Doctor will remove the sterile equipment from the package.**

ASSISTANT SHOULD HAVE SCISSORS READY TO CUT IF/WHEN NEEDED.

ASSISANT IS TO PLACE SURIGCAL SHOE ON PATIENT'S FOOT.

**\*REMEMBER THAT THIS IS A SURGICAL PROCEDURE. EVERYTHING SHOULD REMAIN STERILE. THIS MEANS THAT THE DOCTOR IS THE ONLY ONE TO TOUCH THE EQUIPMENT AND FOOT WHEN THE PROCEDURE IS IN PROGRESS.**

# ULCER

## and CULTURE SWAB

OPEN WOUND ON THE FOOT, HEEL, OR IN BETWEEN THE TOES



\*PLEASE BE VIGILANT IN DETECTING ULCERS AMONG **DIABETIC PATIENTS**. DIABETIC ULCERS ARE THE MOST COMMON FOOT INJURIES LEADING TO LOWER EXTREMITY AMPUTATION.

### SUPPLIES NEEDED:

- 1.) STERILE GAUZE PACK
- 2.) CULTURE SWAB (**AT DOCTOR'S REQUEST**) w/  
BAKO PATH. SERVICE: ORDER FORM
- 3.) COBAN
- 4.) STERILE SALINE WIPE
- 5.) PAPER TAPE
- 6.) IODINE PAD
- 7.) GENTAMICIN CREAM
- 8.) BLADE HANDLE
- 9.) 15 BLADE (**10 BLADE AT DOCTOR'S REQUEST**)
- 10.) THERMOMETER (**FOUND IN LAB**)
- 11.) SCISSORS
- 12.) CAMERA (**FOUND IN LAB**)

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ASSISTANT REMOVES DRESSING FROM PATIENT FOOT.

ASSISTANT WIPES PATIENT'S FOOT DOWN WITH SEABREEZE.

ASSISTANT TAKES PATIENT'S TEMPATURE AND RECORDS IT IN THE CHART NOTES.

### \* **DOCTOR PERFORMS DEBRIDEMENT OF ULCER AREA**

ASSISTANT TAKES PICTURE OF ULCER, DEVELOPS PICTURE, AND PLACES A COPY IN PATIENT'S CHART.

**(2 PICTURES ARE PRINTED IF CULTURE SWAB IS PERFORMED. ONE PICTURE IS PACKAGED WITH LAB.)**

ASSISTANT PLACES GENTAMINCIN CREAM ON STERILE 4X4 GAUZE. (**ASK DOCTOR BEFORE USING THE GENTAMINCIN CREAM**) ASSISTANT PLACES 4X4 ON ULCER AREA THEN WRAPS A STERILE 2" GAUZE ROLL AROUND ULCER AREA TO KEEP 4X4 IN PLACE. ASSISTANT TAPES WRAPPED 2" GAUZE WITH PAPER TAPE AND COVER WRAPPING WITH A LAYER OF COBAN.

ASSISTANT COPIES THE PATIENT'S **INSURANCE INFO.** AND **DEMOGRAPHICS** AND PACKAGES IT WITH THE **CULTURE SWAB**, THE **PICTURE** OF THE ULCER, AND THE **CULTURE ORDER FORM** INSIDE OF A **UPS PACKAGING BAG**. ASSISTANT CALLS UPS FOR PICKUP. (1-800-742-5877)

# PRP

## PLATELET RICH PLASMA



A REGENERATIVE INJECTION THERAPY THAT HEALS DAMAGED TENDONS AND LIGAMENTS.

PROCEDURE IS ONLY PERFORMED IN THE SOUTHFIELD OFFICE!

### **SUPPLIES NEEDED:**

- |  |                              |
|--|------------------------------|
| 1) SmartPRP2 PLATELET CONCENTRATE SYSTEM | 3) BD VACUTAINER SAFETY-LOK  |
| 2) SmartPRP2 PROCEDURE PACK              | 4) NEEDLE 22 GAUGE X 1 ½ IN. |

PRP IS A 15 MINUTE PROCESS.

DOCTOR DRAWS A SMALL AMOUNT OF BLOOD FROM PATIENT TO CREATE THE PLATELET RICH PLASMA HEMOCYTE GRAFT TO BE INJECTED INTO THE PATIENT'S TENDON FASCIA OR JOINT. DOCTOR USES ULTRASOUND TO GUIDE INJECTION AREA OF PLATELET RICH PLASMA. DOCTOR APPLIES REMOVABLE CAST OR SPLINT.

**\*REMIND PATIENT TO ABSTAIN FROM NSAIDs ONE WEEK PRIOR TO INJECTIONS AND DURING THE COURSE OF INJECTIONS. REMIND PATIENT THAT AGGRESSIVE PHYSICAL ACTIVITY IS DISCOURAGED.**

# HEEL PAIN

## PLANTAR FASCIITIS



(FOLLOW SAME SETUP AS INJECTION)

### **SUPPLIES NEEDED:**

- 1) ALCOHOL (place cotton ball on top)
- 2) COLDSPRAY
- 3) SMALL ROUND BANDAID
- 4) 4 X 4 GAUZE
- 5) FRL LOTION
- 6) HEEL PAIN FOLDER
- 7) X-RAYS (ASK DOCTOR)
- 8) SOLE SUPPORT ORTHOTIC VIDEO

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ASSISTANT PROVIDES PATIENT WITH **HEEL PAIN FOLDER** AND GOES OVER HEEL PAIN FOLDER WITH PATIENT.

ASSISTANT STARTS SOLE SUPPORT ORTHOTIC VIDEO FOR PATIENT.

ASSISTANT ASKS DOCTOR IF HE WOULD LIKE X-RAYS OF PATIENT'S FOOT and ANKLE.

ASSISTANT PERFORMS AND DEVELOPS X-RAYS.

ASSISTANT SETS UP FOR INJECTION.

ASSISTANT MUST BE READY TO HAND DOCTOR **COLDSPRAY** BEFORE THE INJECTION.

ASSISTANT STANDS BY AS DOCTOR GIVES INJECTION.

ASSISTANT PLACES THE **BANDAID** ON THE INJECTION SITE AFTER THE INJECTION.

ASSISTANT RUBS THE INJECTION SITE WITH **FRL LOTION** IN ORDER TO DISPERSE THE MEDICINE.



# CLEANING INSTRUMENTS AND AUTOCLAVE STERILIZATION PROCESS



- LET INSTRUMENTS SOAK IN ProCleanse
- USE SCRUB BRUSH TO SCRUB INSTRUMENTS (WEAR GLASSES AND MASK)
- PUT SCRUBBED INSTRUMENTS INTO MILK SOAK FOR 5 MINUTES
- SPRAY INSTRUMENTS WITH INSTRUMENT CLEANER
- PLACE INSTRUMENTS INTO SEAL PACKS
- LOAD AUTOCLAVE WITH SEAL PACKS (ONLY 6-8 NON-STERILE PACKS)
- MOVE KNOB SETTING TO FILL WATER
- MOVE KNOB SETTING TO STE (sterile) AND CLOSE DOOR. SET TIMER FOR 40 MINUTES.
- TURN KNOB SETTING TO VENT (EXH/DRY). SET TIMER FOR 20 MINUTES.
- OPEN THE DOOR AND PROCEED WITH A 2<sup>ND</sup> VENT. SET TIMER FOR 20 MINUTES.
- TURN KNOB SETTING TO OFF (O) AND TURN AUTOCLAVE OFF.

\*REMEMBER TO FILL OUT THE AUTOCLAVE LOG SHEET WHILE PERFORMING THE STERILIZATION PROCESS.

\*THE INSTRUMENTS ARE STERILE WHEN THE SEAL PACKS CHANGE COLOR\*

# DIABETIC SHOES



## **SUPPLIES NEEDED:**

1. DIABETIC SHOE ORDER FORM (IN ROOMS)
  2. DIABETIC SHOE PICTURE LIST (IN ROOMS)
  3. DIABETIC BRANNOCK DEVICE (FOOT MEASURING DEVICE FOUND IN LAB)
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## **PROCESS:**

ONCE APPROVED BY THE DOCTOR:

1. PROVIDE THE PATIENT WITH THE SHOE PICTURE LIST TO PICK OUT A SHOE.
2. **SIZE BOTH OF THE PATIENT'S FEET WITH DIABETIC BRANNOCK DEVICE. MEASURE THE LENGTH AND WIDTH. (SEE MANUAL TO UNDERSTAND WIDTH MEASUREMENT)**
3. RECORD MEASUREMENTS ONTO THE DIABETIC SHOE ORDER FORM. FILL OUT THE DIABETIC SHOE ORDER FORM COMPLETELY. PROVIDE DOCTOR WITH THE COMPLETED ORDER FORM IN ORDER FOR THE DOCTOR TO FILL OUT THE DOCTOR'S PORTION OF THE ORDER FORM.
4. MAKE A COPY OF THE COMPLETED DIABETIC SHOE ORDER FORM. FILE ONE COPY IN THE PATIENT'S CHART AND INSERT THE OTHER COPY INTO THE DIABETIC SHOE BIN THAT IS FOUND IN THE OFFICE MANAGER'S OFFICE.
5. INFORM THE PATIENT THAT UPON APPROVAL FROM THEIR PCP (PRIMARY CARE PHYSICIAN), **FOOT HEALTHCARE ASSOCIATES** WILL ORDER THEIR DIABETIC SHOES. FURTHERMORE, INFORM THE PATIENT THAT **FOOT HEALTHCARE ASSOCIATES** WILL NOTIFY THEM TO SCHEDULE A PICK-UP APPOINTMENT UPON ARRIVAL OF THE SHOES.

# **DISPENSMENT OF DIABETIC SHOES**

## **SUPPLIES NEEDED:**

1. HEAT MOLD GUN (LAB)
2. DIABETIC SHOE DISPENSMENT FORMS (IN SHOE BOX)
3. DIABETIC SHOES FOR PATIENT
4. DIABETIC INSOLES (WITH SHOES)

## **PROCESS:**

1. ASSISTANT CHECKS THAT THE **NAME ON THE SHOE BOX IS CORRELATES WITH PATIENT** THAT IS PICKING UP SHOES.
2. ASSISTANT VERIFIES THAT THE **SIZE AND WIDTH ON SHOE BOX IS THE SAME SIZE AND WIDTH AS ON THE ORDER FORM.**
3. ASSISTANT IS TO HEAT MOLD PATIENT'S DIABETIC INSOLES ONE AT A TIME.  
**(DIABETIC SHOES REGULARLY COME WITH THREE DIABETIC INSOLES, MOLD 1 PAIR AT A TIME)**
  - a. RUN HEAT MOLD GUN OVER INSOLE FOR 30 SECONDS  
**(HEAT MOLD GUN MUST NEVER TOUCH INSOLE)**
  - b. HAVE PATIENT STAND ON EACH PAIR OF INSOLES FOR 10 SECONDS WHILE INSOLES ARE WARM. THIS ALLOWS INSOLES TO MOLD TO FEET.  
**(PATIENT SHOULD BE WEARING SOCKS DURING MOLDING)**
4. PLACE A PAIR OF MOLDED INSOLES INTO THE DIABETIC SHOES.  
**(PLACE THE REMAINING 2 PAIRS OF INSOLES BACK INTO THE BOX)**
5. ASSISTANT ADVISES PATIENT THAT DIABETIC INSOLES ARE TO BE CHANGED EVERY 4 MONTHS. PATIENT WILL BE DUE FOR A NEW PAIR OF DIABETIC SHOES AFTER THE 4<sup>TH</sup> MONTH OF THE LAST USED PAIR OF INSOLES OR A YEAR FROM DISPENSEMENT. **\*MEDICARE PATIENTS ARE ELIGIBLE FOR A NEW PAIR OF DIABETIC SHOES ONCE A CALENDER YEAR. DATE OF DISPENSEMENT DETERMINES THE NEXT TIME PATIENT CAN ORDER A NEW PAIR OF SHOES.\***
6. ASSISTANT HAS PATIENT TRY ON DIABETIC SHOES WHILE WEARING SOCKS. PATIENT SHOULD STAND AND WALK AROUND IN NEW SHOES TO SEE HOW THEY FIT.
7. ASSISTANT GOES OVER **BREAK-IN INSTRUCTIONS** AND **REFUND POLICY** WITH PATIENT.
8. ASSISTANT HAS PATIENT SIGN ALL FORMS AND MAKES A COPY OF THE BREAK-IN PERIOD TO GIVE TO THE PATIENT.
9. DOCOTR SEES PATIENT AND MAKES SURE THE DIABETIC SHOE FITS.  
**(HAVE EVRYTHING DONE BEFORE DOCTOR COMES INTO ROOM)**
10. ASSISTANT REMINDS THE PATIENT TO SET UP A **1 MONTH "SHOE CHECK" APPOINTMENT** AT THE FRONT DESK.

# INGROWN NAIL

# I&D of ABSCESS NAIL



## **SUPPLIES NEEDED:**

- 1.) NON-STERILE 4X4 GAUZE (6)
- 2.) 1' CLOTH TAPE
- 3.) 1' COBAN
- 4.) NON-STERILE GAUZE (2" for Hallux, 1" for Toes 2-5)
- 5.) PAPER TAPE
- 6.) IODINE PAD
- 7.) GENTAMICIN CREAM
- 8.) INGROWN NAIL PACK (STERILE)
- 9.) SCISSORS
- 10.) CAMERA (IN LAB)
- 11.) TOURI-COT (SIZE DEPENDS ON TOE)
- 12.) SURGICAL SHOE (\$15 IF NEEDED)

## **PERMANENT REMOVAL PROCEDURE USE ONLY:**

1. ALCOHOL W/ COTTON BALL
2. PHENOL
3. CORTOMYCIN OTIC DROPS
4. MICRO-TIP

## **I&D (Incision and Drainage) of ABSCESS NAIL USE ONLY:**

1. CULTURE SWAB : BAKO PATH. SERVICE LAB ORDER FORM AND PACKAGING SUPPLIES

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### ASSISTANT PREPARES INJECTION SETUP

**\*THE DOCTOR INJECTS NUMBING MEDICINE INTO THE PATIENT\***

- ASSISTANT SETS UP FOR THE PROCEDURE
- ASSISTANT TAKES PICTURE OF TOE, DEVELOPS PICTURE, AND PLACES A COPY IN PATIENT'S CHART. **(2 PICTURES ARE PRINTED IF CULTURE SWAB IS PERFORMED. ONE PICTURE IS PACKAGED WITH THE LAB.)**
- ASSISTANT INSTRUCTS PATIENT TO SIGN CONSENT FORM AND PLACES SIGNED FORM IN PT. CHART.
- ASSISTANT PROVIDES PATIENT WITH POST-OP INSTRUCTIONS AND REVIEWS THE INSTRUCTIONS WITH THE PATIENT. **\*ASSISTANT MUST HAVE PATIENT REPEAT INSTRUCTIONS TO VERIFY PATIENT UNDERSTANDING\***
- **E-SCRIBE ALL Rx'S** (DO THIS BEFORE THE DOCTOR GETS BACK IN ROOM...ASK A PEER FOR HELP IF NECESSARY)
- ASSIST THE DOCTOR WITH THE PROCEDURE (**HAVE SCISSORS READY FOR TO CUT**)

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**I&D CULTURE SWAB:** ASSISTANT COPIES THE PATIENT'S INSURANCE INFO. AND DEMOGRAPHICS AND PACKAGES IT WITH THE CULTURE SWAB, THE PICTURE, AND THE CULTURE ORDER FORM INSIDE OF A UPS PACKAGING BAG. ASSISTANT CALLS UPS FOR PICKUP. (1-800-742-5877)

# **GANGLION CYST**

A KNOT ON THE FOOT FILLED WITH JELLY-LIKE FLUID



## **SUPPLIES NEEDED:**

1. INJECTION SET-UP (\*SEE INJECTION SET-UP IN MANUAL)
2. 3" CO-BAN
3. SPECIMAN CONTAINER W/ LIQUID
4. 10cc SYRINGE
5. 18 ½ NEEDLE
6. SMALL ROUND BANDAIDE

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### **ASSISTANT PREPARES INJECTION SETUP**

**\*THE DOCTOR INJECTS NUMBING MEDICINE INTO THE PATIENT\***

- ASSISTANT INSTRUCTS PATIENT TO SIGN **CONSENT FORM** AND PLACES SIGNED FORM IN PT. CHART.
- ASSISTANT TAKES PICTURE OF CYST, DEVELOPS PICTURE, AND PLACES A COPY IN PATIENT'S CHART. (IF POSSIBLE, OUTLINE THE CYST WITH A PEN FOR THE PHOTOGRAPH)

**\* DOCTOR WILL ATTEMPT TO ASPIRATE AREA**

- ASSISTANT HAS SEPCIMAN CONTAINER READY FOR FLUID OBTAINED FROM CYSTIC ASPIRATION.

**\* DOCTOR WILL INJECT MEDICATION INTO PATIENT'S CYSTIC AREA.**

- ASSISTANT PLACES A BANDAID OVER CYSTIC AREA AND WRAPS A LAYER OF COBAN (for compression) ONTO PATIENT'S FOOT.

---

**\* ADVISE THE PATIENT THAT THERE MAY BE A LITTLE PAIN WHEN THE NUMBNESS WEARS OFF. IT IS ACCEPTABLE TO USE A MILD PAIN RELIEVER IF PATIENT EXPERIENCES PAIN.**

# CASTING: Fiber Glass



## **SUPPLIES NEEDED:**

- |  |  |
|--|--|
| 1. 4" CAST TAPE FOR ADULTS (3-4 ROLLS) or<br>2" CAST TAPE FOR CHILDREN (3-4 ROLLS) | 5. CASTING FOOT STAND<br>(T-SHAPED SILVER STAND) |
| 2. WEBRIL (4-5 ROLLS BASED ON FOOT SIZE)   | 6. WATER BASIN (H2O LUKE WARM)                   |
| 3. GORTEX CASTING WRAP (*\$60.00 ADDITIONAL FEE)                                   | 7. CAST SCISSORS                                 |
| 4. CAST STOCKING   | 8. BLACK GARBAGE BAG                             |
- \*CAST BOOT (IF REQUESTED BY DOCTOR) \$15 FEE\*

- 
- ASSISTANT PREPARES ROOM FOR THE DOCTOR
  - ASSISTANT PLACES PATIENT INTO THE CORRECT POSITIONING ON TREATMENT CHAIR. (**PATIENT SHOULD BE SEATED FACING THE SIDE OF TREATMENT CHAIR WITH THE AREA OF SET UP AT THE SIDE OF THE CHAIR UNDER AND UNDER THE PATIENTS FOOT**)
  - ASSISTANT PLACES CAST STOCKING ONTO THE PATIENT. (**THE STOCKING SHOULD REACH FROM A JUST BEHIND THE PATIENT TOES TO JUST BELOW PATIENT KNEE.**)
  - ASSISTANT SETS THE BLACK GARBAGE BAG ON FLOOR AND POSITIONS CAST STAND ON TOP OF THE GARBAGE BAG.
  - ASSISTANT SETS THE PATIENT'S FOOT ON TOP OF THE CASTING FOOT STAND (**ASK SENIOR ASSISTANT FOR HELP**)
  - ASSISTANT WRAPS THE PATIENT'S FOOT WITH WEBRIL (**APPLY A FEW LAYERS FOR PADDING**) IF PATIENT PAYS FOR GORTEX CASTING WRAP, GORTEX IS USED INSTEAD OF WEBRIL.  
**\*DOCTOR APPLIES THE GORTEX CASTING WRAP IF PATIENT REQUESTS THE WATERPROOFCAST\***
  - ASSISTANT HAS LUKE WARM WATER AVAILABLE FOR DOCTOR TO APPLY CAST.
  - ASSISTANT OPENS CAST TAPE, ONE AT A TIME, AND PLACES IT IN WATER. (**AWAIT DOCTOR'S DIRECTION TO OPEN THE NEXT ROLL OF CAST TAPE.**) HAVE CAST SCISSORS AVAILABLE FOR DOCTOR.
  - PATIENT SITS FOR 5-8 MIN. TO ALLOW THE CAST TO DRY. NOTHING SHOULD BE TOUCHING THE CAST.
  - PROVIDE PATIENT WITH CAST BOOT ONLY UPON DOCTOR'S APPROVAL. **OTHERWISE, INSTRUCT PATIENT THAT THEY ARE NOT TO WALK ON CAST.**

---

**\*INFORM PATIENT TO NOT GET CAST WET. IF CAST BECOMES WET, PATIENT NEEDS HAVE CAST TAKEN OFF AND RE-APPLIED AS SOON AS POSSIBLE.**

**\*THE WATERPROOF GORTEX CAST WRAP IS AVAILABLE (\$60 FEE). IT IS VERY HELPFUL FOR CHILDREN!**



# **FRACTURE**

## **TOE FRACTURE**

### **SUPPLIES NEEDED:**

1. SURGICAL SHOE
2. 1" COBAN
3. LAMBS WOOL
4. INJURY FORM

### **PROCESS:**

1. RECORD INJURY ON **INJURY FORM** AND INSTRUCT PATIENT TO SIGN AND DATE FORM. PLACE INJURY FORM IN THE PATIENT'S CHART.
2. X-RAY PATIENT'S FRACTURED TOE.
3. IF INSTRUCTED BY DOCTOR, PUT A SPLINT ON PATIENT'S TOE AND PLACE THE SURGICAL SHOE ON THE PATIENT.

## **FOOT & ANKLE FRACTURE**

### **SUPPLIES NEEDED:**

1. AIR CAST (LOW BK BOOT OR HIGH BK BOOT) OR FIBER GLASS CAST SET-UP (**SEE CAST SET-UP IN MANUAL**)
2. INJURY FORM

### **PROCESS:**

1. RECORD INJURY ON **INJURY FORM** AND INSTRUCT PATIENT TO SIGN AND DATE FORM. PLACE INJURY FORM IN THE PATIENT'S CHART.
2. X-RAY PATIENT'S FOOT AND/OR ANKLE.
3. DOCTOR EXAMS PATIENT AND COMMUNICATES TO THE ASSISTANT IF THE PATIENT WILL BE GIVEN AN AIR CAST OR FIBER GLASS CAST.
4. TO **APPLY AN AIR CAST** TO PATIENT'S FOOT:
  - ASSISTANT PUMPS CAST UP TO THE APPROPRIATE SIZE.
  - ASSISTANT HAS THE PATIENT STAND AND RELAY HOW COMFORTABLE THE CAST FEELS.
    - ASSISTANT CAN ADD OR RELEASE AIR DEPENDING ON HOW THE PATIENT FEELS.
    - ASSISTANT ADVISES PATIENT TO TAKE SLOW SHORT STEPS
    - ASSISTANT EXPLAINS TO PATIENT THAT THE AIR WILL STAY IN THE BOOT. (PATIENT DOES NOT NEED TO PUMP THE BOOT)
    - ASSISTANT PROVIDES PATIENT WITH **AIR CAST INSTRUCTIONS**.

---

\* REMEMBER TO **GRAB THE STICKERS** FROM THE BAG OF THE AIR CAST BEING DISPENSED. PLEASE PLACE ONE STICKER IN THE PATIENTS CHART AND THE OTHER STICKER ON AIR CAST FAX SHEET (ASK A SENIOR ASSISTANT FOR LOCATION OF FAX SHEET) FOR TRACKING INVENTORY.

# ORTHOTICS



## TAKING IMPRESSIONS

### **SUPPLIES NEEDED:**

1. FORM SOLE SUPPORT FOAM BOX (IN ROOM)
2. KNEE PAD (IN ROOM)
3. CARPET SQUARE (NOVI ONLY)
4. SOLE SUPPORT ORDER FORM (FOLDERS IN ROOM)
5. RETURN POLICY FORM (FOLDERS IN ROOM)
6. FED-EX PACKAGING BOX
7. FED-EX PACKAGING LABEL

### **PROCESS:**

1. FILL IN PATIENTS DEMOGRAPHICS ON THE SOLE SUPPORT ORDER FORMS. **THE DOCTOR IS TO FILL IN ALL ADDITIONAL INFORMATION.**
2. TAKE IMPRESSIONS OF PATIENT'S FEET INSIDE THE ORTHOTIC FOAM BOX. **(FOR PROPER TRAINING SEE A SENIOR ASSISTANT FOR DEMONSTRATION OR VISIT [WWW.SOLESUPPORT.COM](http://WWW.SOLESUPPORT.COM))**
3. INSTRUCT PATIENT TO SIGN RETURN POLICY FORM.
4. MAKE COPIES OF BOTH FORMS, AFTER THEY ARE FILLED OUT IN FULL. THE COPIES ARE PLACED IN THE PATIENT'S CHART AND THE ORDER FORM IS PACKAGED IN THE ORTHOTIC FOAM BOX.
5. STUFF THE ORTHOTIC'S FOAM BOX WITH PAPER TOWEL. PLACE THE ORDER FORM INSIDE OF THE BOX, THEN TAPE THE BOX CLOSED.
6. PACKAGE IMPRESSION BOX INSIDE OF A FED-EX PACKAGING BOX. PLACE FED-EX SHIPPING LABEL (WHITE) ON TOP OF FED-EX BOX. PLACE COPY OF SHIPPING LABEL (GRAY) IN PATIENTS CHART.
7. PLEASE LET PATIENT KNOW TO BRING A SHOE WITH A REMOVABLE INSOLE ON THE VISIT TO PICK UP ORTHOTICS.

**\*THE PROCESS IS THE SAME FOR SOLE SUPPORT AND BERGMAN ORTHOTICS.**

**\*WATCH SOLE SUPPORT VIDEO TO BETTER UNDERSTAND THE IMPORTANCE OF ORTHOTIC THERAPY.**

# DISPENSMENT OF ORTHOTICS

## **SUPPLIES NEEDED:**

1. ORTHOTIC SCISSORS (**ORANGE COLOR LOCATED IN THE LAB**)
2. DISPENSMENT FORMS (**IN PATIENTS CHART OR ORTHOTIC PACKAGE**)

## **PROCESS:**

1. GO OVER BREAK IN PERIOD INSTRUCTIONS. ( IN ORTHOTIC PACKAGE)

TRIM FULL LENGTH ORTHOTICS DOWN TO FIT INSIDE OF THE PATIENT'S SHOES. USE ORIGINAL INSOLE FROM THE PATIENT'S SHOE AS A TEMPLATE TO TRIM THE NEW ORTHOTICS DOWN.

**\*\*IF PATIENT DOES NOT PROVIDE A REMOVABLE INSOLE, YOU CANNOT TRIM ORTHOTIC DOWN.\*\***

**\*\*\*IF YOU DON'T FEEL COMFORTABLE TRIMMING ORTHOTICS ASK A SENIOR ASSISTANT FOR HELP! YOU DON'T WANT TO DAMAGE ANYONES ORTHOTICS. YOU WILL HAVE TO SEND THEM BACK FOR REPAIR IF THEY ARE CUT TOO SHORT. WE NEED TO AVOID THIS TYPE OF SITUATION.\*\*\***

## IMPORTANT NOTES

### **Fiberglass Impregnated Sock Application for Custom Molded Shoes and Rx Braces**

- Gather needed supplies: cold water, a sponge pad or pillow, a protective plastic bag for the foot and leg, plastic protector strip, tape, sharp wire cutter scissors, large permanent marker, prescription order form, disposable rubber gloves, disposable foot towel, and the appropriate STS sock (mid length or ankle height).
- Seat the patient with hip, knee, and ankle flexed at a 90 degree angle.
- Tape the plastic protector strip to the dorsal aspect of the patient's foot and leg and extend it beyond the metatarsal region and the knee cap.
- Place the plastic bag over the foot and leg. Cut the length if needed to prevent the bag from extending beyond the knee.
- Put on disposable gloves.
- Remove the STS sock from its package and completely unravel it to its full length. Use thumbs and forefingers to stretch out the opening of the sock completely down to the end.
- Soak the stretched sock completely in cold running water. Wring out excess material. Avoid getting excess material on yourself or the patient.

- Roll the sock onto the patient's foot to its full length, making sure that the wet sock does not come in contact with the patient's bare skin.
- Place the disposable foot towel with the shiny side up over a foot pad or pillow. Place the patient's foot on the towel. Make sure the patient remains with ankle, knee, and hip at a 90 degree angle.
- Make sure the patient applies weight to the foot, not allowing the toes, heel, or sides of the foot come off the pillow.
- Remove glove from dominant hand. Pinch a small portion of the sock at the level of the second MPJ region just over the protective plastic strip. And use the scissors to cut a small hole in the sock there.
- Use the permanent marker to draw a vertical line over the first and fifth MPJ area on the sock. Also mark each malleolus with an X and outline around them, palpating the bony edges of the anklebone if possible.
- Use the scissors to cut completely up the plastic protective strip. You may have to use some force when you get to the proximal end of the sock.
- Remove the sock by grasping the heel area and the proximal edge, making sure not to deform or dent the sock. If you have difficulty, extend the distal cut or make a small perpendicular cut at the area the original hole was made.
- Remove the plastic protector strip from the patient.
- It should take approximately five minutes from the sock to harden and about 24 hours for it to cure once it is removed. Label the sock with the patient's name, the date, and the treating podiatrist's name.
- Place the cured sock in a parcel box, protecting it well with newspaper or packing material. Enclose the completed prescription order form. Address the box to the appropriate lab. Sock should be shipped within one business day of being cured.

## **X-RAY POSITIONING**

The instructions below are for traditional foot X-ray views performed on a standard podiatric X-ray machine in a podiatry practice. Generally, the podiatric medical assistant is responsible for setting the patient's position prior to taking the X-ray.

Laws governing the operation of X-ray machines vary by state; most require proper licensing and registration. In some states, podiatric medical assistants can also take podiatric X-rays in a podiatry office. Check with the state department of health to verify state law. If the podiatric physician is taking the X-ray, he or she should check all X-ray positions set by the medical assistant prior to taking the X-ray.

The X-ray machine settings (Kvp and MAS) are based on the manufacturer's instructions and/or chemical temperature settings. Chemicals should be changed and refilled according to manufacturer's instructions. Only authorized dealers should perform service and maintenance on the X-ray machine. *(With the advent of digital imagery, the necessary computer hardware/ software must be maintained as per vendor instructions.)*

### **Anterior Posterior (AP) View (or Dorsoplantar View)**

1. Place the X-ray plate perpendicular to the X-ray slot on the X-ray machine platform.
2. Place patient's foot in the center of the X-ray plate. Make sure the right and left tag is positioned correctly on the X-ray plate. Toes should not extend off the front side of the plate.
3. Position the X-ray tube at a 15 degree angle to the plate.
4. Put the collimator target light bullet on the middle of the second metatarsal.
5. Make sure the milliamp second is at the desired setting (2-3 milliamp seconds). Setting is based on the chemical temperature of the X-ray developer.
6. Ensure that the foil X-ray tag is out of the way of the imaging area.
7. Set the X-ray to the desired exposure time.
8. Label the plate right or left.
9. Take the X-ray; develop accordingly with a radiopaque label with patient's name, practice name, and date.

### **Lateral Projection, Weight Bearing (Medial View)**

1. Place the X-ray plate horizontally in the X-ray slot on the platform. The ID foil tag should be facing the lower right hand side of the X-ray plate into the slot.
2. Place patient's foot on a 3/4" thick footpad with its medial aspect against the plate. Make sure the right and left tags are in the upper right hand corner of the plate but away from the metal outline of the plate. Toes and heel should not extend beyond the plate.
3. Position the X-ray tube at a 90 degree angle to the plate.
4. Put the collimator target light bullet at the base of the fifth metatarsal.
5. Set the X-ray to the desired exposure time, usually 4-5 milliamp seconds.
6. Label the plate right or left.
7. Take the X-ray; develop accordingly with a radiopaque label with patient's name, practice name, and date.

### **Lateral Oblique Projection (Medial Oblique View)**

1. Place the X-ray plate on the X-ray platform with the edge of the plate parallel to the X-ray slot.

2. Place the patient's foot in the center of the plate. Toes and heel should not extend beyond the edges of the plate.
3. Position the X-ray tube at a 40 degree angle to the lateral aspect of the foot.
4. Put the collimator target light bullet at the lateral aspect (mid shaft of the fifth metatarsal). Try to avoid the shadow cast by the light on the foot.
5. Set the X-ray to the desired exposure time, usually 4-5 milliamp seconds.
6. Label the plate right or left.
7. Take the X-ray; develop accordingly with a radiopaque label with patient's name, practice name, and date.

### **Medial Oblique Projection (Lateral Oblique View)**

1. Place the X-ray plate on the X-ray platform with the edge of the plate parallel to the X-ray slot.
2. Place the patient's foot in the center of the plate.
3. Position the X-ray tube at a 40 degree angle to the plate.
4. Put the collimator target light bullet on the medial aspect (mid shaft of the first metatarsal).
5. Set the X-ray to the desired exposure time.
6. Label the plate right or left.
7. Take the X-ray; develop accordingly with a radiopaque label with patient's name, practice name, and date.

### **Lateral Projection of the Ankle (Medial Oblique View)**

1. Some X-ray platforms may require use of a special film holder in X-ray slot for the lateral projections. Therefore, use it as instructed to obtain two lateral projections on one piece of X-ray film.
2. Place the X-ray plate into the special film holder slot in a vertical position. The foil ID tag should be on the lower right hand side.
3. Place a ¾" thick footpad directly parallel to the X-ray plate and position the X-ray tube at a 90 degree angle to the plate.
4. Place the patient's foot and ankle on the pad with the medial side facing the plate. The medial malleolus should be touching the plate, preferably while weight bearing.
5. Set the collimator target light bullet on the lateral malleolus.
6. Set the X-ray to the desired exposure time, usually 3-4 milliamp seconds.
7. Label the plate right or left.
8. Take the X-ray; develop accordingly with a radiopaque label with patient's name, practice name, and date.

### **Axial Sesamoid View**

1. Place the X-ray plate vertically in the platform film slot.



2. Place a  $\frac{3}{4}$ " thick footpad directly perpendicular to the X-ray plate. Make sure to use pads with a hollowed out area for the metatarsal phalangeal joint.
3. Position the X-ray tube at a 90 degree angle to the plate.
4. Place the patient's foot on the X-ray plate with the toes dorsiflexed against it.
5. Raise the patient's heel off the pad by having the patient lean forward and bend his or her knee slightly. Toes should stay directly on the plate and the metatarsal phalangeal joints should stay on the pad.
6. Put the collimator target light bullet on the plantar aspect of the first metatarsal phalangeal joint.
7. Set the X-ray to the desired exposure time, usually 6-7 milliamp seconds.
8. Label the plate right or left.
9. Take the X-ray; develop accordingly with a radiopaque label with patient's name, practice name, and date.

### **Anterior Posterior View of the Ankle**

1. If available, use a special film holder in X-ray slot.
2. Place the X-ray plate into the special film holder slot in a vertical position. The foil ID tag should be on the lower right hand side.
3. Place a  $\frac{3}{4}$ " thick footpad directly perpendicular to the X-ray plate, in the middle.
4. Position the X-ray tube at a 90 degree angle to the plate.
5. Place the patient's foot on the X-ray plate with the posterior aspect against it, with toes perpendicular to the X-ray plate.
6. Put the collimator target light bullet on the middle of the anterior aspect of the ankle.
7. Set the X-ray to the desired exposure time, usually 6-7 milliamp seconds.
8. Label the plate right or left.
9. Take the X-ray; develop accordingly with a radiopaque label with patient's name, practice name, and date.

### **Mortise View of the Ankle**

1. Some X-ray platforms may require use of a special film holder in X-ray slot for the lateral projections. Therefore, use it as instructed to obtain two lateral projections on one piece of X-ray film.
2. Place the X-ray plate into the special film holder slot in a vertical position.
3. Place a  $\frac{3}{4}$ " thick footpad directly perpendicular to the X-ray plate.
4. Position the X-ray tube at a 90 degree angle to the plate.
5. Place the patient's foot on the plate with the posterior aspect against it.

6. Rotate the patient's foot and the footpad medially 18 degrees. The malleoli should be parallel to the X-ray plate.
7. Put the collimator target light bullet on the anterior aspect of the ankle.
8. Set the X-ray to the desired exposure time, usually 7-8 milliamp seconds.
9. Label the plate right or left.
10. Take the X-ray; develop accordingly with a radiopaque label with patient's name, practice name, and date.

### **Axial Calcaneal View of the Heel**

1. Place the X-ray plate in the center of the platform. Place the foil ID tag in the lower right hand corner. Place the right or left metal strip on the right side of the plate.
2. Place the patient's foot in the center of the plate with heel positioned in the middle of the plate.
3. Position the X-ray tube at a 90 degree angle to the plate.
4. Have the patient slightly bend his or her knees in full weight bearing position (ski jump position).
5. Put the collimator target light bullet on the center of the posterior aspect of the calcaneus.
6. Set the X-ray to the desired exposure time.
7. Label the plate right or left.
8. Take the X-ray; develop accordingly with a radiopaque label with patient's name, practice name, and date.

### **Harris-Beath View of the Heel**

(Used to evaluate the integrity of the subtalar joint; performed following a previous lateral projection (medial view).)

1. Place the X-ray plate in the center of the platform.
2. Place the patient's foot in the center of the plate.
3. Calculate the proper tube angle based on the previous lateral projection: using a tract-o-graph, measure the angle of the posterior facet of the subtalar joint compared to the weight bearing surface. Set the X-ray tube angle based on the resulting measurement.
4. Have the patient slightly bend his or her knees in full weight bearing position (ski jump position).
5. Put the collimator target light bullet on the center of the posterior aspect of the calcaneus.
6. Set the X-ray to the desired exposure time.
7. Label the plate right or left.
8. Take the X-ray; develop accordingly with a radiopaque label with patient's name, practice name, and date.

## **Supplies**

### ***Ordering Supplies***

Employees must ensure that the office maintains an adequate supply of office and clinical supplies and equipment. When supplies need to be replenished, a purchase order request must be completed. All purchase order requests require a manager's signature before processing. Purchase orders will be reviewed monthly to ensure compliance with budget amounts, cost efficiency, and necessity of items ordered.

It is critical that the clinical staff have access to the medical supplies they need to treat patients. At the same time, overstocking can create unnecessary expenses for the practice. Supply inventory minimums and maximums should be listed on the order supply sheet. Minimum supplies include items already present in the treatment rooms, stock inventory, etc.

### ***Pharmaceutical Samples***

Pharmaceutical sales representatives will often provide complementary sample packs of various prescription medications and supplies. The podiatric physician must give approval for dispensing pharmaceutical samples.

Pharmaceutical samples must be stored in a separate, locked cabinet or closet and the contents inventoried regularly. In addition, podiatric personnel must maintain current Drug Enforcement Administration (DEA) and state controlled substance licenses and display them prominently in the office.

The pharmaceutical sample inventory log should include:

- Name of medication
- Dose
- Quantity of samples
- Date received
- Pharmaceutical company and representative's name and contact information

As samples are dispensed, staff members must log the date, time, name of sample, quantity, dose, name of the person receiving the sample, purpose, and the dispenser's initials. Pharmaceutical samples given to a patient must be recorded in the patient's medical record, including the date, time, name of medication, dose, purpose, and quantity.

Pharmaceutical sample inventory must be checked monthly. When the inventory of a particular sample is running low, the pharmaceutical representative should be contacted. Staff should also check for expiration dates; expired samples must be removed from inventory and destroyed. The removal of expired samples must be entered in the inventory log.

# INSTRUMENT PACKS

## Permanent Nail Pack:

~ Nail Cutter



~ Curette



or ~ Rasp



~ Hemostat



~ Spatula



~ 2 Non Sterile Cotton  
Tip Applicators



~ 1 Piece 3x3 Gauze



Soft Tissue Pack:

~ 2 Blade Handles



~ Hemostat



~ Suture Scissors



~ Needle Driver



~ Iris Scissors



~ Pick Ups (with teeth)



~ 1 Piece 3x3 Gauze



Suture Removal Pack:

~ Pick Ups (without teeth)



~ Suture Scissors



~ 1 piece 3x3 gauze



Biopsy Pack:

~ Pick Ups (with teeth)



~ Suture Scissors



~ 1 piece 3x3 gauze





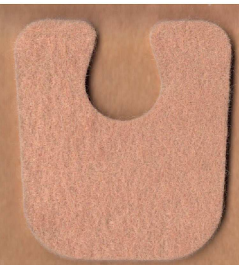
Heel pad Lg  
1/4"  
(OMI 1811)



Heel pad Md.  
3/4"



U-shape  
Heel pad  
1/8"



Heel-shoe  
pad  
1/8"  
(OMI 1815)



Corn Pad  
(5-11) 3-4



51019  
1/16"  
(OMI 51019)

Toe Separators (foam)  
3-44



(49250 OMI)  
1/4"  
Bunion Pad



(10319 OMI)  
1/4"  
Metatarsal  
Pad





Setup for All Bone or Deep Surgeries

- |   |  |
|---|--|
| (1) Duraprep Betadine Scrub (per foot)            | <del>(3) non-fenestrated drapes</del>  |
| (1) Adaptic                                       | (1) fenestrated drape (per foot)       |
| (1) [green] pillowcase (sterile)                  | (2) sterile glove sets (for Dr. Mozen) |
| (1) 10cc or 20cc syringe                          | (2) masks (pref. tie behind ears)      |
| (1) 18g needle                                    | (2) caps                               |
| (2) sterile water (Sodium Chloride) injectable    | (1) gowns X-Large                      |
| (1) instrument sterile brush                      | (1) sterile gauze wrap pack 4x4 gauze  |
| (1) Epinephrine ampule 1cc (for emergencies only) | (1) packet of nylon sutures            |
| (2) # 15 blades                                   | (2) #64 blades                         |

**\*\*note:** on any surgery, it is suggested that you autoclave twice the amount of *each* instrument listed whenever possible. This allows for backup instruments, in case any are dropped or contaminated.\*\*

**\*\*\*Optional, per Dr. request:** 3cc syringe, 27g needle, Lidocaine with Epinephrine

EXTRA  
Retractor  
Bonecutter  
RASP

Partial Phalangectomy--Arthroplasty (HAMMER TOE PREPARE)

- |  |   |                      |
|--|---|----------------------|
| (1) needle driver                      | (1) rasp                                      | (1) #64 Blade        |
| (1) pickup (1x2 teeth)                 | (1) small hemostat                            | (2) 15 Blades        |
| 2 flat (B.P.) blade handle             | (1) bone cutter (double action)               | (1) 4.0 NYLON VICRYL |
| (1) set of crown & collar scissors     | (1) packet of Dexon or Vicryl absorb. sutures |                      |
| (1) bone separator (digital retractor) | (1) set of phalangeal forceps                 |                      |
| (1) beaver handle                      | (1) pair of Iris scissors                     |                      |
| (1) skin hook PER DR. MOZEN 4/24/48    | (1) BRUSH                                     |                      |

Partial Phalangectomy--Tripsy (HYPERARTHRIC BONE)

- |   |                              |                |
|---|------------------------------|----------------|
| (1) corn spoon  | (1) needle driver            | (1) 15 Blades  |
| (2) rasps   | (1) pair of Iris scissors    | (1) 64 Blades  |
| 2 flat (B.P.) blade handle  | (1) beaver handle            | (1) 4.0 NYLON  |
| 1 Shannon #44 burrs (per toe)   | (*) Osada Pedro machine with | small hemostat |
| (1) pickup (1x2 teeth)  | (1) sterile handle           |                |
| (1) double-bagged sterile 2 1/2 inch plastic covering with 3 rubber bands (for Pedro machine electrical covering) | (1) brush                    |                |

Screw Removal

- |                              |   |
|------------------------------|---|
| (1) Freer elevator           | (1) beaver handle                         |
| (1) flat (B.P.) blade handle | (1) pair of Iris scissors                 |
| (1) pickup, 1x2 teeth        | (1) 15/64 Blades                          |
| (1) hemostat                 | (1) trowel                                |
| (1) needle driver            | (1) 2-piece screwdriver (holder & handle) |

**\*\*note:** autoclave all three (3) screwdrivers separately, the day of surgery. Remember to separate all parts (screwdriver & grasper) in autoclave bag. Note also that the Osteomed screwdriver (metal) has 3 separate parts.

## **Medical Assistant Training**

### *Solidifying Doctor, Patient, & MA Communication*

#### **Expecting what the Doctor Expects:**

The idea is to work like a machine or a factory line... you must do what you can to hurry the patient along to the next station on the line! (1. Sign-in, 2. room, 3. prep, 4. doctor, 5. debrief, 6. sign out). The lag seems to be greatest between points 3-5.

#### *Understanding why we must be efficient*

~Remember, wasting 3 minutes per patient on a busy day will eventually end up costing you an hour on a light day!!! Imagine on days that are extremely busy (**2 min/pt extra on SF Tuesdays, 80 patients= 2.5 hours behind by end of day!!**)

#### *How can we decrease this lag?*

- \*Be available and responsive- in the room, or at least nearby (not hiding in file room or behind desk)
- \*If room available, bring a patient back that is waiting (Inform Dr. of scenario and see if ok with them first)
- \*If patient is talking a lot and going into great detail about condition, explain that you understand and that the doctor will be in shortly to discuss with them further. (This will buy the MA more time to be outside the room prepping for the rest of the day)
- \*Gauge and anticipate what the doctor will need (this comes with experience, but if the patient goes back for a certain procedure, make sure that the room is stocked with appropriate equipment and material before the doctor enters the room)... Be familiar with condition setups!!!
- \*Preemptively direct the doctor to the appropriate rooms... Early patients should be seen after scheduled patients before them (unless schedule permits otherwise); late patients should be made to wait until we are back on schedule. (it is better to anger a patient that knows why they are running behind rather than those that show up on time)
- \*Know what tests the doctor may want for the patient- have packets ready (you should only have to ask where they want the test!).
- \*Pay attention to Xray instruction (get angles and technique right in one take... this not only burns time, but money as well).
- \*Be knowledgeable of where forms are on the server... know what forms are needed for each condition, equipment, tests, etc. (if it is not in the room for some reason, hurry to print one off server- last resort)~**all patient education forms on common drive under 'Patient Education'**~

\*Be familiar with Surgery (pre and post) instructions, protocols and setups for specific foot conditions.

\*Know diagnostic test ordered, why we order them, and how to efficiently direct patients to these tests

*What Tests do we need, what material is needed, and why?*

Ultrasound-

Xray-

MRI-

EMG- call neurologist

Cat Scan-

Venous Doplar-

Specimens-



# Reference Guide & Best Practices on Sterilization Processing

## Caring for Your Sterilization Equipment

### DAILY

#### STERILIZERS:

- Inspect door gasket for wear and cracks. Clean gasket and mating surface with mild detergent and water, using a cloth or sponge. Replace immediately if it is loose, hardened or ripped.
- Do not overload sterilizer trays. Overloading will cause inadequate sterilization, failed spore tests, and inhibits proper drying conditions.
- Use Class 4 Indicators or Class 5 Integrators with each sterilization bag, or cycle depending on your regulations.
- Perform a biological indicator test each day the sterilizer is used (refer to CSA, CDC guidelines or local regulations).
- Keep up-to-date records of results in a log record book. For Prevac/Class B Sterilizers – perform a Bowie-Dick Test daily or each day the sterilizer is used. Record results in the Recordkeeper binder.

#### ULTRASONIC CLEANERS:

- Should be tested at least daily, or with each load using Wash-Checks U™ test strips which tests the time, temperature, cavitation and detergent of the cleaning process.
- Replace detergent daily, or more as needed. Always follow manufacturer's recommendation. Fresh ultrasonic cleaning solution is not required for each cleaning. However, obvious degradation of the agent in use hampers the cleaning process.

#### WASHER-DISINFECTORS:

- Monitor every shelf of every washer each day for a machine release and using a minimum of one Wash-Checks™ monitor per load. These monitors check the direct and indirect impingement, tray loading, detergent effectiveness and spray arm function.

### WEEKLY (STERILIZERS)

- Clean trays and rack with a green scrub pad using a mild non-abrasive detergent and rinse well. DO NOT USE steel wool, wire brush or bleach.
- Change water each week, or after 10 cycles. Drain water completely from the reservoir and refill with DISTILLED WATER only. Follow the manufacturer's recommendation for your sterilizer.
- Local regulations may require you to perform a biological indicator test in your sterilizer each week. Use a qualified lab for third-party mail-in testing service, or an in-office biological indicators test system.

### MONTHLY (STERILIZERS)

- Clean chamber and flush lines using a sterilizer cleaner (e.g.: Duraclean). Follow instructions on the bottle. Up to two gallons of distilled water will be needed.
- Inspect cord and plug of sterilizer for overheated or worn condition; this could be a fire hazard.
- Remove the sterilizer's water filter, usually located at the bottom of the chamber. Clean with mild soap or in an ultrasonic cleaner.

### ANNUALLY (STERILIZERS)

- Sterilizer must be inspected and cleaned thoroughly by a qualified technician each year.
- Technician must test and calibrate the sterilizer to ensure proper sterilization temperature, pressure and verify the electric volts and amp draw during a cycle.

NOTE: ALWAYS CONSULT, AND BE IN COMPLIANCE WITH, YOUR LOCAL HEALTH REGULATIONS, RE: FREQUENCY OF TESTING AND CLEANING OF THE STERILE PROCESSING EQUIPMENT IN YOUR OFFICE.

*Place this card near your sterilizer as a reminder of important tips on proper sterilization procedures and best practices.*

## Tips on Sterilization of Instruments

**PRESOAKING:** Instruments must be clean and free from debris, blood and organic tissue. Presoaking the instruments with an enzymatic-type solution helps to loosen the soil to assist in the cleaning process. Cleaning and decontamination of instruments should begin immediately after they have been used.

**CLEANING:** The first and most important step to decontamination of medical devices. Instruments must be visibly clean. If instruments are not cleaned, they cannot be sterilized. Follow the device manufacturer's recommendations for how to clean/reprocess the device. If using an ultrasonic cleaner, the rule of thumb is to allow the tank to be one third larger than the largest part to be cleaned. A part being cleaned should never touch the bottom of the tank.

**RINSE:** Instruments must be rinsed following mechanical or manual cleaning, to remove any residuals. At this time, visual inspection must be done to ensure instrument integrity and that they have been thoroughly cleaned.

**PACKAGE LABELING:** Labeling must be capable of remaining securely fixed, from sterilization to use. Permanent markers must be non-toxic and used on the plastic side of the pouch, to avoid toxins being transferred onto packs or instruments. Chemical indicator pens or permanent markers validated for steam sterilization should be used.

**FLASH STERILIZATION:** Must be done in a clean environment and instruments used immediately. Instruments should be handled as little as possible, as they are not protected by packaging. Do not flash sterilize implantable devices.

**MOISTURE:** Instruments or packs should be visibly dry when removed from the sterilizer. If "wet packs" are observed, they should be not be used, as moisture will wick contaminants into the package. Reprocess with new packaging and chemical indicators and sterilize in a way that excess moisture and/or condensation does not reoccur.

**LOADING STERILIZER:** Pouches should be loaded on edge, with the paper-side against the plastic-side of the next pouch in line. Packs should be loaded in the same manner, with the items on their edges whenever possible. IMPORTANT: Must follow recommended loading instructions of your sterilizer's manual.

**STERILE STORAGE:** Use dust covers to extend the shelf life of packaged and sterilized items.

NOTE: THIS IS NOT A COMPREHENSIVE LIST, BUT IMPORTANT TIPS FOR PROPER STERILIZATION OF INSTRUMENTS. MUST CONSULT AND COMPLY WITH YOUR LOCAL REGULATIONS



**TECHNICAL SUPPORT:**  
Call Toll Free: 877.287.1199



*Are you confident your sterilizer IS sterilizing?*

## Best Practices on Spore Testing (Using Self-Contained Biological Indicators or Spore Strips)

- For monitoring load cycles, always test the largest load that is regularly sterilized.
- During monitoring, a biological or chemical indicator should be placed within a Process Challenge Device (PCD) which presents a challenge to the sterilization process that is equal to or greater than the challenge posed by the most difficult item that is routinely sterilized. A biological test pack is an example of a PCD. A PCD can be commercially manufactured or prepared in-house.
- Do not use spores after expiration date.
- If a control test remains purple after 24 hours of incubation, your incubator is malfunctioning or the biological indicators are defective. Contact ATS immediately.
- Sterilize the control tests and any failed biological indicators prior to discarding.
- Storage: 15-27°C, 30-70% relative humidity. Protect from freezing, sterilants and sunlight. Do not refrigerate.
- POSITIVE RESULTS (Sterilizer Failure): If the spore test is positive, the sterilizer should immediately be rechallenged with another spore test. As per the CDC, items other than implantable ones do not necessarily need to be recalled unless a sterilizer malfunction is found. If a sterilizer malfunction is discovered, the items must be considered non-sterile, and the items from the suspect load(s) should be recalled, insofar as possible, and reprocessed. All proceduralists should be reviewed at this time to eliminate the possibility of operator error. If the retest is positive, we recommend that you contact your local repair technician.



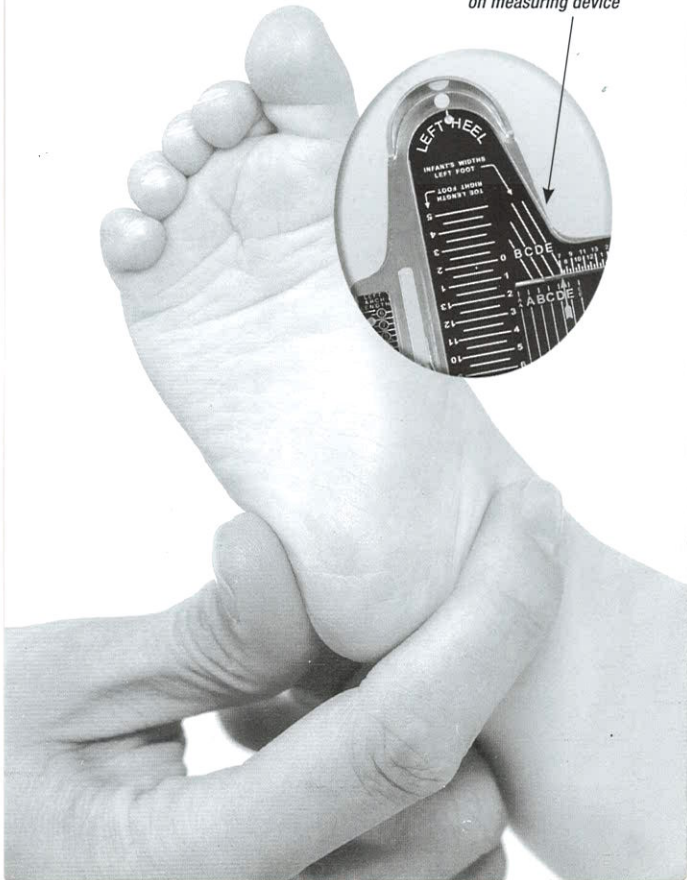
## STEP 6: MEASURE THE OTHER FOOT

Reverse the Apex FOOT MEASURING SYSTEM and measure the other foot as described above. If one foot measures longer, then choose the longer measurement.

## INFANT'S FEET

For infant's feet sized 0 to 6, hold the heel of the foot against the heel cup and rest the inner side of the foot against the heel to ball indicator. Press down on the toes and measure the heel to toe length only. Use the diagonal width lines above the width plate to determine the correct width. Use the line that comes in contact with the foot at the widest part.

*use diagonal lines  
on measuring device*

  
**APEX**

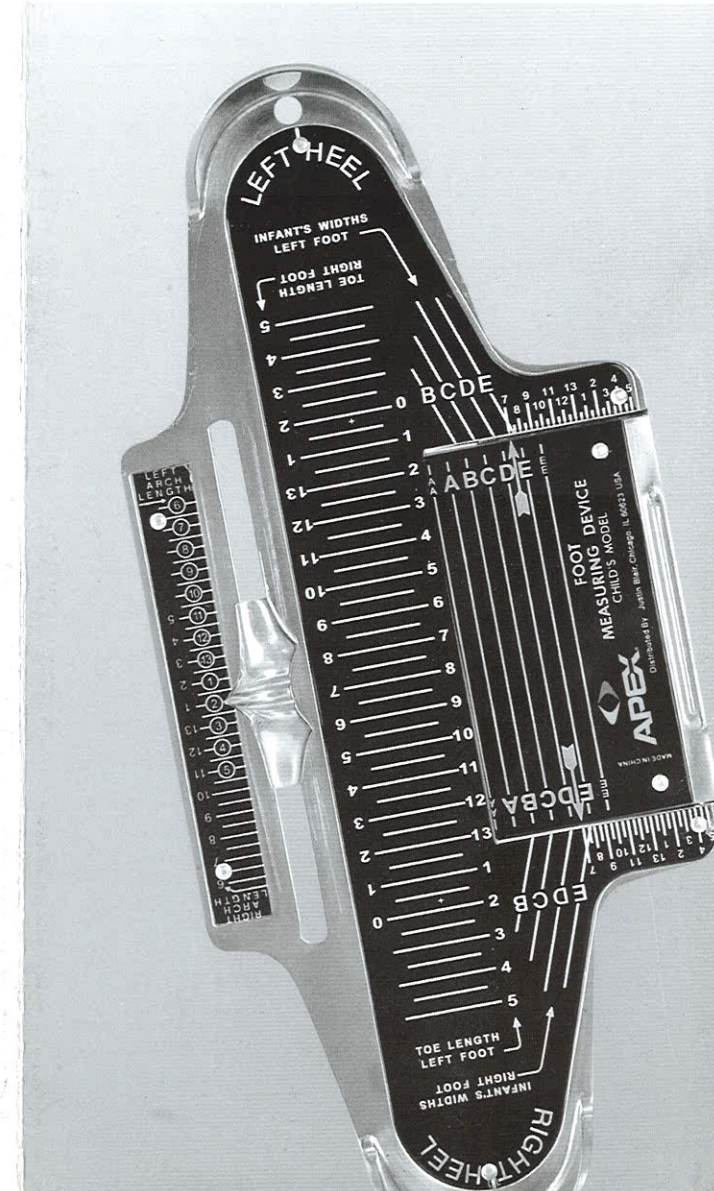
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**APEX**

FOOT MEASURING SYSTEM

PART#: 1131C

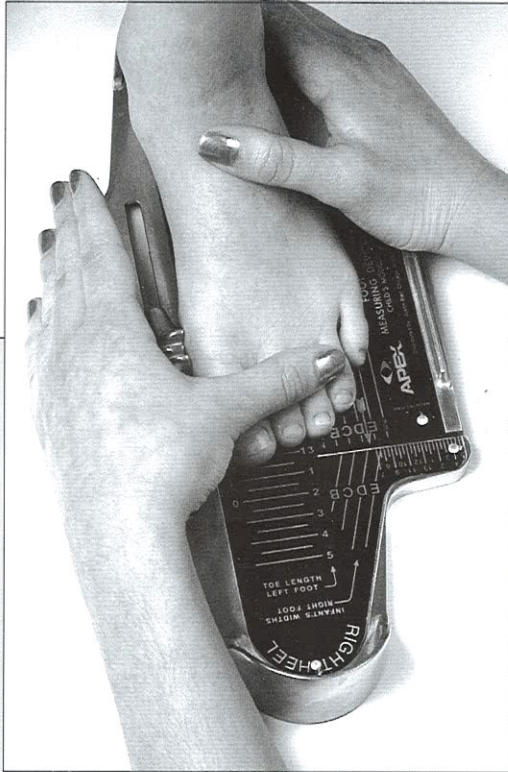
Directions for Properly  
Measuring **Children's** Foot Size





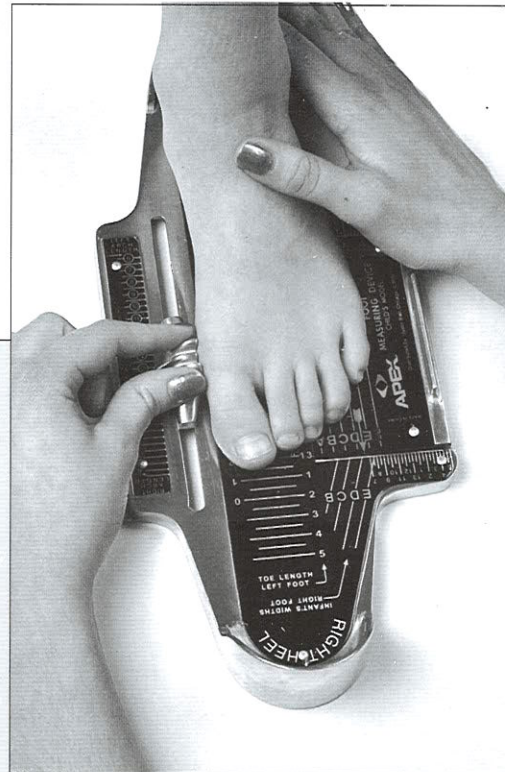
### STEP 1: FOOT PLACEMENT

Slide the Width Plate to the widest position and the HEEL TO BALL JOINT INDICATOR back, to easily position the foot on the measuring system. With the child seated, place the right heel into the right heel cup. Hold the foot in this position and allow the child to stand with their feet parallel so that weight is evenly distributed. This ensures that the foot being measured has elongated and spread to its correct size.



### STEP 2: MEASURE HEEL TO TOE LENGTH

Press down on the toes so that they lie flat against the base of the system. Look straight down and read the toe length to the longest toe (not necessarily the first toe).

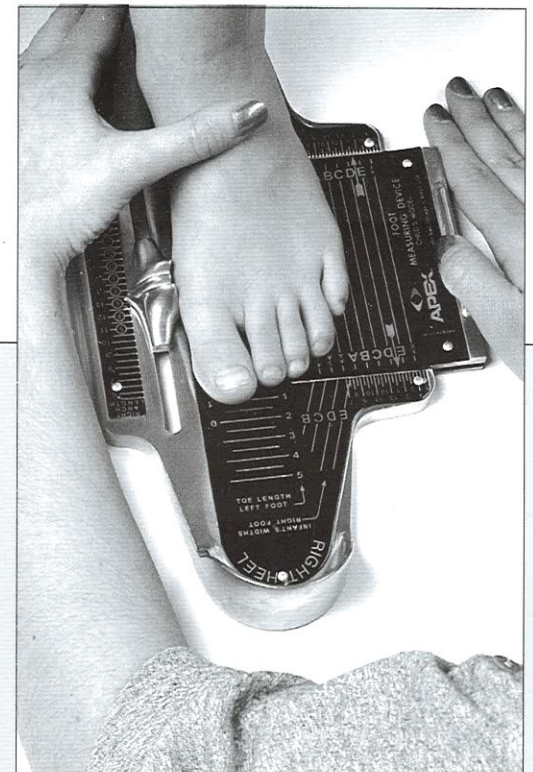


### STEP 3: MEASURE HEEL TO BALL LENGTH

Move the HEEL TO BALL JOINT INDICATOR to the widest point at the ball of the foot so that it cups it. The correct measurement is where the pointer indicates. This measurement ensures that the ball of foot fits properly in the widest part of the shoe and matches the flex point of the foot to the flex point of the shoe.

### STEP 4: FIND THE CORRECT FOOT SIZE

Compare the heel to toe measurement and the heel to ball measurement and use the longer measurement.



### STEP 5: MEASURE THE WIDTH

Hold the ball of foot firmly against the ball joint indicator. Slide the width plate so the arrow is aligned with the determined foot size. Read the width line closest to the widest part of the foot. For fleshy feet go one width wider.