Part 2: Evidence and References

[(Policy Part 1)]

Foot Care Interventions: Podiatry, Laser Injections and Surgery

Surgical Threshold Policy

Rational and Evidence

Conservative management has been shown to reduce pain and improve function in foot conditions such as hallux valgus, clubfoot and metatarsalgia.[1-10]

Surgery can be effective in correcting foot deformity for hallux valgus[11], but it is associated with a high rate of complications, long recovery time, and high rate of recurrence.[12 ,13] NICE CKS[14] and UpToDate[15, 16] recommend surgical referral if patients have debilitating symptoms despite a period of conservative management. Surgery may be effective for other foot conditions[17-24], but the evidence comes largely from case series studies and rates of recurrence and complications are unclear.

NICE recommend podiatry for people with type 2 diabetes who have neuropathy, absent pulses or another risk factor (NICE 2014).[25] For patients who also have deformity or skin changes or previous ulcer, they recommend more intensive follow up. For low risk people (normal sensation, palpable pulses) with type 2 diabetes, NICE recommend advice for self-care.

The evidence for low level laser therapy (LLLT)[26] or high intensity therapy[27] is weak but suggests that laser treatment may have some benefit for the treatment of diabetic ulcers. RCTs suggest short-term effectiveness of laser treatment for onychomycosis (fungal nail infection)[28-30], but not in the longer-term[31-33] and possible effectiveness for skin conditions such as warts[34] and verrucae.[35]

However, where conditions are only of cosmetic concern, treatments will not be funded. RCTs suggest that laser treatment may improve reported pain from plantar fasciitis in the short-term[36-40] (all trials <3 months), but the long-term effectiveness is unclear and no change in walking speed has been demonstrated.

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