

# Treatment Grid during COVID-19



Criteria for Podiatry Treatment in a Clinical or Domiciliary  
setting in Independent Practice during COVID-19 pandemic

Version 04 Updated 24th June 2020

For further information:

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## Criteria for Podiatry Treatment in a Clinical or Domiciliary setting in Independent Practice during COVID-19 pandemic

### Category 1: Acute Conditions/limb threatening

- Ulceration/ non-healing foot wounds of any type
- Previous amputations (non-traumatic)
- Epidermolysis bullosa
- Critical limb ischaemia
- History of or an active Charcot foot
- People with diabetes or conditions that reduce tissue viability in addition to redness, heat or swelling in the foot or leg
- Severe acute MSK problems suffered by key workers and affecting their ability to work who cannot be treated by remote consultation
- Foot infection which requires or has required antibiotic treatment (excluding fungal nails)

### Category 2: Debilitating or life affecting Conditions

- People with CKD 3 or above and foot pathology
- Key/Essential workers with foot/ankle pain that prevents them from working
- In-growing toenail with infection / inflammation
- People with neuropathy and significant foot deformity
- People with peripheral arterial disease and foot pathology

- People with inflammatory/rheumatic diseases, or connective tissue disorders and associated foot pathology
- People with diabetes (moderate/high risk foot) with foot pathology
- Severe foot deformities with a long-term condition and or pain that may require surgery
- People with poor tissue viability related to immunosuppressant/chemotherapy and associated foot pathology
- Neurological conditions with related foot pathology
- Vulnerable groups where mental health /congenital conditions require professional input as limited care is available from carers or family. If the feet are not cared for, this may lead to distress and or self-harm
- Painful corns and/or large area of painful callus
- Adult and or paediatric MSK conditions with acute pain, where delay of treatment may lead to worse outcomes e.g. bilateral foot/limb pains, severe foot/ankle sprains, tendon pathology, worsening foot/ankle or lower leg pain despite optimal self-management and or rest
- Palliative care / end of life care where foot care is needed
- Dermatological conditions other than verrucae which are infected, inflamed or has the risk of breakdown or cancer
- Podiatric conditions exacerbating/causing falls

### Category 3: Mild Conditions

- MSK pain with mild impairment
- Low foot risk people with diabetes or higher risk people with diabetes who have no foot pathology (NG19)

- Foot Deformities with no pain or and minimal risk of wounds or infection
- General nail care where patient has no risk factors associated with ulceration, infection and amputation
- Minimal or non-painful callus or corns
- Verrucae
- Paediatrics MSK without acute pain
- Adult MSK conditions that cause mild pain but where it's not affecting ability to work, care for others or complete activities of daily living
- Sports or endurance related pain that is not part of necessary daily function (leisure or hobby)

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If your patient meets any of the criteria in **Category 1** they must be seen and are eligible for a face to face appointment.

If your patient meets any of the criteria in **Category 2** or **Category 3** they are likely currently eligible for a face to face appointment but if they are able to be treated by a remote consultation they should be seen that way first.

This grid should be used in conjunction with our clinical decision tree plus our clinical and PPE guidance.

This is not an exhaustive list and your clinical judgement following patient risk assessment also needs to be taken into account.

Make sure all clinical decisions and patient discussions are recorded in the patient record.