



Rainier Medical Education Programs

Dr. Julia Overstreet

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March 24, 2025

RI House Health and Human Services Committee

Dear Sirs:

I am Dr. Julia Overstreet. I am a Podiatric physician and surgeon. I have been practicing in Seattle Washington for 34 years. My subspecialties are Diabetic Foot Care and Lower Extremity Wound/Ulcer Care. For the last 20 years I have been on the clinical and teaching staff at the University of Washington Department of Nursing and Madigan Army Hospital Limb Preservation Service. I have spent much of that time teaching and precepting Registered Nurses in the areas of wound care and what we Podiatrists call "Routine Foot Care". This Routine Foot Care encompasses noninvasive maintenance of dystrophic toenails and common, uncomplicated corns and calluses.

As you may know, in the past 15 years Podiatrists have generally stopped performing Routine Nail Care in favor of surgery and other orthopedic foot care. This has left an incredible void in the care available to seniors and other underserved patients. And as the American demographic ages this need becomes even more critical. My decision to train the nurses to provide these services was a natural result of my experience with them providing this care in my private practice and in my other clinical appointments.

Their previous nursing experiences made it easy to train them to provide the care competently. They not only become proficient with lower extremity physical exams but easily acquired and perfected the techniques of atraumatic toenail and callus reduction/trimming. Since these skills were not taught in their original nursing training, our courses were necessary for the nurses to function within their scope of practice. Under most state regulations, for something to be within the nursing scope of practice it either must be taught in their initial nursing education or they need to demonstrate advanced training received in the required skills.

Also, of course, it cannot involve disruption of live tissue or any other surgical scenarios. The training that these nurses are receiving in various foot care training venues around the country fulfills the requirements necessary to include routine foot care in their scope of practice. Canada and Europe as well as Australia, New Zealand and parts of Africa have relied on foot care nurses for many decades. It is an established practice in much of the world. But in the United States the practice has only existed for a little over 15 years.

I will attach Statements from various State Boards of Nursing regarding their nurse's requirements for performing this care. Most BON statements include language allowing the appropriately trained nurses to provide this care in clients' homes or residential living settings. In almost all cases, nursing foot care is the only option available due to the resistance of Podiatrists to provide it. I understand that this bill may meet some resistance, especially from Podiatrists. When I talk to some of my colleagues, they feel that

the only option available due to the resistance of Podiatrists to provide it. I understand that this bill may meet some resistance, especially from Podiatrists. When I talk to some of my colleagues, they feel that the nurses should not perform this noninvasive care. They state directly that they are not interested in providing the care, but don't feel that a nurse should provide it. Luckily, most of my Podiatry colleagues do understand the need for nurses to fill the gap and provide this much needed care. They also understand that often it is the foot care nurse who discovers infections, wounds and other pathologies during their pretreatment exams. The client can then be referred to for more advanced care before the condition becomes critical.

I am hopeful that after a review of the educational and clinical requirements for training to achieve the Certified Foot Care Specialist credential, you will agree that nurses with appropriate academic and hands-on skills training are the natural choice to serve these needs in our wonderful aging population. Please feel free to contact me if I can answer any questions about foot care nursing and the training that the nurses receive in the various training venues around the country. I would be honored to help in any way that I can.

Thank you very much for your kind attention.

A handwritten signature in black ink that reads "Julia Overstreet DPM". The signature is fluid and cursive, with the first name "Julia" being the most prominent part.

Dr. Julia Overstreet, DPM, FAPWCA
Podiatric Physician and Surgeon
Diabetic Foot Care Specialist Chronic Wound care Specialist

Hands-on / Practical **Foot Care Training**

Thirty (30) hours of proctored Hands-on training is required when applying for the CFCS Certification.

The Applicant must complete thirty hours of proctored hands-on nail and callus care. The Proctor must be a Podiatrist, a Certified Foot Care Nurse (CFCN) or a Certified Foot Care Specialist (CFCS). This experience is hands-on by the applicant. It should be supervised by the Proctor but the Applicant must personally perform the foot care on the patient/client.

If you are already an experienced foot care provider, you can meet this prerequisite by preparing a portfolio of 10 cases that you have recently treated. This Portfolio presentation method is only available to experience Foot Care Providers.

If you are being proctored, the Podiatrist, CFCN or CFCS must complete the "Preceptor/Proctor Verification Form" and provide the original to the Applicant upon completion. The required forms are available for download.

If you are using the Portfolio alternate method of satisfying the Hands-on training requirement, Applicant will be required to submit the "Practice Portfolio Form" with their application. The required



AMERICAN FOOT CARE NURSES ASSOCIATION

National Foot Care Certified Nurses

1,116.00 – The total number of CFCS Certified Foot Care Specialists thru the American Foot Care Nurses Association: AFCNA.org

1,200+ Nurses – Total number of CFON Certified Foot Care Nurses thru the Wound, Ostomy, Contenance Nursing Association: WOCNOCB.org

States which have developed Practice Statements regarding Nursing Foot Care include the following:

Arizona, Washington, Massachusetts, Oregon, Connecticut

We are in the process of acquiring additional State BON Statements regarding Nursing Foot Care.

Countries which support Foot Care Nursing:

**Canada, Great Britain, France, Japan, Australia, New Zealand, Germany,
South Africa, Brazil, Chile, Portugal**

Basic Foot Care Insurance Coverage

While Medicare includes basic foot care in CPT billing codes, these codes can only be billed by Physicians, Podiatrists and Advanced Practice Nurses. Podiatrists are the only physician specialty group that might routinely provide basic foot care (nails and calluses). Unfortunately, most podiatrists now work in large clinics and HMOs. These venues often deny the low paying basic foot services and instead only engage Podiatrists to perform more extensive surgical and orthopedic services.

With the increasing cohort of Baby Boomer senior citizens, an enormous number of seniors are without resources that provide the routine foot care required. Since seniors often have many comorbidities, they are at high risk for infection, wound formation and eventually amputation. Nurses are trained and available to fill this void in care.

Dr. Julia Overstreet, DPM, FAPWCA

Founder and Director

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AMERICAN FOOT CARE NURSES ASSOCIATION

Certification Requirements

Prerequisites:

1. **Continuing Education Requirement:** Completion of at least 25 CE's in programs directly related to Foot Care. Completed within the 24 month period prior to application.
2. **Hands-on Foot Care Training:** Completion of 30 hours of direct Hands-on patient foot care.
 3. *This can be verified by either one of the three methods below:*
 - A. *Podiatrist Preceptor* - Any licensed Podiatrist can train and Preceptor in these skills.
 - B. *Certified Foot Care Nurse Preceptor* - Nurses with CFCN (WOCN) or CFCS (AFCNA)
 - C. *Portfolio Presentation* - Due to the Covid Pandemic, we know that most of the formal Hands-on training classes are suspended. Therefore, we are allowing an alternative method of completing the Hands-on training prerequisite. This method is only available to experienced Foot Care Nurses who are currently in practice. If you are an experienced Foot Care Provider (with a qualified health care specialty: (DNP, NP, BSN, RN, LPN/LVN, OT, PT, DPT, DPT, PT, OT, MD, DO, DPM) you can prepare and submit a portfolio of 10 client/patient cases studies that you have completed.
 4. See below for specifics required for this portfolio presentation.
5. **Current Healthcare licensure verification:**
 - (DNP, NP, BSN, RN, LPN/LVN, DPT, PT, OT, MD, DO, DPM)
6. If you are a DPT, PT, OT, MD, DO, DPM, your certification credentials are CFCS DPT, CFCS PT, CFCS OT, CFCS MD, CFCS-DO, CFCS-DPM

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Founder and Director

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American Foot Care Nurses Association

Certification Examination Contents

1. Lower Extremity Anatomy & Physiology

Identify (name) major structures of the four systems represented in the lower extremity

Describe the function of major structures of the four systems represented in the lower extremity

Four systems:

Neurology – major nerves in foot/leg, dermatomes

Vascular – major vessels in foot/leg, basics of venous disease, basics of arterial disease, vasculotomes

Dermatology – skin structures, hair, nail structure/components

Musculoskeletal – major muscles/bones

2. Lower Extremity Examination

Normal exam findings of four systems represented in the lower extremity

Objective and subjective signs of pathology in four systems represented in the lower extremity

Four systems:

Neurology – sensory changes, monofilament testing, motor & autonomic
skin changes due to nerve damage/neuropathy

Vascular – hair growth, pulses, capillary refill, dependent rubor, elevation pallor, edema, stasis dermatitis

Dermatology – thin, atrophic, dry, flaky, maceration, fissures, ulcers, blisters, color changes, rashes

Musculoskeletal – strength, balance, range of motion, deformities, injuries

3. Common Foot Pathologies

Describe the cause (etiology) and treatment options for:

Plantar Fasciitis

Morton's Neuroma

Bunions

Hammertoes, clawtoes, contracted digits

Metatarsalgia

Ingrown toenails

Hyperkeratotic lesions (corns & calluses)

Macerated Innerspaces of toes

Ulcerations and pre-ulcerative lesions

Lower Extremity edema/lymphedema (swelling)

4. Toe Nails

Identify the structures (anatomy) of the nail unit

Identify and name toenail deformities from pictures

eg. Onychomycosis, onychogryphosis (omega/rams horn), lytic nails

Identify changes to the nail from systemic disease from pictures

eg, Clubbed nails, Beaus lines, Mees lines

List the categories of onychomycosis. eg distal subungual, proximal subungual

List the pathogens frequently isolated from onychomycotic toenails.

eg, dermatophytes, t. mentagrophytes, t. rubrum

List topical and oral treatments for onychomycosis including:

Methods of use, effectiveness, dangers/interactions of oral antifungal medications

List common injuries to toes and toenails, their cause and treatment options

eg subungual hematoma, fracture, ulcer, ingrown, blisters

Describe two different mechanisms that create ingrown toenails.

eg, wide and thin nails lacerate lateral or medial nail fold, incorrect nail trimming leading to the lateral or medial distal nail edge cutting into tissue.

List common toenail procedures/surgeries and why you would refer a patient to have it performed.

eg. Matrixectomy, avulsion, biopsy,

5. Dermatology

Identify the structures (anatomy) of the skin

Identify and name common skin conditions from pictures. Eg hemosiderin, psoriasis, cellulitis

List common lower extremity skin conditions and their treatment options.

eg, warts, tinea pedis, xerosis (dry skin), pressure marks/preulcerative skin changes

Discuss the cause (etiology) of various types of hyperkeratotic lesions (corns, calluses) on the foot

Discuss various treatment options for hyperkeratotic lesions on the foot.

eg. Debridement (sanding/sharp,) exfoliation (urea or ammonium lactate creams), moleskin, felt pads, silicone pads, shoe/insert modification

Discuss various topic products and their uses.

eg. Skin moisturizers (with humectants, emollients), barrier products for protection from moisture (petrolatum, zinc or dimethicone products), keratolytic/exfoliative products (urea creams, ammonium lactate creams)

Identify areas of high pressure (preulcerative lesions) caused by shoes, deformities, other pressure.

6. The High Risk Foot – Diabetic, Vascular, Aging

List health issues which lead to the development of “high risk” foot problems.

eg, diabetes, vascular disease, aging, nutrition, smoking, edema/swelling

List skin changes that can lead to easily injured skin.

List skin changes that can indicate the presence of vascular disease.

Discuss changes you might make in your care for a patient with thin, atrophic skin.

eg. Perhaps use manual sander instead of powered sander, handle the skin very gently to avoid trauma from pressure or pulling (shear) forces.

Discuss important patient teaching points of skin care.

eg. Appropriate/safe products for cleansing and moisturizing, daily observation

Discuss the importance of examining the patient’s shoes, socks & inserts at every visit.

Discuss exam findings that would lead you to refer the patient to their primary medical provider for further evaluation and care.

7. Care for iatrogenic lesions (cuts, scratches, etc. caused during foot care visit)

List various types of iatrogenic lesions that can occur during foot care.

eg. Scratches with sander, cuts with scalpel or clippers

List different methods of bleeding control and their advantages.

eg. Direct pressure, chemical cautery (silver nitrate sticks, Monsels, styptic, aluminum chloride)

List different ways to provide antimicrobial cleaning to the area.

eg. Betadine, alcohols pads, chlorhexidine pads, antimicrobial sprays

List different choices for dressings and their advantages.

eg. Bacitracin, polysporin, Bandaid, gauze/tape

List important issues to discuss with the patient/caregiver.

Discuss follow-up care options.

List charting requirements for iatrogenic lesions.

8. Shoes, socks, inserts/orthotics, pads/strapping/taping

Features of shoes which make them appropriate for diabetic/high risk feet

Features of socks which make them appropriate for diabetic/high risk feet

Features of inserts/orthotics which make them appropriate for diabetic/high risk feet

Methods of padding or taping that helps relieve problem areas on feet/toes

Adjustments to shoes and inserts that helps relieve problem areas on feet/toes

9. Infection Control

Steps to avoid cross contamination during patient care

Instruments - appropriate cleaning methods, single use instruments

Techniques to avoid cross-contamination if using foot soaks

Procedure to avoid cross-contamination in the environment

eg. Floor coverage, cleanup, dust management, personal protective equipment

10. Pt Education

Check feet daily for... skin changes, nail changes

Skin care – cleanse, moisturize, Innerspace care, observe for problems

Shoes, socks, compression

10 sections

10 questions each = 100 questions



















Examination Objectives

- 1. Identify what Nursing Foot Care is and the role of the Nurse in Providing foot care treatment within the nurses' scope of practice.**
- 2. Describe presenting symptoms, potential causes, diagnostic methods, and treatment plans related to problems that may be present with feet.**
- 3. Describe the role of the multidisciplinary team in referring clients with diabetic ulcers and amputation to wound care nurses or a specialist.**
- 4. Describe strategies to prevent foot problems and complication including shoe gear, socks, pads, taping, cleansing and moisturizing.**
- 5. Identify common foot and nail disorders of the diabetic and geriatric foot.**
- 6. Identify common conditions of the feet such as corns, calluses, warts, ulcers, hallux valgus, tissue changes, and nail changes.**
- 7. Describe and identify safe techniques of cutting the toe nails and removing hyperkeratotic lesions.**
- 8. Identify techniques for proper use of nail nippers, curettes, stainless steel rasp or file, manual sanding files, powered rotary tool (sanders).**
- 9. Identify the safe use of protective equipment when providing foot care treatment including: goggles, face masks, gloves, hand sanitizer, barrier towels, dust evacuators.**
- 10. Describe the use of testing modalities such as the 5.07/9-gram Monofilament, tuning fork, Doppler.**
- 11. Describe proper sterilization/disinfection protocols for instruments and equipment used in foot care.**
- 12. Describe techniques and protocols which will prevent cross contamination of instruments, equipment, environment, patient exposure.**
- 13. Describe potential chronic complications of diabetes in terms of pathology, associated risk factors, frequency, recommendations for screening, prevention, management, and foot care education.**



















AFCNA State Chapters Directory

STATE	CERT	Chapter Name / Region Represented	CHAPTER LEADERS (City, State) Email	Phone Cell/text AFCNA FB
 ALABAMA - AL 47 AFCNA Members	CFCS CFCN 9	Alabama Est 2024FEB02	Dawn Wachs RN, CFCS (Riverside, AL) DawnFootNurse@gmail.com	256-231-6477 AFCNA 
 ALASKA - AK 86 AFCNA Members	CFCS CFCN 12	Alaska Foot Care Nurses	Kimberlyn Arellano RN (Palmer, AK) kimberlynrn@gmail.com	907-841-1986 AFCNA 
 ARIZONA - AZ 50 AFCNA Members	CFCS CFCN			
 ARKANSAS - AR 42 AFCNA Members	CFCS CFCN			
 CALIFORNIA - CA 147 AFCNA Members	CFCS CFCN	California incl Sonoma County Est 2020	Laurie Smith, RN, CFCS, PHN (Windsor, CA) Laurieks5@gmail.com	707-321-0494 AFCNA 
 COLORADO - CO 98 AFCNA Members	CFCS CFCN	Colorado FCN Association EST 2024SEP	Michelle Young, BSN, RN, CWCN, CFCN (Greeley, CO) nursemy49@gmail.com	970-590-3937 AFCNA 
 CONNECTICUT - CT 31 AFCNA Members	CFCS CFCN			
 DELAWARE - DE 7 AFCNA Members	CFCS CFCN			
 FLORIDA - FL 134 AFCNA Members	CFCS CFCN			
 GEORGIA - GA 70 AFCNA Members	CFCS CFCN	Northeast Atlanta Est. 2024MAY11	Yves Jones-Benjamin, BSN, RN, CFCS (Dacula, GA) AtlantaFootcare@gmail.com	347-385-7689
 HAWAII - HI 4 AFCNA Members	CFCS CFCN			
 IDAHO - ID 51 AFCNA Members	CFCS CFCN	Palouse Region (Idaho/Southeastern Washington) 24May	Jerry Schutz RN, CFCS (Moscow, ID) jerry@airier.com	509-336-9568 AFCNA 

















AFCNA State Chapters Directory

 ILLINOIS - IL 53 AFCNA Members	CFCS CFCN			
 INDIANA - IN 141 AFCNA Members	CFCS CFCN			
 IOWA - IA 32 AFCNA Members	CFCS CFCN			
 KANSAS - KS 95 AFCNA Members	CFCS CFCN			
 KENTUCKY - KY 45 AFCNA Members	CFCS CFCN			
 LOUISIANA - LA 49 AFCNA Members	CFCS CFCN			
 MAINE - ME 70 AFCNA Members	CFCS CFCN	Maine State Foot Care Nurses	Gail Hackleberg, RN, CFCS Ellsworth, ME firmfoundationfootcare@gmail.com	207-664- 9619 AFCNA 
 MARYLAND - MD 30 AFCNA Members	CFCS CFCN			
 MASSACHUSETTS - MA 161 AFCNA Members	CFCS CFCN	Greenfield Chapter	Kate Clayton-Jones BScN, RN, CFCN (Greenfield, MA)/CT contact@footcarebynurses.net	413-367- 8369 AFCNA 
 MASSACHUSETTS		South Shore, Cape, & Islands Est 2024MAR05	Donna Golden, MSN, ANP-C, CFCS CWON (Rockland, MA) donna@mobilemedicalfootcare.org Monica Sabia, BSN, CHPN, RN, CFCS monicarn@bostonbff.com	781-421- 8286 914-879- 9179
 MICHIGAN - MI 71 AFCNA Members	CFCS CFCN			
 MINNESOTA - MN 195 AFCNA Members	CFCS CFCN	Twin Cities Est 2023NOV22	Katie Sikel RN, CFCS footcare@thefootnurse.net Kathy Meyer RN, CFCS nursekatmeyer@comcast.net	651-829- 3944 AFCNA  651-470- 9979
 MISSISSIPPI - MS 71 AFCNA Members	CFCS CFCN			
 MISSOURI - MO 74 AFCNA Members	CFCS CFCN	Missouri State Est 2023NOV11	Jackie Faber, MSN, AGCNS, CFCS (Columbia, MO) jackietoemail@gmail.com	573-356- 7566 AFCNA 




AFCNA State Chapters Directory


 MONTANA - MT 50 AFCNA Members	CFCS CFCN	Montana State Est. 2023MAY24	Rich Werbelow RN (Billings, MT) Rwerbelow@yahoo.com	406-860-4482 AFCNA 
 NEBRASKA - NE 39 AFCNA Members	CFCS CFCN			
 NEVADA - NV 21 AFCNA Members	CFCS CFCN		<i>To Become a State Chapter Leader - Contact Heather!</i>	
 NEW HAMPSHIRE - NH 49 AFCNA Members	CFCS CFCN	Granite State Est 2023AUG10	Dolores Gifford RN, MSN, CFCS (New Durham, NH) FL/MA/ME CaringNursesFootCare@gmail.com	603-923-8385 AFCNA 
 NEW JERSEY - NJ 14 AFCNA Members	CFCS CFCN			
 NEW MEXICO - NM 26 AFCNA Members	CFCS CFCN			
 NEW YORK - NY 94 AFCNA Members	CFCS CFCN	Western New York Est. 2023DEC19		AFCNA 
 NORTH CAROLINA-NC 114 AFCNA Members	CFCS CFCN			
 NORTH DAKOTA - ND 45 AFCNA Members	CFCS CFCN			
 OHIO - OH 90 AFCNA Members	CFCS CFCN			
 OKLAHOMA - OK 57 AFCNA Member	CFCS CFCN	Oklahoma Foot Care Nurses	Rachel Sykes, RN Oklahomafootcarenurses@gmail.com Jessica Stinebrickner Jessica@toetallymobileok.com	405-201-0016 AFCNA/FB
 OREGON - OR 212 AFCNA Members	CFCS CFCN	Pacific NW Chapter Est. 2020	Mindy Hermens BSN, RN, CFCS (Keizer, OR) Mindysprofessionalfootcare@gmail.com Donna Keen RN, CFCS (Lebanon, OR) toesbypros@gmail.com	503-851-5781 AFCNA 
 PENNSYLVANIA - PA 46 AFCNA Members	CFCS CFCN			
 RHODE ISLAND - RI 5 AFCNA Members <i>The RI state regulators have currently prohibited CFCS/CFCN RNs from providing foot care. They</i>	CFCS 2 CFCN 2	Rhode Island AFCNA State Chapter Est 2023	Tina McDonald RN, CFCN. COCN (Tiverton, RI)/MA tina@RIfootnurse.com Currently providing licensed permitted care in MA	401-835-0497 AFCNA 

AFCNA State Chapters Directory

<i>have yet to provide specific guidelines for foot care nurse practice</i>			<i>Holding space for the profession of Foot Care Nursing in RI until such time as the RI BON recognizes and permits this service</i>	
 SOUTH CAROLINA - SC 51 AFCNA Members	CFCS CFCN			
 SOUTH DAKOTA - SD 31 AFCNA Members	CFCS CFCN			
 TENNESSEE - TN 39 AFCNA Members	CFCS CFCN	Tennessee Est 2024MAY	Betty Adsit RN, CFCS Healingfeet@outlook.com	
 TEXAS - TX 138 AFCNA Members	CFCS CFCN			
 UTAH - UT 19 AFCNA Members	CFCS CFCN			
 VERMONT - VT 30 AFCNA Members	CFCS CFCN			
 VIRGINIA - VA 70 AFCNA Members	CFCS CFCN	Foot Care Nurses of Virginia Est: 2024Sept	Susan Weaver, RN, CFCN (Rockingham, VA) susanthislittlepiggy@gmail.com	540-742-5792 AFCNA 
 WASHINGTON - WA 299 AFCNA Members	CFCS CFCN	Seattle/Kirkland Est. 2019	Angela Frye RN, BSN, CFCS angela.frye.FCN@outlook.com	425-232-6777 AFCNA 
 WASHINGTON 299 AFCNA Members		Spokane Est. 2019 Eastern-Spokane Valley	Janice Courchaine, RN, CFCS (Spokane Valley, WA) nurseworks@yahoo.com	509-220-8786 AFCNA FB
DISTRICT OF COLUMBIA, DC 0 AFCNA Members Population 678,972 (2023)	CFCS CFCN			
 WEST VIRGINIA - WV 6 AFCNA Members	CFCN			
 WISCONSIN - WI 161 AFCNA Members	CFCS CFCN	Chippewa Valley Chapter Est 2020	Lisa Polhamus, RN (Chippewa Falls, WI) lisapolham@gmail.com	715-723-7602 AFCNA 
 WISCONSIN - WI 180 AFCNA Members	CFCS CFCN	Wisconsin Foot Care Nurses Est 2024JUN04	Tammy Finley, APNP, FNP-C CFCS (Milwaukee, WI) tfinley@evolutionshealthcarellc.com	414-855-6669
 WYOMING - WY 5 AFCNA Members	CFCS CFCN			

AFCNA State Chapters Directory

Territory/ Commonwealth				
 PUERTO RICO US Territory 2025 Pop 3,203,295	CFCN			
AFCNA Affiliate Chapters	Chapter Name / Region	Contact Person / City State	Phone/ Email AFCNA FB	
us&🌐 AFCNA Affiliated 117 members	AFCNA Podiatry Nurse Practitioners Est. 2024JUN12	Nadege Tan, MSN, CFCS, ANP-C (Braintree, MA) nadege@nyotamedicalfootcare.com AFCNA affiliated private Facebook  group Podiatry Nurse Practitioners https://www.facebook.com/groups/podiatrynp/	617-232-6467 AFCNA 	

AFCNA Affiliate Chapters	Chapter Name / Region	Contact Person / City State	Phone/ Email AFCNA FB	
caCANADA AFCNA Affiliate 23 AFCNA Members	Est 2023NOV13	Nicole van Noord, BScN, BPN, RN-RPN, CFCS (Regina, Saskatchewan) dedicatedfootcare@gmail.com	306-570-1858 AFCNA 	

CFCN numbers are derived from the Wound, Ostomy and Continence Nursing website:

<https://www.wocncb.org/certification-verification> The data contained here includes certification exams taken approximately 4 weeks ago.

Rhode Island current CFCN

Tina McDonald RI CFCN 8/18/2020 12/31/2025

Christine M. Sullivan RI CFCN 12/31/2024 12/31/2029

Certification Requirements

Prerequisites:

1. **Continuing Education Requirement:** Completion of at least 25 CEs in programs directly related to Foot Care. Completed within the 24 month period prior to application.
2. **Hands-on Foot Care Training:** Completion of 30 hours of direct Hands-on patient foot care.
3. ***This can be verified by either one of the three methods below:***
 - A. ***Podiatrist Proctor*** - Any licensed Podiatrist can train and proctor in these skills.
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 - C. ***Portfolio Presentation*** - We know that some Applicants have been practicing foot care for many years. They may not need additional clinical (hands-on) training. Therefore, we are allowing an alternative method of completing the Hands-on training prerequisite. This method is only available to experienced Foot Care Nurses who are currently in practice. If you are an experienced Foot Care Provider, This may be a good option for you. See below for specifics required for this portfolio presentation.
4. **Current Healthcare licensure verification:**
(DNP, NP, BSN, RN)

Certification Examination Contents

1. Lower Extremity Anatomy & Physiology

1. Identify (name) major structures of the four systems represented in the lower extremity
2. Describe the function of major structures of the four systems represented in the lower extremity

Four systems:

1. Neurology – major nerves in foot/leg, dermatomes
2. Vascular – major vessels in foot/leg, basics of venous disease, basics of arterial disease, vasculotomes
3. Dermatology – skin structures, hair, nail structure/components
4. Musculoskeletal – major muscles/bones

2. Lower Extremity Examination

1. Normal exam findings of four systems represented in the lower extremity
2. Objective and subjective signs of pathology in four systems represented in the lower extremity

Four systems:

1. Neurology – sensory changes, monofilament testing, motor & autonomic skin changes due to nerve damage/neuropathy
2. Vascular – hair growth, pulses, capillary refill, dependent rubor, elevation pallor, edema, stasis dermatitis
3. Dermatology – thin, atrophic, dry, flaky, maceration, fissures, ulcers, blisters, color changes, rashes
4. Musculoskeletal – strength, balance, range of motion, deformities, injuries

3. Common Foot Pathologies

Describe the cause (etiology) and treatment options for:

1. Plantar Fasciitis
2. Morton's Neuroma
3. Bunions
4. Hammertoes, claw-toes, contracted digits
5. Metatarsalgia
6. Ingrown toenails
7. Hyperkeratotic lesions (corns & calluses)
8. Macerated Innerspaces of toes
9. Ulcerations and pre-ulcerative lesions
10. Lower Extremity edema/lymphedema (swelling)

4. Toe Nails

1. Identify the structures (anatomy) of the nail unit
2. Identify and name toenail deformities from pictures
eg. Onychomycosis, onychogryphosis (omega/rams horn), lytic nails
3. Identify changes to the nail from systemic disease from pictures
eg, Clubbed nails, Beaus lines, Mees lines
4. List the categories of onychomycosis. eg distal subungual, proximal subungual
5. List the pathogens frequently isolated from onychomycotic toenails.
eg, dermatophytes, t. mentagrophytes, t. rubrum
6. List topical and oral treatments for onychomycosis including:
Methods of use, effectiveness, dangers/interactions of oral antifungal medications
7. List common injuries to toes and toenails, their cause and treatment options.
eg subungual hematoma, fracture, ulcer, ingrown, blisters
8. Describe two different mechanisms that create ingrown toenails.
eg, wide and thin nails lacerate lateral or medial nail fold, incorrect nail trimming leading to the
lateral or medial distal nail edge cutting into tissue.
9. List common toenail procedures/surgeries and why you would refer a patient to have it performed.
eg. Matrixectomy, avulsion, biopsy.

5. Dermatology

1. Identify the structures (anatomy) of the skin
2. Identify and name common skin conditions from pictures. eg hemosiderin, psoriasis, cellulitis
3. List common lower extremity skin conditions and their treatment options.
eg, warts, tinea pedis, xerosis (dry skin), pressure marks/preulcerative skin changes
4. Discuss the cause (etiology) of various types of hyperkeratotic lesions (corns, calluses) on the foot
5. Discuss various treatment options for hyperkeratotic lesions on the foot.
eg. Debridement (sanding/sharp,) exfoliation (urea or ammonium lactate creams), moleskin, felt pads, silicone pads, shoe/insert modification
6. Discuss various topic products and their uses.
eg. Skin moisturizers (with humectants, emollients), barrier products for protection from moisture (petrolatum, zinc or dimethicone products), keratolytic/exfoliative products (urea creams, ammonium lactate creams)
7. Identify areas of high pressure (preulcerative lesions) caused by shoes, deformities, other pressure.

6. The High Risk Foot – Diabetic, Vascular, Aging

1. List health issues which lead to the development of "high risk" foot problems.
eg, diabetes, vascular disease, aging, nutrition, smoking, edema/swelling
2. List skin changes that can lead to easily injured skin.
3. List skin changes that can indicate the presence of vascular disease.
4. Discuss changes you might make in your care for a patient with thin, atrophic skin.
eg. Perhaps use manual sander instead of powered sander, handle the skin very gently to avoid trauma from pressure or pulling (shear) forces.
5. Discuss important patient teaching points of skin care.
eg. Appropriate/safe products for cleansing and moisturizing, daily observation
6. Discuss the importance of examining the patient's shoes, socks & inserts at every visit.
7. Discuss exam findings that would lead you to refer the patient to their primary medical provider for further evaluation and care.

7. Care for iatrogenic lesions (cuts, scratches, etc. caused during foot care visit)

1. List various types of iatrogenic lesions that can occur during foot care.
eg. Scratches with sander, cuts with scalpel or clippers
2. List different methods of bleeding control and their advantages.
eg. Direct pressure, chemical cautery (silver nitrate sticks, Monsels, styptic, aluminum chloride)
3. List different ways to provide antimicrobial cleaning to the area.
eg. Betadine, alcohol pads, chlorhexidine pads, antimicrobial sprays
4. List different choices for dressings and their advantages.
eg. Bacitracin, polysporin, Bandaid, gauze/tape
5. List important issues to discuss with the patient/caregiver.
6. Discuss follow-up care options.
7. List charting requirements for iatrogenic lesions.

8. Shoes, socks, inserts/orthotics, pads/strapping/taping

1. Features of shoes which make them appropriate for diabetic/high risk feet
2. Features of socks which make them appropriate for diabetic/high risk feet
3. Features of inserts/orthotics which make them appropriate for diabetic/high risk feet
4. Methods of padding or taping that helps relieve problem areas on feet/toes
5. Adjustments to shoes and inserts that helps relieve problem areas on feet/toes

9. Infection Control

1. Steps to avoid cross contamination during patient care
2. Instruments - appropriate cleaning methods, single use instruments
3. Techniques to avoid cross-contamination if using foot soaks
4. Procedure to avoid cross-contamination in the environment
eg. Floor coverage, cleanup, dust management, personal protective equipment

10. Patient Education

1. Check feet daily for... skin changes, nail changes
2. Skin care – cleanse, moisturize, Innerspace care, observe for problems
3. Shoes, socks, compression

Examination Objectives

1. Identify what Nursing Foot Care is and the role of the Nurse in Providing foot care treatment within the nurses' scope of practice.
2. Describe presenting symptoms, potential causes, diagnostic methods, and treatment plans related to problems that may be present with feet.
3. Describe the role of the multidisciplinary team in referring clients with diabetic ulcers and amputation to wound care nurses or a specialist.
4. Describe strategies to prevent foot problems and complication including shoe gear, socks, pads, taping, cleansing and moisturizing.

5. Identify common foot and nail disorders of the diabetic and geriatric foot.
6. Identify common conditions of the feet such as corns, calluses, warts, ulcers, hallux valgus, tissue changes, and nail changes.
7. Describe and identify safe techniques of cutting the toe nails and removing hyperkeratotic lesions.
8. Identify techniques for proper use of nail nippers, curettes, stainless steel rasp or file, manual sanding files, powered rotary tool (sanders).
9. Identify the safe use of protective equipment when providing foot care treatment including; goggles, face masks, gloves, hand sanitizer, barrier towels, dust evacuators.
10. Describe the use of testing modalities such as the 5.07/9-gram Monofilament, tuning fork, Doppler.

11. Describe proper sterilization/disinfection protocols for instruments and equipment used in foot care.
12. Describe techniques and protocols which will prevent cross contamination of instruments, equipment, environment, patient exposure.
13. Describe potential chronic complications of diabetes in terms of pathology, associated risk factors, frequency, recommendations for screening, prevention, management, and foot care education.

Continuing Education (CE) Requirements

Twenty-five (25) hours of CE education.

There is a "Continuing Education Verification Form" which must be completed. The CE Certificates from each program must be attached to the Verification Form. Programs must have been completed within 24 months prior to the date of Application.

******Program topics must be relevant to the foot and lower extremity.***

Examples of acceptable topics:

- **Anatomy & physiology of the foot and lower extremity**
- **Physical examination of the foot and lower extremity**
- **Lower Extremity Neuro, Vascular, Derm and Musculoskeletal physical exam findings and treatment options**
- **Common foot pathologies: How to diagnose and treat**
- **Wound Care**
- **Infection control & cross-contamination**
- **Patient education regarding diabetic and "high risk" foot care**
- **Other CE programs relevant to care of the feet and lower extremity**

Programs formats can include:

- **Live seminars/presentations**
- **Video (previously recorded) lectures**
- **On-line and Distance Learning Programs**