

Training your team: Foot health exercise

In the UK around 90% of adults had at least one foot problem in 2006.¹ Helping customers keep their feet healthy can help them prevent future foot concerns.

As a team, role play how you would manage the following customers. Have your team/team member play their usual role, while you take the part of the customer.

Customer 1: A 55-year old man:

“I have some hard skin on my feet, and they’re also a bit smelly.”



Customer profile

- He has thick, hard, yellow skin on the soles of his feet, but no other symptoms
- He feels the warm weather is making his feet more smelly than normal
- He is taking analgesics at the moment as his back is ‘playing up’.

Did your team member correctly identify dry skin and foot odour as this customer’s problems?

If not, more information on foot health is available via a downloadable summary sheet.

What treatment was suggested?

- An emollient (e.g. Scholl Dry Skin Recovery Cream) can help ease hard, dry skin
- An abrasive, such as an electronic abrasive (e.g. Scholl Velvet Smooth Express Electronic Foot File), can help remove hard skin
- A deodorant or antiperspirant (e.g. Scholl Fresh Step Anti-Perspirant Foot Spray) can be recommended for foot odour.²

Was format considered?

- Emollients are available in a range of formats, such as creams and ointments to help meet customer preferences
- If an electronic abrasive was recommended, these offer various rollers in various levels of coarseness to match the degree of skin hardening (e.g. Scholl Velvet Smooth Express Electronic Foot File is available with gentle, regular, extra course and ultra course rollers).

What lifestyle advice was offered?

- For hard skin: wear comfortable, well fitting shoes and continue using emollients after hard skin has been removed^{3,4}
- For foot odour the following can help: dabbing feet with cotton wool dipped in surgical spirit, dusting feet with an absorbent foot powder and wearing breathable shoes.^{2,5}

Full information is available in the managing foot health module.





Customer 2: A 24-year old woman:

“My heels are hard and horrible looking.”

Customer profile

- She has thick, hard, skin on her heels with a small crack on one heel
- The other heel has not cracked and the skin is rough and flaking
- She has no other symptoms or medical conditions
- She is taking an oral contraceptive pill.

Did your team member correctly identify dry, cracked heels as this customer’s problem?

If not, more information on foot health is available via a downloadable summary sheet.

What treatment was suggested?

- An emollient can help ease dry, cracked heels⁴
- An abrasive, such as an electronic abrasive (e.g. Scholl Velvet Smooth Express Electronic Foot File), can help remove hard skin



- Hard skin that is more resistant may benefit from a keratolytic treatment (e.g. Scholl Cracked Heel Repair Cream Active Repair K+ which contains intensive emollients, urea, keratine and lanolin.)
- Keratin aids the body’s natural recovery process by regulating cell growth and creating a natural scaffold for structural integrity.⁷



Was format considered?

- Emollients are available in a range of formats, such as creams and ointments to help meet customer preferences
- If an electronic abrasive was recommended, a coarse roller can be better for harder skin.

What lifestyle advice was offered?

- For hard skin: wear comfortable, well fitting shoes and continue using emollients after hard skin has been removed.^{3,4}



Customer 3: A 48-year old woman:

“My dry heels have cracked.”

Did the team ask WWHAM questions to get the below information?

- She has thick, hard, yellow cracks on her heels with some splitting
- The skin around the split is very swollen, red and painful to touch
- She is taking some anti-diabetic medication.

Did your team member recognise that swollen, red skin that is painful to touch could be symptoms of cellulitis?⁸ In addition, the fact that the customer is diabetic should also prompt a referral.

Full information is available in the understanding foot health module.

References

1. RB Data on File. Scholl foot conditions survey, 2006 (n=1071).
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