PRACTICE GUIDELINES

CLPNS
COLLEGE OF LICENSED PRACTICAL NURSES OF SASKATCHEWAN

Foot Care

Basic and Advanced Foot Care

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The College of Licensed Practical Nurses of Saskatchewan (CLPNS) regulates the licensed practical nurse (LPN) profession in Saskatchewan. The purpose of professional regulation is to protect the public from risk and reduce harm to those the profession serves. LPNs are regulated because the service they provide can pose a risk to the public if performed incompetently, unethically, or by unqualified individuals.

Foot Care – Basic and Advanced

Licensed Practical Nurses (LPNs) provide foot care to clients in various practice and employment settings within the Professional Scope of Practice.

LPNs providing foot care services are accountable for all aspects of care, including their actions or inactions regarding foot care. They must recognize when a client's needs exceed their individual level of competence or fall outside their professional scope of practice. In such cases, the LPN is responsible for consulting with or referring the client to the appropriate healthcare provider.

LPNs providing advanced foot care[1] as part of an Independent Practice should refer to CLPNS documents related to Independent Practice. These documents outline legal requirements, including physicians' orders, record-keeping, consent to treatment, infection control, and obtaining liability insurance.

Basic Foot Care

The foundational knowledge required to perform basic foot care is included in the practical nursing education programs in Saskatchewan.

An LPN who has completed limited education in foot care, such as 2 or 3-day workshops, will have enhanced their foundational knowledge but remain limited to providing basic foot care services.

When an LPN provides basic foot care services, the risk to the public is low, as the services are generally offered in institutional settings with additional levels of oversight.

[1] Advanced foot care encompasses nursing care of the lower limb and foot, requiring a specialized body of knowledge and adherence to the competencies specific to advanced foot care. It is not part of entry-level practice for LPNs (CLPNNL, 2020).

Practice Authorized Within Basic Foot Care

The basic competencies that an LPN acquires during their nursing education program prepare the LPN to:

Have knowledge of	• anatomy/physiology of the feet and lower extremities • purpose of foot and nail care • common microorganisms of the lower extremities • asepsis/infection control • complications and the effects of the pathology and disease process e.g., Diabetes and circulation

Be competent to	• assess and inspect the feet
	• utilize the nursing process as it pertains to foot health (assessment, planning, implementation, and evaluation)
	• perform non-invasive foot care procedures:
	  ○ cleaning, moisturizing
	  ○ application of creams, lotions, simple dressings
	  ○ toenail care (including cutting)
	• use the instruments in a safe, competent, and appropriate manner, including
	  ○ nail file
	  ○ nail clippers
	• provide education to the client/care provider on foot health
	• complete documentation

Have the critical thinking and critical inquiry to	• recognize the expected findings of a normal and average foot for clients who are not experiencing alterations in pathological or disease processes of the foot and or lower extremities. • understand when and how to refer the client based on assessment findings of the lower extremities. • document and report

Advanced Foot Care

The skills and knowledge needed to provide advanced foot care are obtained through formalized education specific to the foot and lower limb, which are beyond the practical nursing program. The education required for an LPN to provide advanced foot care services is referred to as additional competencies.

Providing advanced foot care services, whether in institutional settings or independent practice, carries inherent risks, particularly for clients who are more susceptible to complications. LPNs must have the necessary knowledge to prevent, anticipate, and manage complications that may occur. Clients with decreased circulation, for instance, may experience a delayed healing process when receiving foot care services due to the increased risk of negative outcomes associated with a pre-existing condition. Therefore, thorough assessments and appropriate precautions are essential to mitigate the risks to the clients.

New Foot Care Designation

Designations help reflect the nurse's role, competence, and scope of practice, which are important for public perception of a healthcare professional's skills and abilities.

LPNs may use the designation "advanced foot care nurse" if they meet the following conditions:

- Complete the necessary education and training required to provide advanced foot care.
- Practice according to the CLPNS Standards of Practice and Code of Ethics.
- Represent their role accurately within the professional scope of LPN practice.

Using this designation must never mislead the public or suggest a scope of practice beyond what the LPN is authorized and competent to perform. Clear and accurate representation helps maintain public trust and supports safe client care while upholding the integrity of the nursing profession.

The CLPNS discourages the use of the terms "certified" or "certification" in relation to advanced foot care, as there is currently no recognized standard or certification process for advanced foot care within the CLPNS.

Acceptable example: Jordan Smith, LPN, advanced foot care nurse

Unacceptable example: Jordan Smith, LPN, certified foot care nurse

Practice authorized within Advanced Foot Care

The additional competencies will prepare the LPN to perform the following advanced foot care services:

Have knowledge of	• basic foot care knowledge, and • pathology as it relates to acute and or chronic disease and the feet e.g., Diabetes • peripheral vascular disease changes due to chronic disease and aging e.g., Arthritis • best practices in asepsis/infection control related to care and maintenance of instruments • how to assess and refer clients to other healthcare professionals • footwear and basic pedorthic management

Be competent to	• perform all aspects of basic foot care
	• consider the client's history/co-morbidity/pathophysiology
	• assess/inspect the feet and lower extremities
	  ○ Diabetic assessment of lower extremities (Inlow's 60-second Diabetic Foot Screen)
	  ○ vascular assessment of lower extremities (doppler, ABI, claudication, edema, temperature)
	• Use the instruments in a safe, competent, and appropriate manner, including:
	  ○ black file
	  ○ diamond deb file
	  ○ nail scissors
	  ○ probe
	  ○ nail nippers
	  ○ foot file
	  ○ foot care drill/burrs
	  ○ nail packing
	  ○ monofilament[2]
	  ○ curette
	• understand the principles/application and contraindications of padding and or offloading

Have the critical thinking and inquiry to	• perform all aspects of basic foot care • recognize when a client is experiencing or is at risk of experiencing a pathological or disease process of the foot

[2] LPNs with only basic competencies may be able to receive limited employer education related to the use of monofilament. Contact the CLPNS for details at practice@clpns.com

Risks Associated With LPN-Provided Advanced Foot Care

The context of practice heavily influences risk levels.[3]

Lowest Risk	Moderate Risk	Highest Risk

The lowest level of risk in providing advanced foot care is when the LPN is working as part of a collaborative team:
• This might be in a podiatry clinic, a wellness center, or anywhere that an authorized professional qualified to diagnose and prescribe treatment (physician, podiatrist, nurse practitioner) is on site.
• In this setting, the LPN is employed by the agency or facility. There is oversight of the LPN's practice, whether directly by other practitioners at the time or indirectly by practitioners who provide care to the client soon after the LPN has provided advanced foot care services.
Responsibilities of the employer:
• To have policies, procedures, and consents in place for the LPN to provide advanced foot care services.
• Record keeping: the LPN is expected to document and record the care or service they have provided.
• Obtaining and maintaining products and supplies.
  ○ When working as an employee, the LPN likely has more access to equipment to adhere to infection prevention and control regulations.
	When the environment starts to shift into a semi-independent practice setting, the risks begin to shift to a more moderate level:
	• The LPN might be working or providing advanced foot care services in a long-term care facility where the physician is not on-site or has not seen the client's foot for several weeks. The risk will increase in any situation where there is not an authorized practitioner on site.
	• The LPN may have more difficulty in accessing equipment to adhere to infection prevention and control Regulations
	Responsibilities of the employer:
	• Are the same as in lowest-risk
		The most significant risks exist in the provision of advanced foot care within Independent Practice:
		• All the risks identified as low or moderate now become the responsibility of the LPN who operates the business. This business may not always be structured as a traditional business; however, if the LPN is receiving payment for services directly from a client (or their family or another payee), the LPN is considered to be engaged in Independent Practice.
		• In these conditions, there can often be significant additional risks:
		  ○ LPNs practicing with an Independent Practice have little to no oversight of practices related to skill, equipment management, infection control, consent, liability, and referral practices.
		  ○ Services are often provided via a 'mobile' service and in inconsistent and uncontrolled environments.
		  ○ Clients may be less able to assess the quality of services they receive.
		  ○ LPNs gain financially from Independent Practice (increased services provided means increased revenue).
		  ○ Limited referral resources

[3] Document Library | CLPNS

Context of Practice

The context of practice determines how and in what circumstances LPNs apply their skills by considering the client's needs, the LPN's competence, and the environmental resources. While LPNs may have the necessary knowledge and abilities to apply competencies within the Professional Scope of Practice, the context of practice may determine that they are

In such cases, client needs might exceed the LPN's individual competencies or the environmental resources available. When this happens, LPNs should initiate a discussion with their employer or charge nurse to find the best way to meet the client's needs, which may involve additional support to the LPN or reassignment. If the context of practice requirements cannot be met while an LPN is providing foot care as an independent practitioner, a referral to a qualified healthcare provider must be made.

Prioritizing and continuously reassessing the context of practice is crucial for decision-making in the application of LPN practice.

The context of practice determines the application of LPN practice and encompasses three elements:

- the competency of the LPN
- a suitable client population
- the environmental supports are in place

The framework guides decision-making in specific settings and situations. LPNs must always consider the context of practice and recognize that it changes and requires ongoing assessments.

The LPN must:

- obtain the appropriate advanced foot care education
- be aware of the limitations of LPN-provided foot care and have the ability to consult with/refer to a qualified practitioner.
- follow organizational foot care policies, or in the case of self-employment (independent practice), establish and follow clear foot care policies and procedures that comply with regulatory bylaws when engaged in Independent Practice.

The LPN may never:

- make a medical diagnosis or initiate treatment of an undiagnosed condition.

The LPN is responsible for:

- Adhering to professional standards and aligning with best practices in foot care, including the use and care of equipment and infection prevention and control regulations.
    - as an employee or as an independent practitioner
- Resources may include but are not limited to:
    - IPAC (Infection Prevention and Control)
    - Canadian Association of Foot Care Nurses (CAFCN)
    - manufacturers' instructions for care and maintenance

The LPN must be prepared to answer the following questions prior to initiating any intervention. This risk assessment should include a thorough inquiry and response to the following:

- What could go wrong?
- How severe might the adverse event be?
- How would I address an adverse event?
- How likely is it that an adverse event will occur?
- How can I prevent an adverse event or mitigate the impacts?

When to Refer/Consult

(For all LPN-provided foot care)

LPNs are not authorized to make a medical diagnosis or prescribe a medical treatment plan in response to a medical diagnosis. Therefore, an LPN must refer or consult an authorized health professional (physician, podiatrist, nurse practitioner) in any of the following circumstances:

- if the client appears to have undiagnosed or untreated pathology or disease affecting the feet and lower extremities
- if, during routine care, the assessment findings are not as anticipated, have changed, or are new
- If the client is not achieving the intended outcomes of the treatment plan
- if the client's health status is becoming variable and less predictable for reasons that may or may not be directly related to foot health.

For LPNs engaged in an Independent Practice, there must be a plan for each client whom the LPN will refer/consult when any of the above situations arise. If clients are without a family physician, podiatrist, or nurse practitioner, the LPN must arrange an appropriate referral process before initiating any service.

Educational Requirements for Advanced Foot Care

Although the CLPNS does not recommend or endorse education beyond entry-level programs, LPNs should review foot care courses prior to enrolling to ensure they meet the necessary requirements.

Education developed and offered by non-accredited sources, such as employers, organizations, or interest groups, generally results in a certificate of attendance or a certification acceptable to a specific practice environment and may or may not transfer to another practice environment. Education delivered in a workshop format over 2-3 days, such as the former Foot Care Modalities course through the University of Saskatchewan, enhances an LPNs foundational knowledge but remains limited to providing basic foot care services. It does not adequately prepare the LPN to provide advanced foot care in any Independent Practice or unsupervised practice setting.

Education offered by accredited institutions or certified instructors tends to be comprehensive and thorough. Completing such education often leads to a course credit, official certification, or widely accepted credentials. Typically, this education includes:

- a minimum of 84 hours in length[4]
- 12 hours of lab/practical opportunity
- a comprehensive exam that can be passed or failed

CLPNS does not endorse, recommend, or approve any advanced foot care courses. LPNs are expected to make an informed decision regarding foot care education that meets the minimum requirements outlined above.

Consent

An LPN engaged in the Independent Practice of foot care must obtain written consent from the client or substitute decision-maker before providing advanced foot care services. The consent must indicate and/or include:

- an assessment that has warranted the need for advanced foot care
- the provider's expectations for the delivery of services
- permission to use the instruments/equipment to provide foot care
- allowing time for the client(s)/substitute decision-maker to ask questions

[4] Course length is not to be considered the determining factor in developing additional competencies for advanced foot care. However, courses offering advanced footcare education in Saskatchewan are now at least 84 hours in length.

LPNs working in an institution that offers advanced foot care services shall follow the employer's policies regarding consent to treatment.

Conclusion

In all settings, at all times, the LPN:

- must have achieved thorough education and training and the individual competence to provide the service required.
- will recognize when the needs of the client exceed their individual competence
- will follow employer policy for foot care or policies and procedures that have been developed as an independent practitioner
- will provide direct nursing foot care as one component of total health care
- will seek ongoing education in foot care to improve or maintain their knowledge and competency
- will escalate care to a qualified healthcare provider when:
    - a client develops a foot ulcer or shows signs of infection
    - an undiagnosed or untreated pathology or disease affecting the lower extremities is suspected
    - a client's outcomes are not achieved as expected
    - there is a change in the client's health status

An LPN who is self-employed is also required to comply with CLPNS Regulatory Bylaws. Please review the practice guideline on Independent Practice.

Contact practice@clpns.com for further information.

Glossary

Additional competencies	The observable knowledge, skills, and abilities authorized by the CLPNS as appropriate in LPN practice are developed through education, training, and practice experience.
Basic competencies	The observable knowledge, skills, and abilities authorized by the CLPNS as appropriate in LPN practice and taught in the practical nursing education program.
Context of Practice	The context of practice determines how and under what circumstances LPNs apply their skills, considering the client's needs, the LPN's competence, and the environmental resources. The context of practice guides individual decision-making in specific practice settings or situations.
Independent Practice	As defined by CLPNS Regulatory Bylaws - The provision of licensed practical nurse services while self-employed or as an employee of an entity that is substantially controlled by the member and often referred to as private practice.
Individual competence	The ability to apply and demonstrate competencies (knowledge, skill, and abilities) within the LPN professional scope of practice in a safe and ethical manner.
Institutional setting/Institution	A hospital, long-term care, or clinic that is not owned by the individual LPN. This can include acute care, long-term care, foot care clinics, or home care.
Professional scope of practice	A regulated professional is authorized to perform the full range of roles, functions, and responsibilities within licensure and is expected to do so safely, competently, and ethically.

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References

Canadian Association of Foot Care Nurses. (2017*). National Competencies for Advanced Nursing Foot Care in Canada.* Retrieved from CAFCN-National-Competencies-for-Advanced-Nursing-Foot-Care.pdf

Canadian Council for Practical Nurse Regulators. (2019). *Entry-to-Practice Competencies for Licensed Practical Nurses.* Retrieved from Resources - Canadian Council for Practical Nurse Regulators (CCPNR)

Canadian Council for Practical Nurse Regulators. (2020). *Standards of Practice for Licensed Practical Nurses in Canada.* Retrieved from Resources - Canadian Council for Practical Nurse Regulators (CCPNR)

College of Licensed Practical Nurses of Alberta. (2024, April 26). *Practice Guideline: Self-Employed Practice*. Retrieved from LPN-Practice-Guideline-Self-Employed-Practice-ID-90512.pdf (clpna.com)

College of Licensed Practical Nurses of Alberta. *Infection Prevention and Control*. Retrieved from LPN-Practice-Guideline-Infection-Prevention-Control-ID-90508.pdf (clpna.com)

College of Nurses of Ontario. (2023*). Independent Practice*. Retrieved from 41011_fsindepprac.pdf (cno.org)

College of Registered Nurses of Newfoundland and Labrador & College of Licensed Practical Nurses of Newfoundland and Labrador. (2020*). Advanced Footcare*. Retrieved from Advanced_Footcare_Practice_Guideline_2020.pdf (clpnnl.ca)

College of Licensed Practical Nurses of Saskatchewan. (2023). *The Licensed Practical Nurse Act, 2000*. Retrieved from Document Library | CLPNS

College of Licensed Practical Nurses of Saskatchewan. (2017). *Competency Profile for the College of Licensed Practical Nurses of Saskatchewan*, 3rd Edition. Retrieved from Document Library | CLPNS

College of Licensed Practical Nurses of Saskatchewan. (2019, March). *LPN Practice in Saskatchewan*. Retrieved from Document Library | CLPNS

College of Licensed Practical Nurses of Saskatchewan. (2020, February). *Independent Practice (Self-Employed).* Document Library | CLPNS

College of Licensed Practical Nurses of Saskatchewan. (2023, August). CLPNS *Regulatory Bylaws.* Retrieved from Document Library | CLPNS

Infection Prevention and Control Canada (IPAC) *Reprocessing of Critical Foot Care Devices.* Retrieved from Position Statement_ReprocessingCriticalFootCare_RevisedJuly2019.pdf (ipac-canada.org)

Nova Scotia College of Nursing (2019). *Foot care Practice Guideline.* Retrieved from: https://cdn1.nscn.ca/sites/default/files/documents/resources/FootCare.pdf

O'Connor, P. A., & Hunter, J. (2019). Hygiene. In P. A. Potter, A. G. Perry, P. Stockert, A. Hall, B.J. Astle, B. J. Astle, & W. Duggleby (Eds.), *Canadian Fundamentals of Nursing* (6th ed.), Milton, Ontario, Canada: Elsevier Canada.

Saskatchewan Health Authority (SHA) Clinicla Procedure; Foot Assessment and Care (2024, May 21) Retrieved from Foot Assessment and Care [Clinical Procedure] | Policy and Clinical Standards Document Finder | Saskatchewan Health Authority (saskhealthauthority.ca)