HOLISTIC ASSESSMENT

(Maloof 1996)
Take 5 -

Imagine these legs are yours.

Take a minute to imagine how they would impact on;
- Your life at home
- Your relationships – partner, children
- Your job
- How you feel about yourself?
The Impact of Chronic Oedema

- Impaired mobility – reduced range of movement in affected limb joints
- Functional restriction
- Difficulty with self care & hygiene
- Swelling - inability to wear rings and watches, difficulty fitting into clothes
- Skin Changes – skin tight and shiny, feels taut
- Heaviness
Pain caused by:

• Skin tightness
• Reduced function
• Muscle Strain, weight pulling on soft tissue structures, e.g. tendons, ligaments
• Nerve compression
• Inflammation or infection
• Tingling, Pins and Needles - indicator of neuropathic pain, not relieved by normal analgesia.
• Reduced employment opportunities
• Social isolation
• Affects body image, self esteem and personal relationships

(Moffatt et al, 2003)
Assessment

- History Taking
- Assessment of swelling
- Assessment of skin condition
- Pain assessment
- Psycho-social assessment
- Vascular assessment
History taking

• Medical history – previous & current
  – Arthritis, cancer, cardiac, renal, trauma, surgery
• Current medication
  - some exacerbate oedema
• Family history – oedema/venous/cardiac/renal
• weight history
• Presenting symptoms – onset
• Mobility & functional assessment
• Previous treatments?
• Allergies
Assessment of swelling

- ? Pitting, press and hold for 10 seconds
- measurements of limb – baseline for comparison
Stemmer Sign

Positive Stemmer's sign - inability to pinch fold of skin at base of second toe due to thickening.

Diagnostic of Lymphoedema
Assessment of skin condition

The general condition of the patient’s skin should be assessed for:

- Hydration (eg dryness)
- Pigmentation/lipodermatosclerosis
- Eczema
- Redness/pallor/cyanosis
- Warmth /coolness
- Signs of cellulitis
- Broken or ulcerated skin
- Fungal infections – toes and skin folds (eg Tinea Pedis)
Pain assessment

• Use pain assessment tools – Wong Baker

• Pain Assessment & Management Information Sheet
  – Nociceptive or Neuropathic?
Abbey Pain Scale for the measurement of pain for people who cannot verbalize.
Score following a 5 minute observation.

NO PAIN SCORE = 0-2 (No intervention), MILD = 3-7 (Administer drugs observe effect) MODERATE = 8-13 (Administer drugs observe effect) SEVERE =14 plus (Seek help immediately)

<table>
<thead>
<tr>
<th>Affix RiO Label</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Time</td>
<td>Time</td>
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</tr>
<tr>
<td>Vocalization: e.g. crying, groaning, whimpering,</td>
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<tr>
<td>Absent 0 / Mild 1 / Mod 2 / Sev 3</td>
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<tr>
<td>Facial Expression: Looking tense, frowning, grimacing</td>
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<tr>
<td>Absent 0 / Mild 1 / Mod 2 / Sev 3</td>
<td></td>
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<tr>
<td>Change in body language: Fidgeting, rocking, withdrawal</td>
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<td></td>
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<tr>
<td>Absent 0 / Mild 1 / Mod 2 / Sev 3</td>
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<tr>
<td>Behavioral changes: Increasing confusion, change in sleep pattern, not eating,</td>
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<tr>
<td>reluctant to move or receive care.</td>
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<tr>
<td>Absent 0 / Mild 1 / Mod 2 / Sev 3</td>
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<tr>
<td>Physiological changes: (for acute pain) Pulse, Pallor</td>
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<tr>
<td>Absent 0 / Mild 1 / Mod 2 / Sev 3</td>
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<tr>
<td>Physical changes: Pressure sore, injury, contracture</td>
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<tr>
<td>Absent 0 / Mild 1 / Mod 2 / Sev 3</td>
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<td>Total Score</td>
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<td>Signature</td>
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</table>
Psycho-social Assessment

- Effects of swelling on day to day life
- Screen for depression
- Occupation – past & present
- Care and social support mechanisms
- Body image issues
- Expectations of treatment
Vascular Assessment

All patients must be assessed to establish their vascular status

- Doppler ABPI is the standard
  - Ok to compress ABPI of 0.8 to 1.2
- Difficult on very oedematous limbs
- Lower limb assessment tool
- Toe brachial pressure index
Take 5 -

The patient arrives for their appointment and this is what you are faced with:

1. What do you do & why?
2. What do you think your chances of improving these legs are?

Please jot your thoughts down
Management

1. Skin care
2. Lymphatic drainage (MLD / SLD)
3. Exercise
4. Compression therapy
5. Pain management
6. Psychological support
7. Nutritional support
Skin Care

Vitally important to maintain skin integrity, prevent the development of hard or dry skin, and reduce the risk of infection:

• Encourage a daily skin care regimen & self care (or at each dressing change)
• Wash with soap substitute – wash off old emollient
• Dry gently – thoroughly into skin folds & between toes
• Apply regular emollients in downwards motion(not between toes) – emollient formulary
• Removal of skin scales
Hyperkeratosis

**Prevent** – daily skin care regimen & compression

**Treat** – use emollients that contain urea

Wipes & squirting saline are NOT effective

Needs bucket of warm water, flannel & emollient (Hydromol Ointment)
Folliculitis

- A pustular inflammation of superficial hair follicles caused by bacteria
- Caused by application of emollients in upwards direction
- If left untreated cellulitis may develop
Varicose Eczema

- Gravitational eczema is found in a large number of patients with chronic oedema
- It is associated with poor venous return
- It is managed through the use of Compression therapy, leg elevation, emollients
- Use topical steroid OINTMENT when it is flares up, potent for 2 weeks reducing down
Cellulitis Management

• Prevent acute inflammatory episodes (cellulitis) by meticulous skin care

• Each episode further damages lymphatics

• *Prompt treatment is essential to prevent further damage that can predispose to recurrent attacks.*
Cellulitis Treatment

• Acute cellulitis – 2 weeks antibiotics
• 2 or more attacks per year – prophylactic antibiotics

• This is the BLS consensus for treatment of cellulitis:

http://www.thebls.com/consensus.php
## Cellulitis or Red Legs?

<table>
<thead>
<tr>
<th>Cellulitis</th>
<th>Symptoms</th>
<th>Red Legs</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>Temperature/fever</td>
<td>NO</td>
</tr>
<tr>
<td>YES</td>
<td>Feeling unwell</td>
<td>NO</td>
</tr>
<tr>
<td>YES</td>
<td>Pain</td>
<td>More tenderness</td>
</tr>
<tr>
<td>YES</td>
<td>Redness which spreads</td>
<td>No</td>
</tr>
<tr>
<td>YES</td>
<td>Heat</td>
<td>More warmth</td>
</tr>
</tbody>
</table>
Lymphatic drainage
Manual / Simple (MLD / SLD)

- Repetitive light pressure movements on the skin at a slow rhythm.
- Movement mimics the action of lymph flow in the body.
- Stimulates lymphatics to function more effectively
- Only available privately or in the Lymphoedema clinic BUT, they don’t do legs!
The importance of movement can not be underestimated

• Optimize flexibility & prevents stiffness
• Improve muscle pump action
• Enhance lymph and venous return
Exercise Suggestions:

- Tailored to the patient’s individual level of ability
- Look at current levels of activity and encourage patients to identify ways to increase them
- Activating the calf muscle by circulating, flexing and dorsiflexing the feet
- Frequent short walks
- Compression garments should be worn during exercises
- ‘Generations Games’ – DVD, classes, buddies
- Elevate legs when sitting
- DO NOT SLEEP IN THE CHAIR!
FREE Multi Activity Event
Park Sports Centre in Wheatley
Monday 30th June 2014 10am - 1pm

Sports Hall
Session 1: 10am-10.50am
- Table Tennis
- New Age Kurling - version of the original curling game but adapted so it can be played in a sports hall rather than ice
- Walking Football (Indoors)

Session 2: 11am -11.50am
- Badminton
- Boccia (Seated Bowls)
- ‘Timed Strength and Balance’ - a circuit approach to exercise

Session 3: 12pm-12.50pm
- Pickleball - a racket sport that combines elements of tennis, badminton and table tennis
- New Age Kurling

Studio
Session 1: 10.15am - 11am
- Zumba Gold

Session 2: 12.15pm-12.45pm
- Seated Exercise

Come along and try as many activities as you like!
Refreshments will be available.
Places are limited.

To book your free place please either call Generation Games on 01235 849403 or contact the Park Sports Centre on 01865 872128.
Pain Management

• Identify cause & treat eg cellulitis

• Nociceptive & neuropathic analgesia
  – Amitriptyline at night?

• Education & positive reinforcement

• Pain → poor sleep → depression → pain cycle
Psychological Support

• Engage & empower patients in their care – decision making & self care, setting goals

• Talking Spaces - for the treatment of depression and anxiety

• Talking Health - Coping with physical health problems using psychological therapies

• Medication
Nutritional Support
Oxfordshire weight Loss Service

- The programmes have been developed with long-term results in mind, to help participants understand more about their weight and the drivers of their behaviours.
- MoreLife also work with clients to reinforce positive behaviours and challenge behaviours that have a negative impact on their health.
Compression
Compression

• Hosiery
  – early stages
  – Maintenance – continuing care

• Bandaging
  – to decongest the limb prior to moving to maintenance with hosiery
  – With ulceration/lymphorrhoea
  – Distorted limb shape
Hosiery is divided into classes which depends on the amount of mmHg delivered at the ankle and there are variations between British and European standard.

<table>
<thead>
<tr>
<th>Classification</th>
<th>BRITISH: Level of mmHg</th>
<th>EUROPEAN: Level of mmHg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>14 – 17mmHg</td>
<td>18 – 21mmHg</td>
</tr>
<tr>
<td>Class 2</td>
<td>18 – 24mmHg</td>
<td>23 – 32mmHg</td>
</tr>
<tr>
<td>Class 3</td>
<td>25 – 35mmHg</td>
<td>34 – 46mmHg</td>
</tr>
</tbody>
</table>
The CHROSS Checker

• The CHRonic Oedema Signs and Symptoms
• CHROSS Checker chart and key cards
• Helps identify skin changes – as a result of underlying venous and lympho-venous disease
• As part of a Holistic Patient Assessment
• Clear guidance on which compression products can be used to manage the disease type
Ankle flare

Definition:
Distension of the small veins of the foot, around the ankle

Cause:
Chronic venous hypertension

Action:
Prevention: skin care, compression hosiery
# CHROSS Checker Form

It is important to check for the signs and symptoms of venous and lymphovenous disease, which are listed in the chart below.

1. The chart should be used as a prompt to check for skin and limb changes as part of the holistic patient assessment.
2. The compression products recommended should be used as part of an overall management plan, which includes medical management of underlying diseases, skin and wound care, and patient education.
3. It is important to follow the care plan and to use and refer for specialist advice.
4. If no ticks are recorded, the limb is healthy and no action is needed, other than a good skin care regimen.
5. In the ‘early/intensive intervention’ and ‘intensive management’ phases, before managing with ‘treatment with compression bandaging (e.g. Actros®) may be required.’
6. For further information on the signs/symptoms listed below, including photographs and description, please refer to the accompanying key cards.

### The CHROSS checker form

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Early/medium Intervention</th>
<th>Intensive management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicosity</td>
<td>Varicose veins</td>
<td>Ulceration</td>
</tr>
<tr>
<td>Spider veins</td>
<td>Sclerotherapy</td>
<td>Lymphoedema</td>
</tr>
<tr>
<td>Venous ulcers</td>
<td>Venous pigmentation</td>
<td>Lymphedema</td>
</tr>
</tbody>
</table>

**Tick the box below if the sign/symptom is reported, or present on the limb of the patient:**

1. Thrombosis
2. Arterial occlusion (arterial disease)
3. Capillary leak (oedema)
4. Examination/ultrasound
5. Examination/venous doppler

**Is there evidence of the condition:**

1. Yes
2. No
3. Maybe

**Consider application of the compressions below, depending on disease severity mild, moderate or severe as part of management:**

- **Actros® British Standard Hosery**
- **Actros® European Class Hosery**
- **Actros® Leg User Hosery Kit**
- **Actros® Standard Hosery**
- **Actros® European Class Hosery**
- **Actros® Leg User Hosery Kit**
- **Actros® Standard Hosery**
- **Actros® European Class Hosery**
- **Actros® Leg User Hosery Kit**

**Before Hosery can be effectively used in the intensive management phase, the use of compression bandaging may be required:**

- **Actros® Leg User Hosery Kit (non-sterile)**
- **Actros® Standard Hosery (sterile)**
- **Actros® European Class Hosery**
- **Actros® Leg User Hosery Kit**
- **Actros® Standard Hosery (sterile)**
• European (EU) Class garments - RAL
• For management of oedema, chronic oedema & lymphoedema
• Stiffness of garments oppose limb oedema
• Available on FP10 / GP10
Actilymph – ‘off the shelf’

- European class
- 3 classes / 5 sizes - sand
- Below knee open & closed toe & thigh length open toe available in black
- 2 leg lengths (below knee)
- 2 welt widths, both with grip top

The rule of thumb is that off-the-shelf compression hosiery sizes will generally fit 80% of patients.

Please watch the following video:
Made to Measure Hosiery

• You may **ONLY** measure for MTM hosiery **AFTER** you have attended this hosiery workshop and received the correct training

• ‘Off the shelf’ hosiery is your 1st line option

• Only consider MTM after 1st measuring the limb for ‘off the peg’ hosiery and confirming it does not fit within these measurements
Measuring for hosiery

- Measurement guides are provided by the manufacturer but always include ankle circumference.
- Measurements should be taken as early in the morning as possible, before the patient has been standing for long periods of time, or straight after removal of bandages.
- Patients who require compression hosiery for each leg must have both legs measured because they may be different sizes.
• Measurements need to be taken next to the skin to ensure accuracy
• Take measurements in standing position for thigh hosiery, sitting or standing for calf & ankle
• If sitting the knee should be flexed to 90 degrees and foot on the floor
• Use a sheet of paper to measure the foot length
• Check accuracy of measuring tape- old tapes stretch with time
Practical session
MTM Order Form

1. Fill in your name and mobile number

    Order ref. - the patient's name

2. The measurements - two columns - in cm

    \( l \) = measurements of length

    DO NOT follow the contours of the body. Measure vertically to the ground

    \( c \) = measurements of circumference

    \( c \) & \( l \) are measured in stages up the limb

    • Use a pen to mark the spot

    • The positions for each point are described on the inside cover of the pad eg B1 - where the calf starts
How to measure the leg:

Ask the patient to stand, if possible.
Mark and measure the leg as follows:

- cG 2cm below Gluteal Fold for circumference
- lG 2cm below Gluteal Fold to ground for length
- cF Mid Thigh for circumference
- lF Mid Thigh to ground for length
- cE Across middle of Kneecap for circumference
- lE Middle of Kneecap to ground for length
- cD 2cm below Popliteal Fossa for circumference
- lD 2cm below Popliteal Fossa to ground for length
- cG Widest part of Calf for circumference
- lG Widest part of Calf to ground for length
- cB1 Where Calf starts for circumference
- lB1 Where Calf starts to ground for length
- cB 2cm Above Malleolus for circumference
- lB 2cm Above Malleolus to ground for length
- cY Around Instep and Heel with foot dorsi-flexed for circumference
- cA Around base of Toes for circumference
- lA Heel to base of Toes for length
- lZ Heel to end of Large Toe (Total length of foot)
- lA1 From the Heel to the base of Large Toe
- lA2 From the Heel to the base of Small Toe

How to measure the panty:

Ask patient to put their hands on their waistline:

- Measure (c-T) waist circumference
- Measure (l-T) waist to ground
- Measure (c-H) greatest circumference around hips
- Measure (l-H) length from hip to ground

Measure the following lengths along contours of body:

- Measure (l-GT) length from waist to 2cm below gluteal fold
- Measure (l-K1T) length in the centre at the front, from waist to crotch while applying gentle pressure and following contours
- Measure (l-K2T) length at the back from the waist over the buttocks to the gluteal fold while applying gentle pressure and following contours

*Delivery will be within 5 working days of receipt of a correctly completed order form; subject to circumstances beyond our control.

Please send the completed Order Form to Credenhill via:

Email: sales@credenhill.co.uk
Fax: 0115 944 0437

Post: Credenhill Limited, 10 Cossall Industrial Estate, Ilkeston, Derbyshire, DE7 5UG.

Freephone: 0800 195 0650 or 0115 932 0144
3. Panty. - DO NOT ORDER - £150/pair!!
   - Only in particular circumstances
   - Difficult to measure
   - Refer to tissue viability if you think you need them

4. Ankle pads - AS ABOVE, DON'T ORDER

5. Oblique toe – to protect little toes
How high?
As high as the oedema!

Below knee if no oedema to knee or above:
- prevent ulcer recurrence
- DVT
- Measurements A-D
Thigh length

If the knee is swollen or there is oedema above the knee.

• A - G measurements

• Point G is 2cm below the gluteal fold

• If you want to finish lower – measure F above the knee and G wherever you want the stockings to finish
Thigh high with waist attachment

For thigh high oedema with risk of hosiery rolling at the top

• Can have both legs in this at the same time
Options

1. Open toe
   - allows access to toes
   - podiatry
   - to check circulation if staying on for eg 1 week

2. Closed toe
   - if there is oedema to the foot
   +/- oblique toe - I A1 and I A2
Top band

• NB unless you specify otherwise below knee will come without any kind of top band!!
• 3cm available for below knee only
• 5cm also available for thigh

T Heel ankle seam

• This gives a little extra room around the front of the ankle so it doesn't dig in
• Always choose this
7- back of the form

This bit is important to make sure your GP prescribes the right thing! It gives them the PIP codes.

• Tick your selection of main garment - and

• Tick any optional extras you have chosen

• Write this down for the GP - for example:

  Actilymph made to measure dura, thigh length, class 2, sand, oblique toe, 5cm silicone topband, slip form, t heel ankle seam

  AL-DURAC2-AG, sand, ALO-OBT, ALO-BAND, ALO-FORM, ALO-SEAM

• Add the codes to the front of the form – 7

• Photocopy the order form for your records

• Original order form to be attached to the prescription and sent to chemists

• Stand over the person prescribing to get it right – not all codes always available so print off the script and handwrite the others on
MTM practical

• Please pair up with someone and measure one of their legs for MTM thigh length hosiery

• Complete the measurement form choosing from the options re colour, top band etc and selecting the relevant codes
Hosiery applicators

Actiglide

Magnide – see video

Friends & family

Continuing care – Delegated Health Task
Self Care Compression

Other garments – to facilitate self care by patients

Farrowwrap  Juxtafit

Please refer to TV if you think your patient would benefit. Not everyone is suitable.