The Queen's Nursing Institute

The foot health of people experiencing homelessness

Guidance for Community Nurses

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‘People can feel very embarrassed about their feet. Great tact and sensitivity is required, but a foot examination can be very helpful for the patient’s overall health and wellbeing.’

Introduction

Good foot health and care play an important role in improving overall health and wellbeing of the general population. However, the observations of nurses and podiatrists suggest that people experiencing homelessness, particularly rough sleepers, experience worse foot health than the wider population.

In some areas, people experiencing homelessness also struggle to access foot care services. Specialist clinics are not available in many areas, or are only available infrequently. People can also feel very embarrassed about their feet – and this is known to be even more likely in the homeless population (Campbell L, 2015). This embarrassment can lead to further reduced access to appropriate care. People may need to be encouraged to discuss their feet, and great tact and sensitivity may be required.

A variety of common and less common foot conditions are discussed in this guidance. Many serious foot conditions are observed in inclusion health populations, and are challenging to treat without the input of an expert podiatrist. These are discussed in this guidance, and multi-disciplinary collaborative care is central to effective care.

Standards govern the healthcare of people who are homeless, and these specifically reference foot care: ‘Foot care is particularly vital for people who are experiencing homelessness. Where numbers justify drop-in centres and other specific provision a specialist podiatry service is very likely to be necessary. In other areas enhanced access should be planned’.

(The Faculty for Homeless and Inclusion Health Service Standards for Commissioners and Service Providers, Version 3)
In this context, it is important that community nurses are confident to deliver basic foot care treatment and advice, but also to link people in to appropriate specialist services as needed.

This guidance was developed in partnership with podiatrists with experience of working with people who are homeless, and is intended as a resource for community nurses and allied health professionals. It can be used as a reference by others with an interest in the health of people who are homeless, such as hostel staff, day-centre staff and support workers.

The strategies suggested for use in this guidance will depend on the skills of the nurse, and the circumstances facing the person. The guidance aims to improve knowledge, confidence and practice relating to foot care for people experiencing homelessness, whilst acknowledging scope of practice boundaries.

Other high - risk groups for poor foot health

Although people who are homeless are among those with the highest risk, community nursing services should consider risk factors for a wide group of people who may be at risk of homelessness or have a history of homelessness.

For reasons of illness, accessibility, poverty, lifestyle, and self-care skills, specific groups of people are at higher risk, and it would therefore also be appropriate to target them for strategic foot care interventions. High risk groups include people with addictions, those who sleep sitting up, and those with co-morbidities and/or who have suffered from certain medical conditions – e.g. those with diabetes, peripheral vascular disease and the immunosuppressed are particularly at risk of serious foot complications.

However, people with learning disabilities, older people, those with mental health conditions, Roma or Traveller communities, asylum seekers and refugees, families in temporary accommodation, women in domestic violence refuges, and prisoners will all be at additional risk.

The impact of homelessness on foot health

The following issues affecting people experiencing homelessness will cause or exacerbate foot problems.

Alcohol Misuse

Alcohol misuse can result in alcohol related peripheral neuropathy, an increased risk of diabetes and osteoporosis, poor immunity, and foot injuries due to assault and accidents and self-neglect.

Drug Misuse

Intravenous drug users are at high risk of foot problems. Veins in the feet and legs are commonly used for injecting when veins in the arm have collapsed, or if the person is attempting to hide their drug use. Infection of injection sites, thrombosis, and an increased risk of blood borne diseases such as HIV (with increased infection risk and self-neglect) may result. 'Miss-hits' into the femoral artery can also occur if groin injecting, (which can be limb threatening). Damage to the femoral nerve can also occur if groin injecting.

Mental health issues

Mental health issues can contribute to self-neglect and difficulty engaging with health care and other support workers. Many people who are homeless may have experienced traumatic events in their lives. This in turn can lead to poor mental wellbeing, self-neglect or diagnosed mental health conditions.

Asylum seekers, refugees and vulnerable migrants

Asylum seekers, refugees and vulnerable migrants can present with conditions now rarely seen in UK. For instance, a history of polio, TB, leprosy, rickets, polydactyly (extra toes), untreated talipes (club foot), and industrial / agricultural accidents can all cause foot issues, as can torture (in particular 'fallaca' where the soles of the feet are beaten).

Increased risk of diabetes and diabetic complications

The incidence of diabetes is higher in socially disadvantaged groups, which causes a higher risks of foot pathology.

Walking long distances

Walking long distances, often carrying heavy bags can cause blisters, biomechanical problems such as forefoot, heel pain (including plantar fasciitis), ankle and arch pain.

Sleeping on buses/trains/benches

Sleeping sitting up may cause peripheral dependent oedema.

Exposure to the elements

Exposure to cold / wet / heat increases the risk of fungal infections, frost bite, chilblains, severe maceration, trench foot and blisters.

Poor nutrition and smoking

Poor nutrition and/or smoking can cause problems with wound healing, skin integrity and reduced immunity. Smoking increases the risk of peripheral artery disease.

Difficulty in maintaining good hygiene

Good hygiene may be very difficult to maintain due to lack of access to facilities and self-neglect. Scabies, infections (fungal, bacterial and viral) can result. Sharing showers
increases the risk of catching verrucae.

Not removing shoes/socks at night

This may happen due to fear of theft, self-neglect, or the need to move quickly and being constantly 'on the go'. This results in trench foot, fungal infections and blisters.

Poor shoes

Lack of money for well fitting, good quality shoes, clean socks and appropriate clippers / scissors causes foot problems. Cheap shoes in synthetic materials can cause fungal infections. Tight shoes can contribute to blisters/corns and ingrowing toenails.

‘People who are experiencing homelessness suffer from the same foot conditions as the housed population, but in addition, others that are unique to their circumstances.’

Self-treating
Due to lack of podiatry, the patient may resort to using knives, other improvised blades and acid-based corn plasters. This can result in ulceration, infection and scarring. Pulling off toenails (rather than cutting them), and sharing clippers is common.

Difficulty accessing healthcare and podiatry
Access issues can include perceived or actual insensitive treatment by medical staff / receptionists, embarrassment, language barriers, illiteracy, having no glasses, or no internet access, missing appointments due to chaotic lifestyles, being banned from services due to behaviour, and/or the need to be chaperoned as assessed as being high risk for lone working. Missed texts and calls are often a result of phones and/or inability to charge a phone. Having no address for appointment letters to go to is obviously an issue

Foot Conditions

People who are experiencing homelessness suffer from the same foot conditions as the housed population, but in addition, others that are unique to their circumstances.

Foot conditions seen more commonly in homeless populations

Trench foot

Trench foot is caused by prolonged submersion or exposure to water. Feet may feel numb, heavy and painful. Feet may appear severely macerated (blanched or grey, swollen, waxy and wrinkled). Pitted keratolysis may be seen with its typical punched out appearance and there is also a higher risk of blistering and secondary bacterial/fungal infection of the wet skin.

People who are homeless are particularly at risk of trench foot due to exposure to the elements, (rain in the colder months and sweat, particularly in summer). Shoes get wet in the rain with no opportunity to dry them out adequately, wearing cheap synthetic ‘non breathable’ shoes or boots with steel toe caps that cause sweat damage to the skin, not taking shoes off at night so skin can dry out and not changing socks regularly.

Treatment of this painful and debilitating condition should include – provision of non-synthetic footwear, (possibly sandals in summer), a supply of clean socks and a short course of pain relief medication if appropriate. Advice should be given to air feet at any opportunity, take out shoe insoles at night to dry, try to wash feet daily and dry them thoroughly including between the toes.

During the recovery phase the skin can look dry and peel as the old damaged skin is shed. This is normal and reassurance should be given along with advice not to pull of skin.

Chilblains

A form of localised vasculitis (inflammation of the blood vessels) (NHS Choices, 2015) and can affect people who are regularly exposed to damp or draughty conditions, such as people sleeping rough or staying in substandard accommodation. Smokers are also at higher risk. Redness, itching and inflammation and sometimes blisters result from damage to the skins capillary beds. Toes, fingers, earlobes and the nose can all be affected by chilblains. Chilblains typically cause a burning and itching sensation in the affected areas, which can become more intense when exposed to warmth. The affected skin can also swell and turn red or dark blue. In severe cases, the surface of the skin may break and sores or blisters can develop. (NHS Choices, 2015).

Advice should be given to keep the hands and feet and the rest of the body as warm as possible in cold weather to prevent chilblains

Frostbite

This is caused by the exposure of parts of the body to temperatures below freezing point. The cold causes localised damage to the skin and underlying tissues due to freezing. The fingers, toes and feet are most commonly affected but other extremities including the nose, ears, and cheeks can also be affected. The same factors leading to hypothermia (extreme cold, inadequate clothing, wet clothes and wind chill) can also contribute to developing frostbite. Frostbite may be encountered among people sleeping rough during the winter, and is very rare in the general population. Having diabetes, peripheral neuropathy or taking beta blockers can increase the risk of frostbite.

Peripheral neuropathy

Peripheral neuropathway is a common cause of foot problems in people who are homeless who have diabetes and /or alcoholism. Treatment for potentially serious foot conditions will be sought late. For instance, corns / ingrowing toenails / injuries / are not noticed until they have ulcerated and become infected. People who are homeless with diabetes or alcoholism should have regular sensation screening with a 10mg microfilament. Ideally knee and ankle reflexes and vibration sense at the medial malleolus should also be checked.

If any degree of neuropathy is found, it is essential that further investigations are carried out to establish the cause. Treatment for diabetes / alcoholism should be provided to prevent further deterioration, (or current treatment e.g. diabetic control reviewed) as appropriate. The patient will also need relevant footcare advice and may need referral to podiatry.

The person should be advised to check their feet regularly for anything unusual, to seek urgent medical treatment for any wounds, check inside their shoes for foreign objects, to avoid walking barefoot and putting feet too close to sources of heat. Shoes should be checked for fit and well-fitting shoes with fastenings supplied where possible.

Diabetic foot complications such as ulceration / gangrene / limb loss can result from peripheral neuropathy and peripheral vascular disease.

Dependent peripheral oedema

Extreme cases of this may be seen in otherwise healthy people who are homeless who sleep with legs 'dependent', for example on buses, trains, park benches or those who walk all night without resting. However alternative underlying possible causal conditions of swelling and oedema such as pregnancy, DVT, cellulitis or heart conditions should always be considered. There is an increased risk of skin breakdown, ulceration and cellulitis.

The patient should be advised to raise the feet at any opportunity, assisted to obtain better shoes that accommodate the swelling, to check the feet for any wounds or blisters, to loosen the top of their socks (or cut off the elastic) to prevent injury to the lower leg, and to seek further medical assistance if the condition does not improve.

‘People who are homeless are particularly at risk of trench foot due to exposure to the elements, (rain in the colder months and sweat, particularly in summer).’

Common foot conditions exacerbated by homelessness

Conditions occurring equally in the general population include foot deformities such as bunions and claw toes, blisters, fungal skin and fungal nail infections, corns (interdigital, dorsal and plantar), calluses, heel fissures, thick toenails due to trauma, in growing nails which can become infected, verrucae and biomechanical problems such as arch, heel and forefoot pain.

Corns

Corns, which can be hard or soft, can develop on areas of excessive pressure or friction. They can be found on the plantar, dorsal aspect of the feet or toes or interdigitally. Usually very painful and podiatry treatment is needed to remove them safely and diagnose the underlying cause. Soft corns are often misdiagnosed as a fungal infection, (if painful rather than itchy it is more likely to be a corn).

Bunions and lesser toe deformities

These may or may not be painful. Wider or deeper shoes may be needed. Pressure areas may result in corns.

Blisters

Blisters may present as broken or unbroken. They can become infected if they burst in unhygienic conditions. Blood blisters appear dark red and can occur on the skin or under a nail. Ideally blisters should not be burst but if very distended or causing pain, the fluid can be released with a sterile blade and a dressing applied. Antibiotics may be needed if infected. Look for and address the cause – such as worn out shoes.

Thick nails

These may be mycotic or due to trauma. They are thick and difficult to cut and may cause embarrassment to the patient even if they are not painful. They can cause trauma to neighbouring toes and may need to be cut by a podiatrist initially.

Treatment is possible if mycotic. An antifungal nail lacquer may be prescribed if a maximum of 2 nails are partially affected. If several nails are affected and/or the whole nail is affected the only appropriate treatment is with medication, (if confirmed with a sample test.) There is a risk of side effects and the medications may be contraindicated for those with a history of liver damage so liver function testing may be needed. If sleeping rough there is a high risk of reinfection so it may be more appropriate to reassure the person and advise that treatment is possible when they are eventually in accommodation. The person can be encouraged to file the nails.

Fungal skin infections

These may be itchy, flakey and/or blistered. A 'moccasin distribution' may be seen and misdiagnosed as dry skin. A secondary bacterial infection can result from scratching. Advice on prevention should be given and an antifungal cream or spray prescribed.

Ingrowing toenails

These are often painful and may become infected. Surgery may be needed if recurrent but will often resolve with early conservative treatment by a podiatrist and advice on nail cutting and footwear. Antibiotics if infection suspected and wearing wider shoes.

Verruca

Viral infection. They can be misdiagnosed as a corn as they look similar. Can be painful if under a weightbearing area. If diabetes or peripheral artery disease are not suspected then self treatment with over the counter medication or use of a foot file or stone can be helpful but this is often not practical for someone sleeping rough and treatment might be more appropriate when in accommodation.

‘There were 7545 major amputations between 2015 and 2018 in the UK - foot ulcers can lead to significant physical disability and loss of quality of life.’

Heel fissures

These can be very painful if deep to the dermis. Dressing may be needed to prevent infection. Provide emollient for dry heels to treat and prevent. Advise to rest as much as possible to allow the cracks to close.

Biomechanical foot problems

Common amongst people who are homeless due to walking long distances. Can affect the toes, forefoot, arch, heel, ankle, knee, hip and back. Conditions can include Morton’s neuroma, plantar fasciitis. A biomechanical assessment by a podiatrist is needed and orthotics may be prescribed.

Foot Ulcers

Foot ulcers are open sores. They are common in people with diabetes, especially those with peripheral neuropathy, peripheral arterial disease or both. People who are homeless are estimated to be three times more likely to have diabetes (Gallant, 2013) and are at high risk of more serious complications including foot ulcers.

If a foot ulcer or infection fails to heal, gangrene may result and the affected limb or digit may require amputation. There were 7545 major amputations between 2015 and 2018 in the UK - foot ulcers can lead to significant physical disability and loss of quality of life. Many amputations and foot ulcers are preventable so rapid access to a diabetes care team, and better monitoring and education are essential. The aim is to improve identification, management and awareness of the condition and to prevent foot ulcers where possible. This is especially important for high risk groups such as people who are homeless. Patients and health professionals all have a role to play in effective ulcer management and amputation prevention.

Uncommon conditions

Uncommon but serious foot conditions are possible and should always be considered.

These include melanoma and Tuberculosis.

Examples of melanoma on the foot.

TB in a foot bone.

Advice for community nurses

Community nurses are well placed to offer advice, support and simple foot care. Here are some examples of the kind of care, advice and support community nurses can offer people experiencing homelessness in relation to the health of their feet. Advice given should ideally be brief and simple.

Ideally people should be proactively asked about their feet when seeing them for other issues. They may be too embarrassed to bring up the subject or have so many other more pressing health issues that they omit to mention their feet.

Summary interventions and advice:

Good foot hygiene

- Promote good foot hygiene. Where this has been neglected for a while, as part of the foot examination, provide a bowl lined with a waste bin bag of warm soapy water for the person to use. Encourage the person to wash daily or as regularly as possible.
- Dry feet well to prevent recurrent infection, especially between the toes, and give advice on this.

Socks and shoes

- Try to keep feet warm in winter - keep out of the cold if you can.
- Clean socks daily if possible.
- Socks may need to have the elastic cut around the ankle if there is peripheral oedema to prevent injury to the lower leg
- Avoid very thick socks that make the shoes too tight
- In summer look for footwear that keeps the feet cool such as sandals. Not flip flops which offer little support and rub. The trekking / camping type with fastenings are ideal. Avoid synthetic tight shoes that trap sweat.
- In winter go for roomy leather shoes or boots with fastenings - but remove them to air the feet as much as possible. Footwear should have a good shock absorbing soles, and wide and round toe boxes. The fit is very important in terms of length AND width!
- If based at a day centre, provide feedback to management on the shoe / sock needs of your clients. The day centre may be able to source these for you via their regular donors. Individual requests may be needed for those with particularly large or broad feet.
- Keeping the rest of the body warm will help to keep extremities warm too. Hats / gloves / scarves / layers of warm clothing including jogging bottoms under trousers / provision of emergency foil blankets may be needed.
- Check shoes are not rubbing the area or any foreign bodies in the shoes. This can be particularly challenging if the person has peripheral neuropathy and is not concerned about the wound as it is not painful.

Self-care

- Explore and discourage any potentially dangerous self-care. For instance, using knives or razor blades to cut thick toenails or remove calluses and the use of corn plasters or paste. These contain acids and are contraindicated for those with diabetes, neuropathy or peripheral vascular disease.
- However, provision of cheap nail care kits can be very useful with careful advice for people without risk factors like diabetes and alcoholism.
- Poor foot health can be a marker of mental health issues and these should always be considered when offering advice and support. It is essential to address mental wellbeing when thinking about each person's capacity and motivation to self-care during what may be a very difficult period for the individual. Attempts to work with people are crucial to improve holistic health including foot health.

Diet and lifestyle

- Encourage reduction of alcohol intake
- Promote harm minimization for those who inject drugs, particularly into the legs/feet. Signpost to appropriate support services.
- Encourage the person to reduce or ideally stop smoking to promote healing
- Encourage a diet with more calories, higher protein, and an increased fluid intake. Good protein sources include meat, poultry or fish, beans, eggs, milk, cheese or yogurt. Vitamin A, C and zinc are also important for wound recovery. Vitamin A is found in brightly coloured vegetables and fruit like carrots, apricots, mango, pumpkin and sweet potato. Vitamin C is found in many fruit and vegetables. Zinc is found in animal foods, beans, lentils and wholegrain items.

‘They may be too embarrassed to bring up the subject or have so many other more pressing health issues that they omit to mention their feet.’

Ulcers/wounds/blisters

- Assess and dress any wounds found. Good history taking is essential to establish the cause. Swab if an infection is suspected and arrange immediate antibiotic cover. Think: Is neuropathy or peripheral vascular disease suspected? Does the person have diabetes or are they at risk of diabetes? Alcoholism? Foot deformity?
- Review the person to review and redress wounds and assess healing progress. Check whether the person has bus tickets to / from day centre, and / or will remember the appointment. Do they have a key worker that can help? Do they need an urgent referral into a night shelter if they have a wound?
- Advise the person on signs and symptoms of infection and where/how to seek emergency help
- Encourage the person to rest and sit with foot raised where possible.
- Blisters – Ideally do not burst the blister, but if very distended and at risk of bursting it may be appropriate to release fluid with a sterile blade, clean, dress and remove any source of friction.
- Assess for neuropathy and/or peripheral vascular disease by carrying out a vascular assessment (palpating pedal pulses, doppler if available and neurological assessment with 10 mg microfilament.)
- People with wounds may need roomier shoes/sandals/post-operative sandals to allow for dressings/bandaging/swelling.

- Felt padding can be used to offload pressure from the area. This would usually be applied by a podiatrist. Ask your local podiatry contact for advice and possibly request training in applying felt padding.
- Refer to a specialist if the ulcer is worsening or showing no signs of healing

Emergency care

- Build up contacts with your local relevant NHS departments (including podiatry and diabetes) who should be able to offer emergency treatment
- Signpost clients to Accident and Emergency where appropriate (frost bite, gangrene, critical ischaemia, suspected sepsis.)
- In the case of frostbite, check for symptoms of hypothermia and get emergency medical help. Encourage people to remove cold, damp clothing. Gently rewarm frostbitten areas. Soak hands or feet in warm water (37 to 42 degrees) for 15 to 30 minutes. This can be very painful, so ensure pain relieving medication is available. Do not rewarm frostbitten skin with direct heat, such as a heating pad. This can cause burns.
- If they are already thawed, wrap them up so that they don’t refreeze and seek further advice.

Referral and links to local agencies

- Community nurses can help by referring to podiatry services for further assessment and treatment of complex conditions. An address is not necessary as long as the patient can be contacted by mobile phone or via a health care professional or keyworker. Arrange support for people to attend appointments if needed.

- Where services are available, joint clinics may prove valuable to meet multiple health needs. If your clients need a regular NHS podiatrist, ask for it via your local PCT/CCG, and press for better access to podiatry by the clients in your area.

Health promotion

- Hold health promotion days which feature foot health
- Look for opportunities to speak to people who are homeless about foot health and also to educate those who provide support for them (including day centre, outreach and hostel workers).
- Posters and leaflets on basic foot care in simple language/ other languages/pictures can be helpful to raise awareness and encourage people to present with their foot problems.

Advocacy and support

- Support people to attend follow-up appointments. They may initially find the experience daunting, so encourage them to have a friend, peer support or advocate with them if this is possible.
- Ensure they are registered with a GP. Be aware of their rights and ensure they are aware of them so not turned away. You do not need an address to register with a GP
- Ensure all care is holistic. Use every opportunity to talk to people about their housing status and living conditions and to link them with local organisations that can help. This holistic approach will help with foot health in the longer term.
- Ensure strong links with social care services, housing services and other health services. Support people with information to access local hospitals, housing associations, social care teams, homeless charities, drug and alcohol teams, homelessness outreach workers, churches and food banks.

Coronavirus and podiatry

At time of writing in June 2020, the UK is in the middle of the coronavirus pandemic. All the usual support centres for rough sleepers are closed, with an unpredictable but certain impact on current and future foot health for the homeless population.

Your local NHS podiatry service will still be running a service for emergency conditions so contact them if appropriate. Alternatively support people to contact their GP or attend A&E. Continue to provide advice and support around footcare where possible, particularly for those at highest risk of serious foot complications such as the immunocompromised, and those with peripheral artery disease or peripheral neuropathy.

It seems likely that more ex rough sleepers will be placed in temporary accommodation. Closer links and liaison with mainstream podiatry services will be necessary as people may need to start using mainstream services and attend appointments if drop-in clinics in day centres are no longer available. They will need a lot of support to do this from outreach workers and other professionals. Hopefully this likely change in the caseload of all mainstream NHS services will be recognised, due to the heightened awareness arising from the pandemic of the major health inequalities existing in our society.

As we learn more about coronavirus, knowledge of the effects it may have on the body is rapidly developing. So-called 'Covid Toe' is one example affecting mainly children and young people. Only small studies have yet been carried out, but this is something to be aware of and consider if people present with unusual symptoms.

‘Regaining good foot health can be part of a journey to regaining self-esteem, and a sense of control for people who have been homeless. This in turn can support the process of people getting their lives back on track.

Summary

This guidance aims to help community nurses become more confident in working with the foot health of people who are experiencing homelessness. Foot health is important to overall confidence, esteem and ability to move without pain or discomfort. Poor foot health can lead to or exacerbate a number of progressive and in some cases life threatening problems. Therefore, regaining good foot health can be part of a journey to regaining self-esteem, and a sense of control for people who have been homeless. This in turn can support the process of people getting their lives back on track. Ensuring people have easy access and regular contact with community health services is important when addressing these issues.

Suitably funded podiatry must be included in the package of care offered to people experiencing homelessness. In the future, services should be commissioned that prevent poor foot health, and create opportunities for earlier foot health interventions and advice for vulnerable people. At the current time, specialist podiatry clinics working with people who are homeless have highlighted a very high level of need for foot care. Unfortunately specialist clinics are not universally available. You are in a position to advocate for change.

Maintaining good foot health can be an opportunity to identify other conditions such as diabetes. The power of an understanding community nurse cannot be underestimated. The QNI created this guidance to arm community nurses with more knowledge to have these conversations and develop more practical support on a more regular basis.

Supporting resources

You can find further information about foot care for people experiencing homelessness by reading the following resources:

- The College of Podiatry, https://cop.org.uk/foot-health/
- Pathway, https://www.pathway.org.uk/faculty/standards/
- Campbell L, What makes good foot care, support and advice for homeless people?, Presentation to The QNI, 2015
- Diabetes UK, Putting Feet First: Fast Track for a Foot Attack: Reducing Amputations, 2013
- National Institute for Health and Care Excellence, CG119 Recommendations: Diabetic foot problems: Inpatient management, 2011
- NHS Choices, Chilblains, 2015
- Patient.info, Frostbite, 2015
- Di Matteo MR, Lepper HS, Croghan TW, Depression is a risk factor for noncompliance with medical treatment: meta-analysis of the effects of anxiety and depression on patient adherence., Arch Intern Med. 2000 Jul 24;160(14):2101-7.
- Gallant S, Down-And-Out With Diabetes: Caring For The Homeless Diabetic Patient, Clinical Corrections, 2013

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