

My name is Tina McDonald; I live in Tiverton, RI. I am writing to you today in support of bill H6088 which allows a certified foot care nurse (CFCN) or a certified foot care specialist (CFCS) to provide certain at-home foot care, including routine foot and nail care including nail clipping. I have been a Registered Nurse in both RI and MA for over 23 years, with experience providing care in a variety of settings, including hospitals, clinics, nursing facilities and private homes. It was my work as a wound, ostomy, continence (WOC) nurse in acute care that brought me to the specialty of foot care. As a wound nurse I saw a lot of patients' feet as I addressed impaired skin, wounds, poor hygiene, knowledge deficit of foot care and self-neglect. I discovered the need for basic foot and nail care was great and not otherwise being met. This need in my community is what motivated me to become further educated and credentialed by the Wound Ostomy Continence Nursing Certification Board (WOCN-CB) as a CFCN. I worked full-time in a hospital setting when I first started out, seeing a few clients in their homes nights and weekends. Through word-of-mouth the news of these services spread, and without any intentional marketing, referrals kept coming in. As I had suspected, the need was definitely great. Mostly referrals came from homecare and Hospice staff, who also provided supportive care for people in their homes, and were thrilled to have someone available to provide these services. The clients were mainly homebound, weak, dealing with chronic illnesses, and many were at the end of their lives with limited support. Others did not have insurance coverage for routine foot and nail care, but still needed help to meet this basic personal care need. The concept of paying privately for nursing care not otherwise covered by insurance is not unique to foot care. Private duty nurses and nursing assistants fill a much needed gap in the care required for many older and disabled adults to "age in place". Just because insurance companies do not cover the cost, does not mean the services are not needed.

The population I serve has the nursing diagnosis of self-care deficit, which means the majority of my clients were able to care for their own feet for most of their lives. They now need to depend on others to perform their basic foot and nail care for various reasons, including: obesity, impaired mobility, poor eyesight, decreased strength, dementia, fear, and decreased dexterity. Some used to travel to Podiatrists or nail salons

for foot care, but are no longer able to leave their homes for routine care. Many people are embarrassed or self-conscious of the appearance of their feet and nails, and simply are not comfortable going to a salon and exposing their feet in a public setting without privacy. The burden of taking over this task in a mostly homebound population often falls to the family caregivers, who do not feel competent, confident or qualified to deliver the care needed, especially if their family member has diabetes or is on blood-thinning medication. Family caregivers are often stepping into roles that they have never been in before: learning new skills and navigating unknown territory as they struggle to manage their loved ones' care in their homes. Some of those tasks are easier to learn and perform than others, and foot care is often a necessary activity of daily living that caregivers are not comfortable doing themselves. Families have shared over and over again with me their relief and gratitude for the support foot care nurses can provide in these needful situations.

As a Certified Foot Care Nurse, I assess the skin, clean the feet thoroughly, teach patients and caregivers proper foot care, moisturize dry skin, as well as trim the toenails and reduce thick nails and calluses. A light massage while moisturizing the feet leaves the patient feeling comfortable and well cared for with the therapeutic modality of touch. This is especially important to the quality of life of homebound people, who are often isolated with minimal social contact. My nursing services are basic, routine and preventative with a focus on wellness and health maintenance. The foot care nurse is at times the only health care provider thoroughly examining this part of the body. In the rushed world of our healthcare system and with telehealth visits on the rise since the Covid-19 pandemic, thorough assessments are challenging. As healthcare providers we rely on every member of the team to bring assessments and perspectives that others may have missed. No healthcare team consists of one person, and all members have something to add to enhance the whole, elevating the overall level of care. I often discover issues outside the realm of routine foot care, requiring referrals, which are made before I leave the patient's home, involving the patient and/or family members to determine a clear plan for follow-up appropriately.

I currently am only providing foot care services to residents in MA, although I did provide mobile foot care in RI from 2014-12/2023, when I was ordered to stop by the

Department of Health, which I did. Unfortunately, the abrupt end to foot care nursing in RI left hundreds of homebound and older residents of the state without routine preventative foot care. Podiatrists were not able to fill the void. RI is the only state in the country currently not allowing RNs with certifications in Foot Care to provide this basic home service. The MA Board of Nursing (BON) has a very clear Nursing Advisory Statement guiding the practice of Foot Care in their state (attached). I also have attached a certificate from the MA BON for my business Foot Nurses of New England LLC clearly stating that I am properly licensed to provide mobile foot care services in MA. This is nursing care, not the practice of medicine. We are trained specialized nurses, not physicians or Podiatrists, and are well aware of the boundaries of our scope of practice. Residents and caregivers in RI deserve access to these services. Supporting this bill is the humane thing to do to promote the health and wellness of the most vulnerable residents of our state.

Although I have many stories I could share, I am choosing 2 that really illustrate the need for home foot care services. One client, 92 years old, lives in a memory care unit at an assisted living facility. Although she is content and agreeable in this controlled environment, it is challenging for her to leave the facility. I told her son I could no longer see his Mom for foot care, and recommended that he bring her to a Podiatrist's office. He called me quite agitated, telling me his mother had "a toileting accident" in his car, which he was not prepared to handle. "Who do I contact to let them know how inconvenient this is!" he said. "Why won't they allow you to come take her of her?" This was completely avoidable, humiliating for both mother and son, with no regard for human dignity.

An 84 year old widow with Parkinson's disease with severe tremors is living in her own home, where she is wheelchair bound, and has private nursing aides to help her intermittently throughout the day. When her home foot care nursing services stopped, she had to make an appointment at the local Podiatrist's office for routine care, about 2 miles from her home. A specialty wheelchair van had to be booked, and additional nursing aide services had to be scheduled as well. The day came for her appointment and it was raining. With great effort, she got to the Podiatrist's office, and found the front door was not wheelchair accessible. They drove around the block to the back of the building, found

the ramp, and with help she was transported into the office. She was 15 minutes late, and was told the Podiatrist had left for the day.

It has become clear that there is some opposition to this bill by some RI Podiatrists. I truly hope we can change this resistance, and work together collaboratively in the future to achieve the highest level of public health and safety for RI residents. The RI Podiatric Medical Association (RIPMA) has voiced some concerns, but I do want to note that several members of their board have referred clients to me in the past for home nursing foot care services. Many Podiatrists have shared relief and gratitude to have reliable medical professionals able to meet the needs of patients who otherwise would not have access to safe foot care. They admit that they are not able to meet the foot care needs of the homebound population, although they have frequent requests for it. In addition, routine foot care is not a covered service by insurance companies, unless there are certain underlying, billable, chronic conditions. The RIPMA website ([www.rifootdoctors.com](http://www.rifootdoctors.com)) lists all the important specialized interventions Podiatrists contribute to foot health and preservation of limbs, including: diagnosing and treating foot and nail problems, performing foot and ankle surgeries, prescribing therapies, performing diagnostic testing, prescribing or fitting orthotics, and treating various abnormalities of the foot. Routine or basic foot and nail care is not on this list, although of course they are capable of it. Foot care nurses are not here to replace Podiatrists. We recognize Podiatrists as the highly skilled, knowledgeable, well-educated, effective physicians that they are. Allowing foot care nurses to competently provide routine/basic foot and nail care would in fact foster an environment where Podiatrists could practice at the highest level of their skill set and ability. Comparatively, nurses depend on supportive staff in a similar way to meet the basic needs of patients (bed baths, showering, feeding, ambulation assist, etc) to allow them the ability to perform at the highest level of their skill set. Our state's older population (over 65) is higher than the national average, encompassing over 211,520 people. In addition, latest statistics report 14.3% of the population of RI is disabled, many of whom include the 4.5% of our state who are Veterans (US Census Bureau, 2023). As of today there are 109 licensed Podiatrists in RI (State of RI Dept of Health): this is not enough. There is a need for both Podiatrists and foot care nurses; one can not replace the other. Neither can meet all the needs of the

residents of this state alone. Just as a healthcare team is never only one person, the time for recognizing the importance and significance of every member of the team, including foot care nurses, is long overdue.

Thank you for your consideration,

Tina McDonald

Tiverton, RI

United States Census Bureau

[https://data.census.gov/profile/Rhode\\_Island?g=040XX00US44#populations-and-people](https://data.census.gov/profile/Rhode_Island?g=040XX00US44#populations-and-people)

State of Rhode Island Department of Health

<https://health.ri.gov/find/licensees/index.php?prof=Podiatric%20Medicine#foo>

Rhode Island Podiatric Medical Association <https://www.rifootdoctors.com/what-is-a-foot-ankle-specialist/>

# The Commonwealth of Massachusetts

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

## Certificate by Regulatory Board

In compliance with General Laws, Chapter 156C/108A the, MA Board of Nursing hereby certifies  
(name of board)

that in connection with the formation/registration of: Foot Nurses of New England  
(name of company/partnership)

a professional limited liability company/limited liability partnership formed to render mobile foot care services  
(type of service)

the below listed members/partners are duly licensed or admitted to practice the profession listed above.

Member/Partners

Tina McDonald

Addresses

356 East Rd.  
Tiverton, RI 02878

Signed by:

Stewart Allen, Admin. Asst.

(chairman/clerk of the regulatory board)

on this

2<sup>nd</sup>

day of

July

2024

Delete any inapplicable language.



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619



MAURA T. HEALEY  
Governor

KIMBERLEY DRISCOLL  
Lieutenant Governor

Tel: 617-624-6000  
[www.mass.gov/dph](http://www.mass.gov/dph)

## Verification of Licensure

KATHLEEN E. WALSH  
Secretary  
ROBERT GOLDSTEIN, MD, PhD  
Commissioner

07/02/2024

To Whom It May Concern:

The individual named below is licensed in the Commonwealth of Massachusetts as a:

Registered Nurse

**Name of Licensee:** Tina M McDonald

**License Number:** RN256561

**License Status:** Current

**Issue Date:** 07/10/2003

**Expiration Date:** 02/05/2026

**Disciplinary Actions:** There are no disciplinary actions against this license.

Registration verification may be obtained at <http://checkahealthlicense.mass.gov/>. The information provided in this "Verification" is based on the records maintained by the Massachusetts Bureau of Health Professions Licensure and its licensing boards. Individuals are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the "Verification." Disciplinary status is defined as voluntary surrender, revocation, suspension or probation of a license. The "Verification" does not include information about the existence, absence, or status of complaints. To request such information, please submit a public record request to [publicrecordsadmin@massmail.state.ma.us](mailto:publicrecordsadmin@massmail.state.ma.us).

Heather Cambra, BSN RN JD

Executive Director, Board of Registration in Nursing



**The Commonwealth of Massachusetts**  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

## **Verification of Licensure**

### **Education**



# Massachusetts Board of Registration in Nursing

## *Advisory Ruling on Nursing Practice*

**Title:** Foot Care

**Advisory Ruling Number:** 9305

**Authority:**

The Massachusetts Board of Registration in Nursing (Board) is created and authorized by Massachusetts General Laws (M.G.L.) c. 13, ss. 13, 14, 14A, 15 and 15D, and G.L. c. 112, ss. 74 through 81C to protect the health, safety, and welfare of the citizens of the Commonwealth through the regulation of nursing practice and education. In addition, M.G.L. c.30A, s. 8 authorizes the Board to make advisory rulings with respect to the applicability to any person, property or state of facts of any statute or regulation enforced or administered by the Board. Each nurse is required to practice in accordance with accepted standards of practice and is responsible and accountable for his or her nursing judgments, actions, and competency. The Board's regulation at 244 CMR 9.03(6) requires all nurses to comply with any other law and regulation related to licensure and practice.

**Date Issued:** January, 1979

**Dates Revised:** July 15, 1992; September 25, 2002; March 9, 2011, December 10, 2014, February 14, 2018

**Scope of Practice:** Registered Nurse and Licensed Practical Nurse

**Purpose:**

To guide the practice of Registered Nurses and Licensed Practical Nurses whose practice incorporates foot care to meet nursing and client goals including, but not limited to, health promotion, client teaching, health risk reduction, and promotion of safety and comfort.

**Advisory:**

Foot care is an important component of nursing care. Nurses must apply evidence based principles when assessing, planning, implementing and evaluating an individual's foot health care needs. Licensed nurses who incorporate foot care into their practice must recognize foot signs and symptoms that may represent conditions requiring treatment beyond their scope of practice and refer to appropriate members of the health care team for collaboration and orders for continued treatment. Nurses may perform nursing techniques and procedures related to foot care only after appropriate education and demonstrated clinical competency that includes adherence to standard precautions and principles of asepsis and infection control.

Clients must grant informed consent, with substantiating documentation by the nurse. In obtaining informed consent for a nursing intervention, the nurse will provide the client with information about foot care, including its intended benefits and potential risks. Collaboration and consultation between members of the health care team is essential. Documentation of consent, assessment information, plan of care, interventions and evaluation must adhere to current standards of practice.

Nurses who provide foot care must have theoretical knowledge of and demonstrate clinical competency in:

1. Foot and lower extremity anatomy and physiology;
2. Structure and function of the foot and nail;
3. Common foot pathology and related nursing interventions;
4. Changes in the foot due to age and chronic diseases;
5. Nursing assessment of the foot and lower extremity;
6. Use of instruments used in nursing foot care; and
7. Infection control.

Foot care is considered a nursing intervention that includes, but is not limited to, the following components:

1. Assessing past medical history including diabetes mellitus, peripheral vascular disease or peripheral neuropathy;
2. Assessing health habits affecting feet and lower extremities (activity level, exercise, obesity, diet, smoking, etc.);
3. Assessing circulation;
4. Assessing skin integrity, foot and nail structure;
5. Assessing pain and methods of relief;
6. Implementing a plan of foot care that is consistent with recognized standards of practice that includes:
  - a. Hygiene and shortening of toe and finger nails;
  - b. The use of emery boards or pedicure drill with emery disc attachment, to smooth corns or calluses
  - c. Referring the patient to an appropriate practitioner for further assessment and orders when alterations in skin integrity, foot structure and/or other abnormalities require application of prescribed or over-the-counter treatments/devices; and
  - d. Evaluating client response to plan of care.

Client education includes, but is not limited to the following:

1. Self-care, hygiene, health habits;
2. Appropriate footwear;
3. Nutrition;
4. Exercise;
5. Compliance with medical regime; and
6. Reporting changes and/or problems to their primary care provider.

For the purpose of this Advisory Ruling on Nursing Practice, the application of prescribed or over-the-counter medications, treatments, interventions, or devices intended for reasons other than moisturizing and/or a protective moisture barrier and/or applying off-loading/padding pressure relieving devices to intact skin, requires an order(s) from a duly authorized prescriber identifying the minimum required elements<sup>1</sup> of a prescription prior to implementation.

#### References:

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<sup>1</sup> Name of ultimate user, name of the medication/substance, dose and route of the medication/substance, frequency of the medication/substance administration, a valid medication/substance order date, specific directions for administration, signature of the duly authorized prescriber, signature of the individual accepting/verifying the order.

Bryant, Ruth et al, editors. Acute & Chronic Wounds: Current Management Concepts. Howes-Trammel, et al. *Foot and Nail Care*. Chapter 15, © 2011, Elsevier, Inc.

<http://www.mapnn.org/Resources/Documents/Foot%20and%20Nail%20Care%20Chapter%20Bryant%20TEXT%202010.pdf>

Burton, M. et al, editors. Fundamentals of Nursing Care. © 2015 by F. A. Davis Company.

Indian Health Service Division of Diabetes Treatment and Prevention. Indian Health Diabetes Best Practice Foot Care. April 2011.

[http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2011\\_BP\\_Foot\\_Care\\_508c.pdf](http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2011_BP_Foot_Care_508c.pdf)

Treas, L. et al, editors. Basic Nursing. © 2015 by F. A. Davis Company

Wound, Ostomy and Continence Nursing Certification Board Foot Care Certification

<http://www.wocncb.org/certification/foot-care-certification>

American Foot Care Nurses Association

<https://afcna.org/>



# STATE OF CONNECTICUT

DEPARTMENT OF HEALTH SERVICES

RECEIVED - JUN 10 1991

7 June 1991

Incy Severance, RN, MPA  
Executive Director  
Visiting Nurse Association  
8 Old Mill Lane  
Simsbury, CT 06070

Dear Ms. Severance: *Incy*

The Board of Examiners for Nursing, at its June 6, 1991 meeting, reviewed your scope of practice questions concerning the following areas of practice:

1. Registered nurse performance of a lancet finger stick for the purpose of cholesterol screening without a physician's order.

The Board found the practice you describe within the scope of practice of a registered nurse.

2. Registered nurse performance of foot care, without a physician's order (unless an abnormality or a potential risk factor are suspected; in such cases physician's orders are obtained and renewed at a minimum of six months intervals).

The Board found the practice you describe within the scope of practice of a registered nurse, i.e.,

1. soaking of feet
2. trimming of toenails
3. filing of toenails
4. sanding of thickened toenails with an emery board or an electric pedicure drill with an emery disc
5. smoothing of corns or callouses with an emery board or disc, if not located on a joint
6. cleaning of toenails, with no cuticle disturbance
7. lotioning and powdering of feet.

Thank you so much for bringing this to our attention. I hope this has been helpful.

Sincerely,

*Marie T. Hilliard*

Marie T. Hilliard, Ph.D., R.N.  
Executive Officer  
Board of Examiners for Nursing

cc: Community Nursing and Home Health Division

566-1041

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