

Oregon State Board of Nursing: Interpretive Statement  
Utilizing the Oregon State Board of Nursing (OSBN) Scope of Practice Decision Making Guideline for  
All Licensed Nurses to Review:

## **Provision of Foot Care by Registered Nurses and Licensed Practical Nurses**

The OSBN Decision Making Guideline was used to formulate this Interpretive Statement. Each section of the guideline is defined and the applicability to Foot Care is explained. The *OSBN Scope of Practice Decision Making Guideline for All Licensed Nurses* will be a helpful tool when using this interpretive statement.

**For the purposes of this statement the following definitions will apply:**

**Foot Care:** Basic care of the lower leg, foot, and nails, including mobility and health assessment, and interventions of trimming nails, buffing corns, calluses, debriding thickened nails; and patient teaching. This intervention is for patients who are healthy but cannot perform normal foot care due to vision, orthopedic or neurologic deficiencies. This care is also necessary for those who may have co-morbid conditions that lead to vascular, neurologic or dermatologic disorders and are therefore at high risk of trauma or infection from inadequate foot care.

**Basic Foot Care:** Filing and trimming of nails for patients that have: toenails of normal thickness, normal sensation of feet, palpable dorsalis pedal pulses, no history of disease processes that are high risk for foot complications, referral to appropriate practitioner for additional care needs, education includes risk factors, teaching daily self- inspection of feet, injury prevention.

**Intermediate Foot Care:** Complex care usually prescribed by an authorized Licensed Independent Practitioner (LIP), use of electric nail file, clipping and thinning of unusually long or thick toenails for patients with high risk for complications, debridement including manual, mechanical, surgical, and chemical, paring of small, non-painful corns, calluses that may require use of a curette, nail clippers, grinders with a sanding disc or drum (such as a Dremel™) or a paring device.

**Advanced Foot Care:** Excise ingrown toenail, order corrective footwear, advanced wound care management, packing or partial excision of nail plate to treat an ingrown toenail, paring of painful or complicated callus or corn. For the purposes of this statement, this level of intervention is within the scope of an LIP to include Nurse Practitioners who have met the standards under this scope of practice decision making guide and Wound and Ostomy Nurses with documented education/competency validation.

***The above definitions derived from Arizona Board of Nursing Advisory Opinion: Foot Care, 7/12.***

**Pedicure:** Cosmetic treatment of the feet and toenails. Provided for the purposes of appearance only.

**1. Identify, describe or clarify the role, intervention or activity under consideration.**

Provision of Foot Care and Pedicures by Registered Nurses (RN) or Licensed Practical Nurses (LPN) who are under the clinical direction of the RN or Licensed Independent Provider (LIP). This statement covers RNs and LPNs working for employers (such as healthcare organizations) and nurse entrepreneurs who work for themselves. This interpretive statement covers provision of these services for payment or as a volunteer.

**2. Is the role, intervention or activity prohibited by the Nurse Practice Act and Rules/Regulations or any other applicable laws, rules/regulations or accreditation standards?**

OAR 690.025 states that persons licensed by a health professional regulatory board listed in ORS 676.010 who are acting within the scope of their professional license are exempt from the rules regarding

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*certification in nail technology in the provision of nail care of the hands and feet.* Therefore engagement in nail technology is exempt from certification as a nail technologist if the RN and LPN practices in accordance with the statute and rules of the Oregon Nurse Practice Act.

OAR 847-080-0001: *“Podiatric physician and surgeon” means a podiatric physician and surgeon whose practice is limited to treating ailments of the human foot, ankle, and tendons directly attached to and governing the function of the foot and ankle.* Therefore, no current statute or rule prohibits the practice of foot care as long as the care does not fall into the definition of a Podiatrist. Each RN and LPN providing care will need to perform an assessment within their defined scope for practice to determine if the condition of the client’s foot falls within the definition of Podiatry. If so, then a referral to a Podiatric physician or Surgeon is required.

Therefore, there is no current statute/rule prohibiting this activity. However, RNs and LPNs may be prohibited from performing this activity by the policies/procedures of their employer. These licensees hold responsibility to review their employer policy and procedures prior to performing any intervention.

OAR 851-45-0050 (2) states that the scope of practice of an LPN does not allow for a comprehensive assessment of the client’s condition nor the independent development of a plan of care. Therefore, an LPN must always work under the clinical direction and supervision of the RN/LIP who develops the plan of care after the RN/LIP has completed a comprehensive assessment of the client’s status. The LPN is not authorized to perform an independent assessment nor change the plan of care authored by the RN/LIP. It is not acceptable for the LPN to provide foot care for clients who have not had a documented assessment and care planning by an RN/LIP.

In the context of care provided by an RN or LPN, the term “diagnosing” is defined in ORS 678.010 (3) is defined as identification of and discrimination between physical and psychosocial signs and symptoms essential to the effective execution and management of the nursing care. For licensees who are designated as LIPs the term is defined as “identification of actual or potential health problems or need for intervention, based on analysis of data collected {OAR 851-050-0000 (10)}. Therefore it is out of the scope of practice for an RN or LPN to diagnose specific conditions requiring intervention to include but not limited the presence of a fungal infection, neuropathy, or any condition that would involve Intermediate interventions.

If the client has a documented medical diagnosis which involves or could impact the conditions of the foot, the RN or LPN must consult with the LIP involved in the care of the client prior to performing foot care and obtain orders from the LIP to proceed. In such a case, the RN or LPN is accountable to report back to the LIP the client assessment, treatment provided and outcome.

**3. Is performing the role, intervention or activity consistent with professional nursing standards, evidence-based nursing and health care literature?**

There are numerous examples within nursing literature regarding the incorporation of foot care into the practice of nursing. There are National Certifications in Foot Care for Nurses both in the USA and in Canada. The American Foot Care Nurses Association offers certification and has developed standards for foot care, the Wound, Ostomy and Continence Certification Board also provides certification and has developed standards of care. Several Boards of Nursing (BONs) in states such as Arizona, Louisiana, and Massachusetts have authored advisory rulings (equal to our interpretive statements) that foot care is part of nursing practice if the care is provided in accordance with the statutes and rules of the state. Oregon

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does have education requirements for foot care through the Department of Human Services but these are not applicable to individuals licensed by a healthcare licensing board.

**4. Are there practice setting policies and procedures in place to support performing the role, intervention or activity?**

Prior to performance of any intervention, care activity or procedure the RN and LPN must be aware of the policies and procedures of their employer. If the RN has their own foot care practice, there must be policies and procedures in place even if they are authored and followed by the same individual. LPNs, due to their scope of practice, cannot author policies guiding the assessment and intervention requirements of clients. These policies and procedures must identify the assessment and documentation requirements of the intervention, to include absolute “stops” when the consultation of an LIP is required. Informed consent must always be obtained when providing intermediate or advanced foot care.

If the activity is performed by an RN with their own foot care practice, or by an LPN under the clinical direction of and working for the RN/LIP in addition to their own policies and procedures, the RN and LPN is accountable for knowing the policies and procedures within the setting/ facility where the client is located (such as a residential care facility, adult foster home, retirement community, etc). The RN or LPN must follow those policies and procedures in lieu of their own if there is a conflict.

Regardless of setting, all RNs and LPNs are required to meet the documentation requirements of OAR 851-45-0040-851-045-0070. In addition, RNs and LPNs may be considered having practice derogatory to the standards of nursing practice if they fail to abide by the references OAR.

**5. Has the nurse completed the necessary education to safely perform the role, intervention or activity?**

The RN and LPN must have documented education, either obtained through their employer or acquired independently. There is no requirement within the NPA for specific education. Education must occur and be documented appropriate for the level of care provided to the client. In particular for those licensees who obtained their education independently and have their own foot care practice, these licensees will be required to document their initial and ongoing education (including specific curriculum information) and present this documentation if requested by the Board.

**6. Is there documented evidence of the nurse’s current competence (knowledge, skills, abilities and judgement) to safely perform the role, intervention or activity?**

The RN and LPN must have documented competency, either demonstrated through their employer or acquired independently. There is no requirement within the NPA for specific competency. Competency validation must occur and be documented appropriate for the level of care provided to the client. Licensees will be required to document their initial and ongoing competency and present this documentation if requested by the Board. The method for obtaining this competency validation must be documented.

**7. Would a reasonable and prudent nurse perform the role, intervention or activity in this setting?**

RNs and LPNs with the appropriate education, competency validation and with appropriate client selection are providing these services within healthcare facilities and community settings. Therefore, it can be stated

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that a reasonable and prudent nurse would perform these procedures.

**8. Is the nurse prepared to accept accountability for the role, intervention or activity for the related outcome?**

Education, training, competency validation can give the nurse the knowledge of how to manage consequences. Appropriate, effective, and timely application of consequence management would be a self-regulatory issue.

**9. Nurse may perform this role, intervention or activity to acceptable and prevailing standards of safe nursing care.**

When the preceding conditions have been met, then the activity is within the scope of practice for an RN or LPN.

**References:**

(<http://www.afcna.org/PracticeStandards>) retrieved 4/9/2016

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/nursing/nursing-practice/advisory-rulings/foot-care.html> retrieved 4/9/2016

Arizona State Board of Nursing Advisory Opinion, 07/12: Downloaded from ASBN website 3/2016

OAR citations downloaded from Secretary of State Website, April, 2016

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