2025 DFACONFERENCE

ABSTRACT SUBMISSION FORM

Submissions should focus on high-quality original research in diabetes-related foot disease with relevance for clinical practice, now or in the future.

06JUL25 ABSTRACTS CLOSE **23JUL25 OUTCOMES ADVISED**

submit your form to nationaloffice@diabetesfeetaustralia.org

TITLE MIFT: Creating a Pathway for Advanced Podiatrists to Perform MIFT in SALHN Innovation in Decreasing the Burden of Diabetic Foot Disease

AUTHORS Melissa Cooney

EMAIL melissa.cooney@sa.gov.au **INSTITUTION** Southern Adelaide Local Health Netowrk

ABSTRACT (maximum 450 words. Please use the following or similar headings: Background/Methods/Results/Conclusions)

Background

Apical ulceration is a serious and common complication in people with diabetes and peripheral neuropathy. It typically results from muscle imbalance in the foot, leading to digital deformities such as claw, hammer, or mallet toes. These are seen in up to 94% of affected individuals and significantly increase the risk of ulceration, infection, and possible amputation.

Podiatrists play a crucial role in preventing diabetic foot complications through regular debridement, offloading, footwear prescription, and education. When conservative care is no longer effective and pre-ulcerative or ulcerative lesions persist, surgical intervention should be considered.

One such option is Minimally Invasive Flexor Tenotomy (MIFT), which offers a targeted solution for flexible digital deformities.

The Role of MIFT

MIFT is appropriate for patients with flexible lesser toe deformities, especially when ulceration is present or imminent. The procedure is low-cost, minimally invasive, and suitable for outpatient clinics, making it ideal for timely public health intervention.

MIFT improves toe alignment, mobility, and footwear fit, supporting both ulcer healing and prevention. Crucially, it reduces the risk of infection and amputation by addressing the biomechanical cause of ulceration. This can lead to long-term health benefits and ease pressure on the healthcare system.

Current Access Challenges

Despite its benefits, access to MIFT is limited. It is currently performed by orthopaedic, vascular, or podiatric surgeons, requiring specialist referral and long public wait times. Private options exist but are often unaffordable, delaying care and increasing complication risks.

Methods

An extended scope model was developed, allowing an Extended Scope Podiatrist to perform MIFT following specialised training. This included education on anatomy, technique, patient selection, and post-operative care, all supported by experienced surgeons and evidence-based protocols.

Procedures are performed in outpatient settings under strong clinical governance and multidisciplinary oversight. Outcomes and safety are tracked through regular audits and ongoing professional development ensures continued competency.

Results

Early outcomes are highly positive. There have been minimal complications, with few reported infections, and a 100% healing rate. Data on patient satisfaction and re-ulceration / transfer lesions are being collected and will be reported following further follow-up.

Conclusion

This project has enabled extended scope clinical podiatrists to safely perform MIFT within the SALHN High Risk Foot Service. Through structured training, mentoring, and clinical oversight, this model supports safe, effective care delivery. It offers a cost- and time-efficient strategy that reduces surgical wait times and helps manage the burden of diabetic foot disease within SA Health.