

Patient information

Service improvement feedback - Podiatry

The ESHT Musculoskeletal Podiatry team provide treatments to improve lower limb health and the wellbeing of service users within East Sussex.

We analyse our provided treatment effectiveness, by using Patient Reported Outcome Measures (PROM's). These are patient self-completed questionnaires, that collect information about how well treatments work and how they influence patients' pain and quality of life.

Our team use the Manchester / Oxford Questionnaire (MOXFQ), which compares pain symptoms before and after treatment.

This informs how well our treatments help patients' and compare our treatments against other NHS podiatry services. This ensures we provide the best treatments, help to develop staff and create new ways of working to deliver excellent care.

How do we get the information we need?

Your appointment letter comes with the MOXFQ questionnaire (see below). You will receive two questionnaires, one for the left or right foot.

Complete the appropriate one only for the painful foot or both if problems exist in each side.

- Before your initial consultation, we require you to complete the questionnaire (s). This records your symptoms before treatment. **It is important to ensure you bring it with you on the day of your consultation.**
- We record all data anonymously
- 3 months after your last consultation, we may book a telephone follow up appointment and a team member will speak with you and complete another questionnaire. This records your symptoms after treatment.
- We then compare your before and after pain symptoms.

This helps us better understand if our treatments are helping or if we need to change the way we treat patients'.

What do we do with this information?

There is no requirement for personal information, so data is anonymised. It is used only for Podiatry Service clinical improvement and stored securely in line with Information Governance Guidelines.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Graeme Hadlow MSK Advanced Practitioner (ESHT)

Next review date: July 2025

Responsible clinician / author: Graeme Hadlow MSK Advanced Practitioner. (ESHT)

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Manchester-Oxford Foot Questionnaire (MOxFQ)

Prior to completing the Questionnaire please complete the following:-

Today's Date:

Day:

Month:

Year: 20

On which side of your body is the affected joint, **for which you are receiving/have received treatment**. Please circle the appropriate choice:

Left Right Both

If you said 'both', please complete the first questionnaire thinking about the right side. A second questionnaire, for the left side, will follow.

Circle as appropriate Right / Left

Please tick (✓) one box

for each statement.

1. During the past 4 weeks this has applied to me:

I have pain in my foot/ankle

None of the
time

Rarely

Some of the
time

Most of the
time

All of the time

2. During the past 4 weeks this has applied to me:

I avoid walking long distances because of pain in my foot/ankle

None of the
time

Rarely

Some of the
time

Most of the
time

All of the time

3. During the past 4 weeks this has applied to me:

I change the way I walk due to pain in my foot/ankle

None of the
time

Rarely

Some of the
time

Most of the
time

All of the time

4. During the past 4 weeks this has applied to me:

I walk slowly because of pain in my foot/ankle

None of the
time

Rarely

Some of the
time

Most of the
time

All of the time

5. During the past 4 weeks this has applied to me:

I have to stop and rest my foot/ankle because of pain

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. During the past 4 weeks this has applied to me:

I avoid some hard or rough surfaces because of pain in my foot/ankle

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. During the past 4 weeks this has applied to me:

I avoid standing for a long time because of pain in my foot/ankle

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. During the past 4 weeks this has applied to me:

I catch the bus or use the car instead of walking, because of pain in my foot/ankle

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. During the past 4 weeks this has applied to me:

I feel self-conscious about my foot/ankle

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. During the past 4 weeks this has applied to me:

I feel self-conscious about the shoes I have to wear

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. During the past 4 weeks this has applied to me:

The pain in my foot/ankle is more painful in the evening

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. During the past 4 weeks this has applied to me:

I get shooting pains in my foot/ankle

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. During the past 4 weeks this has applied to me:

The pain in my foot/ankle prevents me from carrying out my work/everyday activities

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. During the past 4 weeks this has applied to me:

I am unable to do all my social or recreational activities because of pain in my foot/ankle

None of the time	Rarely	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. During the past 4 weeks...

How would you describe the pain you usually have in your foot/ankle?

None	Very mild	Mild	Moderate	Severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. During the past 4 weeks...

Have you been troubled by pain from your foot/ankle in bed at night?

No nights	Only 1 or 2 nights	Some nights	Most nights	Every night
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Manchester-Oxford Foot Questionnaire (MOxFQ)

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No nights	Only 1 or 2 nights	Some nights	Most nights	Every night
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Finally, please check that you have answered every question and return this questionnaire in the stamped addressed envelope provided.

Thank you very much.