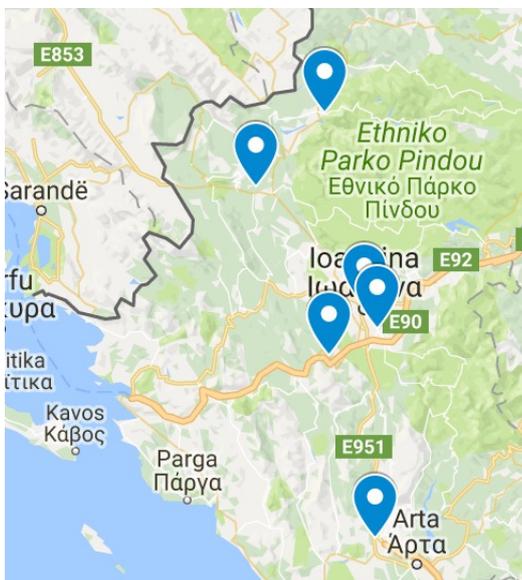




## The Foot Project - Greece - An Audit of Patients Treated in Refugee Camp Settings



### Introduction

At the end of December 2016 a team of six Podiatrists - Simon Miles, Christine McSweeney, Jack Loveday, Danielle Knox, Ben Lumley and Andy Gilmour travelled to Northern Greece, to work alongside Medecins du Monde treating patients in six refugee camps. We split into two teams of three, to join the two teams of Doctors, Nurses, Midwives and Interpreters from Medecins du Monde. We based ourselves in Ioannina and travelled out to camps at Feneromeni, Filippiada, Konitsa, Katsikas and Doliana.

This was our first trip to Greece and was seen as a fact finding mission to assess both overall need and also how we could have maximum effect if further trips were to be planned.

All previous trips had been to the 'Jungle' refugee camp in Calais. This was a huge, unofficial camp of almost 10,000 people at its peak. In contrast, the camps we visited in Northern Greece were all officially regulated and much smaller - with between around 20 and 200 people living at each location. This was partly due to the fact that authorities were attempting to move most refugees into hotels or buildings, due to severe incoming winter weather. The camps at Feneromeni and Katsikas were in the final stages of being closed, so at these locations patients were brought in by bus to the clinics.



As we had not been to these camps before, we were unsure of the patients' needs, so travelled with a large variety of kit - instruments, dressings, strapping and off the shelf orthotics.

## Patient Data

Over five days spent in clinic, 83 refugee patients were seen. Again, in contrast to our trips to Calais, where our caseload was largely adult males, in Greece, women made up 51% of patients seen.

We had suspected from what we had been told and also from our previous trips to Calais, that there was likely to be considerable need for wound care, but this was not the case. The vast majority of issues that we encountered were musculoskeletal, with the standout population being women with anterior knee pain.

**PATIENT GENDER**

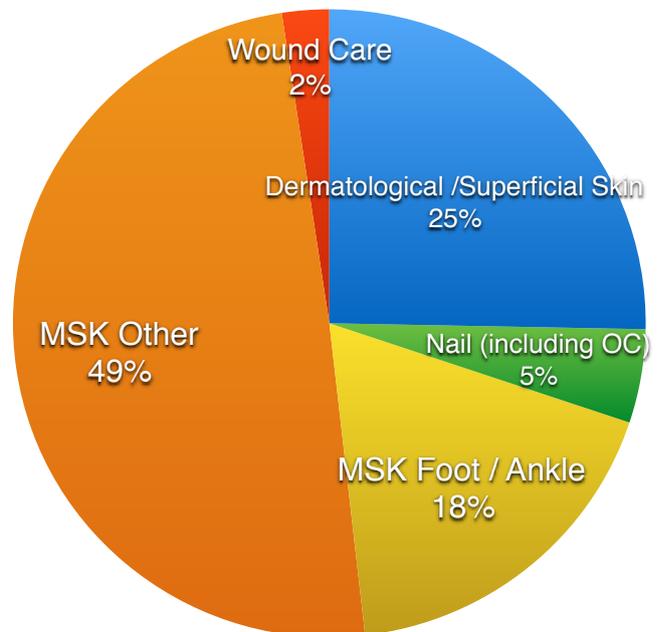
| GENDER | NUMBER | PERCENTAGE (%) |
|--------|--------|----------------|
| Male   | 41     | 49             |
| Female | 42     | 51             |

**PATIENT AGE GROUP**

| AGE GROUP | NUMBER | PERCENTAGE (%) |
|-----------|--------|----------------|
| Adult     | 69     | 83             |
| Child     | 14     | 17             |

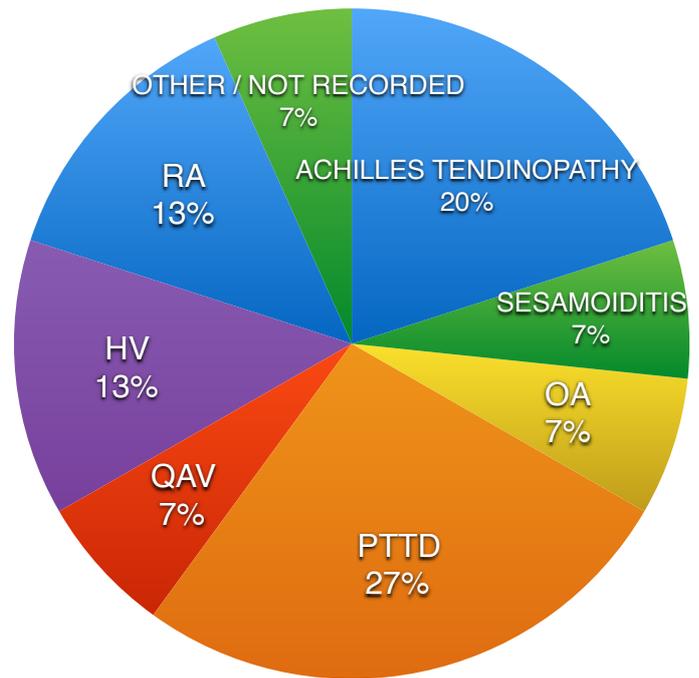
**CONDITIONS TREATED**

| CONDITION                         | NUMBER |
|-----------------------------------|--------|
| Dermatological / Superficial Skin | 21     |
| Nail (including OC)               | 4      |
| MSK Foot / Ankle                  | 15     |
| MSK Other                         | 41     |
| Wound Care                        | 2      |



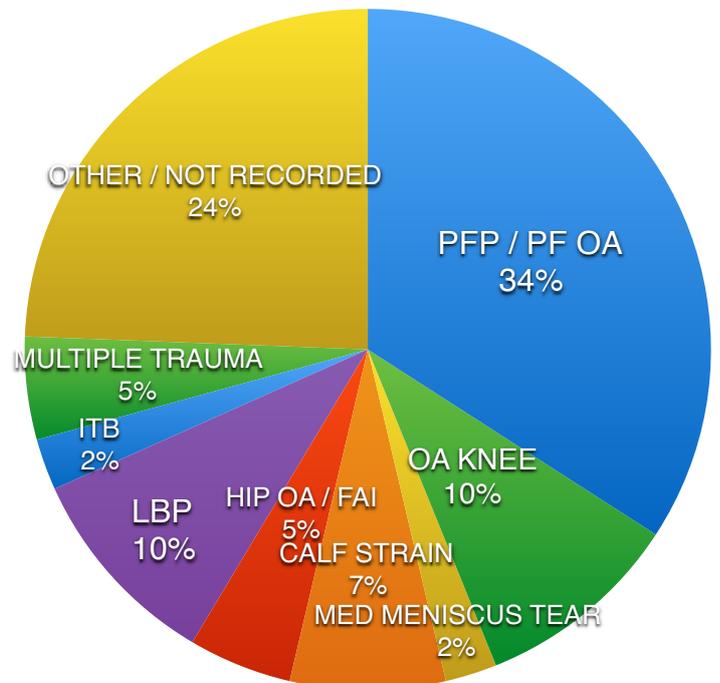
### MSK FOOT / ANKLE - BREAKDOWN

| CONDITION                 | NUMBER |
|---------------------------|--------|
| RHEUMATOID ARTHRITIS      | 2      |
| HALLUX VALGUS             | 2      |
| TAILORS BUNION / QAV      | 1      |
| PTTD / TIB POST PATHOLOGY | 4      |
| OSTEOARTHRITIS            | 1      |
| SESAMOIDITIS              | 1      |
| ACHILLES TENDINOPATHY     | 3      |
| OTHER / NOT RECORDED      | 1      |



### MSK OTHER - BREAKDOWN

| CONDITION   | NUMBER |
|---|--------|
| PATELLOFEMORAL PAIN / PATELLOFEMORAL OSTEOARTHRITIS | 14     |
| KNEE OSTEOARTHRITIS                                 | 4      |
| MEDIAL MENISCUS TEAR                                | 1      |
| CALF STRAIN   | 3      |
| HIP OSTEOARTHRITIS/ FEMEROACETABULAR IMPINGEMENT    | 2      |
| LOWER BACK PAIN                                     | 4      |
| ITB   | 1      |
| MULTIPLE TRAUMA                                     | 2      |
| OTHER / NOT RECORDED                                | 10     |





## Conclusion

Working alongside Medecins du Monde, our first trip to Greece was considered by all a great success. By auditing patient data, on future trips we will be able to travel with the most suitable equipment and supplies to treat the refugee population most effectively, whilst minimising airline baggage costs and allowing donations made to The Foot Project to have maximum effect. With the number of musculoskeletal conditions encountered on this trip, we found having off the shelf orthotics and additions available was key to making a lasting impact. On previous trips we had relied on strapping and hands on techniques to treat musculoskeletal conditions, however with orthotics to hand, we were able to give patients something to take away, as part of a longer term load management plan. This was particularly the case in UK sizes 4-7, which we ran out of fairly quickly, whereas some of the larger sizes remained unused.

Another trip to Ioannina, again with five clinical days, is planned for March 2017.

## Acknowledgements

We would like to thank Medecins du Monde in Ioannina for being so welcoming, accommodating and for organising our clinics.

A huge thank you everyone who has donated to The Foot Project so far - without your support these trips would not be possible.

We would also like to thank the companies that supported us on this trip - Firefly, Cannonbury, OSGO, Cuxon Gerrard, Kinesio UK and Harmony Medical.