

## A diverse group of healthcare professionals, including a woman in the foreground and two men behind her, all smiling. The image has a warm, orange-toned overlay. The text 'on' and 'AL' are visible on the left side.

Launched in 2019 as *Limb Preservation in Canada*, the journal is the cornerstone of a limb preservation community that, in addition to clinicians, educators and researchers, includes patients, advocates, administrators and policy makers. Recognizing that the challenges associated with limb preservation are global and impact healthcare professionals around the world, and identifying the lack of a dedicated clinical publication, the *Limb Preservation Journal* has expanded its scope to also invite submissions from the international limb preservation community.

- Over 10,000 cumulative downloads per issue!*

The *Limb Preservation Journal* is supported and reviewed by an eminent group of editors and reviewers. The Editorial Board is composed of published academics, clinicians and related authorities. The Board oversees the stringent peer-review process including evaluating submissions, selecting reviewers, assessing their comments and making the final editorial decisions and recommendations to authors. Published articles are assigned a DOI number.

Editorial inquiries should be submitted to [info@woundscanada.ca](mailto:info@woundscanada.ca)

**CPMA**  
Canadian Podiatric \$ L'association médicale



**Dr. te** is the first podiatrist PhD in an associate professor in the program at Université du Québec. His research focuses on management of diabetic foot complications, with a limb preservation-oriented research. She G. Armstrong (Jock School of Southern California) and Action Canada trustee. She is the scientific committee of Symposium and a member of board of directors.

a vascular surgeon at sciences Centre and a woman men's College Hospital, can degree from Queen's Ontario, before relocating to ring in general and vascular surgery completed a fellowship in wound care under the supervision in Fairfax, Virginia. He received his doctorate from Harvard School of Public Health as a master of public health completing a dissertation on quantitative methods, using a doctorate of Public Health and Management from the Berg School of Public Health.

er leading cause of LEA in study from Ontario showed over 60% of LEA had also presence of both conditions countries like Canada diabetes and PAD prevalence past two decades.<sup>7</sup>

limb preservation, it is the effect of sex, genes, individuals with those of the impact they have on

**Differences Related PAD**

Prevalence of diabetes-related foot than in women, as well as

social or demographic factors.<sup>8</sup> Health disparity is a metric used to measure progress toward achieving health equity. These disparities are modifiable factors that systematically and negatively impact less advantaged groups and compromise health systems. Health disparities are preventable and significant gaps in the quality of care.

### Equality in Health

Equality in health care refers to what is fair and equitable. It means that everyone receives the same standard of care, regardless of their specific needs and contexts.<sup>9</sup> The patient-centred care and with a very rigid application of health equality. However, patient-centred care can result in a higher degree of equality in health when there is an equal patient-provider relationship.<sup>9</sup>

### Social Determinants of Health and Limb Preservation

The World Health Organization (WHO) defines social determinants of health as conditions or circumstances in which people are born, grow, live, work, and age (see Figure 1). These conditions are shaped by political, social, and economic forces.<sup>3</sup>

**Figure 1:** Social Determinants of Health

A central blue circle contains a white silhouette of a person standing with arms raised. Five arrows point towards this central figure from different directions. Each arrow is labeled with one of the five social determinants of health: Education Access and Quality (top-left), Healthcare Access and Quality (top-right), Neighbourhood and Built Environment (bottom-right), Social and Community Context (bottom), and Economic Stability (bottom-left).

Indeed, PAD is another leading condition,<sup>12-14</sup> a recent study found that 94% of those who had an LHA had PAD.<sup>15</sup> As a result, over 80% of LHA are attributable to the presence of PAD. In high-income countries like the United States, diabetes and PAD have been rising over the past two decades. Therefore, to support limb preservation efforts to closely examine the effect of race and ethnicity on individuals with comorbidities because of the impact of health care disparity.

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