WALK THIS WAY…
FOOT CARE

by
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DIABETES & FEET FACTS
CDC estimates 8.3% of adults have diabetes.
Another 79 million people have pre-diabetes
• 40-50% will develop neuropathy in 10 years
• < 50% have symptoms
• 70% have peripheral neuropathy
• 20 times more peripheral vascular disease
• 45% of all lower extremity amputations

DIABETES & FEET FACTS
• Over 86,000 amputations in U.S. annually
• One amputation every 10 minutes in the U. S.
• One amputation every 30 seconds in the world.
• Over $1.1 billion annually
  • This does not include surgeons’ fees, rehabilitation costs, prostheses, lost time from work and disability payments.
• 85% of all diabetes related lower extremity amputations could be prevented
Amputation Recovery Statistics

- BKA (below the knee) amputation:
  - 16% ambulate independently
  - 19% require walker
  - 65% unable to walk
- AKA (above the knee) amputation:
  - 11% ambulate independently
  - 9% require a walker
  - 80% unable to walk

83% recurrence rate of wound if the patient returns to their regular footwear.

26% recurrence if specialty shoes or orthotics are used.

DIABETES & FEET FACTS

A Comprehensive Foot Care Program includes ...

- Annual foot screening
- Patient education
- Appropriate footwear selection
- Daily self inspection of the foot
- Management of simple foot problems
**ANNUAL FOOT SCREENING**

- Performed on all people with diabetes
- Comprehensive foot examination
- Management plan
- Clinical documentation

**Sensory Foot Exam**

- 5.07 (10-gm) Semmes-Weinstein nylon monofilament
  - quiet, relaxed setting
  - prepare patient by testing on their hand first
  - apply monofilament perpendicular to skin surface
  - use sufficient force to bend the monofilament with a smooth motion, and release (1-2 seconds to complete the motion)
  - test 4, 5 or 10 sites
  - Do not apply filament directly to a callus, scar or wound site.
VISUAL FOOT EXAM

- Skin status: shiny, thin, fragile, dry / moist, ecchymosis, temperature, hair / hairless, callus, inflammation / pre-ulcer / ulcer

- Nail status: thick/thin, length, ingrown, infection, presence of fungal disease

Tinea Pedis
VISUAL FOOT EXAM CONT.

Musculoskeletal deformities:
- toe deformities / prominent metatarsal heads (corns, callouses)
- bunions (Hallus Valgus)
- Charcot foot
- Foot drop: strength / weakness
**VISUAL FOOT EXAM CONT.**

- Pedal pulses
  - Posterior tibial
  - Dorsalis pedis

**Footwear Assessment**

- Assess shoes:
  - check insole for foreign objects
  - torn lining
  - proper cushioning
  - check sole for even / uneven wear
- Assess socks:
  - fabric content
  - seams
  - wear
  - non-restrictive
PATIENT EDUCATION BASICS

- Inspect feet daily
- Wash feet daily, **DON'T SOAK FEET**
- Lotion feet daily
  - untreated dry skin is 3 x’s more likely to ulcer.
  - Do not lotion between toes
- Cut nails straight across.
- Do not use pumice stones or over-the-counter foot remedies.
- Make sure feet are completely dry before putting on socks / shoes

Footwear Selection

- If off-the-shelf shoes:
  - properly fitting athletic or walking shoes are recommended
    - 1/2 inch longer than longest toe
    - fit comfortably without a “break-in” period
    - Trace foot and shoe to assess proper shape and fit

Footwear Selection

- Shoe recommendations
  - leather
  - no internal seams
  - wide toe box
  - lace, Velcro, buckle closure
  - flat heel - or no greater than 3/4 inch
  - removable insole
  - indoor vs. outdoor use; special considerations
SOCK SELECTION

- Cotton or wool provides moisture wicking.
- Invisible toe seam; or wear socks inside out.
- Non-restrictive sock shafts.
- Padded insoles provide 30% more shock absorption.
- Be aware of dye and/or lycra allergies.
- Proper compression stocking fitting by a professional if indicated.

TREAT PROBLEMS ASAP

- Do not use over-the-counter preparations or treat foot conditions yourself.
- ALWAYS, contact your healthcare provider for any foot signs.
- Obtain professional nail care if recommended by your provider. Most counties provide monthly foot care at your local senior citizen center.
- *Never assume an injury is not serious!!!*
MISCELLANEOUS

- Don’t go bare foot
- Don’t smoke
- Learn all you can about diabetes and foot care
Prescriptions for Diabetic Footwear

- A prescription must accompany the Statement of Certifying PHYSICIAN for Therapeutic Shoes and/or Custom Molded Inserts.
- The prescription must state that it is for shoes, custom molded inserts, or both.
- The prescription must be signed by the primary physician. If a NP or PA is primary, their supervising physician must sign.
- Medicare/Medicaid covers for one pair of shoes and/or custom molded inserts annually.
- Private insurance coverage may vary and may require pre-authorization.
- Medicaid recipients require pre-authorization.

LEAP Program

(Lower Extremity Amputation Prevention)

- 4350 East West Highway, 9th Floor
  Bethesda, MD  20814
  (888) ASK-HRSA (275-4772)
  www.bphc.hrsa.gov/leap

FEET CAN LAST A LIFETIME

- National Diabetes Information Clearing House
  1 Information Way
  Bethesda, MD  20892-3560
  1-800-860-8747
  www.niddk.nih.gov