



# Diabetic Foot Care

advance  
FOR PROVIDERS OF  
Post-Acute Care  
CLINICAL AND BUSINESS SOLUTIONS FOR SUBACUTE, LONG TERM & HOME CARE

**D**iabetic foot complications are the No. 1 cause of non-traumatic foot amputations in the United States and cause one in five people with diabetes to enter the hospital. In patients with diabetes, blood flow to the feet may be impaired. This means that your foot is less able to fight infection or heal itself. Nerve damage (neuropathy) may be present, causing a lack of sensation in the feet. You might not even feel pain with injury, predisposing you to foot ulcers and infection. Your skin may also become dry, cracking and peeling easily, since neuropathy may cause sweating to be impaired.

## GUIDELINES

Follow these guidelines daily to protect your feet.

**1. Control your blood sugar.** Stable blood sugar can help prevent or delay foot complications and other diabetes-related problems. Learn to manage your blood sugar with diet, exercise, medication and blood glucose monitoring. Educate yourself about other techniques of controlling blood sugar.

**2. Inspect your feet.** Visually checking your feet is important, since you may not feel injuries if you have neuropathy. Look for cuts, sores, red spots, infection, swelling or unusual areas. Use a mirror to see the bottom of your feet, or ask a family member or caregiver for help. Set a time daily (such as after your bath or shower) to perform this check.

**3. Wash and moisturize your feet.** Wash with warm (about 90-95 degrees) water, using a thermometer or your elbow to assess the temperature. Dry your feet afterwards, paying special attention to the area between your toes to prevent athlete's foot. Rub a thick layer of a good moisturizer or lotion that does not contain alcohol (which can be drying) along your entire foot, avoiding the area between the toes. Moisturizing will help prevent your skin from drying and cracking, which can lead to infection. Avoid soaking your feet, since this will also dry out the skin.

**4. Smooth corns and calluses.** After your bath or shower, when the skin is soft, use a pumice stone to gently rub in one direction, smoothing off corns or calluses. Avoid tearing the skin, and never cut corns or calluses.

Never use liquid corn and callus removers since they can create a chemical burn. If the

calluses become thick, see your health care provider for a referral to a podiatrist (foot doctor) who can trim these for you. They may indicate a pressure area, and the need for special shoes or inserts to relieve the pressure.

## TIP

### Diabetes and Fall Risk

Diabetic peripheral neuropathy can make you lose your balance and is one of the leading causes of falls in the elderly. A new therapy program that combines monochromatic infrared photo energy therapy and gait/balance retraining may help you regain sensation, thus improving balance and reducing your risk of falls

— Kim Stebbings, Anodyne Therapy

**5. Trim your toenails once a week.** After washing and drying your feet, trim your toenails straight across, then smooth them with an emery board so there are no sharp edges. Don't rip off hangnails and cut into the corners. Consult a podiatrist if your nails are thickened and yellow.

**6. Never go barefoot.** Even going barefoot indoors can cause injury. Shoes and socks that fit well are one of your feet's best protections. Choose socks made of cotton or wool to wick moisture away from your skin, and make sure there are no seams or bumps. Before putting on shoes, be sure to check inside them for objects, rough spots or exposed nails.

It is best to break in new shoes slowly (one hour a day the first week, increasing time gradually). Choose shoes made of canvas or

leather that let your feet "breathe," and offer good support at the ankles. Don't buy pointed toes or high heels, which put pressure on the feet. Keep slippers with good soles close to your bed to use at night if you get up.

**7. Avoid thermal injury.** Never use hot water bottles or heating pads on your feet, which cause tissue injury or burns. Wear socks at night if your feet get cold. Put sunscreen on the top of your feet to prevent sun burn. In the winter, lined boots can help keep your feet warm. Check for frostbite if your feet are exposed to the cold.

**8. Don't constrict circulation.** Avoid crossing your legs, or wearing tight socks, garters or constricting garments.

**9. Exercise.** Exercise helps promote blood flow. Check with your health care provider as to which activities are best for you. Walking, swimming and bicycling can help blood flow and do not put pressure on the feet. Avoid high impact exercises such as running or jumping. Wear supportive athletic shoes that fit well.

**10. Have your health care provider check your feet at every visit.** A health care professional should perform a foot check of pulses, sensations and visual inspection every year at a minimum or more frequently if you're high risk.

If you develop an infection, inflammation, ingrown toenail or a foot ulcer, see your health care provider immediately. Even if you're not in pain, make sure your health care provider sees every ulcer immediately. It is important to tell your health care provider about any changes or pain in your feet. ■

*Author Sheridan Waldrop has more than 18 years of experience as a registered nurse both in critical care and, more recently, diabetes education. She has worked the past three years on the diabetes team at a teaching hospital, dealing with complex diabetic clients.*

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