

DIABETIC FOOT CARE

The disease known as DIABETES MELLITUS affects many parts of the body, especially the feet. It is very important that a diabetic give the feet very special care. A small problem in a healthy person could become a severe one to a diabetic. Diabetics can live longer, more happily and more efficiently, if they take care of their feet. This brochure was written to help you understand diabetes and its relation to your feet.

WHAT IS DIABETES?

Diabetes is a disease caused when the body does not produce enough insulin, or in which the body's insulin is incapable of performing its action. Insulin, a substance that comes from the pancreas gland, helps us turn the food we eat into energy or store it for future use. Diabetes knows no age barrier and may develop in people of all age groups.

HOW DOES DIABETES AFFECT THE FEET?

Foot Infections

Infection is one of the most common complications affecting the diabetic foot. Because diabetes causes impaired immune response, a patient with diabetes has a decreased ability to fight infection. Treated early, and infection can usually be controlled. If neglected, severe consequences may follow such as: Ulceration, Osteomyelitis, Gangrene and Amputation.

More hospital days are spent treating diabetic foot infections than any other complication of this disease.

Thirty-five to forty thousand major amputations occur in this country every year due to diabetes. There could be a 50% reduction in the number of amputations if the patient had received proper professional care.

Inadequate Blood Supply (Peripheral Vascular Disease)

This refers to poor blood flow which arises when the blood vessels become too narrow. Vascular insufficiency is one of the most important factors contributing to infection of the lower extremities.

Inadequate Nerve Supply (Neuropathy)

This is a complication of diabetes that causes decreased sensation to pain and temperature. This may cause a patient to underestimate a foot problem. It may also be responsible for an absence of perspiration leading to dry, cracking skin that can more easily become infected. Muscle weakness may also be present resulting in toe deformities and calluses on the ball of the foot which tend to become infected.

Foot Ulcers

Diabetic patients are at increased risk of developing ulcerations. An ulcer is a local skin defect with inflammation or infection. **A break in the skin may become an**

ulcer. If properly treated, the ulcer may be avoided. Ulcers can be caused by:

- * Lack of Blood Circulation to the foot
- * Infection
- * Lack of soft tissue protection
- *excessive callus tissue
- * Pressure caused by deformities
- * Improperly fitted shoes

COMMON FOOT PROBLEMS NEED SPECIAL CARE

Following are common foot problems requiring special care:

Ingrown toenail: A nail grown abnormally into the flesh. Can cause infections which tend to be especially severe.

Fungus Toenails: Dry, Hard and thick nails which may have gray, yellow or brownish discoloration. They may become incurvated or separated from the under surface.

Athletes Foot: A fungus infection caused by an organism that lives on the skin and is nurtured by warmth and moisture. **ALL** skin rashes need prompt treatment to prevent bacterial infection.

Corns: Small circular hard areas, usually located on top of a toe associated with

contracted toes. These “hammer toes” develop new pressure points on the tips and tops creating the “tip-top-toe syndrome”.

Calluses: Hard thickened skin frequently on the ball or heel of the foot caused primarily by friction, pressure and improper weight distribution. An ulcer may develop in a callus formed at a pressure point.

Structural Weakness: This problem causes changes of foot posture during standing or walking. New pressure areas may develop which are sensitive to friction and stress. Functional or accommodative orthotics may be needed.

THREE STEPS TO PROPER DIABETIC FOOT CARE

Three basic considerations are important to achieve proper foot care for the diabetic.

1. Give the foot good preventative care
2. Avoid injury to the foot
3. Wear properly fitted shoes.

Care of the diabetic foot can be complicated. The team approach is critical. Podiatric care should be coordinated with medical management.

SPECIFIC FOOT CARE INSTRUCTIONS FOR DIABETICS

INSPECT:

Daily foot care is essential including cleansing and careful drying, **especially between the toes**. Inspect your feet daily. Ask for assistance if you cannot see them well. Use a mirror or magnifying glass if necessary.

EXCERCISE:

Walking is the ideal exercise for diabetics unless there are complications. If you have a balance problem, use a cane.

PROTECT:

Protect your feet and legs- never walk barefoot. Avoid hot water bottles and heating pads. Do not expose skin excessively to the sun.

DRY SKIN:

Use moisturizing cream or lotion daily to avoid dry skin. Do NOT, however, apply between the toes.

FOOT POWDERS:

Apply foot powder daily between the toes.

TOENAILS:

Cut toenails straight across even with the skin on the end of your toes. Do not cut into the corners, if you have poor eyesight, do not cut your own toenails.

NEVER:

Use razor blades, knives, scissors or medicated corn/wart removers.

CHECK:

For redness, blisters, cuts, scratches, cracks between toes, discoloration or any other change.

PRACTICE:

Good foot hygiene. Wash feet daily in Luke-warm water with mild soap and dry feet gently, taking special care between toes.

AVOID:

All actions that diminish circulation such as tobacco use, sitting with legs crossed, and avoid circular elastic garters.

CHANGE:

Socks and /or stockings daily.

SHOES:

Soft leather shoes are recommended for daily wear. The shoes should conform to the shape of the foot. Women should not wear tight high heel shoes. This type of shoe constricts the toes, prevents proper blood circulation and puts too much pressure on the ball of the foot. New shoes may be stiff and irritate the feet and should be “broken in” gradually by wearing no longer than two hours the first day and an hour or so longer each subsequent day. Buy shoes in the afternoon when the feet are larger rather than in the morning.

WALKING SHOES:

The concept of walking shoes has become very popular. Basically, they are shoes with a snug heel, full ball fit, space for the toes to

bend during walking, laces and some type of rubber sole. The walking shoe is modified sneaker with a firmer sole and less cushioning thus providing increased foot support.

DISCUSS:

All foot problems with your podiatrist.

NAME OF PATIENT:

APPOINTMENT:

Date: _____ Time: _____

SPECIAL LABORATORY TEST:

Hospital _____

Outpatient _____

VASCULAR ANALYSIS TEST:

Date: _____ Time: _____

Office: _____ Other: _____

Address: _____

SPECIAL INSTRUCTIONS:

**MANAGING PHYSICIAN (M.D.
/D.O.) FOR DIABETES**

Referred to: _____

Address: _____

SHOES: _____

STOCKINGS: _____

DIABETIC FOOT HYGIENE: _____

Remember Professional Foot Care is vitally important to the well being of the diabetic patient.

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1. In this document, insert your company information in place of the sample text.
2. Choose Save As from the File menu. Choose Document Template in the Save as Type: box (the filename extensions should change from *.doc* to *.dot*) and save the updated template.
3. To create a document with your new template, on the File menu, click New. In the New Document task pane, under Templates, click On my computer. In the Templates dialog, your updated template will appear on the General tab.

ABOUT THE "PICTURES"

The "pictures" in this brochure are Wingdings typeface symbols. To insert a new symbol, highlight the symbol character and choose Symbol from the Insert menu—select a new symbol from the map, click Insert, and Close.

HOW TO WORK WITH BREAKS

Breaks in a Word document appear as labeled dotted lines on the screen. Using the Break command, you can insert manual page breaks, column breaks, and section breaks.

To insert a break, choose Break from the Insert menu. Select one option. Click on OK to accept your choice.

HOW TO WORK WITH SPACING

To reduce the spacing between, for example, body text paragraphs, click your cursor in *this* paragraph, and choose Paragraph from the Format menu. Reduce the Spacing After to 6 points, making additional adjustments as needed.

To save your Style changes, (assuming your cursor is blinking in the changed paragraph), click on the down arrow for the Style in the Styles and Formatting work pane. Select Update to match selection to save the changes, and update all similar Styles.

To adjust character spacing, select the text to be modified, and choose Font from the Format menu. Click Character Spacing and enter a new value.

OTHER BROCHURE TIPS

To change a font size, choose Font from the Format menu. Adjust the size as needed, and click OK or Cancel to exit.

To change the shading of shaded paragraphs, choose Borders and Shading from the Format menu. Select a new shade or pattern, and choose OK. Experiment to achieve the best shade for your printer.

To remove a character style, select the text and press Ctrl-Spacebar. You can also choose Default Paragraph Font from the Styles and Formatting work pane (accessible from the Format menu).

BROCHURE IDEAS

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