Overview

- General Facts
  - In 2011, 25.8 million people diagnosed with diabetes in the US ~8.4% of the population
  - Upwards of 1/3 people will be diagnosed in 2050
  - Major cause of stroke, heart disease, kidney failure, blindness
  - Based of fasting HA1C levels, 35% of US adults older 20 have pre-diabetes and >50% of those older than 65
    - 79 million Americans are in the stage of pre-diabetes

Important of foot care

- Relating this to the foot...
  - 30% people >40 have neuropathy in their feet
  - 15% will develop a foot ulceration
  - >>60% of non-traumatic amputations

*Key is education and prevention of such complications

Looking Ahead

- Overview of diabetes and the foot
- Importance of foot care
- Who’s at risk?
- A typical office visit
- Foot care pearls and tips
Who is at risk?

- Chronically elevated blood sugar levels
- Smokers
- Poor circulation/PAD
- Neuropathy
- Foot deformities
- Prior history of foot ulcerations

Typical Office Visit

- Questions you may be asked:
  - Do you take insulin?
  - What was your last HA1C?
  - Numbness/tingling in your toes?
  - Do you get pain in your calf when you walk?
  - Do you get pain in your feet?
  - What types of shoes do you wear?
  - Have you ever had foot problems in the past?

Typical Office Visit

- Foot Exam Basics
  - Skin and nails
    - Calluses or corns, nail thickness, dry skin
  - Pulses
    - Peripheral arterial disease (PAD)
      - Narrowing of arteries that supply blood to legs/feet
      - May be sign of systemic arterial disease (atherosclerosis)
      - Symptoms: Intermittent claudication (pain when walking), cold toes/feet, shiny skin, loss of hair growth feet/legs, non healing ulcers/skin breaks

Typical Office Visit

- Pulses
  - Doppler exam
Typical Office Visit

• Foot exam basics
  – Sensation
    • Sensory Neuropathy
      – Loss of protective sensation to foot
      – Feeling of “burning” or tingling/numbness
      » Loss of sensation of heat/touch/pain
      – Semmes Weinstein Monofilament Test
  – Strength
    • Weakness, foot drop

What to look for…

• Any new foot lesions
  – Blisters, calluses/corns, ingrown toenails, cuts
• New or worsening redness/swelling/pain
• Drainage or blood on your socks or in your shoes
• Numbness or tingling in toes
• Feeling “unwell”

Helpful Tips/Pearls

• Inspect your feet daily
  – Use a mirror or have help
• Change socks and shoes often
• Make sure your shoes/inserts fit well
  – Look for rough seams
  – Break in gradually
• Never go barefoot
• Wash and then dry your feet well
• Keep all follow up appointments
• Speak up!
Summary

• Identifying and managing risk factors
• Daily foot care basics
• Calling with any concerns or questions
• Regular follow up appointments

***Prevention of foot complications, such as ulcerations/infections/amputations is possible!