

Diabetic Foot: Conducting a Foot Check

If you have diabetes, it's important to take special care of your feet **BY ADRIANNE O'BRIEN**

If you have diabetes, checking your feet is very important. If you don't check your feet for signs of trouble daily, the consequences can be severe, including amputation in extreme cases. By checking your feet daily, you can see any new wounds and monitor healing areas.

Minor injuries sometimes become major emergencies before you know it. With a diabetic foot, a wound as small as a blister from wearing a shoe that's too tight can cause a lot of damage. Diabetes decreases your blood flow, so your injuries are slow to heal. When your wound is not healing, it's at risk for infection. As a person with diabetes, your infections spread quickly.

Daily Foot Checks

If you have diabetes, you should inspect your feet every day. Have someone help you or use a mirror. Look for puncture wounds, bruises, redness, warmth, blisters, scratches, cuts and nail problems. Feel each foot for swelling. Examine between your toes. Check six locations on the bottom of each foot: the tip of the big toe, bottom of the little toes, bottom of the middle toes, heel, outside edge of the foot and across the ball of the foot. Watch for any changes in your foot's shape, sense of feeling/sensation and skin.

Look for new bunions, calluses or corns. If you find any, show them to your nurse or doctor. Also, keep track of the color of your foot. Darkening of skin or loss of hair may indicate that the blood supply has decreased. Less blood to the foot can mean slower healing of cuts and scrapes. Bruises indicate injuries. Any bruises within calluses are particularly important to show to your nurse or doctor.

Testing for Feeling

Testing for any change in how well you can "feel" with your feet is important because diabetics can hurt themselves and not be aware of the injury. Use a feather or facial tissue to brush your foot and test its ability to feel light touch. Also, be sure your foot can sense the difference between hot/warm and cold water. Test water with your hand first to get a feel for the temperature, then your foot.

The top of the foot will be the first area to lose some of its ability to feel, then the bottom of the foot. The area may not feel numb, but a gradual decrease in ability to feel light touch, temperature or your shoes indicates a foot at risk.

Here's some basic advice for taking care of your feet:

- Wash your feet every day with mild soap and warm water. Test the water tem-

perature with your hand first. Don't soak your feet. Pat each foot dry with a towel.

- Use lotion to keep your feet soft, but don't put any lotion between your toes.
- Trim your toenails straight across. Avoid cutting the corners. Use a nail file or emery board to smooth the tops. If you find an ingrown toenail, see your nurse or doctor.
- Avoid drugstore medications, heating pads or sharp instruments on your feet. Don't put your feet on radiators or in front of the fireplace.
- Keep your feet warm. Wear loose socks to bed. Don't get your feet wet in snow or rain. Wear warm socks and shoes in winter.
- Avoid smoking or sitting cross-legged. Both decrease blood supply to your feet.

Here's some basic advice about shoes and socks:

- Never walk barefoot or in sandals or flip-flops outside.
- Pick your shoes carefully. Buy new shoes late in the day when your feet are larger. Your new shoes shouldn't have a "breaking-in" period. Check how your shoe fits in width, length, back and bottom — they shouldn't be too tight. Avoid pointed-toe styles and high heels. Try to get shoes made of leather. Wear new shoes for only 2 hours or less at a time. Don't wear the same pair every day. Don't lace your shoes too tightly or loosely.
- Choose socks carefully. Wear clean, dry socks every day. Avoid socks with holes or wrinkles. Square-toed socks are best, because they will not squeeze your toes. Avoid stockings with elastic tops. Thin cotton socks are more absorbent for summer wear.

Diabetics who have had problems with any of the following need to be especially careful: foot ulcers; toenail infections such as fungus, stress fractures or other single fractures of the foot; slow-healing wounds; bunions; corns and thick calluses. Also, your family history is important. Let your nurse or doctor know if anyone in your family with diabetes had toes, feet or legs amputated.

Take care of your feet. Check them daily and see a nurse or doctor if anything is suspicious. ■

Resources

American Orthopaedic Foot & Ankle Society. *The diabetic foot*. Retrieved Dec. 1, 2005 from the World Wide Web: http://www.footcaremd.com/df_home.html

American Orthopaedic Foot & Ankle Society. *The diabetic foot and risk: How to prevent losing your leg*. Retrieved Dec. 1, 2005 from the World Wide Web: http://www.footcaremd.com/df_a_leg.html

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