

Diabetic Foot Care

Maintaining proper foot care is an essential part in managing your diabetes. Follow the advice of your Primary Care Manager regarding diabetic control of other health problems. Contact your podiatric doctor in the event of any change in the feeling or appearance of your feet.

Daily Check List

Feet must be checked regularly. Examine the top and bottoms of your feet as well as between your toes. Ask for assistance from family or friends in doing this if you cannot see the bottoms of your feet or use a mirror.

What to look for and monitor:

Changes in skin color – *examine for red areas or bruising*
Corns or Callus - *watch for thickening*
Change in toenails – *watch for ingrown or fungal nails*
Swelling of the foot or ankle
Dry cracks in the skin
Slow healing wound or sores

***Contact your health care provider immediately
If you recognize any foot problems***

Foot Care and Maintenance

Keep your feet clean. Wash them daily with mild soap and lukewarm water. Dry thoroughly between toes. Use moisturizer on the top and bottom of the feet, but never between the toes.

Check your toenails. Trim your toenails regularly. Be sure to carefully cut them straight to avoid ingrown nails. Do not cut too low or into the nail corners. File thickened nails with an emery board. Note that your toenails are easier to cut after bathing.

Check your socks daily. Monitor your socks daily for blood or pus discharge. Socks should be wool or 100% cotton. They offer the best protection while keeping your feet warm and dry.

Know your shoe size. Measure your feet. Feet can change size and shape over time. Use an experienced shoe fitter or you can measure yourself. Trace the outline of your foot on a piece of paper. Place your shoe over the outline. The shoe should complement

the outline. For a better fit, Try new shoes on later in the day or evening due to possible swelling.

Choosing the right shoe

New shoes should have room for toes to wiggle. They must fill the length and width of the foot. Shoes should be sturdy yet strong and flexible. Avoid shoes that need to be “broken in.” New shoes should be worn no more than a few hours. Change your shoes at least twice a day to avoid pressure areas. Inspect inside and outside your shoes regularly for foreign objects before putting them on your feet.

Have regular foot exams and screenings. Patients should have yearly foot exams. More frequent visits are necessary with increased risk factors such as numbness, history of foot ulcers, peripheral vascular disease, and bony deformities.

Things to avoid

- Do not wear high heels, sandals, or pointed toe shoes
- Do not walk barefoot, even at home or at the beach
- Do not wear mended or seamed socks, as they can cause blisters or skin injury
- Do not wear nylon stockings if you are under treatment for an infection
- Do not smoke
- Avoid corn plasters or medications due to potential skin burns and irritation
- Avoid pressure on blood vessels through such things as crossing legs
- Avoid foot exposure to extreme hot or cold temperatures
- Do not perform bathroom surgery. For example, removing ingrown nails, corns, or calluses