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Tips for monitoring your feet

There are some debilitating conditions that cause progressive muscular weakness of the lower limbs, for example diabetes. Diabetes is a lifelong condition which can cause problems resulting in progressive numbness of the foot.

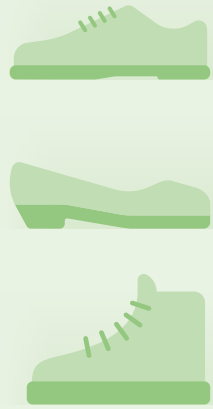
Some of these problems can occur because the nerves and blood vessels, including those supplying your legs and feet, are damaged. Too much glucose in the blood from diabetes can cause nerve damage and poor blood flow, which can change:

- the feeling in your feet (peripheral neuropathy); and
- the circulation in your feet (ischaemia).

These changes can be very gradual and you may not notice them. This is why it is essential you have your feet checked (screened) every year by a suitably trained health-care worker.

WHAT IS NEUROPATHY?

Damaged nerves may stop sending signals, or they may send signals slowly or at the wrong times. Neuropathy can cause a loss of feeling in your lower limbs, meaning that you may not feel pain, heat, or cold in your legs and feet. A prominent seam inside a sock, or an object inside a shoe that would cause a sore might not be felt.



People with neuropathy may not be able to feel if there is any pressure on their feet from poorly fitting footwear. Also, people with diabetes are particularly vulnerable to foot damage and often cannot feel any pain in their feet and so do not realise if their shoes are not fitting properly.

This could mean that there might be a reduced ability to sense the potential harm to your feet, for example, developing a blister or minor burn without realising it. These small injuries could lead to open wounds, which can become infected or develop into an ulcer without appropriate treatment.

It's important to:
Consult with your doctor, podiatrist and other health care professionals as these consultations are essential for monitoring and to inform and advise you on how to best self-manage your condition. This is especially important when it comes to your feet.

WHY SHOULD YOU HAVE AN ANNUAL DIABETES FOOT SCREENING?

Generally looked upon as the 'cornerstone' of good diabetes foot care.

Should be carried out annually and only takes a couple of minutes.

Informs you of your risk level of developing a diabetic foot ulcer that could lead to life changing complications.

Informs you who you should see and what service you should receive according to your risk to prevent or treat problems.

WHAT DOES A DIABETIC FOOT SCREENING INVOLVE?

Visually the person carrying out the screening will be checking for what we call structural abnormalities that could lead to problems.

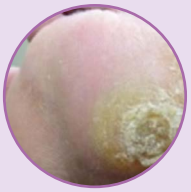
Any areas of callus (hard skin).

Any areas of broken skin.

Assessing if you can self-care, reach your feet, check your feet.

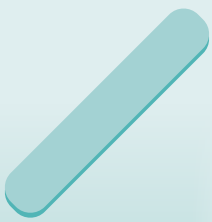
Your circulation will be checked with the checking of two pulses in each foot.

Checking that you have feeling in your feet.



MOST PEOPLE WITH DIABETES CAN MANAGE THEIR OWN TOE NAIL CARE UNLESS ADVISED OTHERWISE BY THEIR PODIATRIST

- do not cut nails too short.
- do not cut down the sides.
- follow the curvature of the end of the toe.
- use a nail file to ensure no rough edges.
- use a nail file on a regular basis if unsure about cutting.
- you may be advised by your podiatrist not to manage your own nail care.



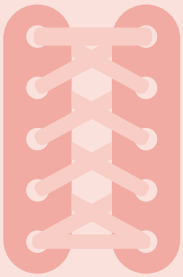
THE IMPORTANCE OF FOOTWEAR

Get your feet measured... don't fall into the trap of buying a size bigger. Lace-up shoes are best and avoid detailed stitching.

When buying new shoes, break them in by wearing them around the house for short periods of time and then inspect your feet for any areas of redness.

Then, progress to short distances outside.

If you require prescription footwear or insoles you will be advised by your podiatrist.



WHY YOU SHOULD ALWAYS CHECK FOOTWEAR

Ensure you always check before putting on your slippers/shoes to detect any:

- foreign objects
- rough or worn areas
- bulky seams or stitching

Never walk bare foot as it can be dangerous, and you may stand on sharp objects or stub your toe, especially if you get up in the dark during the night.

Being on holiday can be a challenging time, watch out for hot sand!

SO, AS A PERSON WITH DIABETES, WHAT DO YOU HAVE TO DO?

Attend your annual screening appointment.

If you have not had a screening carried out in the last 12 months, inform whichever health care provider you are seeing that you are due a foot screening.

Always remember to check your feet daily for any areas of heat, redness, inflammation, blisters, hard skin etc.

Check between your toes and the soles of your feet (use mirror if you need to).

APPLICATION OF DAILY MOISTURISING CREAM

- apply daily but not between the toes.
- can be applied while checking feet.
- if skin is very dry use a Urea based cream.
- can be a prescription item.
- apply with a downward movement.

WHAT SHOULD YOU DO TO MAINTAIN GOOD FOOT CARE?

Monitor and don't delay in contacting your podiatrist, practice nurse or doctor if you notice a problem.

Most diabetic foot problems are treatable but receiving the most appropriate treatment quickly is paramount.

It's important to have an annual foot screening.

Know your risk and know what to do and who to contact if you have a problem.

Most importantly check your feet daily.

Remember; after you've brushed your teeth, check your feet.

Risk targeted advice leaflets

www.cop.org.uk/patient-information/diabetes

www.diabetes.org.uk

www.nhs.uk/conditions/diabetes

www.niddk.nih.gov

www.cdc.gov/diabetes/index.html

The COLLEGE of PODIATRY

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Adapted with kind permission by Duncan Stang MCPod FCPodMed, FFPM RCPS (Glasg) Diabetes Foot coordinator for Scotland on behalf of the Leg Club Foundation.

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