

Care of your high-risk feet



Why is it important?

Certain medical conditions – for example, diabetes, rheumatoid arthritis and circulation disorders – can place your feet at high risk of damage.

These disorders affect the blood supply to your feet and may gradually change the shape of your feet. You may experience changes to the feeling in your feet including numbness, tingling or pain. Your feet may also produce less sweat.

Many people are not even aware they have these changes until they develop serious problems. These serious problems include ulcers, non-healing wounds and infections.

The most costly and feared outcome of a foot ulcer is limb amputation. If you have a high-risk foot you are more likely to have an amputation than the general population.

If you care properly for your feet you can decrease the chances of developing serious problems.

What can I do?

- Follow your health professional's advice on how to manage your condition
- Check your feet (including between your toes) every day for any skin changes. Make this a part of your routine as you get out of bed each morning
- Use a mirror for difficult-to-see areas, or ask someone to help you. Use your hands to feel for any areas of soreness or changes in temperature to your feet
- Report changes or anything that looks or feels different on your feet to a health professional. Changes may include swelling, pain, colour changes, breaks in the skin, bruises and blisters
- Wash your feet daily with warm water and then dry them, ensuring you dry between your toes properly. Do not soak your feet or use normal soap or chemicals in the water
- You can use a soap alternative. Soap alternatives can be found at your chemist. You should look for products that are perfume-free and pH balanced or neutral. If the pH value is stated on the bottle, ensure it is 7 or less



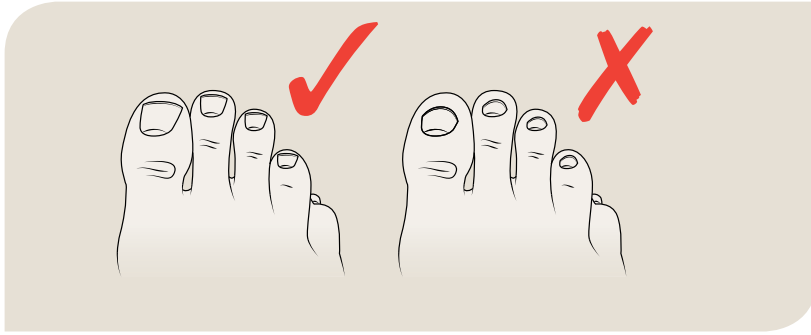
- Apply moisturiser to stop dry skin. Avoid applying it between the toes as this can cause fungal infections
- Wear clean wool or cotton socks that do not have tight elastic bands
- Ask the nurse to provide you with the 'Skin care and you' health care guide to read

How can I avoid injury?

In order for you to look after your own feet well, you need to be able to **reach your feet**, **see your feet** and **care for your feet**

If you have trouble with doing any of these, you should see a podiatrist:

- Test the temperature of the water with your hand **before** you insert your feet
- Do not walk in bare feet, even indoors
- Before you put your shoes on, look and use your hand to feel inside them for damage, wear and tear, or for small objects that may have fallen inside your shoes
- Inspect your socks for signs of pus, blood or discharge. If present, report this to your health professional immediately
- Do not place your feet in front of a radiant heater or use hot water bottles. Accidental burns are common due to reduced feeling in your feet
- If you have corns, calluses or other foot deformities, you should see a podiatrist. Do not treat them yourself with over-the-counter remedies. A callus can hide an ulcer/wound. In order for this to heal, the podiatrist needs to remove the callus. Removing the callus will expose the ulcer/wound; however it does not cause the ulcer/wound



- It is preferable for a podiatrist to cut your toenails. If you do cut your own toenails, make sure you cut them straight across and file the edges with a nail file. Do not dig down the side of your toenail
- The shoes that you wear everyday should have certain features. Refer to the 'Footwear for high-risk feet' brochure

Tips to remember

- 1 If you have or have had ulcers/wounds on your feet, you will need to see the podiatrist (foot specialist) regularly – the podiatrist will advise you on the frequency
- 2 You should have at least a twelve-monthly check by your podiatrist to help detect any changes
- 3 Do not cut your own toenails unless your podiatrist says it is safe for you to do so
- 4 Request an urgent podiatry review if you have any signs of damage to your feet. When you ring to make the appointment, make sure you describe the damage so that the podiatrist understands the urgency of seeing you

References

Department of Health, NSW Government (2010) *Model of care for the high risk foot*. www.healthnetworks.health.wa.gov.au/modelsincare/docs/High_Risk_Foot_Model_of_Care.pdf (accessed March 2011)

Footwear brochure. Australasian Podiatry Council.
www.apodc.com.au/brochures-pamphlet-preview/ (accessed March 2011)

Edmonds, M.E; Foster, A. (2005). *Managing the diabetic foot, 2nd edition*. Blackwell Publishing Ltd, Victoria, Australia.

Disclaimer

This health care guide is part of the 'Connected Wound Care' program which provides important information about wound care. All care has been taken to ensure information is current and best practice, however, always consult your healthcare professional if you have any concerns or queries.

Acknowledgements

Connected Wound Care – an initiative of the Victorian Department of Health Strengthening Wound Management Practice Strategy developed in partnership with Royal District Nursing Service and the Victorian Regional Wound Management Clinical Nurse Consultants. This project received support from the Australian and Victorian Governments through the HACC program, www.health.vic.gov.au/hacc/projects/woundmanagement

Developed September 2011
Reviewed November 2012