



FootScope

A foot health message from
Proactive Podiatry

High Risk Foot Conditions



Foot conditions in the high-risk category include bone deformity, ulceration and bone infection. High risk foot disorders can be the result of a range of underlying medical conditions including rheumatoid arthritis, vascular disease (affecting the blood vessels), kidney disease and neurological conditions, with the most common contributor to high risk foot conditions being diabetes.

Bone deformity resulting from conditions such as rheumatoid arthritis can contribute to ulcers and infections as the feet are under a lot of pressure. There is also a condition affecting diabetics, known as Charcot Joint, in which joints in the foot break and disintegrate. Symptoms of Charcot Joint include red, hot or swollen skin and the disorder can also increase the chances of ulceration and infection.

Ulceration often starts as a simple callus. Because of the lack of sensitivity in the feet a callus can go unnoticed until, through repeated use of the injured foot, the skin breaks down and the callus becomes a chronic ulcer. It is important to contact us at the first sign of any foot abnormality. Although very serious, ulceration is usually preventable if treated early.

Cuts or abrasions can lead to major infections and patients with chronic medical conditions have weaker immune systems that make it difficult to fight off infection. Left untreated, infection can get right down to the bone. Once infection has reached the bone it is unlikely that the wound will heal. Sepsis (blood poisoning) then becomes a major risk and amputation may be needed.

If you have an underlying medical condition it is important that you book an appointment at least once a year to check out your level of risk and for prevention of high risk disorders.

Amputation rates and care

Patients at risk for amputation include those with cardiovascular, retinal or kidney disorders and those who have had diabetes for more than ten years (this risk is increased if you are also male). According to the Australian Diabetes Society, the leading cause of amputation in Australia is diabetes. Diabetics account for 50% of non-traumatic lower-limb amputations nationwide.

Aside from medical conditions that put your feet and legs at increased risk (see High risk foot conditions), lifestyle factors can also make high-risk foot disorders worse. Smoking, alcohol consumption, high cholesterol and high blood glucose all contribute to high-risk symptoms that can lead to amputation.

Show your feet some TLC and look after them by regularly checking for any changes, particularly any cuts or sores as these could lead to infection. Other signs to keep an eye out for include hammer toes, high arches and calluses.

A balanced lifestyle and daily self-management can reduce serious infection and help to prevent amputation.



Self-managing your diabetic foot

Problems of the feet are one of the leading complications associated with diabetes and are the most common cause of hospitalisation for diabetics in Australia. The severity of foot problems can vary from minor discomfort to tingling or loss of sensation in the feet, foot deformity, ulcers and amputation. Very serious complications can be avoided by careful self-management and through regular check ups. Below are some useful tips on self-managing your diabetic foot.

Stay in control: a healthy lifestyle is important and if your blood glucose levels are regularly high then you are at greater risk of making your diabetic foot worse. Diabetics with high blood glucose levels are at an increased risk of infection, allowing even small cuts or abrasions to lead to more-severe complications. Getting your levels under control and keeping them as near normal as possible can

prevent new complications and reduce existing symptoms.

Keep it clean: good hygiene is very important to good management of your diabetic foot. Wash your feet daily with a mild soap and warm water. Gently smooth any thick patches of skin with a pumice stone to prevent infection. Dry your feet carefully (including between your toes!) and check for any pus or bleeding.

Snip it: keep those nails trimmed! Cut straight across using nail clippers and avoid cutting right around towards the skin at either side of the nail as cutting too close to the skin can lead to ingrown toenails. Instead, soften sharp edges with a nail file.

Show 'em some love: prevent calluses and dry skin conditions by applying moisturiser once a day to keep skin soft and smooth. Put some talcum powder between your toes to keep those areas dry.

Put a sock on it: keep your

feet protected by wearing comfortable socks without elastic or bulky seams and supportive, closed-toe shoes that fit well. Before putting them on, check inside your shoes for stones or any rough edges that may injure your feet. Avoid walking barefoot or wearing any shoes that lack support, such as thongs, sandals or high heels. A foot insert can help to provide extra support; ask your podiatrist for advice.

Circulate: keep your circulation flowing to your feet by staying active. Some physical activity every day, whether it's running, swimming or a pilates class, will help to keep the blood circulating around your body. Don't exercise if you have open wounds as movement may cause further damage. If you're unable to get active be sure to wiggle your toes and move your ankles up and down and in and out for a few minutes a few times a day and try to keep your feet up when you're

sitting down. Quitting smoking will also increase circulation to your feet as smoking is known to reduce blood flow to extremities.

Climate control: if you suffer from lack of feeling in your feet you are at risk from extremes in temperature that you may not feel. Always wear sunscreen at the beach and wear shoes to avoid walking on hot surfaces. Avoid electric blankets, hot water bottles and cosying up to the heater. Wear thick socks to stay warm instead.

Keep an eye out: examine your feet for dry skin, corns, calluses, blisters, bruises, ingrown toenails, cuts and swelling on a daily basis. It is common for patients with diabetic foot to lose feeling, so you may not notice that there is a problem unless you have a good look at it. If you notice anything out of the ordinary consult us for a professional check up before symptoms become serious.

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