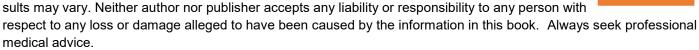
How To Care For Your Diabetic Feet

Dr. Rion Berg



By downloading this book, you've expressed interest in learning about how to care for your diabetic feet. Perhaps you were recently diagnosed with diabetes or maybe you've had it for a long time. Either way you likely want to learn how you can prevent ulcers and other problems that are common to this condition. I'm Dr. Rion Berg and I've been treating patients with diabetic feet for over 40 years. In addition to providing this care at my own practice, I was also the Chief Podiatrist for the Wound Care Center at Northwest Hospital for 20 years. I hope you get the information you're seeking from this eBook.

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What is a Diabetes?

Diabetes Mellitus (DM) is a lifelong chronic disease that is caused by high levels of sugar in the

blood. It can also decrease the body's ability to fight off infections, heal an injury, and can cause damage to the nervous system, which is especially harmful to the feet.

Type 2 Diabetes

Most diabetic patients have Type 2 diabetes or (adult onset). While almost

all the people we see in our podiatric clinic with Type 2 diabetes are older, adolescents and teens can also develop this

disease. Development of Type 2 diabetes is typically related to family history, obesity, lack of exercise, and a diet high in fats and sugars. The increased body fat causes the muscles and other tissue to become resistant to insulin. As a result, glucose stays in your blood causing high blood sugar.

Diabetic Peripheral Neuropathy

About 50% of all people with diabetes develop some nerve damage in their feet. People who have longstanding and/or poorly controlled diabetes and high cholesterol and triglyceride levels are at greater risk for developing this nerve damage or <u>Diabetic Peripheral Neuropathy</u>.

When the nerves in your feet are damaged you can experience any of the following symptoms.

- Pain, burning (particularly at night), or discomfort in your feet or legs
- Numbness or tingling in your feet (can feel like pins and needles)
- Increased sensitivity when your feet are touched
- Feeling hot or cold sensations in your feet
- Problems feeling your feet when you walk
- Dry feet and cracked skin
- Muscle weakness and/or loss of balance

These symptoms and poor circulation often lead to foot ulcers. <u>Foot ulcers</u> can be very dangerous and lead to amputation.







Treatment of Diabetic Peripheral Neuropathy

Up until now, podiatrists and other physicians have only been able to treat diabetic peripheral

neuropathy with medication, topicals, and lifestyle changes. While these treatments have their place, they can't reverse the nerve damage caused by this condition. Less than half of patients who take these medications report any satisfactory pain relief. In addition, many of the medications used to treat neuropathy are addictive (eg. opioids) and have other unwanted side effects.

Fortunately, there is a new non-invasive treatment available for patients suffering from this condition. Our office uses <u>MLS laser</u> therapy in combination with a supplement and lifestyle changes to treat the pain and loss of sensation caused by peripheral neuropathy.

How to Take Care of Your Diabetic Feet

Proper care of your diabetic feet is essential to prevent foot ulcers from forming. It's important to be on the lookout for certain signs, symptoms, and foot problems to help avert foot ulcers. In addition, reducing your risk of diabetic foot complications through lifestyle changes is also important.

8 Risk Factors for Foot Ulcers

While loss of sensation and pain in your feet are signs of peripheral neuropathy, there are other things that can increase your risk for a foot ulcer.

- Poorly fitting shoes this is one of the biggest culprits of diabetic foot complications. Fortunately, Medicare provides access to new diabetic shoes each year to help prevent these symptoms from occurring.
- Excessively dry and cracked feet infections can more easily develop if your feet are dry and/or cracked. Using special moisturizing creams can help alleviate this problem.
- Common foot abnormalities such as <u>bunions</u>, <u>hammertoes</u>, and <u>ingrown toenails</u>. These foot problems need to be resolved to prevent them from causing diabetic foot complications.
- Poor circulation quitting smoking, exercise, compression stockings, and stress reduction can help with poor circulation.
- Trauma to the foot—dropping a heavy object on the foot or running into furniture, punctures to the skin by a foreign object, tight shoes, and toenails that are too long are some typical examples. These are all issues that can be prevented.
- Infections—getting on top of infected ingrown toenails, fungal toenail infection, and other skin conditions can help prevent and resolve foot infections and prevent foot ulcer.



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MLS Laser Therapy



Excessively dry and cracked feet

• Smoking—people with diabetes who smoke increase their risk of diabetic foot complications. The best thing to do is quit.

• Fungal toenail infections—it's important to get <u>fungal toenail infections</u> treated. Diabetic patients with fungal toenails are three times more likely to develop an ulcer than those without an infection.

Signs and Symptoms of a Foot Ulcer

If you have diabetes and notice any of the following symptoms, it's important to make an appointment with your podiatrist right away as these are all signs of a <u>foot ulcer</u>.

- Swelling
- Burning
- Itching
- Open wound
- Pus and drainage
- Skin discoloration
- Rashes
- Redness
- Dry, scaly skin
- Pain

Preventing Foot Ulcers in Diabetic Patients

Preventing foot ulcers takes a combination of effort between you the patient and your podiatrist. As a diabetic patient you're responsible for doing daily foot checks. Your podiatrist will conduct an annual or semi-annual exam called a Comprehensive Diabetic Foot Exam.

Top Ten Tips for Diabetic Feet (things for you to do)

Here are things to check for on a daily basis.

- Check your blood sugars
- Treat Inspect your feet for areas that are red or cracked, open sores, drainage, or pain
- Check the inside of your shoes for small stones or other objects
- Cut your nails straight across to avoid ingrown toenails
- Moisturize your feet





- Change your diabetic socks daily
- Exercise to improve your circulation and manage weight
- Wear your diabetic shoes and inserts if they are prescribed for you
- Never trim your own corns and calluses
- Never walk barefoot

Comprehensive Diabetic Foot Exam (CDFE)

Your podiatrist will conduct an annual or semi-annual <u>Comprehensive</u> <u>Diabetic Foot Exam (CDFE)</u>. The CDFE is a comprehensive exam that was developed to identify, monitor, and thus prevent complications to your feet. This exam tests your feet for the following:

- Changes to sensation
- Changes to your circulation
- Skin for cracks and dryness
- Foot structure and foot conditions
- Muscle testing and gait
- Shoes



As a result of this exam your podiatrist may order diabetic shoes and inserts, recommend specific moisturizers, recommend diabetic socks, and treat any foot conditions that are identified. In addition, if you have balance problems you may be cast for an <u>Arizona Balance Brace</u> to make your walking more stable.

ABI Testing

If you have diabetes you're also at risk for another condition, PAD or peripheral artery disease. While burning or aching feet and cramping in your legs are all signs of this condition, often you won't feel anything at all until the condition is more advanced. Fortunately our office offers ABI testing which can help screen you for this condition. This test is covered by Medicare. You can learn more about <u>PAD here</u>!

Testimonials

"I had a wound on the sole of my foot. I've been treated so well. Everyone is so kind, so helpful, and professional. Dr. Berg is very communicative and tells you everything that's going on. –Robin G.

"I came into the Foot and Ankle Center for a diabetic foot ulcer that has now been completely healed based upon my treatment here. The treatment was fantastic. Dr. Berg always explains everything to me so I understand it. He also sets a reasonable timeframe so you know what the recovery period is. I know longer have to suffer silently. The treatment has enabled me to be a normal person with normal feet. —John K.

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