

Putting Your Best Foot Forward: Choosing Shoes To Prevent Diabetic Foot Problems

Target Audience: People with diabetes

Objectives: Participants will:

1. Review the principles of preventive foot care for diabetes.
2. Be able to select appropriate shoes to reduce risk for related foot problems due to circulation and nerve damage associated with diabetes.

Time Required: 30 minutes; for a 15-minute presentation, eliminate the Foot Care Checkup and the discussion of what can be done to prevent injuries on the job

Equipment: Overhead projector, screen

Handouts: “Foot Care Checklist”; “Preventing Foot Injuries on the Job”; “Shoe-Fitting Recommendations”; “Diabetes Foot and Skin Care”

Lesson Plan

Recently the National Diabetes Education Program released some disturbing statistics. The average number of foot and leg amputations due to diabetes is approximately 86,000. While this is upsetting, there is some good news—at least half of these amputations could have been prevented by good routine foot care.

Are you doing all you can do to reduce your risk? Let’s do a short foot care checkup to see. (*Distribute the “Foot Care Checklist” handout and ask participants to fill it out to see how they are doing on self-care.*)

How well did you do? Foot care is the one area where daily effort is well rewarded. None of you, I am sure, wants your activity at work or at home to be slowed down by feet that are injured. Today we are going to discuss a very important part of foot care. Choosing the right shoes.

(*Show overhead entitled “Fitting Feet Without Problems.”*) If you do not have claw or hammertoes, bunions, fallen arches, or other problems with the bones in your feet, you can probably get by with high-quality athletic or walking shoes bought at a regular shoe department. It is important that these shoes NOT have more than a 2-inch heel and that the outer sole be made of soft material. In fact, the best heel height is 3/4 inch or less. Thin leather soles are almost as harmful to your feet as walking barefoot.

A shoe with laces or a Velcro closure will allow you to loosen your shoes if your feet swell during the day. In fact, shop for new shoes late in the day so you can adjust for any swelling. Most people have one foot larger than the other, so fit your shoes to the larger foot. Everyone’s feet change over time, so always have your feet measured by an experienced sales person each time you shop for new shoes.

To be sure that you have chosen the right shoes, have the fit checked by a health professional who knows about diabetic foot care. If you have neuropathy, shoes may

feel too big even though they are too small. You may also need a prescription insole for the shoes. Many people who need extra cushioning get by with just a soft flat insole with 1/8–1/4 inch of extra padding. This insole will need to be changed at least every 4–6 months. Another option is an orthotic insert that can make standing, walking, and running more comfortable by changing how your foot strikes the ground. An orthotic is made from a mold of your foot prepared by a trained foot care professional.

Shoe choice gets real tricky if you do have any foot problems. (*Show overhead entitled “Fitting Feet With Problems.”*) If your problems are minor, you may just need some extra depth in the toe area. But for serious foot problems, you will probably need a shoe that is specially molded or that has uppers with material that can stretch. You may also need special insoles up to 3/4-inch thick. If pressure while walking is a factor, you may need a rocker or roller outer sole.

Medicare will pay for one pair of special shoes per year if your doctor certifies that you need them because of your diabetes. For coverage you will need to have one or more of the following conditions: (*Show overhead entitled “Medicare Coverage.”*)

1. History of partial or total foot amputation.
2. Previous foot ulcer.
3. Previous callus that could have led to an ulcer.
4. Nerve damage in your feet or legs with a callus on your foot.
5. Poor circulation to your legs and feet.
6. A foot deformity.

No matter what shoe you buy, it should be comfortable from the moment you first put it on. But take time to break the shoes in slowly even if they fit well. Wear the new pair for 1 hour in the morning and 1 hour in the afternoon for 3 days. Then slowly add extra hours morning and evening until you are up to your normal wearing time.

Podiatrists recommend that you have at least two pairs of shoes so you can change at least once a day. When you do change shoes, remove your socks and look for any red spots. If the redness does not disappear in 15 minutes, go to your foot care professional for a shoe adjustment. The most common cause of amputation is foot ulcers caused by shoes that don't fit.

There are also things you can do at work to protect your feet. Name some of the things that you might do to reduce your risk for injury. (*Have the audience discuss ways to prevent foot injuries-review overhead and handout on preventing foot injuries once audience members contribute their answers. Show overhead entitled “Reducing Risk on the Job” and distribute “Preventing Foot Injuries on the Job” handout.*)

Your feet support you 365 days a year. By taking a little time every day to care for them, you will ensure that they will continue to serve you well for a long time. (*Distribute “Diabetes Foot and Skin Care” and “Fitting Recommendations” handouts.*)

For more information visit: “Take Care of Your Feet for a Lifetime”
<http://ndep.nih.gov/materials/pubs/feet/brochure/index.htm>