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Thoughts about Diabetic Foot Concerns

People with diabetes have a strong need to be aware of potential foot problems and deal with them in a PREVENTATIVE manner. Because there is an increased risk for serious complications, and because there is a very good chance of AVOIDING those complications with good care, it is essential that patient and podiatrist cooperate in a consistent and honest manner. With Diabetes, an ounce of prevention is worth much more than a pound of cure!

Before getting to standard information about diabetic foot concerns and care, I will share that I find that symptoms diagnosed as diabetic peripheral neuropathy are very often treatable. By combining approaches, some of which I have published, some of which await publication, and others that I have learned from other physicians, we have successfully improved symptoms such as burning, tingling, numbness, difficulty standing, walking or sleeping in several hundred patients in Florida who presented with symptoms previously thought of as untreatable. And now, to “Diabetic Foot Concerns.”

Diabetes is a special cause of concern for patients because this condition can affect the person’s ability to feel (neuropathy), heal (problems with circulation and the immune system) and can cause the changes in foot structure more likely to cause deformity and infection. In fact, **the leading cause of hospitalization for the 17 million people in the U.S.A. who have diabetes is the need to treat a foot problem! Small problems left untreated can generate severe problems. This is shared not to generate fear but as a call to action to:**

- prevent problems whenever possible,
- treat problems as soon as they develop,
- accept the fact that the risks and need for prevention and close attention are facts of life that are inconvenient but which may save your limb or even life.

Neuropathy is the dysfunction of nerves that can cause both painful symptoms and the loss of sensation that put people at greater risk for ulcer (hole through the skin) and secondary infection. It affects about 70% of diabetics during their lifetime. By removing the warning signal of pain, patients do not protect themselves from chronic injury. They feel that because it does not hurt it does not need treatment. This approach is the path to disaster for diabetic patients with neuropathy.



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In addition to the nerves of sensation, neuropathy can affect the muscles in the foot and leg and therefore lead to foot deformities such as bunions, hammertoes and arthritis. It can affect the nerves of the skin causing dry and cracked skin which is more likely to break down and cause infection even in the absence of other deformity. Neuropathy can interfere with healing, and lead to a condition called Charcot Foot that causes the foot to break down. For all these reasons, patients with neuropathy need treatment and close follow up. Corns, calluses and other foot deformities need to be addressed, and appropriate shoe gear and inserts are often necessary.

By the way, in patients with good nerve function and good circulation, I agree with the philosophy that deformities that don't hurt often don't need treatment. However, the rules are different for diabetic patients. Unfortunately, patients with neuropathy may not notice any symptoms until the first open sore. For others, the presence of burning and tingling in the feet and toes is a warning sign of the development of neuropathy.

Changes in the shape of the foot, bleeding or swelling or redness from minor injuries should all also be taken as warning signs of potential neuropathy. Patients with diabetes should have a good clinical evaluation periodically, at least once a year and sometimes as frequently as every few months. However, in addition to that periodic exam the appearance of any of these warning signals should be cause for immediate evaluation. Shoes are important in that they accommodate foot deformities and protect the foot from injury.

Prescription diabetic shoes are now available (and covered by Medicare and many other insurances) that serve these purposes. Shoes should be made of soft and breathable material which provides both support and adequate room for the feet. For those whose feet swell even a little it is best to buy shoes at the end of the day when your feet are at their largest. Custom built inserts / orthotics can also both relieve pain and control the pressure that could otherwise cause calluses or ulcers. Special diabetic socks, with no seams, and which allow wicking of moisture away from the foot can also help. Patients with a lack of sensation should check the inside of the shoe daily to check for foreign bodies or problems that can hurt the foot.

They should avoid barefoot activities, and check their feet daily both on the bottom and between the toes. Avoid "bathroom surgery" and the use of any medicated pads for corns or calluses. These ideas, which are common sense, supported by years of experience, can go a long way in preventing development of problems. Consistency is the key. **For those who have symptoms of poor circulation**, it is important to



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investigate the details. Our office does circulation testing, and we also evaluate whether another problem such as neuropathy, or back, leg or foot structure is the cause of symptoms.

Identification of the proper cause allows proper treatment. We can often successfully treat symptoms from neuropathy or back, leg or foot function. New minimally invasive surgery can often dramatically help circulation. **Finally, there are times that foot surgery is indicated.** For those with significant pain that interferes with quality of life, or with a deformity that leads to ulcer or infection, foot surgery is an option. We will work closely with your internist or endocrinologist to make sure that diabetes control, nutrition, and circulation are optimized before surgery. **In many cases, elective foot surgery can help resolve long term problems.**

I hope you find that this information encourages you to strive to take proper care of your feet and legs. Please write down your symptoms, limitations, or any other concerns before you come in to the office for evaluation, so that all concerns can be addressed.

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