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Comprehensive Diabetes Foot Exam

Through early identification, diagnosis, and treatment of potential problems, the vast majority of foot-related complications due to diabetes can be avoided.

The best way to accomplish this is through an annual comprehensive diabetic foot examination.

A comprehensive diabetic foot exam is simple, painless and helps diagnose the onset of diabetes as well as problems related to the disease.

The exam covers eight areas:

- Medical history
- Physical exam
- Review of symptoms
- Footwear evaluation
- Neurologic test
- Vibratory sensation
- Education and counseling
- Risk stratification

Make your annual appointment today with your NorthPointe Foot & Ankle podiatrist.



Diabetes affects an array of individuals in the United States. According to the Center for Disease Control (CDC) there are an estimated 30.3 million cases in the U.S with approximately 7.2 million individuals not aware they have the disease. For people with diabetes, the podiatrists of NorthPointe Foot & Ankle share that taking care of their feet is especially vital. More than 60 percent of all non-traumatic lower-limb amputations worldwide are related to complications from the disease, according to the American Diabetes Association.

Diabetes is the inability to manufacture or properly use insulin, impairing the body's ability to regulate sugar (glucose) levels which provide energy to cells and tissues throughout the body. Therefore, it is a disease that affects many parts of the body and is associated with serious complications such as: heart disease; stroke; blindness; kidney failure; and lower limb amputations. The leading cause of hospitalization among people with diabetes is foot ulcers and infections, but most of those problems are largely preventable.

While it is extremely important for those with diabetes to receive regular foot exams by a podiatrist, keeping feet healthy to remain active can often prevent one from developing Type 2 diabetes. Our feet are our foundation. Keeping them healthy improves quality of life.

While there is no cure for diabetes, there are many ways of managing it. With proper diet, exercise, medical care and careful management at home, serious complications can be avoided and a person with diabetes may enjoy a full and active life.

Managing and treating the disease requires a *team* of specialists to guide and treat persons with the disease. A person with diabetes should have the following specialists within their *Medical Neighborhood*: Primary Care Physician, Endocrinologist; Ophthalmologist; Dentist; Vascular Surgeon; and a Podiatrist.

DIABETES AWARENESS MONTH

Podiatrists are physicians and surgeons that are specially trained to treat foot conditions that can be caused by diabetes, such as: neuropathy, infection and ulcers.

While ulcers—open sores on the foot—are the most common diabetes-related foot problem, several others are also serious and prevalent, including neuropathy, skin changes, calluses, poor circulation, and infection.

The nerve damage that diabetes causes may mean a person with an ulcer or injury may be unaware of it until it becomes infected. Infection can lead to partial or full amputation of the foot or lower leg. Regular care from a podiatrist can reduce amputation rates up to 80 percent, according to research of the American Podiatric Medical Association.

Risk Factors

Prediabetes is a condition that can lead to type 2 diabetes and even heart disease. Your chances of having prediabetes go up if you:

- Are 45 or older
- Are Black, Hispanic/Latino, American Indian, Asian American, or Pacific Islander
- Have a parent, brother sister with diabetes
- Are overweight
- Are physically inactive
- Have high blood pressure or take medicine for high blood pressure
- Have low HDL cholesterol and/or high triglycerides
- Had diabetes during pregnancy
- Have been diagnosed with Polycystic Ovary Syndrome

Know your risk by taking the 60 second American Diabetes Association Diabetes Risk Test at: <https://www.diabetes.org/risk-test>



To receive our monthly newsletter, send your email address to: NorthPointe@FootandAnkleSEMI.com

Foot Exams

Persons with diabetes should perform these simple steps daily:

- Check for loss of sensation in the feet, called neuropathy.
- Examine skin for calluses, blisters, sores, excessively dry or cracked skin, or any other unusual conditions, especially between the toes.
- Look for signs of decreased circulation such as thin, shiny skin with loss of hair.
- Check the feet for extreme temperatures (excessive warmth or coldness).
- Inspect nails for thickening, ingrown corners, excessive length, and fungal infection.
- Inspect socks, tights, and/or pantyhose for blood or any discharge.
- Examine footwear for torn linings, foreign objects like rocks or small pebbles, improper fit, and irritating seams.

In addition to examining feet every day, follow these foot health tips:

- Discuss diabetes and its risks with family members. Diabetes can be hereditary. So talk to family members about monitoring blood sugar and foot health.
- Never go barefoot. Always protect feet with the proper footwear and make sure socks and shoes are comfortable and fit well.
- Trim toenails straight across, and never cut the cuticles. Seek immediate treatment for ingrown toenails, as they can lead to serious infection.
- Never try to remove calluses, corns or warts by yourself. Over-the-counter products can burn the skin and cause irreparable damage to the foot.
- Exercise. Walking can keep weight down and improve circulation. Be sure to wear appropriate athletic shoes.
- Keep feet elevated while sitting.
- Wear thick, soft socks. Avoid socks with seams, which can rub and cause blisters or other skin injuries. The best material for athletic socks is polyester, as this fiber wicks moisture away from the skin. Cotton holds moisture against the skin. Look for athletic socks that are 100% polyester or 100% "coolmax" (a polyester fiber.)
- Have new shoes properly measured and fitted. Foot size and shape often changes over time. Shoes that fit properly should not rub or cause irritation.
- Wiggle toes and move feet and ankles up and down for five-minute sessions throughout the day.
- Visit a podiatrist regularly to avoid unnecessary complications.



Ulcer Prevention

The best way to treat a diabetic foot ulcer is to prevent its development in the first place.

Recommended guidelines include seeing a podiatrist on a regular basis. A podiatrist can determine if

a person is at high risk for developing a foot ulcer and implement strategies

for prevention.

Someone is at high risk if they have or do the following:

- Neuropathy
- Poor circulation
- A foot deformity (e.g. bunion, hammer toe)
- Wear inappropriate shoes
- Uncontrolled blood sugar
- History of a previous foot ulceration

Reducing additional risk factors, such as smoking, drinking alcohol, high cholesterol, and elevated blood glucose, are important in prevention and treatment of a diabetic foot ulcer. Wearing the appropriate shoes and socks will go a long way in reducing risks. Your NorthPointe Foot & Ankle podiatrist can provide guidance in selecting the proper shoes.

If an ulcer is noticed, seek podiatric medical care immediately.

Foot ulcers in patients with diabetes should be treated quickly to reduce the risk of infection and amputation, and improve function and quality of life.

Risk of Vascular Disease

A person with diabetes, even if it is well managed, is at increased risk to develop vascular disease. Vascular disease is the buildup of plaque and cholesterol in your arteries throughout your body. *Podiatrists are often the first physicians to spot signs of vascular disease.* That's why it is so important to include your NorthPointe podiatrist on your diabetes management team.

One of the most recognized vascular diseases is Peripheral Arterial Disease (PAD). PAD is caused by blockage or narrowing of the arteries in the legs. This causes a reduction of blood flow to the legs and feet and is commonly referred to as poor circulation.

The most common signs of PAD can include:

- Fatigue, tiredness, or pain in your legs, thighs, or buttocks that happens when you walk but goes away when you rest.
- Foot or toe pain at rest that often disturbs your sleep.
- Skin wounds or ulcers on your feet or toes that are slow to heal or do not heal for 8 to 12 weeks.

Remember, leg pain is not normal. If you are experiencing any leg or thigh pain, we urge you to make an appointment with your NorthPointe Foot & Ankle doctor today to see if you might benefit from having PAD testing.



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