The Diabetic Foot

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People with diabetes are at increased risk for developing foot sores. If untreated, a foot sore can get worse and may result in amputation. Proper foot care and appropriate shoes can prevent diabetic foot ulcers.

Q. What is a foot ulcer?
A. A foot ulcer is a breakdown in the skin and soft tissues of the feet. It can start as a small sore. It can grow into a deep hole.

Q. Why do diabetics get foot ulcers?
A. One complication of diabetes is peripheral neuropathy or damage to the nerves that sense pain, touch and temperature. A diabetic with neuropathy does not feel pain when he or she hurts his or her foot. So stepping on a tack or a hot sidewalk may not cause pain. Because of this lack of feeling, a diabetic may not realize his or her foot is in trouble. Skin ulcers in those who have poor circulation and high blood sugar levels do not heal well. The sore can become infected and spread deeper into the foot.

Q. Is it possible to test for nerve damage or neuropathy in the diabetic foot?
A. Yes, a health care provider can test the sole of your foot with a monofilament, a nylon fiber that bends when it is pushed against the foot. If you are unable to feel a monofilament, you may be at risk for developing a foot ulcer.

Q. How can I prevent a foot ulcer?
A. You should examine your feet daily for skin breakdown or signs of infection (redness, increased warmth). Look for calluses. A callus means too much pressure is being applied to that part of your foot. If you can’t see your feet because of poor vision, or can’t reach your feet because of arthritis, you may need to ask a friend or relative to examine your feet. You should have a doctor, nurse, physician’s assistant, or podiatrist examine your feet regularly. Contact your health care provider immediately if you think you have an infection or ulcer on your foot.
Q. Can I test myself for diabetic nerve damage?
A. Yes. You can order a free monofilament and test the sensation in your feet regularly at home. To order a monofilament, call the Lower Extremity Amputation Prevention Program (LEAP) at 1-888-275-4772. This is a free service of the Department of Health and Human Services.

Q. What kind of shoes should I wear?
A. Properly fitted shoes can prevent diabetic foot ulcers. Your shoes should not be too tight. Stand on a piece of paper and draw an outline of your foot. Then place your shoe on top of the outline. Properly fitted shoes should be roomy enough not to squeeze your foot into the shoe. The toe box of your shoes should be high enough so that the shoe does not rub on your toes. Athletic running or walking shoes can reduce pressure damage to the feet. If you are a diabetic with neuropathy or have had a foot ulcer or an amputation, you should wear custom-made shoes with cushioned inserts.

Q. Where can I get custom-fitted shoes?
A. Your health care provider can direct you to a shoemaker specially trained to build shoes for diabetics. The shoe will be designed to fit your foot. Cushioned inserts are molded to the contours of your foot to reduce pressure damage to your foot when you walk. Custom made shoes with inserts cost several hundred dollars. Most insurances will help pay for these shoes if you have a prescription from a health care provider accepted by your insurer. Since 1993, Medicare will pay for one pair of custom shoes and three custom inlays per calendar year for diabetics with neuropathy, callus, deformed feet, or poor circulation.

Q. Where can I find out more information about diabetic foot care?
A. The Lower Extremity Amputation Prevention Program (LEAP)
Bureau of Primary Health Care (BPHC)
Division of Programs for Special Populations
4350 East West Highway, 9th Floor
Bethesda, Maryland 20814
Phone: 1-888-ASK-HRSA (1-888-275-4772)
website: http://bphc.hrsa.gov/leap