

## DIABETES AND YOUR FEET

IT IS COMMON KNOWLEDGE THAT THE SENIOR CITIZEN SEGMENT OF THE POPULATION IN THIS COUNTRY IS GROWING DRAMATICALLY. ADDITIONALLY, OBESITY IS INCREASING THE DIABETIC POPULATION AMONG OUR YOUNGER CITIZENS. SO WHAT IS DIABETES AND HOW DOES IT AFFECT OUR FEET.

PATIENTS WITH DIABETES HAVE REDUCED INSULIN PRODUCTION AND OR INCREASED INSULIN RESISTANCE. THIS RESULTS IN HIGHER THAN NORMAL CONCENTRATIONS OF GLUCOSE IN THE BLOOD. MEDICATIONS TODAY TO TREAT DIABETES ARE DIRECTED TOWARD REDUCING INSULIN RESISTANCE THUS ALLOWING THE INSULIN IN THE BLOOD TO FACILITATE MOVING THE GLUCOSE FROM THE BLOOD STREAM INTO THE CELLS OF OUR BODY. MANY PATIENTS ALSO USE INSULIN INJECTIONS TO SUPPLEMENT INADEQUATE PRODUCTION OF INSULIN. IT IS VITALLY IMPORTANT TO KEEP BLOOD GLUCOSE WITHIN PROPER LEVELS TO PREVENT TO RAVAGES OF DIABETES ON THE BODY.

POOR GLUCOSE MANAGEMENT RESULTS IN DAMAGE TO MULTIPLE ORGAN SYSTEMS. VISION IS COMPROMISED DUE TO UNCONTROLLED DIABETES. THIS IS CALLED DIABETIC RETINOPATHY AND LEADS TO BLINDNESS OVER TIME. DIABETICS ARE ALSO AT INCREASED RISK FOR HEART DISEASE, HEART ATTACKS, LOSS OF KIDNEY FUNCTION AND THE NEED TO GO ON DIALYSIS, AMONG MANY OTHER INJURIES TO MAJOR ORGANS.

IN THE FEET, DIABETES CAUSES LOSS OF CIRCULATION, KNOWN AS PERIPHERAL ARTERIAL DISEASE AND LOSS OF SENSATION CALLED DIABETIC NEUROPATHY. PATIENTS WHO HAVE COMMON STRUCTURAL ABNORMALITIES OF THE FEET SUCH AS BUNIONS, HAMMERTOES, CALLUSES, AND OTHER DEFORMITIES IN CONJUNCTION WITH LOSS OF SENSATION ARE AT RISK FOR DEVELOPING ULCERS OF THE FEET. ULCERS ARE OPEN WOUNDS CAUSED BY PRESSURE POINTS FROM THE DEFORMITIES DISCUSSED ABOVE. THESE WOUNDS ALLOW FOR BACTERIA TO INFECT THE FEET AND THE RESULT IS THE COMMONLY DISCUSSED AMPUTATIONS THAT DIABETICS ARE KNOWN FOR.

IN DIABETES, PREVENTION IS MOST IMPORTANT. IT IS IMPERATIVE TO MONITOR YOUR BLOOD GLUCOSE LEVELS AND KEEP THEM IN THE NORMAL RANGE. TO PROTECT THE INTEGRITY OF THE FEET, MEDICARE AND OTHER INSURERS PAY FOR DIABETIC SHOES WITH INSOLES MOLDED TO THE PATIENTS FEET. INSURERS ALSO COVER DIABETIC FOOT CARE BY THE PODIATRIC PHYSICIAN TO PREVENT SELF INJURY WHILE CUTTING TOENAILS. DIABETIC FOOT CARE ALSO INCLUDES AND EXAMINATION BY THE PODIATRIC PHYSICIAN AND SURGEON TO CHECK FOR ADEQUATE BLOOD FLOW AND SENSATION AS

WELL AS TO SEE IF THERE ARE ANY DEVELOPING PROBLEMS WITH THE FEET SUCH AS ULCERS, FOREIGN BODIES IN THE FEET, AND A HOST OF OTHER EXAM PARAMETERS WE REVIEW. REGULAR PODIATRIC VISITS REDUCT THE INCIDENCE FOR DIABETIC AMPUTATIONS IN THE U.S.... PERIOD!

MANY DIABETIC PATIENTS DEVELOPE WEAKNESS IN THE LEGS MAKING WALKING DIFFICULT. THE MOST COMMON WEAKNESS IS THE INABILITY TO LIFT THE FRONT OF THE FOOT WHILE WALKING. THIS IS KNOWN AS DROPFOOT. THE PODIATRIC PHYSICIAN HAS A HOST OF DIFFERENT TYPES OF BRACES AND SPLINTING TYPE DEVICES THAT INSURERS COVER FOR PATIENTS TO ASSIST WITH THIS PROBLEM.

PATIENTS CAN HELP THEMSELVES AS WELL BY EXAMINING THEIR FEET EVERY DAY. KEEP THE SPACES BETWEEN TOES CLEAN AND DRY, WEAR THE MEDICARE APPROVED SHOES WITH CUSTOM MOLDED INSOLES, ATTEND REGULAR VISITS WITH THE PODIATRIST, EXERCISE, STOP SMOKING, KEEP YOUR GLUCOSE LEVELS IN CHECK.

THE PODIATRIC SURGEON IS THE PRIMER SPECIALIST IN THE MEDICAL AND SURGICAL MANAGEMENT IN THE FOOT AND ANKLE. THIS PHYSICIAN IS TRAINED IN THE MANAGEMENT OF THE DIABETIC FOOT AND ANKLE. THIS INCLUDES NOT ONLY AMPUTATIONS BUT ALSO THE RECONSTRUCTIVE SURGERY OF THE FOOT AND ANKLE. OBVIOUSLY, IT IS THE OBJECTIVE OF THE PODIATRIC SURGEON TO EDUCATE THE DIABETIC SO AS TO AVOID THE NEED FOR AMPUTATIONS COMMONLY SEEN IN DIABETES. EDUCATION AND PREVENTION IS OUR PRIMARY OBJECTIVE.