

# Preventive Care for Patients with Sensation or Circulation Loss in the Feet



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## Footwear

- Û Buy shoes at the end of the day, when the foot is slightly larger than at the beginning of the day.
- Û Buy shoes made of soft leather upper that are able to adapt to the shape of your foot - such as the SAS Timeout (men) or SAS Freetime (women).
- Û Always have the shoe clerk properly fit the shoe to your foot when purchasing new shoes – shoes should be wide and deep enough to wiggle toes and give the joints “breathing room”.
- Û A lace or velcro closure is preferred – avoid elastic fittings.
- Û The shoe should have a cushioning midsole/sole combination.
- Û Preferably, the shoe should have a removable insole, so the doctor can make modifications or suggest insole replacements (such as the ProLab PreFab Insole available at The Depot Store next to the Department of Foot and Ankle Surgery).
- Û Never wear new shoes longer than two hours at a time, and then inspect your feet carefully for redness, bruising, or blisters.
- Û After shoes are broken in, if possible, avoid wearing one pair of shoes longer than five hours. Use one pair for the morning hours and one pair for the afternoon hours, and one pair for the evening hours.
- Û Always inspect the inside of your shoe with your hand for sharp or loose objects before putting the shoe on your foot.
- Û When putting on your shoes, make sure the tongue is flat and unwrinkled.
- Û Loosen laces before putting on or taking off your shoe.
- Û Do not tie laces too tight or too loose.
- Û Avoid wearing open toed footwear, open heeled footwear, or sandals.
- Û Avoid wearing high heels and pointed-toe styles.
- Û Never go barefoot!!

## If your doctor has prescribed custom shoes with custom insoles:

- Û Wear them at all times when walking, including inside the house.
- Û Do not substitute any other shoe without discussing it with your doctor.
- Û Keep in mind that for the prescription shoe to have the best results, the entire shoe and insole needs to be replaced periodically – you should have your doctor check your shoes when they get to be one year old, and every six months thereafter.

## Never go barefoot – this includes inside the house.

- Û House shoes or house slippers, if allowed by the doctor, should have a thick enough sole to resist pin punctures or glass fragment punctures.
- Û Especially avoid going barefoot in warmer weather around the pool or beach.

## Socks

- Û Socks should be worn with shoes at all times because they reduce friction, provide insulation, reduce soiling the foot, and absorb perspiration.
- Û Preferably sock should be white – at the end of the day when the socks are removed, turn them inside out and inspect them for signs of blood or drainage.
- Û Wear clean, dry socks daily.
- Û Do not wear socks with holes.
- Û Do not wear mended socks and be sure there are no wrinkles in your socks when you put them on.
- Û Avoid socks with seams or ridges.
- Û Avoid socks that squeeze the toes.
- Û Do not hold up socks or stockings with a circular garter or elastic band – this can cause unwanted swelling or even worse serious circulation problems.

## Temperature Exposure

- Û Always check bath water with a thermometer or your hand (if sensation is good in your hands) before placing your foot in the water.

- Ü Do not attempt to warm cold feet with a hot water bottle, heating pad, hair dryer, or next to a fire, radiator, or grill.
- Ü Wear warm socks and shoes during cold weather. Wear loose bed socks at night.
- Ü Beware of the floor of the car heating your feet excessively on long trips.
- Ü Protect your feet from sunburn with sunblock whenever you might sunbathe.
- Ü Snow skiing is a very high-risk activity for your feet, because of the cold exposure and the constriction of the ski boot.
- Ü Do not use ice on your feet, especially if you are experiencing “burning” sensations.

### **Foot Inspection**

- Ü You must inspect your feet every night. This will be the only way for you to catch developing problems early, so the serious problems can be prevented.
- Ü You must look at and touch the following areas: the tip of the toes, around the toenails, in between the toes, the outside, inside, and heel edges, and the soles, including the ball of the foot and the heel.
- Ü If you cannot see some of the above areas, use a mirror or have a family member assist you.
- Ü Look for blisters, cracks, redness, swelling, discoloration, or fluid drainage. Do not pop blisters!
- Ü Feel for areas that seem warmer than areas next to them or warmer than the same area on the other foot.
- Ü Press down to feel for swelling. Compare one foot to the other.
- Ü Report any injury or suspicious change in your foot to your doctor as soon as possible.

### **Self Treatment**

- Ü Do not attempt to treat corns, calluses, toenails, or other foot problems yourself.
- Ü Never use a razor, sharp instrument, or other corn/callus removing device.
- Ü Never use any chemical agent, medicated pad, or other medicated corn/callus remedies for the removal of corns, calluses, or warts – these agents almost always contain an acid designed to erode the skin.
- Ü Do not attempt to cut back the corners of your toenails. It is better to use an emery board to file this area, if the need arises.
- Ü Be very careful removing adhesive tapes, bandaids, and like products from your skin.

### **Other General Preventive Care**

- Ü Keep your feet clean and dry – wash daily with mild soap and water.
- Ü Pat dry – don’t rub vigorously.
- Ü Dry between the toes, using only one thickness of a towel.
- Ü Don’t let the skin get dry and cracked - use a lotion or cream to keep it soft, particularly the soles and the edges of the soles and heels.
- Ü Use a powder (such as Zeasorb AF) between your toes if the web spaces are too moist.
- Ü Do not use skin creams or lotions between the toes.
- Ü Be careful to avoid crossing your legs, as the position may impair circulation.
- Ü Don’t smoke.
- Ü Avoid excess alcohol consumption.
- Ü Monitor and maintain good control of your blood sugar.

### **About Infection**

- Ü If you have any breaks in the skin, whether it be from an ulceration, ingrown toenail, recent cut or scrape, callus or corn treatment, blister, heel crack, or surgery – be observant for the signs of infection:
- Ü Although infections are generally painful, because you may have sensation impairment, you may feel no pain, or maybe only a vague ache.
- Ü You may feel lethargic, feverish, or generally ill.
- Ü Your blood sugar may become very high or more difficult to control.
- Ü You may notice painful lymph nodes behind your knee or in your groin.
- Ü You may notice redness of the foot or red streaks going up the foot.
- Ü You may notice swelling.
- Ü You may notice the foot is warmer than the other foot.
- Ü You may notice pus or drainage
- Ü Do not try to self-treat a suspected infection before contacting your doctor and do not start taking old antibiotics that you may have in the medicine cabinet.
- Ü If you think you have an infection, take your temperature and call your doctor immediately.