HAVE DIABETES? WANT TO PREVENT AN AMPUTATION? KNOW YOUR RISK!

HIGH RISK FOOT:

- History of ulcers/amputations
- Current foot ulcer

MODERATE RISK FOOT:

- Loss of normal feeling in the foot with or without an abnormal foot shape
- Absent pulses/poor circulation
- No history of ulcers/amputations
- No current ulcers

LOW RISK FOOT:

- Normal feeling in the foot
- Normal foot shape
- Good pulses/circulation
- No history of ulcers/amputations
- No current ulcers













HAVE YOUR DOCTOR CHECK YOUR FEET AT LEAST ONCE A YEAR TO DETERMINE YOUR RISK

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Check your feet daily for corns, calluses, warts, in-grown toenails, blisters, sores, and dry or cracked skin.

Check your feet daily for swelling, warmth or color changes.

Use a mirror to see the bottom of your feet or have a family member or friend check the bottom of your feet daily if you cannot lift them up.

Report any new or worsening pain to your healthcare provider immediately.

Wash your feet every day with lukewarm water and a mild soap. Dry your feet well, especially between the toes.

Trim your nails straight across and gently file any sharp edges.

Have a foot care professional regularly cut your toenails if you cannot do so safely or if you cannot reach, feel or see your feet.

Apply a scent free moisturizer to your feet daily, except between your toes.

Change your socks every day. Choose socks that are light colored and without seams/holes.

Wear a good supportive shoe (with socks) at all times when walking.

Purchase shoes from a foot or shoe specialist.

Check the bottom and inside of your shoes before putting them on.

Replace shoes when they are worn out.

Avoid extremes in heat and cold.

Exercise regularly.

Achieve a healthy body weight.

Maintain good blood sugar, blood pressure and cholesterol control.

Manage stress.

Take medications as prescribed.

DON'T

Cut or treat your own corns and calluses.

Treat your own in-grown toenails.

Walk barefoot or in socks only at any time.

Soak your feet.

Apply heat to your feet, like a hot water bottle or electric blanket.

Wear tight socks, garters, knee highs or shoes.

Wear over-the-counter insoles.

Sit for long periods of time.

Smoke.

Walk on foot ulcers.

Sit for long periods of time or sit cross-legged.

FOR MORE INFORMATION ABOUT DIABETIC FOOT CARE, CHECK OUT THE FOLLOWING RESOURCES:

- Canadian Association of Wound Care (www.cawc.net)
- Canadian Diabetes Association (www.diabetes.ca)
- Diabetic Foot Canada (www.diabeticfootcommunity.ca)
- International Working Group on the Diabetic Foot (iwqdf.org)
- Southern Ontario Aboriginal Diabetes Initiative (http://soadi.ca/)
- South West Regional Wound Care Program (www.swrwoundcareprogram.ca)







