



Frequently Asked Questions Diabetes and the Feet

The human foot has been called the mirror of health and podiatrists are often the first doctors to see signs of systemic conditions, particularly diabetes. But all too often patients forget to ask their primary care physicians to “knock their socks off” and check their feet. Thirteen million people suffer from diabetes, but a whopping 5.2 million are undiagnosed. That’s why it’s important, whether you have diabetes or not, to know what signs and symptoms of diabetes you should be on the look out for and to have your feet checked **every** time you visit the doctor’s office.

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1. Why should I ask my doctor to “knock my socks off”?

Feet do more work than most parts of the body, so it only makes sense to have them checked as often as you do the rest of your body. And since the feet are said to be mirrors of our general health, it’s especially important to remind your primary care physician, who sees you on a regular basis, to check for any signs of diabetes or other diseases that often show up in the feet first.

2. Is it normal for my feet to hurt?

Foot pain is not normal and is often a sign of a more serious medical problem. It is a misconception that foot pain is something that everyone suffers from and many people don’t realize that foot problems can often be treated easily and with a high rate of success. You should see your podiatrist if you experience anything abnormal.

3. I have been diagnosed with diabetes. Should I be worried about the bunions and hammertoes that I’ve been living with?

Bone deformities such as bunions and hammertoes are usually progressive and your podiatrist may recommend correcting them before they get severe. Bone deformities can cause ulcers (sores) that may lead to severe infections and even amputation. Many podiatrists feel that it is better to correct those deformities while your diabetes is under control, earlier in life.

4. How long does it normally take for a sore to heal?

Healthy individuals can expect a sore to improve daily. Sores that do not improve or worsen over time should be evaluated by a podiatrist and may be a symptom of other conditions. Pressure, infection and bone deformities can all contribute to sores, or ulcers, and may need to be addressed in order for the ulcers to heal.

5. Will my nails continue to grow ingrown?

Some ingrown nails are a result of leaving a spicule in the skin and will not be a problem once that spicule is removed. However, if a nail grows curved and ingrown it will likely continue to grow that way because the root of the nail is telling it to do so. Your podiatrist may recommend a permanent removal of that portion of the nail to prevent the ingrown part from returning. Untreated ingrown nails can cause infections that can be severe for a person with diabetes.

6. Why do my feet feel cold?

Cold feet may be a sign of circulation problems. Lack of blood flow to the feet and toes is common for those with diabetes and can make your feet feel cold. Another sign of decreased blood flow is the loss of hair growth on the toes or feet. Decreased blood flow can make it difficult for people with diabetes to heal sores or infections.

7. Is there a special examination to evaluate how much feeling I have in my feet?

Diabetic neuropathy is a common complication of diabetes. Signs of neuropathy include: muscle weakness in the legs, pain in the feet and legs, tingling, burning, or numbness in the feet and hands, and decreased pain sensations and loss of feeling. Podiatrists are trained to evaluate the foot for sensation as well as circulation. Many podiatrists who specialize in the care of people with diabetes have more specific means to determine specific levels of neuropathy, such as monofilament wires. If you are experiencing any of the signs of neuropathy, call your doctor right away.

8. I've noticed a burning sensation in my feet. Is there anything I can do to stop it?

There are some over the counter creams that can help people with the burning sensation. It is important to have your podiatrist explain how to use these creams properly. Certain medications and ointments could pose risks for those with diabetes and should be avoided.

9. Are there special shoes or inserts that I can wear to keep my feet more comfortable?

Custom orthotic inserts are often made for shoes to help control the way your foot functions. These orthotics are used for many problems, including heel pain, arch pain and bunions. Special diabetic shoes are also available, and may be covered by Medicare. Ask your podiatrist for more information about shoe programs.

10. How should I inspect my feet at home?

Those who suffer from diabetes should check their feet *every day*. He or she should look for areas of irritation (redness), areas of inflammation (swelling) or any other changes to the feet. Often, people with diabetes lose their sensation and cannot feel an abnormality on their foot so a daily visual inspection becomes very important. If the person with diabetes is older or unable to check their own feet, he or she should ask a friend or family member to assist them. It is also important to check shoes daily for anything that may be hidden inside.