

Stage 1: The Normal Foot

Presentation and Diagnosis:	Mechanical Control:	Metabolic Control:	Educational Control:
NO risk factors for ulceration- no neuropathy or ischemia, no deformity or callus and no swelling	Proper footwear in and outside the home	Blood glucose management	Encourage healthy foot habits
	Treat nail pathologies, tinea pedis, dry skin, warts, blisters, chilblains, any skin/nail infections, hyperhidrosis, fissures	Blood pressure control(goal is 130/80)	Give footwear advice
		Quit smoking	Daily inspection advice
		Antiplatelet therapy and Lipid control	

Stage 2: The High Risk Foot

Presentation and Diagnosis:	Diabetic Foot Classification:	Mechanical Control:	Vascular Control:	Metabolic Control:	Educational Control:
When neuropathy or ischemia is present	W/ Neuropathy: warm with normal pulses, dry skin due to reduced sweating, may have cavoid shape foot, prominent joints with callous	Footwear- accommodate any deformities	Perform ABI	Same as stage 1	Same as stage 1
Have a deformity, swelling, or callus	W/ Ischemia: cold with thin, dry atrophic skin, nail and hair growth compromised, absent or reduced pulses, loss of muscle in limb, claudication or rest pain	Custom insoles	Inquire about IC and rest pain		Prevent trauma- holiday foot care, lifestyle, occupation
	W/ Neuroischemia: similar to ischemic but relatively pain free	Footcare- treat callus and dry skin			



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Not published yet.

Last updated 19th March, 2022.

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Stage 2: The High Risk Foot (cont)

Intrinsic minus foot: denervation of lumbricals, claw toes, high arch, distal migration of fat pad, decreased SA, visible channels b/w mets

Callus is usually dry in neuropathic foot vs. thin and glassy appearance in the neuroischemic foot (don't debride unless rough)

Moisturize- use urea or emollients. Avoid creams and ingredients ending in 'ol or are petroleum based

Diabetic Renal Foot: When renal impairment develops in the diabetic patient it is accompanied by: peripheral edema, decreased microvascular flow, increase susceptibility to skin breakdown

Stage 3: The Ulcerated Foot



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Last updated 19th March, 2022.

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