Practical, Evidence-Based Management of the Diabetic Foot

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Key components of care

• Collaborative care via a multidisciplinary team
• Consistent patient education
• Comprehensive foot exams using a reliable & valid tool, or systematic approach

Team-based care

• Multidisciplinary team-based approach isn’t new
  • Driver et al (2005)
  • Society for Vascular Surgery and American Podiatric Medical Assoc.
• Implemented by various organizations:
  • Canadian Diabetes Association
  • National Diabetes Education Program
  • RNAO and other provincial nursing associations
  • Center for Disease Control and Prevention
  • National Institute of Health

Team-based care

• What makes an effective team?
• Ideal team members may include:
  • Physician
  • Nurse
  • Pedorthist or chiropodist
  • Dietician
  • Diabetologist or endocrinologist
  • Social worker or Psychologist
  • Vascular surgeon

Team-based care

• Building your team
• In a team based clinic setting
  • Policy change to incorporate communication tools and collaborative care
  • Management strategies to facilitate team based care
• In private practice
  • Development of communication strategies for collaborative care
  • Networking with clinicians to develop an “arm’s length” team approach
Patient Education

- Involving the patient in their care increases adherence and compliance
- Collaborative and interactive interventions are most effective
- Utilize “whole patient” care strategies
- Individualize education
- Provide ongoing support via adaptive strategies

Patient education

- Educational strategies/products that increase knowledge and skill
- Interventions to promote the patient’s understanding of the disease
- Scheduled screening, monitoring or follow-up to reinforce prevention and maintenance strategies.

Patient education

- Easy-to-implement home-care and self-care strategies
- Programs/seminars to increase diabetes-related knowledge
- Print based or electronic tools and resources for the patient to refer to when they need to

Comprehensive Foot Assessment

- Identifying changes
- Early detection of problems
- Making appropriate referrals
- Providing appropriate services
**Why perform foot screening?**

- We often see patients long before they develop complications
- Pedorthists have extensive knowledge of footwear and mechanical off-loading
- We are focused on the foot and lower limb

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**What tool should I use??**

**Available tools**

- Internally developed tools

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**Available tools**

- **Non-vegetative and/or Suspect Amputations**
- **Vascular : soft tissue ulcer changes**
- **Diabetic Foot Ulcer**
- **History of previous surgical reconstructions**
- **Myopathies**

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**Available tools**

- **Foot and Ankle**

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Available tools

• Sibbald’s simplified 60-second tool

About the tool

• Designed to screen and monitor persons at risk of developing diabetes-related foot ulcers
• Supported by major health and wound care associations (Canadian Assoc. of Wound Care, Canadian Diabetes Assoc.)
• Used at admission/initial appointment for any patient with diabetes
• Provides guidelines for how often a patient should be monitored going forward

Why use this tool?

• Can be used by any clinician, regardless of level of expertise, to complete a systematic risk assessment
• The tool assists the clinician in identifying early signs of increased risk, focusing on prevention
• The tool is widely used and recognized across the healthcare system, particularly within wound care clinicians/teams
• It only takes 60 seconds and can be easily incorporated into your established assessment

Why use this tool?

• Excellent inter and intra-rater reliability
• Established content validity
• Preliminary evidence to suggest that high scores are predictive of the development of ulcers or amputations
• Facilitates efficient communication between clinicians
• Focuses on patient centred care

Using the tool
Using the tool

- The majority of the assessment can be done during the typical non-weightbearing assessment
- Requires a 5.07g monofilament.
- CAWC provides low-cost monofilament test kits with a visual guide to the testing sites used in this tool (CAWC)

Section 1: LOOK

Section 2: TOUCH

Section 3: ASSESS

Interpreting the Results

Individual patient factors:
- Recent illness/infection
- History of pressure or friction related minor injuries (calluses, blisters etc)
- Cardiac or vascular complications (PAD, heart disease, chronic edema)
- Other co-morbidities (obesity, systemic diseases, etc)

Incorporating the tool

- LOOK and TOUCH can easily be included in regular pedorthic assessment
- ASSESS can be incorporated as its own assessment, or incorporated into the non-weightbearing component of a pedorthic assessment
- Reporting to referring clinicians
- Referring patients for further assessment/monitoring
Bringing it all together

Ability, Restored.

Resources

Advances in Skin & Wound Care
http://journals.lww.com/aswcjournal
Canadian Association of Wound Care (CAWC)
www.cawc.net
Canadian Diabetes Association
www.diabetes.ca
CDC: Team Care Approach for Diabetes Management
Driver et al. Reducing Amputation Rates in Patients With Diabetes at a Military Medical Center. Diabetes Care 28:248-253, 2005
National Diabetes Education Program

RNAO Best Practice Guidelines
http://rnao.ca/bpg/guidelines/reducing-foot-complications-people-diabetes
Wound Care Canada
www.woundcarecanada.ca
Wrobel et al. The Relationship Between Provider Coordination and Diabetes-Related Foot Outcomes. Diabetes Care 26:3042-3047, 2003