



# **Patient education tool: Diabetic footsteps**

## **Education Support Manual / Lesson plan**

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## **Purpose of Diabetic Footsteps resources**

This resource can be used to support both individuals, unpaid and paid carers in personal footcare for people with diabetes. It is designed to be used in a small group format.

The resources available are:

- 'Diabetic footsteps' fairground poster
- Facilitator information document
- Education support manual/ lesson plan
- Risk cards
- Myths cards
- Action plan cards
- Attendance certificates

Suggested items to take with you to a session:

- Sticky labels for name tags
- Flip chart or paper for recording of group learning objectives
- Traffic light poster A4 copies
- National diabetes foot risk leaflets
- Smoking cessation leaflets
- Local healthy eating and physical activity information
- My Diabetes My Way information
- Examples of footwear
- Examples of nail nippers and nail files
- Local podiatry contact details
- Attendance certificates

## Introduction

Allow around 2 hours for the delivery of the session. As each participant arrives welcome them and provide them with a name label so that each person can be addressed directly. Ask them to introduce themselves to the person next to them so that the person they are partnered with can introduce them to the group e.g. name and place of work or whether retired, previous employment.

### Some suggested phrases to get started.

'During this session we will discuss the importance of footcare and the effect of diabetes on your feet and legs. The fairground poster in front of you is designed to help us talk about how to look after your own or the feet of a person you are caring for and what you can do to avoid potential problems. Research has shown that by chatting with people we can learn from one another in a way that will improve health.

Let's have a look at the poster and see what things each of you would like to learn more about.'

**Address each person in turn and find out what is of interest to them. These points can be written on a flip chart or stick-ons/post it notes and revisited at the end of the session. This will ensure the personal learning objectives of the participants have been addressed**

'We will discuss all of the things you have pointed out as we talk our way through the different areas of the fairground and hope we can answer the areas of interest you have highlighted.'

## Entrance traffic lights

'The traffic light system is a nationally recognised method of categorising a person's risk of foot ulceration/amputation. Each person with diabetes should receive an annual foot screening from a health care professional or member of their local podiatry team.

Has everyone here had a foot check carried out? Is anyone willing to share with the group what risk category they are?'

'Let's go through each of the 3 factors that are recognised as constituting a risk to our feet'

Circulation: When the person carrying out the screening cannot feel the pulses in your feet this would mean the blood flow to your feet is poor and would affect healing should you have a break in your skin. They may also note the temperature, colour, presence of hair and nail and skin condition of your feet

Neuropathy (nerve damage): This is checked using a monofilament and/or a neurothesiometer. This lets the clinician know how good the feeling in your feet is and if there was a problem with your feet if you would feel it. Sometimes patients describe experiencing tingling sensations, feeling of crumpled socks, walking on glass, shooting

pains and sometimes a feeling of numbness. They may have has a sore that they didn't feel.

Does anyone have neuropathy?'

**Discuss with the group if anyone does have neuropathy and how they would describe how it feels and how it affects their daily living.**

'Deformity: This is gross deformity, the type of problems that would make it difficult to fit into shop bought shoes.

Active foot disease: This is when the skin has been broken and an ulceration is present. These are wounds which are difficult to heal since very often the circulation to the foot is not good and there may be neuropathy present as well.

**Risk Categories:**

**Low risk = no loss of sensation (neuropathy), no peripheral arterial disease (PAD) and no other risk factors such as heavy callus and deformity**

**Moderate risk = 1 risk factor such as neuropathy or PAD without heavy callus or deformity**

**High risk = More than 1 risk factor or previous ulceration or amputation**

**Active foot disease = presence of foot ulceration or unexplained hot, red swollen foot without the present of coinciding pain (could be a condition known as charcot neuroarthropathy)**

Now let's take a look at the **Risk Cards** which are on the table and discuss with each other where on the traffic lights stratification you think they would be using the **Traffic Lights handout** for reference.'

**Discuss each complication and spend some time talking about various issues people may encounter depending upon the risk category they have been screened as.**

'An annual foot screening will check for the complications we have discussed so that if they have developed they can be detected as early as possible.'

## What will help reduce a person's risk of ulceration?

'Keeping generally well and healthy will help reduce the risk of ulceration. Let's continue by talking about what can be done to keep healthy. Can anyone see information on the poster that may help with this?'

### Smoking cessation

**Discuss and provide smoking cessation leaflets or signpost to local services available**

'Does anyone know how smoking affects your circulation? Has anyone here tried to stop smoking or know anyone who has?'

**Information: If you smoke, stopping smoking can make a huge difference when it comes to avoiding or delaying complications. Smoking also causes damage in the blood vessels and increases the risk of complications such as hardening of the arteries (atherosclerosis). In a person with diabetes this complication poses an even greater risk.**

**Smoking is generally bad for your health and there are direct links between smoking and poor circulation. Signpost to smoking cessation services**

### Healthy eating

Can anyone suggest what a healthy diet looks like?

**Information: A big part of diabetes management is keeping blood glucose levels within the recommended target range. Everyone should eat in moderation and have a healthy balanced diet. People with diabetes should eat the same types of food as people without diabetes. Diabetic foods are not recommended as they tend to be higher in fat. Some of the sweeteners may also have a laxative effect. It is vital to achieving good health and is an especially important aspect of wound healing.**

## Physical activity

'Does anyone know the daily recommended exercise/physical activity levels for older people?'

**Discuss and signpost /provide physical activity leaflets if available**

**Information: Physical activity is important in keeping people healthy. Regular exercise in those aged 65 years and over can strengthen muscles and keep joints functioning. It can improve circulation, balance and reduce the risk of falling**

**The recommended daily activity levels for adults aged 65 years and over is at least 150 minutes of moderate intensity exercise every week.**

**Moderate intensity means you are working hard enough to raise your heart rate and break a sweat – e.g. you can still talk but you can't sing the words to a song! All adults should do muscle strengthening activities on 2 or more days a week.**

## Myths

'Knowing the facts about diabetes is important as there is a lot of information out there, but not all of it is true. Let's have a look at some of the common myths and some of the facts around the diabetic foot. I'm passing out the **MYTHS CARDS**. On each of these cards there is a myth about the diabetic foot. We'll go around the table and have each person read the information on his or her card one at a time. Then as a group, discuss that myth.'

**Stop and discuss**

### **Myths:**

#### **Expensive shoes are good shoes.**

As long as you are careful about the fit of the footwear and be sure you wear the correct size and depth of shoe to accommodate your foot without causing any rubbing or breaks in the skin they are good shoes. Leather is better than synthetic materials however, the cost of the shoe does not affect it's suitability for you.

#### **All people with diabetes get gangrene.**

All people with diabetes DO NOT get gangrene. Gangrene is dead tissue and most commonly occurs following infection or foot ulceration

Ulcers heal better left open to the fresh air.

Ulcerations are open wounds and at risk of infection. They should always be covered with a clean, dry dressing.

#### **I can't cut my own toe nails when I have diabetes.**

If your circulation and feeling in your feet is normal you can cut your own nails. If you have bad circulation and/ or you have neuropathy you may require some help. Some conditions such as blindness or stroke may also make personal foot care more difficult.

#### **It's good to paddle in the sea at the beach.**

Walking barefoot on sand or in the sea is a problem if the feeling in your feet is altered. Damage to the skin may occur without you knowing it has happened. Care needs to be taken on holiday to avoid your feet burning in the sun or on hot sand or poolside tiles. Breaks in the skin or burning may result in a wound which may become infected.

'Where are some of the common places people hear these myths or get information which is incorrect?'

### **Discuss**

Friends, family unreliable internet sources or information may be outdated

'What can you do to make sure you have the correct information about your diabetes?'

### **Discuss**

**Information: People should be encouraged to talk with their diabetes health care support team. Also, credible resources such as Diabetes UK and registration with My Diabetes My Way to encourage and support self management**

## Diabetes and personal footcare

'Sometimes people may have problems with their circulation or suffer from neuropathy. When there is a marked deterioration in the circulation and when there is nerve damage (neuropathy), breaks in the skin may occur without the person knowing. These wounds may become progressively worse or become infected if not treated. Does anyone know why?'

### Discuss

**Information: A wound that is not covered may become infected. Bacteria breeds easily in sugary blood and sometimes the person may not know the wound is infected because of the lack of feeling they may have in their feet. An infected foot in a person with diabetes can quickly become very serious. Foot ulceration may occur and in some cases this results in amputation. Foot wounds should be reported to your local podiatrist**

'Let's have a look at the poster and discuss some of the things you can do to take care of your feet and legs to avoid problems arising.'

### Discuss

**Information: Daily foot checks are essential to identify any foot problems which require attention e.g. dry skin, over grown nails, moistness between toes, and any skin or nail conditions which require podiatry care e.g. breaks in the skin.**

**Feet should be washed, dried (with particular attention to between toes) and moisturiser applied if skin is dry (avoiding between toes).**

**Nails should be trimmed and filed in keeping with the natural contour of the toe as required and if it is safe to do so**

'Another important aspect of a personal footcare is 'footwear'. Let's talk about the different types of footwear available and what is most suitable for a person who may have foot problems or be unsteady on their feet. Footwear is especially important if a person has neuropathy and are unable to feel their feet for any irritations. People with neuropathy may also be at risk of falling as a result of the numbness in their feet and legs'

**Discuss and take samples of footwear catalogues to discuss various shoe types for suitability**

## Podiatry

What types of foot problems do you think a podiatrist could help or provide advice for?

**Discuss in conjunction with pointers on Podiatry Advice Point on the poster**

### Action Plan Cards

'I am passing out **ACTION PLAN CARDS**. We will go around the table and have each person read out their card one at a time and discuss what you can do as part of your footcare or that of the person you are looking after'

#### **Action plan cards:**

##### **How do you think you can care for your feet?**

Daily foot checks; Daily emollient application; Nail care; Cleanliness; Footwear. Contact your local or hospital podiatrist should any foot problems be identified

##### **Who do you think should look after your feet?**

You or your carer. The podiatrist can advise you how to look after your feet and provide support if there are problems you need help with.

##### **Where do you go if you have a problem with your feet?**

Contact your local podiatrist, if not available then contact your local hospital podiatry clinic or your GP. In an emergency contact NHS 24 or A+E ([provide local contact details/information](#))

## To finish

'It is important to remember that we are all part of a team providing a support network of care for people with diabetes.

Take a moment to think about everything we have discussed. From the topics we have talked about, what things do you feel you have learned that will help you manage your footcare better?'

'Do you have any other questions?'

**Allow time for open discussion and revisit the flip charts or stick-ons to ensure the learning objectives of the participants have been addressed**

'Thank you very much for your participation. I hope you feel more confident and that you have a better understanding of what is required to care for your diabetes and your foot care.'