LIVING with DM

Self-care for the diabetic foot



In collaboration with



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Foot self-care guidelines

- ★ Visual and motor autonomy. People with diabetes who have visual or mobility difficulties should have their feet inspected daily by a family member or caregiver.
- ★ Self-inspection. This should be done DAILY. The top of the foot, the nails, the spaces between the toes and the bottom (with the help of a mirror) should be observed. Check for ulcers, fissures, blisters, calluses or alterations on the nails or between the toes. Tell your doctor about any suspicious lesions.
- ★ Daily inspection of footwear, looking for foreign objects, seams or folds.
- ★ Cut nails straight across. Do not use pointed scissors or sharp objects. Use blunt-tipped scissors and a nail file. If you have difficulties, see a chiropodist.
- ★ Wash your feet daily with warm water (37°C). Check the temperature with your hands. Use moisturising soaps and dry your feet well, especially between the toes. On rough areas, use moisturising cream (do not apply between the toes).
- ★ Do not use chemical agents or emollients for calluses, have them treated by a chiropodist.
- ★ Wear suitable cotton socks every day, without seams so they do not leave marks on the legs.
- ★ Suitable shoes should be neither too tight nor too loose: 1-2 cm longer than the length of the foot. Avoid inner seams or folds. People with foot deformities should wear appropriate therapeutic footwear.
- ★ Do not walk barefoot or in sandals, especially at the beach.
- **★** Do not place your feet near an external heat source (stoves, heaters, hot water bottles, etc.).



Remember...

- 1 Assess visual and motor autonomy.
- Inspect your feet and footwear daily.
- 3 Cut nails straight across.
- Wash feet with warm water and dry thoroughly.
- 5 Wear suitable shoes and footwear.
- 6 Do not go barefoot.
- 7 Visit a chiropodist regularly.
- 8 See a doctor about any suspicious lesions.