



Podiatric Health and the Geriatric Patient

The following is intended as a general guideline for those who have been diagnosed with some of the maladies discussed below. For specifics on an individual patient please consult with the attending podiatrist directly and review all consult notes and orders related to that individual's care. For additional information on general foot care topics please visit www.apma.org.

Some of the most common foot conditions associated with an elderly nursing home population are: Diabetes, arthritis, peripheral arterial disease, neuropathy, toenail fungus and deformities especially of the toes. Below are some helpful ideas for the daily care of residents with these conditions.

Diabetes: Over 65,000 lower limb amputations occur annually due to complications to diabetes. After an amputation the risk of losing the other limb within five years is 50%. Diabetics who see a podiatrist regularly reduce their chance of amputation by 85% and hospitalization by 24%.

- Diabetic's feet should be inspected often if not daily for cuts, bruises, sores and changes to the toenails.
- They should wear thick soft (diabetic) socks without seams
- They should exercise daily to help improve circulation
- They should have new shoes annually that are properly fitted and sized with appropriate insoles
- Don't go barefoot or in stocking feet even if they are in a wheelchair
- Never try to remove corns/calluses or warts yourself, let the podiatrist do this.
- Never trim a diabetics toenails yourself

Toenail Fungus: Residents in a nursing by virtue of living in a communal situation and generally having poor circulation and depressed immune systems are at greater risk for this disease.

- Keep feet clean and dry
- Keep their shoes clean and dry
- Change socks as often as needed if they get wet
- The use of medicated powders such as Gold Bond or Baby powder is always a good way to control moisture and reduce the chances of progressing fungal infection unless otherwise contraindicated by the podiatrist

Peripheral Arterial Disease: Nearly every patient admitted to a nursing home has some level of PAD. Heart disease, strokes and some forms of dementia all have at their root cause, poor circulation. Some things to look for are:

- Pain in the legs consistently, while walking
- Rest pain
- Pain with elevation
- Pallor with elevation
- Cold feet and discoloration such as blue or purple and dark red
- They should get light to moderate exercise daily
- Prop them up in bed to keep the level of the heart above the feet so as to assist with circulation unless contraindicated
- Warm socks and shoes that are not compressive or too tight, avoid tight elastic in socks

Neuropathy: Neuropathy can affect both diabetics and non-diabetics although it is more commonly seen in diabetics. Many who suffer from this disease will require medications to help modulate the intensity of the neuropathic pains suffered.

- B vitamin complexes are very helpful for many forms of neuropathy
- Check daily for lesions or bruises – minor injuries can progress quickly in the neuropathic foot
- Wear shoes that are properly fit and not too tight, the same for socks. Shoes are a must for protection
- Be extra vigilant with fall protection as proprioception and balance issues can put these patients at greater risk for falling
- Make certain bath water is not too hot as they will not be able to tell you.

Deformities: Foot deformities especially digital deformities are common in the geriatric population due to ligament laxity and muscle atrophy associated with age and other diseases.

- If they have accommodative foot gear, make certain they wear it daily
- Check often for redness, atrophy or callus over bony prominences.
- Be aware of pressure points they may have and take steps to accommodate them

Arthritis: Many geriatric patients suffer from arthritis both rheumatoid and osteoarthritis. For those with rheumatoid they will primarily need to see a rheumatologist. However the podiatrist will help to manage many of the symptoms associated with this disease.

- Do not remove calluses call the podiatrist
- Wear protective shoe gear, the podiatrist may make recommendations or even get custom
- Light to moderate exercise daily. A joint that is not moved - will not move.