
This version is available at http://eprints.hud.ac.uk/id/eprint/32215/

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

http://eprints.hud.ac.uk/
Case Studies

Natasha Levy

Lead Diabetes Podiatrist
Infection

“Infection of the neuroischaemic foot is often more serious than in the neuropathic foot, which has a good arterial blood supply. A positive ulcer swab on a neuroischaemic foot is regarded as having serious implications”
Edmonds & Foster 2005

“Infection is often the final common pathway leading to amputation of the foot”
Reiber 1992

“Twenty four hours undiagnosed and untreated infection can destroy the diabetic foot”
Edmonds & Foster 2005

Mr S

- Sensory and motor neuropathy
- Weight bears on outer border of foot
- Working farmer and mechanic 12 hour plus a day on feet
- Has total contact inlays, not always wearing them
- Arrived with ......
Management

- Offloading vital
- Aircast advantageous
  - Rocker promoting more even weight distribution
- Patient past history
  - Infection quickly spreads daily visual checks enabled at doff and don
Long Term Treatment

- Prescription footwear and orthoses are necessary to prevent recurrence of ulceration